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Evaluation of The Netherlands Government's development assistance for water and sanitation

Photo by Carmen da Silva-Wells/ IRC

The Netherlands Government has supported the water and sanitation sector worldwide for nearly 50 years. From an early emphasis on building infrastructure, Dutch water and sanitation policies have now expanded to touch upon social, institutional and behavioural factors that influence the sustainability and effectiveness of all its water and sanitation programmes.

In 2012, the Policy and Operations Evaluation Department (IOB) of the Ministry of Foreign Affairs of The Netherlands (MoFA) published the review: *From infrastructure to sustainable impact: policy review of the Dutch contribution to drinking water and sanitation* (1990-2011). The IOB (2012)[1] review focuses on Dutch Government-funded rural water, sanitation and hygiene programmes and processes in five countries: Benin, Egypt, Mozambique, Tanzania and Yemen. It provides a general overview of developments up to 2004, and a detailed activity assessment from 2004 onwards. Specifically, it:

- offers insight into the impact of water, sanitation and hygiene programmes (WASH);
- evaluates internal policy making processes, and the resources allocated to programmes; and
- examines the role of the private sector and contributions made by local institutions to rural drinking water, sanitation and the sustainability of services.

DUTCH POLICY ORIENTATION

Dutch Government support is based upon increasing the number of people who have access to safe water and sanitation. Efforts are expected to contribute to health improvements, reduce the burden on women and girls—as they in particular have the primary responsibility for drinking water supply and for household hygiene, and improve the management and maintenance of facilities (IOB, 2012, pp.39-40). Alleviating responsibilities traditionally assigned to women and girls was found to increase female attendance in schools and make more time available for food production and/or for income generation.

Dutch WASH policy orientation (1990-2011) leading up to 2012 is summarised below:

1990-2004

This period saw a shift from the physical expansion of infrastructure to a focus on water scarcity and an integrated approach to water management.[2] Drinking water and sanitation became a part of the environmental policy, and attention was given to strengthening user participation and institutional development.

In 1997, a new sector policy *Drinking Water Supply and Sanitation in Developing Countries* (MoFA, 1997) recognised the limitations of a purely technical approach to development. It emphasised repairing and improving the management of existing facilities.

[1] The review does not address policy efforts at international level, such as The Netherlands' active role in the European Union Water Initiative (EUWI), Sanitation and Water for All (SWA) and financing partnership programmes.

[2] Shift in Dutch WASH policy orientation is described in the following memoranda: World of difference (MoFA, 1990) and World in dispute (MoFA, 1993).

This policy led to the overall restructuring of the Dutch development policy and the introduction of a new sectoral approach (MoFA, 1998).

2004-2007

These years were characterised by an increased focus on public-private partnerships (PPP). In 2004, the 50-million target aimed to provide 50 million people with access to improved drinking water and sanitation by 2015 (IOB, 2012, p.41),[3] increasing emphasis on quantitative contributions to achieve Millennium Development Goal 7c: *Halve, by 2015, the proportion of people without sustainable access to safe drinking-water and basic sanitation.*

The Netherlands also committed itself to the Paris Declaration on Aid Effectiveness in 2005. Based on the Schokland agreement in 2007,[4] the Netherlands Water Partnership began to facilitate the creation of several PPPs, leading to additional investments for urban drinking water supply in countries such as Indonesia, Vietnam, Yemen and Mozambique (IOB, 2012, p.41).

2008-2011

In 2008, safe drinking water and sanitation as a basic human right was recognised by the Dutch state (IOB, 2012, p.43). A resolution was adopted by parliament declaring that 1% of the annual turnover of all Dutch water companies can be used for projects in developing countries.

A new policy for development cooperation was introduced in 2010: the MoFA's four priority areas of security and the rule of law, water, food security, and sexual and reproductive health and rights were identified; and the number of Dutch partner countries was reduced to 15.

2012-2013

In 2012, the official Overseas Development Assistance budget for development cooperation was reduced from 0.7% to 0.5% of The Netherlands' Gross Domestic Product (GDP), necessitating substantial budget cuts. The portfolio of the country's foreign trade was combined with development cooperation, under the leadership of Minister Lilianne Ploumen, who put forward a new aid, trade and investment agenda in 2013 (Ploumen, 2013). In 2013, the 11 recipient countries of Dutch development funding for water covered: Benin, Ghana, Kenya, South Sudan, Mali, Rwanda, Palestine Territories, Yemen, Bangladesh, Indonesia and Mozambique.


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RESULTS AND RECOMMENDATIONS OF THE REVIEW

Access to (safe) water and sanitation

Dutch aid helped millions of people gain access to improved drinking water. Between 2004 and 2011 an estimated 13 million people gained access to improved drinking water, and 23 million gained access to sanitation (IOB, 2012).

However, the increase in improved water sources did not guarantee safe drinking water or access. While evaluations show the use of improved water sources has increased–further efforts are needed to ensure the safety and use of drinking water after collection.
In areas that benefitted from improved water sources, water quality tests revealed the occurrence of faecal contamination. Water source contamination was also attributed to dirty containers and handling water with unwashed hands.

The studies showed that even when communal water supplies were provided, a number of households did not use the improved water source at all or only during certain parts of the year (IOB, 2012, p. 15). Reasons for this include: distance from the source (particularly in the case of scattered rural households); large numbers of users causing long queues; availability of rainwater as an alternative source during the rainy season; and reduced water availability in wells during the dry season.

[3] Before the 50-million target launch in 2004, precise coverage figures for each intervention were not available.

[4] For more information on the Schokland agreement, see: www.schokland.nl/pageid=691/2007_Akkoord_van_Schokland_(Agreement_of_Schokland).html

The IOB studies (2012, p. 14) showed that the WHO/UNICEF (2013) Joint Monitoring Programme's target of 20 litres per person per day from a source within one kilometre of the dwelling is still far from being achieved in many Dutch-funded programmes.

Sanitation and hygiene

The impact of training and education on hygiene behaviour, toilet construction and use was limited. Of all IOB evaluated programmes, only the Community Approach to Total Sanitation (CATS) by UNICEF in Mozambique and the NGO BRAC's WASH programme in Bangladesh showed a substantial impact on training and education in toilet construction, use and hygiene (Karim, et al., 2012). Whilst sustainability of programme achievements has yet to be seen, in both programmes, the percentage of the population with an improved toilet increased significantly (IOB, 2012; Gordon-Walker, Ahsan and Ruksana, 2011).

The BRAC WASH programme's success was largely due to the combination of a broad range of activities such as awareness raising, making small loans available for the construction and improvement of toilets for the poorest, and training local entrepreneurs.

Impact on women and the poor

Improved access to water supply significantly reduced women's burden. This increased their participation in programmes and gave girls more time for school. But it had a limited impact on income.
The presence of new facilities greatly reduced distance and waiting time with a saving of 15 minutes to an hour per trip to the water source, thereby resulting in a decrease of women's overall workload.

Other positive results were evident, such as the increased participation of women in users' associations maintaining water supplies, particularly in Bangladesh, Mozambique and Tanzania. However, time saving was primarily used by women for unpaid activities, such as collecting firewood or working on the land (Sijbesma, et al., 2009).

While water supplies benefitted many poor communities, the poorest ones were not as well provided for, with access to sanitation mainly improving only in better-off villages and households.
Poor populations in rural areas gained the most from improved water supplies. Sanitation coverage increased in better-off villages and households, particularly in

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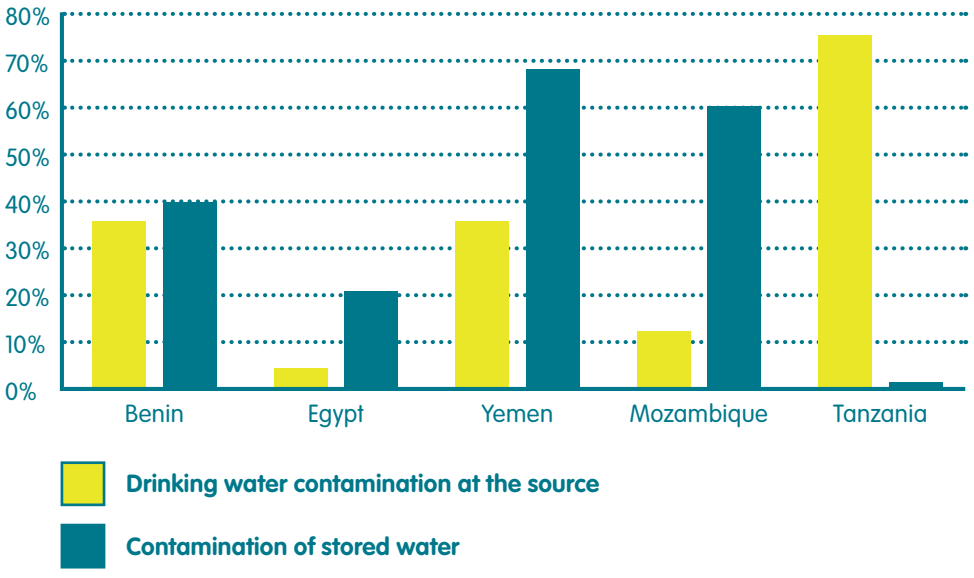

Source: IOB, 2012, p.74.

Note: Bar graph shows presence of e.coli in contamination in water supply. No information is available for Tanzania regarding surface water contamination.

Photo by Stef Smits/ IRC

Mozambique and Egypt. However, sustainability and a sense of ownership are strongly linked to user contributions, and generally the poorest were unable to fund WASH facilities.

As well, sanitary facilities were often too expensive for the poor.
The World Bank concluded that the willingness of households to pay for sanitation was over-estimated (IEG, 2010). Developing countries were also often reluctant to invest in basic sanitation, focusing instead on capital-intensive sewage systems and waste water treatment plants (IEG, 2010).

Health impacts

Positive health impacts were modest or non-existent.
Health benefits were constrained by the failure to simultaneously and consistently address the four factors needed to improve water supply, sanitation and hygiene: sufficient access to water year-round, at a short distance; safe water for consumption; easy access to and hygienic use of toilets; and handwashing at critical times with soap or ash.

A demonstrable health impact that resulted from training and education was only observed in the case of the UNICEF CATS project in Mozambique where a 3% reduction in diarrhoeal disease incidence in the programme area over two years was achieved.

Capacities

The capacity of local communities, governments and Non-Government Organisations (NGOs) to maintain facilities remained insufficient.
Breakdown of facilities hampered gains and were caused by poor maintenance, limited availability of technicians for maintenance or repairs, poor management, and in some areas, conflicts between user groups or within managing water committees.

Sustainability could be improved by strengthening the capacity of local governments and services that have a mandate for health, education and establishing local processes (IOB, 2012). Strengthening public-private partnerships should also be considered.[5]

With the exception of infrastructure, the success of initiatives to strengthen the role of the private sector has been limited. The private sector was not significantly involved in financing water services in rural areas. A well-functioning regulatory system was absent, or did not successfully emerge despite government encouraging business participation (IEG, 2010).

Political factors often play the largest role in determining the sustainability of facilities.
Impact studies revealed that local governments were somewhat inexperienced, or have yet to complete their capacity building processes. Little has been done to monitor service provision and few accountability measures existed. These factors were compounded by a lack of information or usable data about local factors that affect service and sustainability of facilities.

Costs and benefits of communal facilities

The costs were low for communal water supplies and the construction of privately owned toilets from local materials lower.
The Ministry of Foreign Affairs of the Netherlands has estimated that it costs € 25 per person for the construction of a drinking water supply, and € 20 for adequate sanitation (IOB, 2008). Costs per person of drinking water supplies vary, depending on the chosen technology and the number of users per water supply.[7]

Reported costs of simple communal water supplies were lower in most programmes reviewed, but the cost of house connections to a water distribution system was considerably higher. The price for self-built toilets with local materials was also found lower than the projected unit price.

RECOMMENDATIONS FOR ONGOING POLICY PROCESSES

The IOB evaluation provides a range of recommendations for ongoing policy processes and uptake of the Dutch government.[6]

Knowledge and empirical research	**Make use of available knowledge in the WASH sector to help inform policy decisions; and conduct more empirical research to see what works (and what does not) in specific contexts.**
Stronger focus and consistency of Dutch policy	Strengthen focus and consistency in policy and programme execution.
Sharpen focus on a single dimension of poverty	Sharpen pro-poor dimension in policy and programmes, and improve sustainability of interventions.
Comprehensive focus on poverty	Develop a more comprehensive focus on poverty, addressing hardware and software aspects, while targeting all income groups.
Sustainable development	Increase sustainability of services, shifting from the short-term delivery of physical infrastructure. Be more realistic about the need for subsidies and possibilities to finance water supply in the absence of complete cost coverage.
Research with international partners	Promote and encourage more research with international partners to improve monitoring, evaluation and knowledge management.

[5] Specific sustainability tools and the FIETS (financial, institutional, environmental, technological and social sustainability) strategy have been proposed to address these issues. See C1 Towards greater sustainability and accountability of Dutch development assistance to WASH.

[6] Dutch policy response to the IOB is found in B2 Policy response to IOB evaluation of Dutch drinking water and sanitation support.

[7] Based on information from Dutch-supported programmes, an average of € 33 per person for construction of basic improved water supply and € 10 per person for sanitary facilities was obtained. These were adjusted on the basis of calculations by multilateral organisations (IOB, 2012).

Photo by Carmen da Silva-Wells/ IRC

Partial subsidies remained necessary.
In most cases, the combination of user contributions and income from the sale of water from communal water supplies was sufficient to finance minor operations and maintenance.

Many user associations did not have enough savings for larger repairs, replacement of expensive spare parts or were unable to cover the costs for management and maintenance (IEG, 2010). It was unrealistic to assume that water supplies in rural areas can be maintained in the long term without partial subsidies.

Internal policy processes

Internal policy processes have been improved, but still fall short.
At the Environment, Water and Climate and Energy Department (DME)—responsible for policy development and formulation, execution, quality improvement and coordination—direction and monitoring of policy was hampered by fragmented project execution, a large number of budget holders and limited staff capacity. Agreements have been made with partner agencies to report results directly to beneficiaries to improve monitoring.


Photo by Bep van Oostrom/ IRC

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This information sheet sets in context the changes adopted by the Ministry of Foreign Affairs of The Netherlands in its WASH policy framework. It is a collaborative product of IRC and DGIS and was prepared by Carmen da Silva-Wells, with contributions from Paul van Koppen.

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