



International Federation
of Red Cross and Red Crescent Societies

Final Evaluation of Community-based Water, Sanitation and Hygiene Program in Indonesia and Myanmar

Final Evaluation Report April 2018

Evaluation report prepared by

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Executive Summary

Korean Red Cross, Samsung and (in Myanmar) Cartier Philanthropy funded this three-year program in four geographically defined projects, two in Indonesia and two in Myanmar's dry zone. This water, sanitation and hygiene (WASH) program benefits, at different levels, more than 70,000¹ rural and semi-urban people in 48 communities including 20 schools.

In **Indonesia**, the program's overall objective is *to increase community resilience and empowerment for 20 communities and 10 schools in East Java and East Kalimantan provinces, through improved access to safe water, sanitation and hygiene promotion.*

In **Myanmar**, the program's goal is *to achieve a reduction in the health risks by improving access to safe sustainable water supplies, sanitation facilities and promoting hygiene practices.*

This evaluation aims *to improve future WASH project implementation.* Its purpose is:

- *to assess the effectiveness, relevance, efficiency, sustainability, and impact of both Indonesian Red Cross (PMI) and Myanmar Red Cross Society (MRCS) community-based WASH projects in Indonesia and Myanmar.*
- *to contribute to the understanding of the performance of the projects against the planned project objectives, expected results and targets as per the logical framework.*
- *to generate lessons learned for future WASH project activities and identify, where possible and evident, best practice and innovation in WASH.*

The five-person team included four Red Cross staff with an independent consultant as team leader. In Myanmar, a translator and WASH officer attended interviews. The team completed this evaluation in February and March 2018. The team interviewed more than 194 people during 54 individual and group interviews including five phone or skype calls and six debriefings. Those interviewed included IFRC (8 people), PMI NHQ (3 people), MRCS NHQ (3 people) and 146 people from local authorities, Red Cross volunteers/brigades and village administration and households. The team debriefed with IFRC and the national society after each country visit, discussing and validating emerging findings, learnings and recommendations. A draft report was circulated by IFRC for validation and comments.

This all-male evaluation team interviewed mostly (63%) men in decision-making positions from HQ to villages. This limited the information that the all-male team could collect. Although the team interviewed men and women separately it was not able to explore many gender sensitive issues, including on the effectiveness of the menstrual hygiene tools. Given this limitation, at the inception stage the team refocused on how the program used mechanisms for gender programming.

Impact – Positive but with missed opportunities - The program's outputs are improving people's health and saving people time and money but it missed opportunities to focus on gender issues, vulnerable groups and groups with special needs. People value most new access to dry season drinking water. People and authorities interviewed link the *full package* of water sanitation and hygiene to a reduction in seasonal outbreaks of diarrhea. People save time and money getting dry season (drinking) water via (mostly) newly installed pipes rather than travelling often long distances under the hot dry sun. The program focused on outputs approaching the community as a whole, similar to local government approaches. However, the program teams' did not use tools to adapt to the different capacities, needs and concerns of poor, vulnerable, women, men, boys or girls. Thus, some individuals or groups went un- or under-served.

Effectiveness, efficiency and accountability – Missed opportunities but learnings for the future – The program worked in too many remote places spreading Red Crosses limited operational and support resources too thinly. This limited gain in building Red Cross capacity and creating sustainability risks. In Myanmar, this resulted in an output oriented short-term project approach. Less than half of the budget was spent on communities' actions.

¹ According to the Terms of Reference, the program aimed to reach about 40,000 people in Indonesia and 30,055 people in Myanmar

According to those who designed the program, Red Cross did not have adequate time to invest in a comprehensive design process at country level, especially with isolated chapters and branches. In Indonesia, a concept note was developed in eight days after the initial request, and the proposal was finalized within 11 days². Similarly, the program was three years but the donor requested annual proposals each year. In Myanmar, this contributed to Red Cross implementing the program as three one-year plans' rather than a one three-year plan. This limited opportunities and ambitions in capacity building, forcing a focus on outputs, especially at the local level. The program was further disrupted by challenging finance procedures in Indonesia and staff turnover in Myanmar.

Sustainability – A risk but with remaining opportunities – The program limited its sustainability ambitions to operation and maintenance, missing opportunities to build local and Red Cross capacities and networks needed to sustain the programs investments – The program supported training for operation and maintenance. However, the capacity to sustain water systems against future breakages, replacement or damage is limited to individual community leadership. Water committees and villages understand the risks they face and expect external Government, NGOs' or private donors' assistance when something serious or expensive goes wrong. The program did not invest significantly in developing a wider network of support structures nor analyze technical options for sustainability. According to local wisdom, boreholes have a limited life expectancy of 10-15 years as water aquifers will dry if overdrawn. Importantly, in Myanmar, the estimated lifespan of installed compressors and submersible pumps is 2-3 years.

PMI branches and provinces said they have improved their knowledge and capacity in community based programming, technical WASH as well as program and financial management. Importantly, efforts continue to address the challenge to maintain this learning.

Relevance and Appropriateness – Mostly positive with opportunities to use SADD – The program found and supported villages with serious WASH issues. Red Cross selected dry areas' and then coordinated with local Government to finalize lists of villages in need of WASH support. In all areas visits WASH was a local Government and village priority, very relevant to people's health and livelihood. Noting that not all villages were poor, it is unsurprising that the programs water facilities are part of existing or planned systems and technical support was key.

The Red Cross collected some sex and age disaggregated data (SADD) but did not have a strategy or as some said confidence to use that information. This resulted in no special benefit or program adaption for groups with special needs or disaggregated by sex or age. The program is in line with relatively new National societies and their Health departments' and WASH programs' strategies and plans.

Coordination – Mixed with missed opportunities – The program coordinated but did not widely collaborate with other stakeholders. The Red Cross coordinated with local Governments' to select villages and avoid duplication but did not significantly collaborate. Opportunities to collaborate remain including sharing resources, investing in developing networks and human resources, including as an auxiliary support to Government or developing much needed Myanmar WASH policy and standards. In Indonesia, the program collaborated locally sharing technical design from the local Governments' water utilities (PDAM) and hygiene promoters from Local Health Centres (PUSKESMAS). In Indonesia, the program collaborated locally sharing technical design from the local Governments' water utilities (PDAM) and hygiene promoters from Local Health Centers (PUSKESMAS). The program worked in 48 communities, but only about 4 villages in each local government area, spreading too thinly resources to have influence and collaborate at depth. New opportunities arose after the program design, from relatively new laws clarifying Red Crosses' role as an Auxiliary to the Government in both countries.

Knowledge – Negative – The program shared little knowledge inside or outside the program. The program did not evidence sharing of major lessons between stakeholders. Responders were able to articulate good practice and learnings but this was limited to output or technical processes. Staff turnover at IFRC in Myanmar and MRCS reduced knowledge management. Capacity and knowledge gains are at risk through turnover of staff. It did however have mid-term and (this) final evaluations. In Myanmar, the mid-term Cartier project evaluation, had similar findings to this report indicating limited learnings which remains an opportunity.

² Concept note developed from August 4 to 12, 2014 and the proposal elaborated from September 14 to 22, 2014.

Conclusions

- 1. In both countries, the program's water, sanitation and hygiene outputs improved people's lives** by
 - reducing seasonal out breaks of diarrhea, previously hospitalizing many villagers.
 - reducing by up to 90%³ the financial and time costs of gaining dry season drinking water previously sourced from often distant poor-quality reservoirs or emergency trucking.
 - improving sanitation, hygiene and cleanliness by increasing hygiene awareness, reducing open defecation and increasing mostly piped household water.
- 2. The program worked to avoid duplication, akin to an arm of Government, but not yet as an auxiliary influencing standards or policies.** In Myanmar, the program coordinated with but missed opportunities to beneficially collaborate with local government or other involved stakeholders influencing or sharing expertise. This remains an opportunity articulated by Government authorities interviewed. Township and Local Government official interviewed see the program as replacing part of their annual planning and budget. In Indonesia the program branches started collaborating with Local Health Centre (PUSKESMAS) for hygiene promotion activities and locally shared designs and expertise with the Government water utilities (PDAM) for designing the systems.
- 3. In both countries, WASH is a highly relevant priority of villages and Local Government.** The door is open and Red Cross well positioned for future collaboration.
- 4. In both countries, the program targeted whole communities missing opportunities to build the capacity of teams to consider gender and adapt to vulnerable, special needs groups or groups separated by sex and age.** The program included an analysis of gender roles and vulnerable groups in the PHAST process. The Red Cross collected some sex and age disaggregated data but did not have a strategy to use that information. This resulted in no benefit or adaption for groups with special needs. The Red Cross chapters' and branches' starting capacity was limited to core functions (blood donation and first aid at events/brigades) and the program did not invest significantly in *community engagement and accountability*. The program built oriented implementation capacity based on presented tools but this did not progress to vulnerability, gender, sustainability programming or influence of local policy.
- 5. In both countries, the time and cost of working with many low capacity distant chapters and branches as well as delays from financial procedures contributed to a focus on outputs.** Most significantly, the program spread its resources too thinly, across more than 48 villages, 10 townships or districts. In Myanmar the program was managed as a three one-year rather than one three-year program. Notably,
 - in both countries, branches/chapters are new to community approaches and projects, thus without comprehensive mentoring they naturally focused on achieving outputs without a capacity building plan.
 - in Myanmar, technical decisions were made by contractors based on community needs. The program neither analyzed nor compared effectiveness and efficiencies in technical and management approaches.
 - in Indonesia, financial procedures between IFRC and PMI, delayed the program.
- 6. In both countries, but with greater risk in Myanmar, the program limited sustainability ambitions to short term operation and maintenance, not the needed networks, procedures and capacity to address longer term risks.** Sustaining investments is more a risk in Myanmar where local Government and villages have less capacity to address future challenges (It should be noted that the team did not visit East Kalimantan). In Myanmar, the Cartier program will continue building the capacity of 27 village water and sanitation committees in operation and maintenance.
- 7. Turnover of staff at IFRC (Myanmar) and MRCS, disrupted the program.** To sustain capacity, MRCS WASH staff need to be retained and active.

³ According to community interviews

Lessons identified for potential learning

1. **Investing early to build capacity of Red Cross (non-emergency) WASH departments, chapters and branches creates opportunities to support future programming** – Due to pressure to achieve early results, the program implemented capacity building in parallel to implementation rather than having the time to build capacity first then implement. This became a missed opportunity in Myanmar and limited opportunities in Indonesia to (re)-establish the WASH departments at national and local levels and position Red Cross as a supportive auxiliary to Government.
2. **Define the projects geographical spread our capacity to mentor and support, to avoid spreading time, resources and operations to thinly.** Noting that options are often limited by donors and different priorities, choosing many locations is good from a national perspective but increases costs and reduces capacity building unless supported by appropriate processes, capacity and resources. Many processes and WASH tools exist but need some adaption.
3. **Planning the program on Red Crosses' long-term presence, relationship with Government especially its role as auxiliary and its volunteer network, significantly adds to success.**
4. **No WASH system was standalone and working with existing systems leverages impact.**
5. **Viewing WASH from only a health perspective limits opportunities.** WASH can be viewed from a number of sectors such as disaster risk reduction, livelihoods, environmental or climate change. Each perspective will open new impacts and programmatic options.
6. **The Red Cross volunteer network is well placed to drive effective community programming using community engagement and accountability approaches and considering gender, vulnerable groups and sustainability.**
7. **Investing in long-term sustainability, beyond operation and maintenance, is a critical opportunity for long term collaboration with government.** Water systems are part of a wider community and district/township strategy for water supply and thus demands a wider collaboration with townships' departments of rural development, health and other authorities as well as communities' and other non-Government stakeholders. Improved approaches could include:
 - Choosing of technology considering access to and cost of repairs.
 - Developing size and pricing structures of village water committees, for the long term, and thus viability of sinking and not just operational funds.
 - Planning to address expected big risks of breakages or damage to the water system.
 - Developing supportive networks to sustain gains in water, sanitation and hygiene.
 - Supporting village access to finance to address future expected expensive breakages.

Recommendations

IFRC support to National Societies

1. **IFRC should assist PMI and MRCS to contextualize, teach and use tools for community gender and vulnerability sensitive programming, including from IFRC community engagement and accountability toolbox for future capacity building strategies.** Use IFRC/RC expertise and global good practice to integrate as a supportive auxiliary, processes and tools to incorporate gender, targeting and special needs groups in future programs.
2. **IFRC should assist MRCS and PMI in disseminating, teaching and using WASH tools, standards and analysis to ensure future programs are more efficient and effective** including focusing future programs on collaboration with government to define standards and priorities with Government, cluster and other stakeholders, such as WSP.
3. **IFRC should support PMI but especially MRCS to analyze case studies and pilot projects of appropriate technical options for WASH from solar pumps to water quality.** This should explore cost effectiveness, sustainability, reliability, and appropriateness in the environment.

Future IFRC WASH program design

4. **IFRC should promote climate change and disaster risk reduction in future WASH programming, critical in this dry water scarcity and other hydro-meteorological hazard contexts.** This could be linked with good practices in planning long term WASH programming resulting from hydro-meteorological hazards, and incorporation of future climate related hazard scenarios from the Red Cross Climate centre.
5. **During program design, IFRC Partnerships and Resource Development should consider approaches to accepting funding's for development programs with short design periods.** The evaluation does not produce enough evidence from one program to support specific recommendations but suggests if IFRC accepts short design periods to agree with the donor, when possible, a design and decision-making process within the program. This allows the program to re-look at targets, re-budget and rework indicators after a six-month design and consultation phase.

IFRC Indonesia

6. **In Indonesia, IFRC should help PMI participate in processes with Government, UN, WSP and other key actors defining what a sustainability WASH program looks like.**

PMI

7. **PMI should invest in a sustainable non-emergency WASH program, recognizing opportunities and limits needed in providing support and mentoring services to Branches/Chapters including Community engagement and accountability approaches.**

IFRC Myanmar

8. **In Myanmar, IFRC should use the use the Cartier Philanthropy and other funds and projects to help MRCS define with Government, WSP and key actors what a sustainability WASH program looks like at a village level, in future development WASH programs.** The Cartier Philanthropy project should attempt to model examples for sustainability in collaboration with government including focus of community to stakeholder network and replicable models for long term sustainability.
9. **In Myanmar, IFRC should use the Cartier Philanthropy and other funds and projects to help MRCS clarify with Government, WSP and key actors the role of Red Cross in future development WASH programs as an auxiliary to the Government.** This process should include recognizing Red Cross as more than providing brigade's and first Aid services.

MRCS

10. **MRCS should limit the number of Branches/Chapters in future program's work.** This is to balance the capacity building needs of those branches/chapters and the IFRC resources available for mentoring and technical training with the desire to cover a large national footprint.
11. **MRCS WASH department should focus WASH (development) programs in a few key districts with a capacity building plan, including investing in community engagement and accountability processes within the current Cartier Philanthropy project and future funds.**
12. **MRCS WASH teams should update/develop a WASH strategy focusing on learnings to move more into a position to influence government including**
 - How best to work with local government in national stakeholders
 - How best to include Red Crosses' community engagement and accountability approaches
 - How best to include Red Crosses' volunteer capacity

Acknowledgements and Disclaimers

We acknowledge the openness, support, hard work and positivity of people we met in communities and Local Government. We also acknowledge the hard work of Red Cross volunteers and staff without which the program would not have changed lives for the better

A special thanks to those in PMI and MRCS who organized and supported the team through many planes, cars, community visits and hotels. Including Cherry Aung Thein, Kyaw Oo Khine, Naw Bwai Say Oo as well as Giorgio Ferrario, Riris Sirait and Taufik Jeremias.

Special thanks to Sarah Davies, IFRC WASH Coordinator, Asia Pacific Region, who instigated and managed this evaluation.

Table of Contents

Executive Summary	i
IFRC Indonesia	v
PMI	v
IFRC Myanmar	v
MRCS	v
Acknowledgements and Disclaimers	6
Introduction	9
Background of the program	9
Program objectives and areas of intervention	9
Rationale and purpose of an evaluation	9
Scope and Methodology	10
Used methodology	10
The Team	11
Interviews	11
Disclosures	12
Limitation	12
Findings	13
Important context	13
Impact	13
Efficiency/effectiveness/accountability	14
Connectedness and sustainability	16
Relevance and Appropriateness	18
Coordination	18
Knowledge	19
Conclusions	19
Lessons identified for potential learning	20
Recommendations	22
IFRC Indonesia	22
PMI	22
IFRC Myanmar	22
MRCS	23
Annexes	24
Appendix 1 – evaluation matrix with judgement criteria/indicators	24
Appendix 2 - List of Respondents	26
The Team	26
Meetings in Myanmar	26
Meetings in Indonesia	27
Appendix 3: Questionnaires used	29
Attachment 1: Terms of reference (ToR) <Click here>	
Attachment 2: Inception report <Click here>	

Table of figures

Figure 1 - Debriefing with MRCS	10
Figure 2 - The Team	7
Figure 3 - Community introduction before smaller group discussions in Myaing Township, Myanmar..	7
Figure 4 - Red Cross water system behind community water source pond in Wundwin Township, Myanmar	13
Figure 5 - A school toilet in Budalin Township, adapted for disabled access.....	14
Figure 6 - Water distribution tower in Blitar District, East Java with IFRC and PMI evaluation team members in background.....	151
Figure 7 - Temporary repair to broken distribution tank linking a Red Cross pipe to Government water distribution system in Lumajang District, East Java with IFRC evaluation team member, Agung Lestyawan.....	12
Figure 8 - Local Bamboo repair to detached pipe in Blitar District, East Java.....	17
Figure 9 - Locally purchased compressor pump, in Budalin Township, Myanmar	173

Introduction

Background of the program

Korean Red Cross, Samsung (in Indonesia and Myanmar) and Cartier Philanthropy (in Myanmar only) funded this program supported by International Federation of Red Cross and Red Crescent Societies (IFRC). This water, sanitation and hygiene program has 4 geographically based projects, two in Indonesia (in East Java and East Kalimantan) and two in the dry zone of the South-Eastern and Northern Region of Myanmar.

This three-year program started in 2015 for the Korean Red Cross, Samsung projects as a two-year intervention with an expected one-year extension. Cartier Philanthropy funded a three-year project starting at the same time and funds an additional two-year project focusing on sustainability in 27 communities in Myanmar.

The program benefits, at different levels, more than 70,000⁴ rural and semi-urban people in 48 communities including 20 schools.

Program objectives and areas of intervention

In **Indonesia**, the program's objective is *to increase community resilience and empowerment for 20 communities and 10 schools in East Java and East Kalimantan provinces, through improved access to safe water, sanitation and hygiene promotion*. The areas of intervention are:

1. Health risk reduction: The risk of water, sanitation and hygiene related disease are prevented/reduced in the target area thus contributing to reduced morbidity and mortality rates.
2. Community capacity building: The community networking with key external partners increases community awareness, sense of ownership, responsibility and ensure sustainability of the project.
3. National Societies capacity building: The capacity of the Red Cross chapters/branches in the target area is improved.

In **Myanmar**, the goal is *to achieve reduction in the health risks by improving access to safe sustainable water supplies, sanitation facilities and promoting hygiene practices* by contributing towards:

1. Sustainable access to appropriate water and sanitation facilities.
2. Better understanding of the transmission routes and relation between water borne diseases and access to water and sanitation.
3. Increased adherence to safe hygiene practices at household and community level.
4. Better capacity to deal with unexpected events since the community were to identify problems and plan for solutions.
5. Better technological and managerial capacity to ensure sustainability of the project beyond the funding timeframe.

Rationale and purpose of an evaluation

This evaluation will be used to improve future WASH project implementation. It is expected that key lessons and recommendations from this evaluation will guide PMI and MRCS in on-going as well as future projects and contribute to broader Red Cross Red Crescent learning, to address better project implementation for long-term impact and sustainability.

⁴ According to the Terms of Reference, the program aimed to reach about 40,000 people in Indonesia and 30,055 people in Myanmar

According to the Terms of Reference, the **purpose of the evaluation** is:

- *to assess the effectiveness, relevance, efficiency, sustainability, and impact of both Indonesian Red Cross (PMI) and Myanmar Red Cross Society (MRCS) community-based WASH projects in Indonesia and Myanmar.*
- *to contribute to the understanding of the performance of the projects against the planned project objectives, expected results and targets as per the logical framework.*
- *generate lessons learned for future WASH project activities and identify, where possible and evident, best practice and innovation in WASH.*

Scope and Methodology

Used methodology

The team leader developed an inception report based on the terms of reference and a desk review of program proposal, mid-term evaluation, baseline data, budget and program annual plans. This identified gaps in information, informing methods to fill those gaps as well as defining roles and tools for the team. Additionally, the team and IFRC evaluation manager decided not to visit East Kalimantan due to time constraints and long travel times. The team visited all other districts and townships. PMI and MRCS selected villages, in liaison with in-country team members, based on criteria in the inception report and practical logistics. Additionally, in Myanmar, the team leader reduced the number of visits to be visited to allow an appropriate amount of time in each community. The team consisted of three people in Indonesia and five in Myanmar. Additionally, in Myanmar, a translator and MRCS WASH manager guide participated in most interviews.

The team summarized and coded notes from interviews then the team leader collated this into the evaluation matrix, structured by criteria and indicator. The team leader triangulated this information into findings. Findings were prioritized by the weight of evidence, importance and usefulness to each evaluation criteria.

During the debriefings, the team discussed emerging findings, conclusions and recommendations as key messages. The team worked together in deriving useful recommendations and learnings from these findings and conclusions.



Figure 1 - Debriefing with MRCS

A team draft was circulated and comments incorporated before the team leader presented the draft report to IFRC. The IFRC evaluation manager in IFRC AP office circulate a draft report for validation. The team leader incorporated comments and updated the report into a final version.

The evaluation used **qualitative data collection methods and sources:**

1. Semi-structured interviews based on questionnaire in Appendix 3.
2. Group semi-structured interviews - based on questionnaire in Appendix 3.
3. Brief stories of change (via questioning) and site visits.
4. Desk review, with documents analyzed in an evaluation matrix to inform the inception report.

The Team



Figure 2 - The Team

The team travelled and worked together, sharing notes and discussions informally and/or semi-formally. In communities and townships, the team plus translator broke into either two or three groups.

The team included, in Indonesia and Myanmar:

- John Ievers, Team Leader and external consultant.
- Agung Lestyawan, IFRC Country Cluster Support Team for Indonesia and Timor-Leste, Senior WASH Officer.
- Akbar Prasetaya, PMI National Headquarters, WASH Program staff.

In Myanmar only:

- Carlos Prats, IFRC Myanmar, WASH Program Manager.
- Than Aung, WASH Manager, WASH Unit, Health Department (Engineer).

And **additionally**, attending interviews in Myanmar townships and villages:

- Khaing Khaing Mon “Twinkle”, Translator.
- Aung Htun, MRCS, Senior WASH Officer.

Interviews

The team facilitated 54 individual and group meetings/calls, 26 in Indonesia and 28 in Myanmar plus two skype calls. This actively engaged an estimated 194 people, although many more were observing and listening in large village meetings in Myanmar.

Due to time constraints, the team did not visit East Kalimantan.



Figure 3 - Community introduction before smaller group discussions in Myaing Township, Myanmar

Table 1 - People and groups interviewed.

No.	Location	Men	Women	%Women	Total
1	IFRC – Jakarta, KL (including ex staff) and Yangon	6	3	33%	9
2	NHQ – Yangon, including debrief	2	1	33%	3
3	NHQ – Jakarta, including debrief	3	0	0%	3
4	5 members of township authorities and 5 Red Cross Branch staff members - Myanmar	19 – mostly decision-makers	14 – mostly volunteers and hygiene promoters	42%	33
5	PMI Red Cross provincial and 2 district staff - Indonesia	23	9	28%	32
6	6 Village meetings – active persons only - Myanmar	32	14	30%	46
7	3 Village meetings – active persons only - Indonesia	38	30	44%	68
	Totals	122	71	37%	194

Disclosures

- The evaluation is not an independent evaluation but is focused on learning. The team comprised of IFRC, PMI and MRCS staff involved in the program maximizing this learning.
- One translator was used in Myanmar. Myanmar staff translated for other team members. Although this reduced the quality of translation, limiting the quality and detail of evidence collected in a few interviews, it also contributed to team learning between team members.

Limitation

- All evaluators were men. 63% of people interviewed were men with men dominating decision-making positions in IFRC, Red Cross, townships, local authorities, Water committees and village administrations. This limited the information that the all-male team could collect. Although the team interviewed men and women separately it was not able to explore many gender sensitive issues, including on the effectiveness of the menstrual hygiene tools. Given this limitation, at the inception stage the team refocused on how the program used mechanisms for gender programming.

Findings

Important context

In both Myanmar and Indonesia.

- Recently, the Government passed laws clarifying National Red Crosses' role as Auxiliary to the Government. In Myanmar, most board members, staff and volunteers have Government backgrounds.
- Neither Red Cross was seen locally as an actor in community based WASH development. Local authorities and communities perceived Red Cross districts as organization dealing with blood donors (Indonesia) and first aid services at events through brigades (in Myanmar), in addition to Red Crosses role during emergencies. No Red Cross district/branch/chapter visited started with significant capacity in either community WASH or project management.
- In Myanmar, WASH is a small unit within the Health department, with new strategies. Previously, in Myanmar the WASH Unit was more active and had higher capacity and knowledge, but lack of funding significantly reduced the unit's capacity.
- All communities visited had serious water and sanitation issues, with some resourceful and relatively rich, others poor and isolated. In many cases, the government provided and/or community pays for emergency water trucking during the dry season. This is expensive for government and communities and communities were able to raise monies to build some water infrastructure.

Impact

More than 90% of all community groups, local authorities and Red Cross staff and volunteers interviewed said **(drinking) water as the aspect of the program they were most proud.** Communities, especially in Myanmar, linked new water supply with the **reduction in serious (seasonal) outbreaks of diarrhea.** The programs water interventions provide drinkable water during annual dry periods. These dry periods previously requiring emergency water trucking and causing hospitalization due to diarrheal outbreaks.

Many communities, especially in Indonesia, noted that consistent household water supply is required to improve **hygiene and sanitation** including the use of pour flush latrines and allowing more frequent showering and easier household cleaning. In Indonesia, sanitation was mostly upgraded from (dry) pit latrines to pour flush but like in Myanmar, some communities started with open defecation. Communities especially in Myanmar with a lower hygiene starting point especially valued the **full package of water, sanitation and hygiene**, with one men's group saying the hygiene training was their top rank.



Figure 4 - Red Cross water system behind community water source pond in Wundwin Township, Myanmar

The new/expanded/upgraded water supply systems **save households, communities and local authorities money and time.** Many communities have multiple water sources and distribution systems separated by use including of salty non-drinking water, in Myanmar. All households interviewed reported paying (or expecting to pay) for new (piped) water. They report that this cost was up to 90% less than that they previously paid to collect water, in the hot dry sun, during the dry period, from often

distant sources. Similarly, mostly women in Myanmar and men in Indonesia spend **considerably less time collecting water during the dry season**, with some stating that they previously spent up to 5 hours collecting and carrying water which is now available through mostly household (pipe) connection. Local authorities and households who could afford it no longer have to truck water during emergency dry periods or drought.

Children in schools could recite handwashing songs and **schools** visited have additional toilets and handwashing stations. The program completed a baseline survey with some questions on handwashing knowledge, but the evaluation did not source a comprehensive knowledge, attitudes and practice study for school children.

Local Red Cross and project staff in both countries started with **limited capacity and have modest capacity building gains**. In Myanmar the program was largely driven by national staff focused through contractors on outputs. MRCS emerging WASH unit continues to build capacity.

PMI branches said they increased capacity in community, technical and program management and finance but will struggle to retain and occupy staff and thus that capacity. Importantly, staff did not build capacity on community approaches of gender and vulnerable programming.

All Indonesian local authorities and Myanmar township staff, Red Crosses and communities reported that **the program did not adapt to vulnerable peoples and gender specific requests**. The approach was similar to a government focusing on whole community benefits, serving all without a significant adaption to different capacities, vulnerabilities and needs.

Branches did note the need to have a gender balance in teams and committees. But men dominated in all areas except hygiene promotion and 63% of all people met were men.



Figure 5 - A school toilet in Budalin Township, adapted for disabled access

Certain schools with now accessible toilets are still challenged to make the rest of their facilities accessible. *In one case a young disabled student did not go to a program supported neighborhood schools', where sanitation and classrooms did not have disabled access. The neighborhood parents could not afford to pay to send their child to a special (government) school in a nearby city. In another school in Myanmar (picture above) the program built a toilet with universal access. Highlighting the need for consultations, two local paralyzed siblings will go to the school whose toilet but classroom does not have ramps. The children need but do not have wheelchairs and the parents will carry the children to the classroom.*

The all-male team did not explore deeply gender sensitive questions to women's groups. However, in response to open questions from group discussions, some women participants volunteered *that PMI was the only (non-familial) source of information for young girls on dealing with menstruation. In Myanmar, some girls expressed the need for additional privacy while showering and men and women reported that their roles in water and sanitation differed significantly.*

Efficiency/effectiveness/accountability

In both Indonesia and Myanmar less than half of the budget was spent on community actions. Part of this sizable overhead is due to working in many locations, 5 regions/provinces, 9 townships/districts and 48 villages. The program worked with isolated communities from Java to Kalimantan to Myanmar with significant travel time to and between most villages. This puts pressure on

volunteers, staff and is **cost and time inefficient, and forced a focus on outputs**. Many villages within the target districts and communities remained unserved.

Program design was rushed. The Red Cross did not have adequate time to invest in a comprehensive program design process at country level, especially relating to capacity building and information from isolated chapters and branches. In Indonesia, the concept note was developed 8 days after the initial request, and the proposal was finalized within 11 days⁵. Similarly, the program was three years but the donor requested annual proposals each year. This limited the involvement of national societies and other stakeholders in the program. Although existing plans and strategies were available during program design the short proposal and design period limited their use.

The program spread capacity building too thinly requiring most effort from national staff to drive the program forward. Red Cross chapters/branches started with limited or no capacity to manage WASH community projects. This demanded upfront investment in capacity building in the initial year continued by constant support over the three-years. **In Myanmar, the program was managed like three one-year programs rather than one three-year program, limiting any potential capacity building opportunities, forcing a focus on outputs.**

Similarly, in Indonesia the program was also delayed, due to financial procedures, as each district needed complete financial clearance before new advances were given, resulting in stop-start programming. **This limited time available for programming especially capacity building, forcing a further focus on outputs.** *Highlighting the impact, in Indonesia after the project identified where to locate a borehole by a geo-electric survey, the project was delayed awaiting financial clearance. Whilst suspended, this relatively wealthy village decided to drill and pay for a bore hole themselves, with village funds, using the geo-electric survey. Later, the project found an additional site to drill which expanded the potential coverage of the linked water systems.* This also emphasized that the Red Cross system was part of wider WASH efforts, as discussed in the coordination.

Importantly, the program invested in water systems that are part of other initiatives, positively leveraging impact. Some directly connect to existing water systems built by community or government. All communities have more than one water system with different sources for different uses. Few communities visited have connected all households to piped water supply. Some water facilities visited are incomplete, with program and/or planned village and district government activities ongoing or expanding. *In Jengrong village, Lumajang, East Java the PMI extended a long 7km water pipe from a reliable water source to a soon to be renovated and expanded village water distribution system. In part, based on the program's investments the village will continue to expand and upgrade the water system using village and district government funds.*



Figure 6 - Water distribution tower in Blitar, East Java with IFRC and PMI evaluation team members in the background

⁵ The concept note was developed from August 4 to 12, 2014 and the proposal elaborated from September 14 to 22, 2014.

The program is focused on health improvements, like that of an emergency program. However, water issues relating to environment such as watershed management⁶, palm plantations, water and livelihoods are not considered. Noting that **this is the branches first community based development program, this highlights potential advantages to future expanding what is considered in future programming.**

Staff turnover, including IFRC, and a thinly spread out program limited continuity of capacity building gains and reduced efficiency. In addition, to learning by doing in terms of approaching community programs, the teams in Indonesia said learnings in program management – planning, implementation and monitoring – as important. Red Cross staff in Indonesia stated learning in finance management and procedures was achieved after delays to the program. However, board, management, staff and volunteers cited communication and financial arrangements as a major challenge leading to delays.

About one-third of those interviewed cited physical constraints were expressed with distant communities, weather, languages, permits and dealing with the seasonal calendars highlighted.

In Myanmar, the **Government does not have WASH standards** and both Red Crosses need to develop further guidelines and standards for non-emergency community based WASH.

The program neither planned nor significantly invested in analysis of alternative contractor and technology options– this could lead to significant learning for future programming. The project focused on outputs driven from MRCS NHQ using a **contractor model and local technologies.** It is worth analyzing the value of the project to communities rather than just contractors. *One community in Myanmar, will replace the expensive to maintain and run generator/compressor with electricity once connected. Some communities use solar panels from the local market which have significant cost and reliability benefits to water pumping.*



Figure 7 - Temporary repair to broken distribution tank linking a Red Cross pipe to Government water distribution system in Lumajang district, East Java with IFRC evaluation team member, Agung Lestyawan

In Myanmar, some **communities test water quality by (salty) taste, boiling into tea to see if it leaves residue, and looking for discoloration during cooking rice.** Communities were happy with the taste and quality of water against these benchmarks.

The Red Cross tested water once the well was drilled and in some cases a second time. Neither, point of use/household testing nor testing for Arsenic was done. No biological test was carried out. Water testing should be done systematically, and not only at the source of water but also on the household level, to understand if the barriers are efficient.

Connectedness and sustainability

The Red Cross is an auxiliary of the Government and long-term partner from national to chapter and branch, thus it has added value in terms of sustainability but communities will also consider that Red Cross will be available for future assistance.

⁶ The Cartier project has components of community based monitoring of water supply and advocacy for IWRM, but the project as seen is more focused on outputs.

In both countries, more than 90% of community members, government and Red Cross people interviewed are **clear that the main risk to sustainability lies in the viability of village water management committees.** The program focused on operation and maintenance. No committee plans for a sinking fund for larger repairs. Villages hope that Red Cross, local government (or in Myanmar a rich migrant) would pay for larger repairs such as machine or borehole breakage or damage to pipes from for example landslides. Recognizing the significant cost saving to households in most communities, based on community discussions, communities feel that it is likely that they will find solutions to larger repairs only if leadership is good. For reference, in 2015, a WSP Service Delivery Assessment in Indonesia recommended for sustainability of water systems to:



Figure 8 - Local Bamboo repair to detached pipe in Blitar district, East Java

- Establish a clear demarcation of roles and responsibilities within the local governments after the hand-over of assets on managing and maintaining the water supply systems.
- Continue to facilitate and support community organizations in accessing commercial finance from local banks.
- Establish comprehensive technical support structures for communities to ensure sustainability of water and sanitation schemes.
- Improve capacity to scale up M&E at local level and use it as resource for sector planning, budgeting and implementation support.

Importantly, technical members of the team estimated the lifespan of the electromechanical equipment (Chinese compressors, submersible pumps) is about 2-3 years, considering level of use.

Additionally, according to local wisdom, boreholes have a limited life expectancy of 10-15 years as water aquifers if overdrawn will dry. However, the program did not calculate replenishment rates of aquifers linked to agricultural use or expansion/limits of the systems. Thus, this could reduce life expectancy the drilled water aquifers.

The program does not consider resilience to climate change or other disasters.



Figure 9 - Locally purchased compressor pump, in Budalin Township, Myanmar

Plans to sustain latrines, almost all households will transfer the latrine superstructure to a newly built pit once the pit is full. Communities said materials for the sub-structure are affordable for households. Communal latrines in institutions are likely to be maintained according to the strength of the using institution, mosque, market and school/kindergarten. Communal household latrines are more at risk, with those visited with ad hoc cleaning and maintenance plans and likely to have reduced usage if households (positively) switch to household pour flush when water is proved to be constant and thus worth the investment.

The PMI branches and provinces cited that they improved knowledge and capacity in community based programming, technical WASH as well as program and financial management. In Indonesia, chapter learnings in management, finance and community approaches is significant albeit

from a low base. This requires, as was said by a PMI provincial board member, *any and all continuous WASH activities by staff and volunteers even at low level*. Support to resource mobilization and even low levels of volunteer and staff WASH programming is key to retaining WASH capacity. This learning is retained in staff, with some provincial officials calling for *WASH, whatever size, incorporated into their work plan*.

Relevance and Appropriateness

Water, sanitation and hygiene is highly relevant and a top stated priority of all stakeholders. This is unsurprising in these dry zones with open defecation, regular outbreaks of diarrhea, and in some cases emergency water trucking. In no area, was any doubt raised about the relevance, priority or need of the full package of WASH. Much need remains in all townships/districts. All communities visited had serious water and sanitation needs.

Not all communities were poor, many had, albeit limited, financial but not technical and organizational resources to address WASH issues themselves.

The program was the local Red Crosses' teams' first action in community programming. The chosen approach, similar to most government projects aims to serve all in the community with less focus on vulnerable people, gender or groups with special needs. Communities themselves decided if they help or not vulnerable households. **The Red Cross collected some sex and age disaggregated data but did not have a strategy or as some said the confidence to use that information.** This resulted in no benefit or adaption for groups with special needs. However, the program reported minor technical adaptations for elderly and some aspects of the hygiene training are gender specific. The village authorities, did in some cases support poorer households' but this was not driven by the program. In a number of communities not all households were connected to water due to distance from water supply, capacity of water source and affordability of households to pay for a household connection. In some cases, the program did provide focused assistance to poorer families for sanitation, based on village leadership direction.

Coordination

Currently, Red Cross and (local) government still share similar working cultures with many Red Cross staff and board members coming from a background in government. **Co-ordination, in terms of where to work, was strong, with decision-makers sometimes the same person with two hats. The program coordinated closely with government to decide locations aligning with local plans.** In Indonesia, this resulted in working with communities that suffer water shortages, requiring government interventions and that are mainly in government plans. In Myanmar, Red cross agreed criteria with local Government including water scarcity, health, poverty, previous need for emergency water trucking related to water shortages and associated outbreaks of seasonal diarrhea. This allowed Red Cross and Government to select communities, effectively providing some water systems already in Government plans.

Local government were open in that the program helped them in their development obligations and vice versa. This close coordination was especially beneficial in Indonesia. *For example, this closeness facilitated the program getting permits to lay a 14.5 km underground water pipe across a national park and a government owned tea-plantation saving significant monies.*

The program coordinated with Government but had little depth of collaboration or influence on government policy or approaches nor did it try to. Although, the door is open. In one case in Indonesia, the program adapted to a policy not to provide subsidies for household sanitation. The program has limited collaboration with functional line ministries, did not develop a supportive network or sharing of resources, knowledge or learning during planning, implementation or for sustainability. In Indonesia staff and local government indicate that the size, type and technology for water and sanitation facilities is influenced by local government standards and approaches. Similarly, sanitation and hygiene approaches, dependent on that water supply are aligned with government policies. In Myanmar, the government had limited available standards but some guidelines. Although coordination was strong this did not translate into collaboration at programming level. Little evidence was found of collaboration in

Myanmar with the ministries of health, rural development or other entities, although stakeholder's interviews said the door is open and objectives aligned. Red Cross and township respondents said coordination was focused on avoiding duplication. Coordination did not focus on opportunities for collaboration in networking, technical standards and innovations, and sharing knowledge. IFRC collaborates with other humanitarian stakeholders like UNICEF, UN Habitat, WASH Clusters and Technical Working Groups.

Both countries recently passed new laws clarifying Red Cross as an auxiliary to the Government. This is an ongoing process. However, communities stated that through the program their view of Red Cross had changed from that of government agency doing blood in Indonesia and providing first aid services at events in Myanmar to an implementer within community. The view remains that Red Cross is resource rich and a potential source of financing.

Knowledge

The program shared little knowledge inside or outside the program. The program did not evidence sharing of major lessons between stakeholders. Responders were able to articulate good practice and learnings but this was limited to output or technical processes. Staff turnover at IFRC in Myanmar and MRCS reduced knowledge management. Capacity and knowledge gains are at risk through turnover of staff. It did however have mid-term in March/April/May 2017 for the associated *Global water and Sanitation initiative (Cartier project)* for Myanmar only as well as (this) final evaluations. It is notable, in Myanmar, the mid-term Cartier project evaluation also included findings, learning and recommendations similar to those in the final evaluation, **indicating that in the last year little has changed but their remains an opportunity for learning and incorporating into future projects**, most notably:

- Including and supporting gender, diversity, risk and good practice in WASH frameworks.
- Consider choice of installation equipment especially service life of machines and ability to withstand natural hazards.
- Focusing future projects in less townships to address monitoring and capacity limitations.
- Development of a robust information management practice in which information flows between various stakeholders.

The following recommendations were done:

- Invest in sustainability – part of the ongoing Cartier project
- Establish a community level operation and maintenance fund – done.

Conclusions

1. **In both countries, the program's water, sanitation and hygiene outputs improved people's lives** by:
 - reducing seasonal out breaks of diarrhea, previously hospitalizing many villagers.
 - reducing by up to 90%⁷ the financial and time costs of gaining dry season drinking water previously sourced from often distant poor-quality reservoirs or emergency trucking.
 - improving sanitation, hygiene and cleanliness by increasing hygiene awareness, reducing open defecation and increasing mostly piped household water.
2. **The program worked to avoid duplication, akin to an arm of Government, but not yet as an auxiliary influencing standards or policies.** In Myanmar, the program coordinated with but missed opportunities to beneficially collaborate with local government or other involved stakeholders influencing or sharing expertise. This remains an opportunity articulated by Government authorities interviewed. Township and local government officials interviewed see the program as replacing part of their annual planning and budget. In Indonesia the program branches started collaborating with Local Health Centre (PUSKESMAS) for hygiene promotion activities and locally shared designs and expertise with the Government water utilities (PDAM) for designing the systems.

⁷ According to community interviews

3. **In both countries, WASH is a highly relevant priority of villages and Local Government.** The door is open and Red Cross well positioned for future collaboration.
4. **In both countries, the program targeted whole communities missing opportunities to build the capacity of teams to consider gender and adapt to vulnerable, special needs groups or groups separated by sex and age.** The program included an analysis of gender roles and vulnerable groups in the PHAST process. The Red Cross collected some sex and age disaggregated data but did not have a strategy to use that information. This resulted in no benefit or adaption for groups with special needs. The Red Cross chapters' and branches' starting capacity was limited to core functions (blood donation and first aid at events/brigades) and the program did not invest significantly in *community engagement and accountability*. The program built oriented implementation capacity based on presented tools but this did not progress to vulnerability, gender, sustainability programming or influence of local policy.
5. **In both countries, the time and cost of working with many low capacity distant chapters and branches as well as delays from financial procedures contributed to a focus on outputs.** Most significantly, the program spread its resources too thinly, across more than 48 villages, 10 townships or districts. In Myanmar the program was managed as a three one-year rather than one three-year program. Notably,
 - in both countries, branches/chapters are new to community approaches and projects, thus without comprehensive mentoring they naturally focused on achieving outputs without a capacity building plan.
 - in Myanmar, technical decisions were made by contractors based on community needs. The program neither analyzed nor compared effectiveness and efficiencies in technical and management approaches.
 - in Indonesia, financial procedures between IFRC and PMI, delayed the program.
6. **In both countries, but with greater risk in Myanmar, the program limited sustainability ambitions to short term operation and maintenance, not the needed networks, procedures and capacity to address longer term risks.** Sustaining investments is more a risk in Myanmar where local Government and villages have less capacity to address future challenges (It should be noted that the team did not visit East Kalimantan). In Myanmar, the Cartier program will continue building the capacity of 27 village water and sanitation committees in operation and maintenance.
7. **Turnover of staff at IFRC (Myanmar) and MRCS, disrupted the program.** To sustain capacity, MRCS WASH staff need to be retained and active.

Lessons identified for potential learning

1. **Investing early to build capacity of Red Cross (non-emergency) WASH departments, chapters and branches creates opportunities to support future programming** – Due to pressure to achieve early results, the program implemented capacity building in parallel to implementation rather than having the time to build capacity first then implement. This became a missed opportunity in Myanmar and limited opportunities in Indonesia to (re)-establish the WASH departments at national and local levels and position Red Cross as a supportive auxiliary to Government.
2. **Define the projects geographical spread our capacity to mentor and support, to avoid spreading time, resources and operations to thinly.** Noting that options are often limited by donors and different priorities, choosing many locations is good from a national perspective but increases costs and reduces capacity building unless supported by appropriate processes, capacity and resources. Many processes and WASH tools exist but need some adaption.
3. **Planning the program on Red Crosses' long-term presence, relationship with Government especially its role as auxiliary and its volunteer network, significantly adds to success.**
4. **No WASH system was standalone and working with existing systems leverages impact.**

5. **Viewing WASH from only a health perspective limits opportunities.** WASH can be viewed from a number of sectors such as disaster risk reduction, livelihoods, environmental or climate change. Each perspective will open new impacts and programmatic options.
6. **The Red Cross volunteer network is well placed to drive effective community programming using community engagement and accountability approaches and considering gender, vulnerable groups and sustainability.**
7. **Investing in long-term sustainability, beyond operation and maintenance, is a critical opportunity for long term collaboration with government.** Water systems are part of a wider community and district/township strategy for water supply and thus demands a wider collaboration with townships' departments of rural development, health and other authorities as well as communities' and other non-Government stakeholders. Improved approaches could include:
 - Choosing of technology considering access to and cost of repairs.
 - Developing size and pricing structures of village water committees, for the long term, and thus viability of sinking and not just operational funds.
 - Planning to address expected big risks of breakages or damage to the water system.
 - Developing supportive networks to sustain gains in water, sanitation and hygiene.
 - Supporting village access to finance to address future expected expensive breakages.

Recommendations

IFRC support to National Societies

1. **IFRC should assist PMI and MRCS to contextualize, teach and use tools for community gender and vulnerability sensitive programming, including from IFRC community engagement and accountability toolbox for future capacity building strategies.** Use IFRC/RC expertise and global good practice to integrate as a supportive auxiliary, processes and tools to incorporate gender, targeting and special needs groups in future programs.
2. **IFRC should assist MRCS and PMI in disseminating, teaching and using WASH tools, standards and analysis to ensure future programs are more efficient and effective** including focusing future programs on collaboration with government to define standards and priorities with Government, cluster and other stakeholders, such as WSP.
3. **IFRC should support PMI but especially MRCS to analyze case studies and pilot projects of appropriate technical options for WASH from solar pumps to water quality.** This should explore cost effectiveness, sustainability, reliability, and appropriateness in the environment.

Future IFRC WASH program design

4. **IFRC should promote climate change and disaster risk reduction in future WASH programming, critical in this dry water scarcity and other hydro-meteorological hazard contexts.** This could be linked with good practices in planning long term WASH programming resulting from hydro-meteorological hazards, and incorporation of future climate related hazard scenarios from the Red Cross Climate centre.
5. **During program design, IFRC Partnerships and Resource Development should consider approaches to accepting funding's for development programs with short design periods.** The evaluation does not produce enough evidence from one program to support specific recommendations but suggests if IFRC accepts short design periods to agree with the donor, when possible, a design and decision-making process within the program. This allows the program to re-look at targets, re-budget and rework indicators after a six-month design and consultation phase.

IFRC Indonesia

6. **In Indonesia, IFRC should to help PMI participate in processes with Government, UN, WSP and other key actors defining what a sustainability WASH program looks like.**

PMI

7. **PMI should invest in a sustainable non-emergency WASH program, recognizing opportunities and limits needed in providing support and mentoring services to Branches/Chapters including Community engagement and accountability approaches.**

IFRC Myanmar

8. **In Myanmar, IFRC should use the use the Cartier Philanthropy and other funds and projects to help MRCS define with Government, WSP and key actors what a sustainability WASH program looks like at a village level, in future development WASH programs.** The Cartier Philanthropy project should attempt to model examples for sustainability in collaboration with government including focus of community to stakeholder network and replicable models for long term sustainability.
9. **In Myanmar, IFRC should use the Cartier Philanthropy and other funds and projects to help MRCS clarify with Government, WSP and key actors the role of Red Cross in future development WASH programs as an auxiliary to the Government.** This process should include recognizing Red Cross as more than providing brigade's and first Aid services.

MRCS

10. **MRCS should limit the number of Branches/Chapters in future program's work.** This is to balance the capacity building needs of those branches/chapters and the IFRC resources available for mentoring and technical training with the desire to cover a large national footprint.
11. **MRCS WASH department should focus WASH (development) programs in a few key districts with a capacity building plan, including investing in community engagement and accountability processes within the current Cartier Philanthropy project and future funds.**
12. **MRCS WASH teams should update/develop a WASH strategy focusing on learnings to move more into a position to influence government including**
 - How best to work with local government in national stakeholders
 - How best to include Red Crosses' community engagement and accountability approaches
 - How best to include Red Crosses' volunteer capacity

Annexes

Appendix 1 – evaluation matrix with judgement criteria/indicators

Criteria	Indicators – and quick response. For further details findings are summarized in the executive summary and detailed in the findings section of the report, links provided.
Relevance and appropriateness	<ul style="list-style-type: none"> - Evidence of two-way engagement with Government and other institutions – the evaluation found, engagement was limited to avoiding duplication not collaboration. - Evidence the program collected data for use and adaption for vulnerable groups including SADD – the evaluation found the program collected SADD data but did not use it. - Evidence of adaption of program to the needs and capacities of community – the evaluation found the program adapted to the needs of the whole community and village administration but did not adapt to the special needs of vulnerable groups, women, men, boys and girls within the community. <p>For further details see relevance and appropriate section in findings.</p>
Efficiency/effectiveness/accountability	<ul style="list-style-type: none"> - Evidence of comparisons and learning of different models and use of resources – The program spread resources too thinly and the team found no significant evidence of comparisons of appropriate models. - Evidence of community and stakeholder analysis/actions of water quality, quantity and usage. – limited analysis with remaining issues of water quantity, quality and usage. - Evidence of community and stakeholder analysis/actions of latrine quality and type limited engagement and analysis in design, in East Java the program adapted to requests not to include toilet subsidies. <p>For further details see efficiency/effectiveness/accountability section in findings.</p>
Impact	<ul style="list-style-type: none"> - Evidence of ranking of significant change from community and stakeholders – Community groups reported water (and full WASH package) ranked top with communities and others clearly linking this to a reduction in seasonal diarrhea. - Evidence of institutional changes or learnings ingrained in branch, chapter or institution – The team found that this was limited to mostly improvements in project management in Indonesia, with limited sustainable gains in Myanmar. - Evidence respondents able to identify changes to the status of vulnerable population – communities and project staff reported that the program did not target vulnerable groups <p>For further details see impact section in findings.</p>
Connectedness and sustainability	<ul style="list-style-type: none"> - Evidence communities analyze sustainability risks for water and sanitation and have plans to address those risks – the risks are well known by communities but community plans to deal with those risks are limited to operation and maintenance not

	<p>more significant problems that communities expect to happen in the coming 2-15 years. In Indonesia, communities have access to greater levels of finance and the program linked more with local Government.</p> <ul style="list-style-type: none"> - Evidence communities and institutions are clear about roles and responsibilities for sustaining actions and have allocated resources to meet them – the evaluation found sustainability ambitions are limited to operation and maintenance but no evidence of allocation of resources for longer term sustainability. <p>For further details see connectedness and sustainability section in findings.</p>
Coordination	<ul style="list-style-type: none"> - Stakeholders can articulate value of coordination and provide examples – stakeholders and red cross said coordination was limited to avoiding duplication, but some collaboration with Indonesian government was noted. - Stakeholders or program adapted programs either geographically or functionally – The program, consulted with stakeholders to adapt geographically (within districts or townships in selecting villages). Some stakeholders and staff noted adapting to government designs or community led total sanitation approaches in Indonesia but not Myanmar. <p>For further details see coordination section in findings.</p>
Knowledge	<ul style="list-style-type: none"> - Major lessons are shared amongst stakeholders – not shared with limited learning from Myanmar mid-term evaluation - Respondents able to articulate good practice or success stories or learnings – limited <p>For further details see knowledge section in findings.</p>

Appendix 2 - List of Respondents

No.	Meetings held	Men	Women	% women	total
1	IFRC – Jakarta, KL and Yangon including ex KL WASH AP coordinator	6	3	33%	9
2	NHQ – Yangon, including debrief	2	1	33%	3
3	NHQ – Jakarta, including debrief	3	0	0%	3
4	5 members of township authorities and 5 Red Cross Branch staff members - Myanmar	19 – mostly decision-makers	14 – mostly volunteers and hygiene promoters	42%	33
5	PMI Red Cross provincial and 2 district staff - Indonesia	23	9	28%	32
6	6 Village meetings – active persons only - Myanmar	38	30	44%	68
7	3 Village meetings – active persons only - Indonesia	32	14	30%	46
	Totals	122	71	37%	194

The Team

In Indonesia and Myanmar

- John Ievers, Team Leader and external consultant.
- Agung Lestyawan, IFRC Country Cluster Support Team for Indonesia and Timor-Leste, Senior WASH Officer.
- Akbar Prasetya, PMI National Headquarters, WASH Program staff.

In Myanmar only:

- Carlos Prats, IFRC Myanmar, WASH Program Manager.
- Than Aung, WASH Manager, WASH Unit, Health Department (Engineer).

And **additionally**, attending interviews in Myanmar townships and villages:

- Khaing Khaing Mon “Twinkle”, Translator.
- Aung Htun, MRCS, Senior WASH Officer.

Meetings in Myanmar

Meetings in Yangon

- Joy Singhal, IFRC Myanmar Country Office, Head
- Baylar Talibov, National Society Development Delegate
- Carlos Prats Deltell, IFRC WASH Program Manager
- Ritva Jantti, IFRC head of health department
- Jessie Kanhutu, IFRC Community-Based Program Manager.
- Dr. Su (Project Coordinator) – joining the project since the end of 2016,
- Tiwi (project officer) – joining the project since August 2016,
- Than Aung, MRCS WASH Unit Manager

Wundwin Township and Taung sae village

- Wundwin Township, group discussion with township chairperson and Red Cross Volunteers, 4 Female, 2 Male – Involved in whole program implementation time in 2015.
- Taung Sae School, group discussion with 6 men – some are school committee members, one person is a teacher and acting school headmaster.
- Accompanied walk-around village with 1 woman, who worked at the school met the evaluation team upon arrival.
- Discussion in monastery with 3 men, 1 woman.
- Discussion with randomly met old couple, in their home, one man and one woman.

Nahtoegyii Township and Thar Yar Kore village

- Group discussion with about 20 female villagers and female Red Cross Volunteers.

- Group discussion with Township decision makers including chair person, representatives of Water committee, and local police chief) – 5 male, 1 female.

Chauk Township and Kanthar village

- Group discussion with Red cross volunteers 1 man 3 women.
- Group discussion with township leadership 3 men.
- Group discussion with 20 village women.
- Group discussion with 5 village men followed by walk-around village

Budalin Township and That Hlaiaj village

- Group discussion with township leaders and Red Cross volunteers, 5 men 2 women.
- Group discussion with 5 women, 5 men participating but up to 50+ present, followed by walk-around village.

Myaing Township and Thiama village

- Group discussion with township leaders and Red Cross staff and volunteers, 3 men and 2 women (plus 6 young male volunteers who did not participate and were not involved in the project but present).
- Town hall style meeting in village with about 50 people followed by a walk-around village in three teams interviewing 5 people.

Debrief and discussions

- Group debrief and discussion with Dr. Thar Tun Kyaw, Director general, department of public health and one staff member
- Group debrief and discussion with Red Cross health team Dr. Su (Project Coordinator), Thun Aung (WASH manager) and Aung Htun.
- IFRC health unit – Ritva Jantti, IFRC head of health department and Jessie Kanhutu, IFRC Community-Based Program Manager.
- Debrief with Professor Dr (Daw) Mya THU, MRCS president, and Shewe Yi Hla – MRCS International Relations Coordinator and Director Health Department with about 15 health department staff (and WASH team) observing.
- Debrief with Joy Singhal, IFRC head of office Yangon.

Meetings in Indonesia

Team

- Agung Lestyawan – Sr. WASH officer, (IFRC CCST Indonesia and Timor-Leste) - TEAM
- Akbar Eka Prasetya – PMI National Headquarters WASH program staff) – TEAM

IFRC and National Headquarters – PMI

- Taufik Jeremias – Head of WASH sub-division
- Danus Raharjo – WASH project admin officer
- Giorgio Ferrario – Head of country cluster support team for Indonesia and Timor-Leste and representative to ASEAN

East Kalimantan PMI teams

- Rusliansyah –PMI provincial program coordinator conversation, in car speaker (PMI province)
- Sugianto (OGI) – PMI Berau district program coordinator conversation, in car speaker with volunteers in background contributing (PMI district)
- Verdi Logo - PMI Berau Kutai Timur program coordinator – PMI program coordinator, called from car.
- Mesdiono - East Kalimantan provincial board member at airport

East Java program teams - PMI

- Djoni Irianto – PMI East Java provincial office board member
- Andris Rufianto – PMI East Java provincial office WASH project coordinator
- Chandra Adicahyono – PMI East Java provincial office WASH admin officer
- Group discussion with Lumajang PMI district office – 7 people, including 1 board member, staff and volunteers
- Group discussion with Blitar PMI formal meeting board, local government administrators, school principal, staff and volunteers, 10 men, 5 women including a female program coordinator
- Group discussion with Blitar PMI board with LGU and school principal, note PMI also many government officials 5 men 1 women

Interviews in Gucialit village

- Group discussion with in school with 5 staff principal, teachers and brief chat with children
- Discussion with in Village office with village secretary (women), and 2 officials observing
- Group discussion in household with two male communal latrine users

Interviews in Jengrong village (Maduranese Ethnic Group)

- Group discussion with 5 village officials, mixed with PMI district staff.
- Brief intimidating meeting with 2 women, watched by officials and lots of men – the team leader cut short this interview.
- Informal walk-around village and discussions to water distribution with about 10 of villagers.

Interviews in Kecamatan Panggungrejo and Balerejo village

- Group discussion with sub-district Kecamatan Panggungrejo with Head of sub-district, 2 head of village, 4 principals (2 women) and sub-district staff – 8 men, 2 women.
- Group discussion with head of village, army representative, and all male WASH committee followed by walk-around village
- Group discussion with 6 women

Interviews by skype

- Sarah Davies, IFRC WASH Coordinator, Asia Pacific Region (poor skype connection with debrief)
- Vijay Matta, ex IFRC WASH Coordinator, Asia Pacific Region

Appendix 3: Questionnaires used

Semi-structured interview guide for Project Staff and institutions	
- Introduce team and take name and role of interviewee	
State: <i>The Red Cross is coming to an end of this project. We are here to learn.</i>	
Lead Statement	Prompt
Making positive change is key to this investment	<ul style="list-style-type: none"> - What are the programs major achievements? - What other factors or who contributed to those achievements? - How did the program adapt for vulnerable groups or those with special needs – can you give examples?
There are many ways to achieve results, and we are always learning	<ul style="list-style-type: none"> - Comparing to other approaches what can be learnt or repeated for the future (prompt quantity and quality)? - Did the program adapt to the local context other government or non-government initiatives – can you provide examples
The program wants to contribute to learning and changes in capacity	<ul style="list-style-type: none"> - How has your organization or Red Cross learnt those lessons? - Has the program led to changes in policy, structure or practice of your programs? Was it in line with good policies and practice - Can you give us examples how how the programs coordination added value?
Ensuring that the program benefit continue is always a challenge	<ul style="list-style-type: none"> - How has this or similar programs analyzed risks to sustainability? - What are the main risks to sustaining this program? (prompt water and sanitation quantity and quality) - How have communities and institutions committed resources to sustaining the results - What top lessons can be learnt from the program? - What recommendations can you make to this or future programs?

Group interview guide for Men, women	
Lead Statement	Prompt
- Introduce team, purpose and participants. State: The Red Cross is coming to an end of this project. We are here to learn.	
The program aims to make positive changes, and we try and continue learning for our future programs	<ul style="list-style-type: none"> - <i>What are the biggest changes that the program made – why?</i> Prompt: <i>How does the program improve health?</i> - <i>What factors contributed to those changes?</i> - How could the program improve in the way it did the work?
we always want the program to be able to adapt to communities.	<ul style="list-style-type: none"> - How did the program adapt to your community – can you give examples? - How did the program help special or vulnerable groups– can you give examples? - How did the program address different issues of men and women?
No program is perfect – there are always challenges and learnings	<ul style="list-style-type: none"> - What are the main challenges you see with the water and sanitation in the future? - What do you see as the main risks to yours and the programs work not continuing – what plans/resources are in place to address this <ul style="list-style-type: none"> o Prompt: Do you think the water will be year round and continue into the future? o Prompt: What are the plans to keep latrine in good condition – where do the resources come from - What top lessons can be learnt from the program - What recommendations can you make to this or future programs. - What top lessons can be learnt from the program - What recommendations can you make to this or future programs.



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TERMS OF REFERENCE

Final Evaluation of Community-based Water, Sanitation and Hygiene Programmes in Indonesia and Myanmar

1. SUMMARY

Purpose: The purpose of the evaluation is to assess the effectiveness, relevance, efficiency, sustainability, and impact of both Indonesian Red Cross (PMI) and Myanmar Red Cross Society (MRCS) community-based WASH projects in Indonesia and Myanmar. These projects are supported by International Federation of Red Cross and Red Crescent Societies (IFRC), Korean Red Cross, Community Chest of Korea, and Samsung and Cartier Philanthropy. The result of this evaluation will be used to improve future WASH project implementation. It is expected that key lessons and recommendations from this evaluation will guide PMI and MRCS in on-going as well as future projects and contribute to broader Red Cross Red Crescent learning, to address better project implementation for long-term impact and sustainability.

Audience: PMI, MRCS, IFRC, Cartier Philanthropy, Korean Red Cross, Partner National Societies (PNSs), and other donors

Commissioners: Head of IFRC Country Cluster Support Team (CCST) for Indonesia and Timor-Leste and representative to ASEAN, and Head of IFRC Myanmar Country Office

Reporting to: Head of IFRC Country Cluster Support Team (CCST) for Indonesia and Timor-Leste and representative to ASEAN, and Head of IFRC Myanmar Country Office

Duration: 30 days in total (in achieving all deliverables, including approximately 7 days in Indonesia and 7 days in Myanmar for field visits)

Timeframe: 19 February – 20 March 2018

Location: Jakarta, East Java and East Kalimantan in Indonesia; Yangon and 3 townships in Dry Zones of South-Eastern and Northern Region in Myanmar

2. BACKGROUND

Indonesia

Indonesia is a diverse archipelago nation with 13,466 islands divided into 34 administrative provinces. The diversity is not only limited to the ethnic groups, culture and habits but also to the diversity of disaster threats and health risk. Health problems related to water, sanitation and hygiene rank very high in both rural and urban areas in Indonesia. Lack of knowledge in hygienic behaviour and lack of access to improved water and sanitation facilities are two of the factors that contribute to the problem.

Based on a report on Indonesia's Basic Health Research conducted by the Ministry of Health of Indonesia in 2013¹, only 66.8% of the population has access to improved water facilities: some 33.2%, or around 84 million people, still cannot access improved water facilities. In terms of sanitation, the percentage is even higher: some 40.2% still cannot access improved sanitation facilities. These numbers and trends are often elevated in rural areas: on average, 72.5% of rural population doesn't have any access to improved sanitation and in some of the regions open defecation is still a common practice. Many people do not realise the link between poor water quality and diseases such as diarrhoea and skin diseases.

¹ <http://www.depkes.go.id/resources/download/general/Hasil%20Risksdas%202013.pdf>



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KRC and Samsung, through the IFRC, support PMI with a community-based WASH project targeting four districts in the provinces of East Java and East Kalimantan. This project is designed for a 2-year intervention (2015 to 2016) with a 1-year extension based on the project's achievements, to reach about 40,000 people by the end of the project.

East Java province has a population of 38,847,600 people², one of the highest density areas in Indonesia. In this province alone, it is estimated that around 22.1% or 8.5 million people have no access to appropriate water facilities and 42.5% or 16.5 million people have no access to appropriate sanitation facilities.³ The project is working in the two districts of Blitar and Lumajang.

East Kalimantan is a large province crossed by major rivers. With a population of some 4,068,600 people, according to data available, 64.8% have no access to safe water, with a vast majority still using water from rivers and unprotected sources, while some 25.9% have no access to improved sanitation. East Kalimantan ranks second lowest in access to safe water in the Ministry of Health research and has worsened in recent years, due to deforestation and mining activities. The project is working in the two districts of Berau and Kutai Timur.

The overall objective of the project is to increase community resilience and empowerment for 20 communities and 10 schools in East Java and East Kalimantan provinces, through improved access to safe water, sanitation and hygiene promotion. The areas of intervention are:

1. Health risk reduction

- Outcome: The risk of water, sanitation and hygiene related disease are prevented/reduced in the target area thus contributing to reduced morbidity and mortality rates.

2. Community capacity building

- Outcome: The community networking with key external partners increases community awareness, sense of ownership, responsibility and ensure sustainability of the project.

3. National Societies capacity building

- Outcome: The capacity of the Red Cross chapters/branches in the target area is improved.

Myanmar

Since 2015, MRCS has been implementing two WASH projects to increase sustainable access to WASH facilities in Dry Zone, South-Eastern and Northern Region of Myanmar. As the projects are approaching end line, an evaluation of the project will be carried out with the assistance of an external consultant-led team.

The two projects were implemented in parallel by MRCS in Dry Zone areas of South-Eastern and Northern Region of Myanmar over a 3-year, 3-month period. Both projects had similar objectives and were implemented by the same project team within MRCS while involving common external stakeholders at the district level. KRC and Samsung funded-project aimed to support WASH activities in 28 communities to reach 30,055 people while the Cartier Philanthropy funded the second, aimed to support 27 communities and to reach 19,489 people.

In line with IFRC's Global Water and Sanitation Initiative (GWSI) and the National Water, Sanitation and Hygiene Promotion strategy of Myanmar (2012-2017), the said projects were intended to address WASH needs in the most vulnerable regions of Myanmar through community-based and community-driven approaches. At the same time, the projects were anticipated to contribute to the implementation of national policies and projects in addition to achieving country MDG targets.

² http://www.bps.go.id/tab_sub/view.php?kat=1&tabel=1&daftar=1&id_subyek=12¬ab=12

³ Indonesia Basic Health Research in number 2013, page 51, 87



International Federation of Red Cross and Red Crescent Societies

The goal of the two projects was to achieve reduction in the health risks by improving access to safe sustainable water supplies, sanitation facilities and promoting hygiene practices by contributing towards:

1. Sustainable access to appropriate water and sanitation facilities;
2. Better understanding of the transmission routes and relation between water borne diseases and access to water and sanitation;
3. Increased adherence to safe hygiene practices at household and community level;
4. Better capacity to deal with unexpected events since the community were to identify problems and plan for solutions; and
5. Better technological and managerial capacity to ensure sustainability of the project beyond the funding timeframe.

The intervention with support of IFRC was also intended to enhance coordination mechanisms of MRCS towards delivering low cost sustainable WASH services to communities. A community-based approach was adopted as the most effective means of empowering communities to manage their own water supply schemes and sanitation facilities. Active participation of district stakeholders and the beneficiary communities were to be ensured from the very beginning and at every stage of the project cycle. The beneficiaries were considered the proponents and implementers of the projects for monitoring and evaluation, and managing of schemes and their sanitation facilities. Beneficiaries were expected to contribute with locally available resources for construction of projects. Collaboration and linkages among partners were supposed to be strengthened to ensure effective coordination at all levels of the project implementation.

Similarly, the NS was expected to work in close collaboration with their local government counterparts that are responsible for the project area to ensure targets were met as per the local and national priorities.

To maximise the impact of these projects, an integrated WASH approach was applied with a strong emphasis on capacity building of the community and NS, in coordination and within the bounds of good Integrated Water Resources Management (IWRM) practices at the community and catchment level. During project implementation, all users within communities including men, women, children, boys, girls, PLWD (people living with disability) and other potentially marginalised groups were to be involved to build a sense of ownership.

Alignment to the IFRC's objectives and strategy

Strategic aim 2. Enable healthy and safe living

This project contributes to:

Sustainable Development Goal 6: *Ensure availability and sustainable management of water and sanitation for all*

IFRC Area of Focus 5: *Vulnerable people's health and dignity are improved through increased access to appropriate and sustainable water, sanitation and hygiene services.*

Strategy for Implementation 1: *Strengthen National Society capacities and ensure sustained and relevant Red Cross and Red Crescent presence in communities*



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3. Evaluation PURPOSE AND SCOPE

3.1 Purpose

The evaluation should contribute to the understanding of the performance of the projects against the planned project objectives, expected results and targets as per the logical framework. Furthermore, the evaluation will generate lessons learned for future WASH project activities and identify, where possible and evident, best practice and innovation in WASH.

3.2 Scope

The focus is on the WASH interventions in both Indonesia and Myanmar:

- Berau and Kutai Timur Districts in East Kalimantan Province and Blitar and Lumajang Districts in East Java Province, Indonesia.
- Dry Zone, South-Eastern and Northern Region of Myanmar.

4. Evaluation OBJECTIVES AND CRITERIA

4.1 Objectives

For the above purpose, the evaluation will focus on the following:

- To assess the Relevance, Efficiency, Impact, Sustainability and Connectedness, Coordination and Knowledge of the Community-Based Water, Sanitation and Hygiene Promotion project.
- To assess the major strengths and limitations (SLOT) of the project and generate key lessons for future WASH programme improvement.

The evaluation should highlight good practice, lessons learned and areas for improvement, including concrete recommendations on how to proceed.

4.2 Criteria

The following criteria will be used to guide the evaluation recommendations:

a. Relevance and appropriateness

1. Are there indications that water supply and sanitation coverage has improved in target locations and to what extent can this be attributed to project interventions?
2. Is the health status of the community and school children improving, and to what extent can this be attributed to the project intervention?
3. To what extent has the hygiene promotion education given to the community and school children changed knowledge, attitudes and practices?
4. To what extent has capacity building activities met the needs and have these activities addressed capacity gaps of communities and MRCS branches?
5. Is the intervention in line with government policies and does it contribute towards the achievement of national and regional objectives?

b. Efficiency/effectiveness/accountability

1. Was the use of financial, human and material resources efficient?
2. Are there other, more cost-effective ways to undertake the project?
3. Is there collaboration and coordination with relevant government/non-government institutions to use resources efficiently?
4. Did the interventions meet the immediate and intended results?



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5. Are there any identified factors and constraints which have affected project implementation including technical, managerial, organizational, and socio-economic policy issues and other external or internal factors unforeseen during the project design?
6. To what degree were the expected results achieved against the objectives and indicators? And how?
7. Are there differences in the project results between the various project locations? What were they and what lessons can be learned?
8. What factors (internal and external) contributed to the projects' successful or failure? What were they and what lessons can be taken from this?

c. Impact

9. What is the immediate impact and likely longer-term impact of the projects in target communities?
10. How have the implementing MRCS branches changed as a result of this intervention?
11. Are there any unintended consequences (positive and negative) resulted from the projects?
12. What has been the impact on vulnerable groups and has benefit been experienced equally across the target communities of two projects?
13. Are there any exceptional experiences that should be highlighted e.g. stories, best practices, changes in government policies etc.?

d. Connectedness and Sustainability

14. Is there any indication that the project interventions are sustainable?
15. Is there a sense of ownership of the project by the local communities and local stakeholders?
16. Did the implementation process give adequate room for genuine participation of stakeholders, particularly women, but also children, the elderly, sick and poor people?
17. Is the institutional capacity of the community sufficient to sustain the results?
18. To what degree will the partnership between community organisations and local stakeholders contributed to the sustainability of the project?
19. How effective has the exit strategy and handing over process? What was done well and what could be done better?

e. Coordination

1. How effective was the coordination within and among the organisations and with other actors or stakeholders during project implementation?
2. How well did the project consult and engage stakeholders and local beneficiary communities during project implementation? How was information about the project disseminated?
3. What is the added value of the coordination and partnerships between stakeholders in the project? What is the key learning from this?
4. Are there any exceptional coordination result or experiences that should be highlighted e.g. stories, best practices, etc.?

f. Knowledge

1. What lessons and major recommendations can be drawn from the project interventions?
2. Are there any identified good practices? If yes, what are they and how these can be replicated in other projects and/or in other countries that have similar interventions?
3. Is there still any implementation priorities require action and commitment from the community, National Society and the local stakeholders?

5. METHODOLOGY

In consultation with IFRC, PMI and MRCS, evaluator(s) are expected to propose and design the methodology and determine the appropriate sample size for conducting the evaluation in the Inception Report. However, the

methodology should follow to the [IFRC Framework for Evaluations](#)⁴, with particular attention to the processes upholding the standards of how evaluations should be planned, managed, conducted, and utilized.

Appropriate participatory approaches are essential to properly triangulate information. A balanced mix of qualitative and quantitative methods such as survey, focus group discussions, in-depth interviews with key informants, success stories of beneficiaries and observation of the system can be used to collect primary data. This primary data collection is conducted by field visit the chosen project area to monitor on project results and activities, meeting with both PMI and MRCS staff from national headquarters, provincial as well as district level project staff, PMI and MRCS volunteers, local key government officials, community representatives, students, teachers, principals and school officials.

6. OUTPUTS/DELIVERABLES

The key deliverables that should be delivered by the evaluator(s) and its time frame are as follow:

Deliverables	Description	Timeline
Evaluation inception report	An inception report must be prepared by the evaluator before full data collection stage. It provides the project and the evaluators with an opportunity to verify that they share the same understanding about the evaluation and clarify any misunderstanding at the outset. It will include the proposed methodologies, data collection and reporting plans with draft data collection tools such as interview guides, the allocation of roles and responsibilities within the team, a timeframe with firm dates for deliverables, budget allocation and the travel and logistical arrangements for the team.	13 Feb 2018
Draft evaluation report	A draft report, identifying key findings, conclusions, recommendations and lessons for the current and future project. The key stakeholders in the evaluation must review the draft evaluation report to ensure that the evaluation meets the required quality criteria.	9 Mar 2018
Final evaluation report	The final report will contain a short executive summary (no more than 1,000 words) and a main body of the report (no more than 10,000 words) covering the background of the intervention evaluated, a description of the evaluation methods and limitations, findings, conclusions, lessons learned, and recommendations. If both projects result in common findings, general recommendations can be provided but where appropriate and relevant, specific recommendations may also be given. The report should also contain appropriate appendices, including a copy of the ToR, cited resources or bibliography, a list of those interviewed and any other relevant materials.	16 Mar 2018

7. SCHEDULE

The evaluation is expected to be no more than 30 days, including submission of the final evaluation report.

Evaluation stage	Task	Timeframe	P-i-C
Planning	Prepare and finalize TOR	Dec 2017	Project team
	Compile key documents and existing data (include end-line survey)	Jan 2018	Project team
	Recruitment or selection of evaluator(s)	Jan 2018	Project team
	Identification and of interviewees, field sites, and sample selection	Jan 2018	Project team

⁴ <http://www.ifrc.org/Global/Publications/monitoring/IFRC-Framework-for-Evaluation.pdf>



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Inception	Desk review of key documents	8 – 12 Feb 2018	Evaluation team leader (TL)
	Finalize evaluation design and methods		
	Submit inception report	13 Feb 2018	
	Review inception report and feedback	14 – 15 Feb 2018	Evaluation management team (EMT)
	Finalise inception report and submit to Commissioner for approval	16 Feb 2018	EMT
Data collection and analysis	Briefing to the evaluation team (Indonesia)	19 Feb 2018	Evaluation TL
	Field visit in Indonesia (7 days)	19 – 25 Feb 2018	Evaluation team
	Debriefing of findings to stakeholders (Indonesia)	26 Feb 2018	Evaluation TL
	Briefing to the evaluation team (Myanmar)	28 Feb 2018	Evaluation TL
	Field visit in Myanmar (7 days)	28 Feb – 6 Mar 2018	Evaluation team
	Debriefing of findings to stakeholders (Myanmar)	7 Mar 2018	Evaluation TL
Reporting	Submission of draft evaluation report	9 Mar 2018	Evaluation TL
	Review of draft evaluation report	12 Mar 2018	EMT
	Incorporate comments and revise draft evaluation report	14 Mar 2018	Evaluation TL
	Submission of final evaluation report	16 Mar 2018	Evaluation TL
	Approval of final evaluation report by Commissioner	20 Mar 2018	Commissioner

8. EVALUATION QUALITY and ETHICAL STANDARDS

The evaluators should take all reasonable steps to ensure that the evaluation is designed and conducted to respect and protect the rights and welfare of people and the communities of which they are members, and to ensure that the evaluation is technically accurate, reliable, and legitimate, conducted in a transparent and impartial manner, and contributes to organizational learning and accountability. Therefore, the review team should adhere to the evaluation standards and specific, applicable practices outlined in the [IFRC Framework for Evaluation](#)

The IFRC Evaluation Standards are:

- a. **Utility:** Evaluations must be useful and used.
- b. **Feasibility:** Evaluations must be realistic, diplomatic, and managed in a sensible, cost-effective manner.
- c. **Ethics and Legality:** Evaluations must be conducted in an ethical and legal manner, with particular regard for the welfare of those involved in and affected by the evaluation.
- d. **Impartiality and Independence:** Evaluations should be impartial, providing a comprehensive and unbiased assessment that takes into account the views of all stakeholders.
- e. **Transparency:** Evaluation activities should reflect an attitude of openness and transparency.
- f. **Accuracy:** Evaluations should be technically accurate, providing sufficient information about the data collection, analysis, and interpretation methods so that its worth or merit can be determined.
- g. **Participation:** Stakeholders should be consulted and meaningfully involved in the evaluation process when feasible and appropriate.
- h. **Collaboration:** Collaboration between key operating partners in the evaluation process improves the legitimacy and utility of the evaluation.

It is also expected that the evaluation will respect the [seven Fundamental Principles of the Red Cross Red Crescent](#): Humanity, Impartiality, Neutrality, Independence, Voluntary Service, Unity and Universality.



International Federation of Red Cross and Red Crescent Societies

Evaluation Management Team

An evaluation management team (EMT) will manage and oversee the evaluation, and ensure that it upholds the IFRC Management Policy for Evaluation. The EMT will consist of no less than two people who were not directly involved with the operation (ideally, one person each from the Myanmar and Indonesia Country Offices).

The evaluation should include a team leader, a representative from the National Society and a representative from Korean Red Cross. Any other National Societies in the region may also be encouraged to send their representative to be part of the evaluation to promote peer learning.

The following characteristics are highly desirable for the evaluation team:

- For the Team Leader: Demonstrable experience in leading evaluations of humanitarian programmes responding to major disasters.
- Knowledge of activities generally conducted by humanitarian organizations, mainly in the WASH sector.
- Field experience in the evaluation of humanitarian or development programmes, with prior experience of evaluating Red Cross programmes desirable.
- Strong analytical skills and ability to clearly synthesize and present findings, draw practical conclusions, make recommendations and to prepare well-written reports in a timely manner (examples of previous work may be requested)
- Previous experience in coordination, design, implementation, and monitoring and evaluation of humanitarian programmes.
- Ability to work within tight deadlines and manage with available resources.
- Fluent in spoken and written English.
- All individuals of the evaluation team should have relevant degrees or equivalent experience.

9. APPLICATION PROCEDURES

Interested candidates for Team Leader role should submit their expression of interest to pmer.apzo@ifrc.org by **31 January 2018**. In the subject line, please state the evaluation you are applying for, your surname and first name. (SUBJECT: Community-based WASH Final Evaluation - Last Name, First Name).

The application should include:

1. Cover letter clearly summarizing experience as it pertains to this assignment, daily rate, and contact details of three professional referees
2. Curriculum Vitae (CV)
3. Provide samples of previous work (reports of previous evaluations and reviews completed)

Application materials are non-returnable and we thank you in advance for understanding that only short-listed candidates will be contacted. Shortlisted candidates will be contacted via email for Skype interview on the week of **5 – 6 February 2018**.

10. APPENDICES – will be made available in-country

1. Project proposal
2. Updates and reports, including Movement updates
3. Financial reports
4. Disaster Response Operations Manual and other available guidelines
5. Other relevant reports that may inform progress of activities/findings/lessons learned of the projects
6. Other relevant National Society and IFRC policies, standard operating procedures and guidelines

Inception Report

Evaluation of the Community-based Water, Sanitation and Hygiene Programmes in Indonesia and Myanmar

Final updated from comments- February 14, 2017

By John Ievers, johnievers@me.com

Note: The team leader prepared this inception report to clarify approach and methodologies with the evaluation team for approval by the evaluation commissioner. The questionnaire will evolve after the initial team briefing and as field observations accumulate. The evaluation is focused on learning with a Red Cross team. The evaluation will take place in February and March 2018 and include the team leader, an external consultant and at least three members of the Red Cross.

Table of Contents

Introduction	3
Key Findings and Information Gaps of the Desk Review	4
Criteria: Relevance and appropriateness.....	4
Criteria: Efficiency/effectiveness/accountability	4
Criteria: Impact.....	5
Criteria: Connectedness and sustainability	5
Criteria: Coordination.....	6
Criteria: knowledge	6
Methodology	7
The team	7
Data collection	7
Places to visit - criteria for site selection	7
Sampling in communities	7
Sampling of institutions and influencers	7
Collating and analysis.....	8
Reporting plan.....	8
Roles and responsibilities	8
Risks and Limitations of this Evaluation	8
Work-plan and Logistics	9
Need to be done, before arrival in Indonesia.....	9
Appendix 1: Questionnaires	10
Appendix 2: List of Respondents	12
IFRC, National Red Cross and project staff	12
stakeholders with potential comparisons and learnings	12
Local Authorities	12
In the villages – Maximum 6 people per group	12
Appendix 3: Evaluation matrix for reporting	13
Relevance and appropriateness.....	13

Introduction

The 3-year programme is funded by Korean Red Cross, Samsung and Cartier Philanthropy. This evaluation covers 4 projects, in East Java and East Kalimantan in Indonesia as well as two projects in the dry zone of Myanmar. These locations have amongst the lowest access to improved water and sanitation in Indonesia, Myanmar as well as ASEAN.

The project benefits, at different levels, more than 50,000 rural and semi-urban people in more than 48 communities including more than 20 schools. The Red Cross community based approach is aligned with that of local Government and Red Cross policies and strategies. This three-year programme started in 2015 and will finish in 2018, with most infrastructure completed in the second year. This program is supported by International Federation of Red Cross and Red Crescent Societies (IFRC), Korean Red Cross, Community Chest of Korea, Samsung and Cartier Philanthropy.

In **Indonesia**, the overall objective of the project is to increase community resilience and empowerment for 20 communities and 10 schools in East Java and East Kalimantan provinces, through improved access to safe water, sanitation and hygiene promotion. The areas of intervention are:

1. Health risk reduction outcome: The risk of water, sanitation and hygiene related disease are prevented/reduced in the target area thus contributing to reduced morbidity and mortality rates.
2. Community capacity building outcome: The community networking with key external partners increases community awareness, sense of ownership, responsibility and ensure sustainability of the project.
3. National Societies capacity building outcome: The capacity of the Red Cross chapters/branches in the target area is improved.

In **Myanmar**, the goal is to achieve reduction in the health risks by improving access to safe sustainable water supplies, sanitation facilities and promoting hygiene practices by contributing towards:

1. Sustainable access to appropriate water and sanitation facilities.
2. Better understanding of the transmission routes and relation between water borne diseases and access to water and sanitation.
3. Increased adherence to safe hygiene practices at household and community level.
4. Better capacity to deal with unexpected events since the community were to identify problems and plan for solutions.
5. Better technological and managerial capacity to ensure sustainability of the project beyond the funding timeframe.

As per the terms of reference, the **purpose of the evaluation** is:

- to assess the effectiveness, relevance, efficiency, sustainability, and impact of both Indonesian Red Cross (PMI) and Myanmar Red Cross Society (MRCS) community-based WASH projects in Indonesia and Myanmar.
- to contribute to the understanding of the performance of the projects against the planned project objectives, expected results and targets as per the logical framework.
- generate lessons learned for future WASH project activities and identify, where possible and evident, best practice and innovation in WASH.

The **scope/focus of the evaluation** is on the WASH interventions in:

- Berau and Kutai Timur Districts in East Kalimantan Province and Blitar and Lumajang Districts in East Java Province, Indonesia.
- Dry Zone, South-Eastern and Northern Region of Myanmar.

The result of this evaluation will be used to improve future WASH project implementation. It is expected that key lessons and recommendations from this evaluation will guide PMI and MRCS in on-going as well as future projects and contribute to broader Red Cross Red Crescent learning, to address better project implementation for long-term impact and sustainability.

Key Findings and Information Gaps of the Desk Review

Process: The Terms of Reference, attached separately, provides criteria with guide questions to guide the evaluation recommendations. This desk review highlights initial information that is either available or likely to be available to inform the evaluation. This in turn highlights information gaps and potential indicators by which the criteria can be judged. These gaps and criteria then inform the questions that will be asked to communities and stakeholders. Additional questions and documents sourced during the evaluation will triangulate evidence. **End line data is not yet available.**

The evaluator restructured some indicators and questions so as to have less overlap between criteria.

Criteria: Relevance and appropriateness

Myanmar: Documents' indicate that WASH is a priority in (rural) Myanmar for Government, people and non-Government organisations. The programme actively references in proposals and reports national and international policies and strategies for community rural based water and sanitation initiatives. Government Rural WASH policies include references to UNICEF and WSP/World Bank initiatives and are in line with this programme's approach.

The programme selected townships and communities using a points system mostly focused on needs. Initial assessments and baselines, reviewed, did not seek information for vulnerable people or those needing special attention but rather focusing on community needs- this maybe implicit in later approaches. Women and men are represented in water management committees but reports state that men still dominate decision-making.

Indonesia: The programme uses a Community based health approach used by PMI for 10-years. The approach is aligned with those of Indonesian authorities. Reports indicate that in East Java the sanitation component adapted to local community and authorities' strategies and wishes regarding subsidies and household latrines. The baseline includes gender disaggregated data and data on special needs and menstrual management as well as issues of water treatment. Criteria for initial decision making included needs, vulnerabilities, capacity and willingness of communities and local authorities to participate as well as track record and capacity of the local chapters/branches. Most reported participants in community (87%) and PMI (66%) volunteers are men.

Gaps in information for the evaluation:

- The end line data is not yet available but Myanmar has partial mid-line data.
- Documents' do not detail how climate change and other factors are considered.
- Myanmar: Documents available do not provide clarity on how the project contributes to local chapters, brigades and branches as well as stakeholder policy and practices.
- Myanmar: Documents do not clearly indicate level of involvement for vulnerable groups (potentially implicit within PHAST).
- Indonesia: Documents' do not detail program actions for special needs cases.

Indicators:

- Evidence of two-way engagement with Government and other institutions.
- Evidence the programme collected data for use and adaption for vulnerable groups including SADD.
- Evidence of adaption of programme to the needs and capacities of community.

Criteria: Efficiency/effectiveness/accountability

Myanmar: Documents' indicate substantial improvements in access to water and sanitation facilities from a low baseline. However, the mid-line assessment is unclear on definitions. Documents' raise potential issues on water quality, scarcity/quantity, and risk analysis (for end of system life and natural hazards) as

well as quality of latrines, access to water in latrines, water treatment and collection times. Documents' raise issues on year-round water access, seasonal installations and it is unclear how climate change is considered. Documents' indicate that additional modules such as menstrual management are promoted.

Reported challenges include recruitment and retention of staff and coordination with chapters, as well as retaining resources demanded when Red Cross responds to other disasters.

Indonesia: The proposal identifies water quality and reliability as needing special focus and considers climate change, VCA and SWOT. Reports and the proposal highlight the importance of capacity building for local chapters, authorities as well as communities. 55% of proposed budget is for community actions. Reports state that communication with chapters especially in East Kalimantan is a challenge. In its second year the project largely surpassed in output targets.

Gaps in information for the evaluation:

- The end line data is not yet available but Myanmar has partial mid-line data.
- Myanmar: budgets indicate low expenditure on projects relative to HR and other costs – this needs to be compared with similar community approaches.
- Myanmar: Exit strategy risk analysis and water quality.
- Indonesia: Changes to behaviour.
- Indonesia: Changes to household sanitation and ODF achievements.

Indicators:

- Evidence of comparisons and learning of different models and use of resources
- Evidence of community and stakeholder analysis/actions of water quality, quantity and usage.
- Evidence of community and stakeholder analysis/actions of latrine quality and type.

Criteria: Impact

Desk review Myanmar: Documents' quantify significant improvement in water and sanitation access but raise issues of water quality, treatment and year-round water availability. Programme processes consider demands and needs. Documents' detail decision-making influenced by town meetings and whole community/school interventions. Baselines and processes to not include data on special interest or vulnerable groups beyond quantifying women in committees and school targeting.

Indonesia: Reports indicate significant improvement in access to water and sanitation. East Kalimantan starts with very low levels of access to improved water and sanitation. The baselines indicate issues on reliable water sources, and maintenance challenges for latrines. Water treatment by boiling is common.

Gaps in information for the evaluation:

- The end line data is not yet available but Myanmar has partial mid-line data.
- Myanmar: little initial information on inclusion of special interest groups and needs.
- Myanmar: little initial information on water quality and seasonality.
- Indonesia: little initial information on Changes to household sanitation and ODF achievements.

Indicators:

- Evidence of ranking of significant change from community and stakeholders – prompting health status.
- Evidence of institutional changes or learnings ingrained in branch, chapter or institution.
- Evidence respondents able to identify changes to the status of vulnerable population.

Criteria: Connectedness and sustainability

Myanmar: The proposal and reports highlight a range of analysis and actions for sustainability as well as connectedness to meet demands and needs of communities and national and institutional policies and strategies. Sustainability reporting includes functional/technical, financial, environment, equity, institutional

and ownership. Documents' raise sustainability concerns on water quality quantity of supply as well as quality of (maintaining) latrines.

Indonesia: The programme is connected within a range of Red Cross and local policies and is based on a mature approach more than 10-years. The programme adapted to local contexts notably subsidies. Sustainability on many level is considered – low cost tech, local capacity, financial, environmental and gender. One pre-existing water system is noted to have failed due to high operation costs.

Gaps in information for the evaluation

- The end line data is not yet available but Myanmar has partial mid-line data.
- Myanmar: details on quantity including dry season and future links with government.
- Myanmar: links to future policy learning circles.
- Indonesia: water reliability information.

Indicators:

- Evidence communities analyse sustainability risks for water and sanitation and have plans to address those risks.
- Evidence communities and institutions are clear about roles and responsibilities for sustaining actions and have allocated resources to meet them.

Criteria: Coordination

Desk review: Documents' report a process of logical coordination including with national policy, strategies as well as town hall meetings and community consultations. Documents show adaption in the selection of communities served by government and other service suppliers. Documents report challenges in coordination with chapters/HQ and due to staff turn-over.

Indonesia: Government contributed to technical designs PDMA, public works and policies (subsidies). MoUs' were signed with local authorities. Local health workers engaged and existing plans considered.

Gaps in information for the evaluation:

- Documents' do not detail results/adaptions to program from coordination for Myanmar

Indicators:

- Stakeholders can articulate value of coordination and provide examples
- Stakeholders or programme adapted programs either geographically or functionally

Criteria: knowledge

Desk review Myanmar: The midterm review highlights some learning, additional modules for future WASH interventions but highlights staff capacity and retention and demands from natural disasters a major challenge.

Gaps in information for the evaluation:

- Documents' from learning workshops or documents'

Indicators:

- Major lessons are shared amongst stakeholders
- Respondents able to articulate good practice or success stories or learnings

Methodology

The team

The team, to be finalised, will include

1. John Ievers, TL and consultant.
2. Agung Lestyawan, IFRC, Senior WASH Officer with travel to Indonesia and Myanmar.
3. Akbar Prasetaya, PMI with travel to Indonesia and Myanmar.
4. Carlos Prats, IFRC Myanmar, with travel to Myanmar only.
5. Aung Myin WASH Engineer, Civil Engineer with travel to Myanmar only.

The team will work with local Red Cross chapters/branch to include members locally, especially for women's' groups.

Data collection

For ease of reading, evaluation questions, indicators and sources are in Key Findings and Information Gaps of the Desk Review.

*The evaluation uses **mixed but mostly qualitative methods**. Evaluation questions are broken into sub-questions with associated indicators or variables. These indicators are used as judgement criteria. The evaluation will make these judgements as a team led by data from the following **data collection methods and sources**.*

1. Semi-structured interviews based on questionnaire in Appendix 1.
2. Group semi-structured interviews (MAX 6 PEOPLE PER GROUP) - based on questionnaire in Appendix 1.
3. Success stories and site visits including observation of water and sanitation facilities, focusing on quality and quantity (water) as well as sustaining facilities.
4. Additional desk review of project documents, guides and other evaluations and assessments, to be collected during the evaluation.

Places to visit - criteria for site selection

In Indonesia, the team will only physically visit East Java, to maximize time with communities. Logistically traveling to East Kalimantan and East Java would significantly reduce time with communities. This was decided in a skype with the evaluation team and commissioner on February 9. Institutional stakeholders from East Kalimantan will be interviewed via Skype/phone. **The following criteria will be used to select communities**

- **Communities should have the full range of actions, allowing evaluation of community and school based actions.**
- **Both difficult and helpful communities will be included to maximize learnings.**
- **Communities visited by the mid-term evaluation (in Myanmar) will be deprioritized.**

Sampling in communities

The team will interview stakeholders/users in schools. In addition, the team will request a **purposeful selection** to interview active users of water and sanitation who have

- Knowledge of and participation in the programme
- Have separate groups for men and women (To be confirmed if no women members on team)
- Request a group of specially targeted (from local chapter) this could include PWD and preferably come from initial township meetings - If no special target group is suggested this will be discussed during the team interviews.

Sampling of institutions and influencers

Institutions are suggested based on their stated intended participation on influence (policy, management, and/or advice) in the project (via desk review and project team request).

Collating and analysis

All information will be summarized and coded after interviews then entered into an evaluation matrix, structured by criteria and indicator, see initial sample in Appendix 3. This information will be triangulated (by source and information type) to give finding points. Relevant findings will be highlighted by the team led by the weight of evidence and reported by evaluation criteria. These findings will be compared with benchmarks, log frame, implicit models of change (e.g. within PHAST) and usefulness for learnings. This will inform conclusions and learnings. The team will work together in deriving useful recommendations and learnings from these findings and conclusions.

Reporting plan

The reporting structure, with main body **less than 10,000 words**, is suggested to be

- **Executive summary (<1,000 words)**
- Introduction
- Methodology including limitations
- Findings with conclusions
 - Common to both countries
 - Indonesia
 - Myanmar
- Lessons identified for learning, focused no future similar programmes
- Recommendations by target group

Roles and responsibilities

The team shall travel and work together, sharing notes and discussions informally and/or semi-formally each day. Initial interviews will be conducted together so all members are comfortable with the methodology. Each team member will conduct interviews, preferably in two's based on his or her learning and background. Gender based interviews will have gender roles. To maximise learnings and exchange, sub-team are likely to be structured by country (one from Indonesia and one from Myanmar).

Risks and Limitations of this Evaluation

- Travel to East Kalimantan is not planned due to time constraints.
- Gender based consultations may be curtailed as no female team member is available.

Work-plan and Logistics

Separate detailed schedules are attaches and will evolve for each country visit.

Evaluation stage	Task	Timeframe	P-i-C
Planning (Pre work)	Prepare and finalize TOR	Dec 2017	Project team
	Compile key documents and existing data (include end-line survey)	Jan 2018	Project team
	Recruitment or selection of evaluator(s)	Jan 2018	Project team
	Identification and of interviewees, field sites, and sample selection	Jan 2018	Project team
Inception	Desk review of key documents	8 – 12 Feb 2018	Evaluation team leader (TL)
	Finalize evaluation design and methods		
	Submit inception report	13 Feb 2018	
	Review inception report and feedback	14 – 15 Feb 2018	Evaluation management team (EMT)
	Finalise inception report and submit to Commissioner for approval	16 Feb 2018	EMT
Data collection and analysis	John arrival in Jakarta	18 February 2018	Evaluation TL
	Briefing to the evaluation team (Indonesia) - Team will spend time reviewing the methodology and questions as well as get to know one another. - Monday 19 will include interviews and briefing in Jakarta	19 Feb 2018	Evaluation TL
	Field visit in Indonesia (7 days) - Details attached	19 – 25 Feb 2018	Evaluation team
	Debriefing of findings to stakeholders (Indonesia)	26 Feb 2018	Evaluation TL
	Travel to Myanmar - together	27 Feb 2018	Evaluation team
	Briefing to the evaluation team (Myanmar)	28 Feb 2018	Evaluation TL
	Field visit in Myanmar (7 days) - separate list	28 Feb – 6 Mar 2018	Evaluation team
	Debriefing of findings to stakeholders (Myanmar)	7 Mar 2018	Evaluation TL
	John travel in Yangon to Dublin	8 Mar 2018	Evaluation TL
	Submission of draft evaluation report	15 Mar 2018	Evaluation TL
Reporting	Review of draft evaluation report	18 Mar 2018	EMT
	Incorporate comments and revise draft evaluation report	19 Mar 2018	Evaluation TL
	Submission of final evaluation report	20 Mar 2018	Evaluation TL
	Approval of final evaluation report by Commissioner	23 Mar 2018	Commissioner

Need to be done, before arrival in Indonesia

- Finalise schedule and arrange meetings within communities (assuming via Red Cross volunteers).
- Arrange for translators where needed.

Appendix 1: Questionnaires

- At the initial briefing - questions will be reviewed with the team for consistency, clarity and possible translation.
- *Questioning will evolve based on observation of water and sanitation facilities, focusing on quality and quantity (water) as well as sustaining facility as well as evolving based on early responses.*

Semi-structured interview guide for Project Staff and institutions	
- Introduce team and take name and role of interviewee State: <i>The Red Cross is coming to an end of this project. We are here to learn.</i>	
Lead Statement	Prompt
Making positive change is key to this investment	<ul style="list-style-type: none"> - What are the programs major achievements? - What other factors or who contributed to those achievements? - How did the program adapt for vulnerable groups or those with special needs – can you give examples?
There are many ways to achieve results, and we are always learning	<ul style="list-style-type: none"> - Comparing to other approaches what can be learnt or repeated for the future (prompt quantity and quality)? - Did the program adapt to the local context other government or non-government initiatives – can you provide examples
The programme wants to contribute to learning and changes in capacity	<ul style="list-style-type: none"> - How has your organisation or Red Cross learnt those lessons? - Has the program led to changes in policy, structure or practice of your programmes? Was it in line with good policies and practice - Can you give us examples how the programmes coordination added value?
Ensuring that the programme benefit continue is always a challenge	<ul style="list-style-type: none"> - How has this or similar programmes analysed risks to sustainability? - What are the main risks to sustaining this programme? (prompt water and sanitation quantity and quality) - How have communities and institutions committed resources to sustaining the results - What top lessons can be learnt from the program? - What recommendations can you make to this or future programs?

Group interview guide for - Men, women, neighbourhood and IDP residence	
Lead Statement	Prompt
- Introduce team, purpose and participants. State: <i>The Red Cross is coming to an end of this project. We are here to learn.</i>	
The programme aims to make positive changes, and we try and continue learning for our future programmes	<ul style="list-style-type: none"> - <i>What are the biggest changes that the program made – why?</i> Prompt: <i>How does the programme improve health?</i> - <i>What factors contributed to those changes?</i> - How could the programme improve in the way it did the work?

we always want the programme to be able to adapt to communities.	<ul style="list-style-type: none"> - How did the programme adapt to your community – can you give examples? - How did the programme help special or vulnerable groups– can you give examples? - How did the program address different issues of men and women?
No program is perfect – there are always challenges and learnings	<ul style="list-style-type: none"> - What are the main challenges you see with the water and sanitation in the future? - What do you see as the main risks to yours and the programmes work not continuing – what plans/resources are in place to address this <ul style="list-style-type: none"> o Prompt: Do you think the water will be year-round and continue into the future? o Prompt: What are the plans to keep latrine in good condition – where do the resources come from - What top lessons can be learnt from the program - What recommendations can you make to this or future programs.

Group interview guide for - Students	
Lead Statement	Prompt
- Introduce team, purpose and participants. State: The Red Cross is coming to an end of this project. We are here to learn.	
The programme aims to make positive changes, and we try and continue learning for our future programmes	<ul style="list-style-type: none"> - <i>What are the biggest changes that the program made – why?</i> Prompt: <i>How does the programme improve health?</i> - <i>What things helped this contributed to those changes?</i> Prompt <i>Hygiene promotion</i> - How could the programme improve in the way it did the work?
We always want the programme to be able to adapt to communities.	<ul style="list-style-type: none"> - How did the programme help special or vulnerable groups– can you give examples? - Did you discuss the trainings with others – can you give examples? - What top lessons can be learnt from the program - What recommendations can you make to this or future programs.

Appendix 2: List of Respondents

This is a project of complex partnership with various stakeholders. Thus the list of potential respondents is expanded from the Terms of Reference based on initial desk review and discussions with key staff.

IFRC, National Red Cross and project staff

1. PMI/MRSC national HQ.
2. Korean Red Cross.
3. Chapter PMI/MRCS– in a group.
4. Project staff – in a group - I assume by district?
5. **Sarah Davies, WASH Coordinator, Asia Pacific Region.**
6. **Jay Matta, EX-WASH Coordinator, Asia Pacific Region (in post during inception period).**

stakeholders with potential comparisons and learnings

7. Other institutions with similar projects in area that influenced programme or attended workshops?

Local Authorities

8. National level authorities – if influential to the project beyond normal policy statements?
9. Local government officials / authorities – those most engaged and influenced, East Kalimantan by phone

In the villages – Maximum 6 people per group

1. Red Cross volunteers
2. Men water and sanitation users – depending on final team make-up (note if no women in team we can do a mixed user group)
3. Women water and sanitation users – depending on final team make-up (note if no women in team we can do a mixed user group)
4. Water and/or sanitation Committees
5. Vulnerable groups identified by project (this is a self-selection) – if appropriate and Identified by Red Cross Volunteers
6. Students
7. Teachers/school officials

Appendix 3: Evaluation matrix for reporting

Criteria	Indicators	Reporting by meeting
Relevance and appropriateness	<ul style="list-style-type: none"> - Evidence of two-way engagement with Government and other institutions. - Evidence the programme collected data for use and adaption for vulnerable groups including SADD. - Evidence of adaption of programme to the needs and capacities of community. 	<ul style="list-style-type: none"> - <i>Example</i> John highlighted was as key that water supply was the biggest change but it is limited during dry season.
Efficiency/effectiveness/accountability	<ul style="list-style-type: none"> - Evidence of comparisons and learning of different models and use of resources - Evidence of community and stakeholder analysis/actions of water quality, quantity and usage. - Evidence of community and stakeholder analysis/actions of latrine quality and type 	
Impact	<ul style="list-style-type: none"> - Evidence of ranking of significant change from community and stakeholders – prompting health status - Evidence of institutional changes or learnings ingrained in branch, chapter or institution - Evidence respondents able to identify changes to the status of vulnerable population 	
Connectedness and sustainability	<ul style="list-style-type: none"> - Evidence communities analyse sustainability risks for water and sanitation and have plans to address those risks. - Evidence communities and institutions are clear about roles and responsibilities for sustaining actions and have allocated resources to meet them. 	
Coordination	<ul style="list-style-type: none"> - Stakeholders can articulate value of coordination and provide examples - Stakeholders or programme adapted programs either geographically or functionally 	

Knowledge	<ul style="list-style-type: none">- Major lessons are shared amongst stakeholders- Respondents able to articulate good practice or success stories or learnings	
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Evaluation Management Response to Recommendations for the Final Evaluation of Community-based Water, Sanitation and Hygiene Program in Indonesia and Myanmar

Management Response to Recommendations for the Community-based Water, Sanitation and Hygiene Program in Indonesia and Myanmar

Final Evaluation

IFRC APRO

Background information:

- **Date and duration of evaluation: 19 February to 20 March 2018**
- **Evaluator: John Ievers**
- **Evaluation Management Response Team members:**
 - Robert S M Fraser, Senior Officer WASH (Water, Sanitation & Hygiene), Health & Care Dept. IFRC Geneva
 - Ludovic Arnout, Reg. Coordinator, WASH, HealthandCare, Reg.Office, Asia and Pacific

- **Background Information:**

Korean Red Cross, Samsung and (in Myanmar) Cartier Philanthropy funded this three-year program in four geographically defined projects, two in Indonesia and two in Myanmar's dry zone. This water, sanitation and hygiene (WASH) program benefits, at different levels, more than 70,000 rural and semi-urban people in 48 communities including 20 schools.

In Indonesia, the program's overall objective is to increase community resilience and empowerment for 20 communities and 10 schools in East Java and East Kalimantan provinces, through improved access to safe water, sanitation and hygiene promotion.

In Myanmar, the program’s goal is to achieve a reduction in the health risks by improving access to safe sustainable water supplies, sanitation facilities and promoting hygiene practices.

In March 2017, IFRC commissioned a final evaluation for this three-year project. The evaluation aimed to improve future WASH project implementation. Its purpose is:

- to assess the effectiveness, relevance, efficiency, sustainability, and impact of both Indonesian Red Cross (PMI) and Myanmar Red Cross Society (MRCS) community-based WASH projects in Indonesia and Myanmar.
- to contribute to the understanding of the performance of the projects against the planned project objectives, expected results and targets as per the logical framework.
- to generate lessons learned for future WASH project activities and identify, where possible and evident, best practice and innovation in WASH.

Summary of Management Response:

The evaluation was useful to assess the extent of the effectiveness, relevance, efficiency, sustainability, and impact of the community-based WASH projects in Indonesia and Myanmar. The recommendations will be useful to improve future WASH programmes, especially based on the understanding of the performance of the programmes carried out and lessons learned identified.

Overall, there are 12 recommendations stipulated by the final evaluation report and 2 recommendations have been deemed relevant to IFRC APRO WASH team. Both have been accepted with rationales.

Future IFRC WASH program design				
<p>Recommendation 1: <i>IFRC should promote climate change and disaster risk reduction in future WASH programming, critical in this dry water scarcity and other hydro-meteorological hazard contexts. This could be linked with good practices in planning long term WASH programming resulting from hydro-meteorological hazards, and incorporation of future climate related hazard scenarios from the Red Cross Climate center.</i></p>				
Management Response	Decision Rationale	Action/s to be taken	Timeframe	Responsibility
<input type="checkbox"/> Accepted <input type="checkbox"/>	Accepted. Indeed, we could have sought greater inputs from our in-house expertise.	Strengthen linkages and dialogue with the RC/RC Climate Centre and seek their advice for this geographic are in particular, but also all new programming.	From now onwards.	Regional, country and global WASH teams.
<p>Comments: No comment.</p>				

Future IFRC WASH program design				
<p>Recommendation 2: <i>During program design, IFRC Partnerships and Resource Development should consider approaches to accepting funding's for development programs with short design periods. The evaluation does not produce enough evidence from one program to support specific recommendations but suggests if IFRC accepts short design periods to agree with the donor, when possible, a design and decision-making process within the program. This allows the program to re-look at targets, re-budget and rework indicators after a six-month design and consultation phase.</i></p>				
Management Response	Decision Rationale	Action/s to be taken	Timeframe	Responsibility
<input type="checkbox"/> Accepted <input type="checkbox"/>	Accepted. However, if funding constraints continue we are often forced to compromise. Scale and scope of projects are best when funding is sufficient to warrant longer term programming.	Seek co-financing when project impact and scale limits its potential.	From now onwards.	WASH staff at all levels.

		Seek broader partnerships external to the RC/RC to complement our efforts when resources are limited.		
Comments: Donors may have a greater impact by having less number of projects to a greater individual scale.				

Evaluation Management Response to Recommendations for the Final Evaluation of Community-based Water, Sanitation and Hygiene Program in Indonesia and Myanmar

Management Response to Recommendations for the Community-based Water, Sanitation and Hygiene Program in Indonesia and Myanmar Final Evaluation

IFRC CCST for Indonesia and Timor-Leste

Background information:

- **Date and duration of evaluation: 19 February to 20 March 2018**
- **Evaluator: John Ievers**
- **Evaluation Management Response Team members:**
 - **Indonesia:**
 - Giorgio Ferrario, HoCCST
 - Agung Lestyawan, WASH senior officer

- **Background Information:**

Korean Red Cross, Samsung and (in Myanmar) Cartier Philanthropy funded this three-year program in four geographically defined projects, two in Indonesia and two in Myanmar's dry zone. This water, sanitation and hygiene (WASH) program benefits, at different levels, more than 70,000 rural and semi-urban people in 48 communities including 20 schools.

In Indonesia, the program's overall objective is to increase community resilience and empowerment for 20 communities and 10 schools in East Java and East Kalimantan provinces, through improved access to safe water, sanitation and hygiene promotion.

In Myanmar, the program's goal is to achieve a reduction in the health risks by improving access to safe sustainable water supplies, sanitation facilities and promoting hygiene practices.

In March 2017, IFRC commissioned a final evaluation for this three-year project. The evaluation aimed to improve future WASH project implementation. Its purpose is:

- to assess the effectiveness, relevance, efficiency, sustainability, and impact of both Indonesian Red Cross (PMI) and Myanmar Red Cross Society (MRCS) community-based WASH projects in Indonesia and Myanmar.
- to contribute to the understanding of the performance of the projects against the planned project objectives, expected results and targets as per the logical framework.
- to generate lessons learned for future WASH project activities and identify, where possible and evident, best practice and innovation in WASH.

Summary of Management Response:

The evaluation was useful to assess the extent of the effectiveness, relevance, efficiency, sustainability, and impact of the community-based WASH projects in Indonesia and Myanmar. The recommendations will be useful to improve future WASH programmes, especially based on the understanding of the performance of the programmes carried out and lessons learned identified.

Overall, there are 12 recommendations stipulated by the final evaluation report and 5 recommendations have been deemed relevant to IFRC CCST and PMI. Out of the 5 recommendations, 5 have been partially accepted.

IFRC support to National Societies				
Recommendation 1: <i>IFRC should assist PMI and MRCS to contextualize, teach and use tools for community gender and vulnerability sensitive programing, including from IFRC community engagement and accountability toolbox for future capacity building strategies. Use IFRC/RC expertise and global good practice to integrate as a supportive auxiliary, processes and tools to incorporate gender, targeting and special needs groups in future programs.</i>				
Management Response	Decision Rationale	Action/s to be taken	Timeframe	Responsibility
<input type="checkbox"/> Partially accepted	<p>IFRC has been supporting PMI to improve gender awareness within the national society. The example of this are segregated data on any emergency or development project report by PMI, inclusion of Gender and Diversity in every WASH training for volunteer and the latest CEA national training.</p> <p>It is agreed that PMI needs to continue enhancing its capacities for gender sensitive programming. This is an aspect that has to be pursued in the vast majority of our NSs.</p>	<ul style="list-style-type: none"> IFRC CCST will work with the new PGI APRO coordinator to ensure better inclusion of gender and inclusion aspect in PMI programming. 	End of 2018	Sr. WASH officer CEA Coordinator NSD team PGI APRO
Comments: No comments.				

IFRC support to National Societies				
Recommendation 2: <i>IFRC should assist MRCS and PMI in disseminating, teaching and using WASH tools, standards and analysis to ensure future programs are more efficient and effective including focusing future programs on collaboration with government to define standards and priorities with Government, cluster and other stakeholders, such as WSP.</i>				

Management Response	Decision Rationale	Action/s to be taken	Timeframe	Responsibility
<input type="checkbox"/> Partially accepted	<p>PMI has already developed its standards and guidelines in WASH in Emergency, while the standards and guideline of WASH in development are still work in progress. PMI follows Indonesian National Standard (SNI) and adapts them to the local reality and habits of the community. In WASH project, PMI involve local government expertise from Department of Public Works (PU), Local District Water Provider (PDAM) for technical input and assistance especially for detailed engineering detail (DED) of water supply facility.</p> <p>IFRC and PMI are involved in WASH cluster meeting together with other partners from NGO and government institution. IFRC CCST and PMI are also part of the WASH task force developing ASCEND (ASEAN Standards and Certification for Experts in Disaster Management) that covers pre disaster (Risk reduction and Preparedness) as well as post-disaster (recovery and rehabilitation program).</p>	<ul style="list-style-type: none"> • Support the development of WASH in development guidelines for PMI to include clear recommendations to include the reference from Indonesian National Standard (SNI). • Emphasize the importance of ongoing collaboration with local government in PMI WASH guidelines. 	<p>End of 2018</p>	<p>Sr. WASH officer</p>
<p>Comments: No comments.</p>				

IFRC support to National Societies

Recommendation 3: *IFRC should support PMI but especially MRCS to analyze case studies and pilot projects of appropriate technical options for WASH from solar pumps to water quality. This should explore cost effectiveness, sustainability, reliability, and appropriateness in the environment.*

Management Response	Decision Rationale	Action/s to be taken	Timeframe	Responsibility
<input type="checkbox"/> Partially accepted	<p>IFRC CCST has been supporting and will continue supporting PMI to analyse and adopt appropriate technology suitable and applicable with the local context.</p> <p>PMI involvement in national and IASC WASH cluster also bring opportunities to get lesson learn and input from other organisations which conducted similar WASH program.</p>	<ul style="list-style-type: none"> Guidance and technical support to PMI WASH sub-division on new and appropriate technology 	End of 2018	Sr. WASH officer
<p>Comments: No comments.</p>				

IFRC Indonesia				
<p>Recommendation 4: <i>In Indonesia, IFRC should to help PMI participate in processes with Government, UN, WSP and other key actors defining what a sustainability WASH program looks like.</i></p>				
Management Response	Decision Rationale	Action/s to be taken	Timeframe	Responsibility
<input type="checkbox"/> Partially accepted	<p>PMI involvement with the National and IASC (UNICEF led) WASH cluster is quite good already, as is the relation at the local level with the local government. PMI has involved the local government and local stakeholders to ensure project sustainability.</p>	<ul style="list-style-type: none"> Support PMI to continue participating and develop close network with the clusters (national and IASC) 	End 2018	Sr. WASH officer
<p>Comments: No comments.</p>				

PMI				
Recommendation 5: <i>PMI should invest in a sustainable non-emergency WASH program, recognizing opportunities and limits needed in providing support and mentoring services to Branches/Chapters including Community engagement and accountability approaches.</i>				
Management Response	Decision Rationale	Action/s to be taken	Timeframe	Responsibility
<input type="checkbox"/> Partially accepted	<p>PMI has started to invest on non-emergency WASH by start to develop the guidelines for WASH in development as well as developing its marketing package for potential donor.</p> <p>At the moment PMI conducting community WASH project supported by local donor (Indomaret – Local Convenience store chain) and KNRC bilateral WASH project.</p> <p>The new proposed project to KNRC focuses exactly on enhancing and developing PMI’s capacities on donor engagement and resource mobilisation for WASH involving PMI resource mobilization and cooperation division.</p>	<ul style="list-style-type: none"> Capacity development on effective donor engagement and donor management strategy 	<p>Depends on the approval KNRC</p>	<p>PMI Head of WASH sub division.</p> <p>Sr. WASH officer</p>
<p>Comments: It is not the decision of a consultant what a NS’s strategic priorities should be.</p>				

Evaluation Management Response to Recommendations for the Final Evaluation of Community-based Water, Sanitation and Hygiene Program in Indonesia and Myanmar

Management Response to Recommendations for the Community-based Water, Sanitation and Hygiene Program in Indonesia and Myanmar Final Evaluation

IFRC Myanmar Country Office

Background information:

- **Date and duration of evaluation: 19 February to 20 March 2018**
- **Evaluator: John Ievers**
- **Evaluation Management Response Team members:**
 - **Myanmar:**
 - Dr Thida Kyu, Director, MRCS Health Department
 - Dr Dr.Myo Myint Aung, MRCS Health MER Manager
 - U Than Aung, Manager, MRCS WASH Unit
 - Dr Su Lei Mon, Coordinator, MRCS WASH Unit
 - Ritva Jantti, Health Programme Manager, IFRC Myanmar CO
 - Joy Singhal, Head of IFRC Myanmar CO
- **Background Information:**

Korean Red Cross, Samsung and (in Myanmar) Cartier Philanthropy funded this three-year program in four geographically defined projects, two in Indonesia and two in Myanmar's dry zone. This water, sanitation and hygiene (WASH) program benefits, at different levels, more than 70,000 rural and semi-urban people in 48 communities including 20 schools.

In Indonesia, the program's overall objective is to increase community resilience and empowerment for 20 communities and 10 schools in East Java and East Kalimantan provinces, through improved access to safe water, sanitation and hygiene promotion.

In Myanmar, the program's goal is to achieve a reduction in the health risks by improving access to safe sustainable water supplies, sanitation facilities and promoting hygiene practices.

In March 2017, IFRC commissioned a final evaluation for this three-year project. The evaluation aimed to improve future WASH project implementation. Its purpose is:

- to assess the effectiveness, relevance, efficiency, sustainability, and impact of both Indonesian Red Cross (PMI) and Myanmar Red Cross Society (MRCS) community-based WASH projects in Indonesia and Myanmar.
- to contribute to the understanding of the performance of the projects against the planned project objectives, expected results and targets as per the logical framework.
- to generate lessons learned for future WASH project activities and identify, where possible and evident, best practice and innovation in WASH.

Summary of Management Response:

The evaluation was useful to assess the extent of the effectiveness, relevance, efficiency, sustainability, and impact of the community-based WASH projects in Indonesia and Myanmar. The recommendations will be useful to improve future WASH programmes, especially based on the understanding of the performance of the programmes carried out and lessons learned identified.

Overall, there are 12 recommendations stipulated by the final evaluation report and 8 recommendations have been deemed relevant to IFRC Myanmar CO and MRCS. Out of the 8, IFRC Myanmar CO/MRCS accepted 4 and the other 4 have been partially accepted with rationales.

IFRC support to National Societies				
Recommendation 1: <i>IFRC should assist PMI and MRCS to contextualize, teach and use tools for community gender and vulnerability sensitive programing, including from IFRC community engagement and accountability toolbox for future capacity building strategies. Use IFRC/RC expertise and global good practice to integrate as a supportive auxiliary, processes and tools to incorporate gender, targeting and special needs groups in future programs.</i>				
Management Response	Decision Rationale	Action/s to be taken	Timeframe	Responsibility
<input type="checkbox"/> <u>Partially accepted</u>	<p>IFRC has supported MRCS Gender and Diversity mainstreaming objective (as defined in MRCS 2016-2020 Strategy) though participation to international trainings and organisation of national trainings e.g. 7 Moves training in 2017. In addition, technical support has been provided from the Country Office as well as IFRC Regional and Global resources. IFRC will continue to support the MRCS Gender & Diversity Focal Point to mainstream G&D into programmes, including WASH.</p> <p>MRCS has its own CEA Standards that include tools. IFRC will continue to support MRCS in mainstreaming of its CEA Standards into future programmes, including WASH.</p>	<ul style="list-style-type: none"> • To facilitate engagement of MRCS G&D focal point in all WASH programme design in the future. • Propose to include gender and diversity sensitive training for MRCS staff and volunteers working in WASH programmes. 	<p>Continuous</p>	<p>IFRC WASH Programme Manager</p>
<p>Comments: Nothing to comment.</p>				

IFRC support to National Societies				
Recommendation 2: <i>IFRC should assist MRCS and PMI in disseminating, teaching and using WASH tools, standards and analysis to ensure future programs are more efficient and effective including focusing future programs on collaboration with government to define standards and priorities with Government, cluster and other stakeholders, such as WSP.</i>				
Management Response	Decision Rationale	Action/s to be taken	Timeframe	Responsibility
<input type="checkbox"/> <u>Partially accepted</u>	<p>MRCS WASH Unit has developed its WASH Common Framework in 2017 (pending for EC approval) which is to be supplemented e.g. by standards drawings for water infrastructure and sanitation facilities. Standard design development needs to be done in collaboration and coordination with key actors in WASH, such as UNICEF, to avoid duplication.</p> <p>Coordination regarding WASH is challenging as no single Myanmar Government ministry leads on WASH. IFRC continues to encourage MRCS WASH Unit to participate in national and local level coordination forums.</p>	<ul style="list-style-type: none"> • Update the plan for standard design development taking into consideration the works already done by other key actors, such as UNICEF. • Joint participation to WASH Cluster meetings. 	<p>Continuous</p>	<p>IFRC WASH Programme Manager</p>
<p>Comments: Nothing to comment.</p>				

IFRC support to National Societies				
<i>Recommendation 3: IFRC should support PMI but especially MRCS to analyze case studies and pilot projects of appropriate technical options for WASH from solar pumps to water quality. This should explore cost effectiveness, sustainability, reliability, and appropriateness in the environment.</i>				
Management Response	Decision Rationale	Action/s to be taken	Timeframe	Responsibility
<input type="checkbox"/> <u>Partially accepted</u>	<p>IFRC will continue to support MRCS WASH Unit to analyse case studies and pilot projects for appropriate technical solutions in the current and future WASH programmes. In-depth contextual analysis will be required throughout the programmes starting from the project design stage.</p> <p>IFRC believes that engagement in national and local coordination forums will support fulfilling this recommendation as a lot of good quality locally adapted WASH solutions may have already been developed, tested and implemented.</p>	<ul style="list-style-type: none"> • Joint participation to WASH Cluster meetings. • Technical support to WASH Unit 	Continuous	IFRC WASH Programme Manager
Comments: Nothing to comment.				

IFRC Myanmar
<i>Recommendation 4: In Myanmar, IFRC should use the Cartier Philanthropy and other funds and projects to help MRCS define with Government, WSP and key actors what a sustainability WASH program looks like at a village level, in future development WASH programs. The Cartier Philanthropy project should</i>

attempt to model examples for sustainability in collaboration with government including focus of community to stakeholder network and replicable models for long term sustainability.

Management Response	Decision Rationale	Action/s to be taken	Timeframe	Responsibility
<input type="checkbox"/> Accepted	The new Cartier Sustainability project focuses on setting up sustainable systems for WASH at village and township level. The work will be done in collaboration with local government including local stakeholder network. This kind of WASH programme approach is new to MRCS and since WASH sector is divided between different ministries may bring challenges.	<ul style="list-style-type: none"> • Support to Cartier Sustainability programme implementation. • Documentation and analysis of lesson learned throughout the Sustainability project. • Support to peer to peer learning between other IFRC WASH programmes in the region where similar sustainability mechanisms have been developed and implemented 	Continuous	IFRC WASH Programme manager
Comments: Nothing to comment.				

IFRC Myanmar

Recommendation 5: *In Myanmar, IFRC should use the Cartier Philanthropy and other funds and projects to help MRCS clarify with Government, WSP and key actors the role of Red Cross in future development WASH programs as an auxiliary to the Government. This process should include recognizing Red Cross as more than providing brigade's and first Aid services.*

Management Response	Decision Rationale	Action/s to be taken	Timeframe	Responsibility
<input type="checkbox"/> Accepted	Greater visibility of MRCS WASH Unit in national and local level WASH cluster meetings. Having more regular analytical sharing of information with the government policy influencing.	IFRC will continue to support MRCS WASH Unit in increasing its visibility and contribution in national and local level WASH cluster meetings.	Continuous	IFRC WASH Programme Manager
Comments: Nothing to comment.				

MRCS				
Recommendation 6: <i>MRCS should limit the number of Branches/Chapters in future program’s work. This is to balance the capacity building needs of those branches/chapters and the IFRC resources available for mentoring and technical training with the desire to cover a large national footprint.</i>				
Management Response	Decision Rationale	Action/s to be taken	Timeframe	Responsibility
<input type="checkbox"/> Accepted	<p>MRCS accepts this recommendation based on the practical experiences when implementing the evaluated WASH projects.</p> <p>Narrowing the focus to a reduced geographical area i.e. less townships situating within reasonable distance from each other, and more villages within these townships, would allow closer support supervision and capacity building as well as monitoring. Project costs would also be rationalised better. Closer proximity of villages and townships would facilitate easier peer to peer exchange.</p>	<ul style="list-style-type: none"> • MRCS proposes to review the new Cartier Sustainability Project design to reduce the project areas from the planned 8 townships to the 5 townships that are in the central dry zone of Myanmar. • 2 townships locating further away in Kachin and Kayin states, which are included to the current Sustainability Project design, would be left out at the initial stage. MRCS and IFRC would continue looking for funds to include these hard to reach areas as soon as possible. • 1 Township in the dry zone would be left out because of poor coordination and low interest by the MRCS branch to engage with the project. 	<p>Depending on the approval by the donor - ASAP.</p>	<p>MRCS WASH Unit with support from IFRC as soon as approval from the donor is received.</p>
Comments: Nothing to comment.				

MRCS
Recommendation 7: <i>MRCS WASH department should focus WASH (development) programs in a few key districts with a capacity building plan, including investing in community engagement and accountability processes within the current Cartier Philanthropy project and future funds.</i>

Management Response	Decision Rationale	Action/s to be taken	Timeframe	Responsibility
<input type="checkbox"/> Accepted	Refer to the above recommendation 6 rationale. In addition, MRCS CEA Standards should be utilised in the future projects as per MRCS Strategy 2016-2020.	<ul style="list-style-type: none"> The new Cartier Sustainability Project will include CEA sessions in to the already planned trainings. This will be done with the support from MRCS PMER Unit. Utilisation of existing participatory tools such as PHAST will be re-emphasised to increase opportunities for community engagement and empowerment. MRCS will ensure that MRCS CEA standards are mainstreamed into future projects. 	By September 2018 As above -	WASH Unit with support from PMER Unit As above OD department / PMER Unit

Comments: Nothing to comment.

MRCS				
<p>Recommendation 8: MRCS WASH teams should update/develop a WASH strategy focusing on learnings to move more into a position to influence government including</p> <ul style="list-style-type: none"> How best to work with local government in national stakeholders How best to include Red Crosses' community engagement and accountability approaches How best to include Red Crosses' volunteer capacity 				
Management Response	Decision Rationale	Action/s to be taken	Timeframe	Responsibility
<input type="checkbox"/> Partially accepted	In Myanmar WASH is the responsibility of several line ministries; water infrastructure development is under Ministry of Agriculture, Livestock and Irrigation and Sanitation and	<ul style="list-style-type: none"> MRCS will strengthen its engagement in national and local level government led coordination forums (WASH cluster, 	Immediate	WASH Unit

	<p>Hygiene Promotion are under the Department of Public Health which is under MOHS. Ministry of Education is responsible for School WASH. Coordination between these ministries is at times challenging.</p> <p>The WASH strategy (WASH Common framework) was finalised in 2017, pending MRCS EC approval.</p> <p>MRCS visibility and contribution in national and local level WASH coordination forums could be stronger. Participation to the forums would allow sharing of experiences and best practises.</p>	<p>Menstrual Hygiene Management sub group) to share experiences and best practises.</p> <ul style="list-style-type: none"> • In WASH emergencies MRCS will deploy trained RCVs for action. This will require NDRT trainings / refresher trainings / restocking etc. • Once the WASH Common Framework has been approved it can be supplemented to include guiding document how to engage with the local government and stakeholders. This needs to be developed jointly with the government and key stakeholders. 	<p>When required</p> <p>ASAP</p>	<p>WASH Unit</p>
<p>Comments: Nothing to comment</p>				