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# THE WATER, SANITATION, HYGIENE (WASH) PROMOTION INTERVENTIONS FOR RURAL COMMUNITIES IN LESOTHO (MOHALE'S HOEK AND MOKHOTLONG DISTRICTS)

## ENDLINE EVALUATION DRAFT REPORT

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**Australian  
Aid** 

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## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARC	Australian Red Cross
BRC	British Red Cross
CHAST	Children's Hygiene and Sanitation Transformation
CHV	Community Health Volunteer
CLTS	Community Led Total Sanitation
CSO	Civil Society Organisation
DFAT	Department of Foreign Affairs and Trade
DRWS	Department of Rural Water Supply
EHO	Environmental Health Officer
FGD	Focus Group Discussions
KII	Key Informant Interviews
HH	Household
HWF	Hand washing facilities
HIV	Human Immunodeficiency Virus
LRCS	Lesotho Red Cross Society
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MoU	Memorandum of Understanding
MTR	Mid-Term Review
MK	Mokhotlong (project district in the Highlands)
MH	Mohale's Hoek (project district in the lowlands)
MHM	Menstrual hygiene management
NGO	Non-Government Organisation
ODK	Open Data Kit
ODF	Open Defecation Free
PHAST	Participatory Hygiene and Sanitation Transformation
PLHIV	Person Living with HIV
PO	Project officer
PWD	People with disabilities
TOR	Terms of Reference
VHA	Village Health Assistant
WASH	Water, Sanitation and Hygiene
WC	WASH Committee
WHO	World Health Organisation

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# Executive Summary

This report focuses on the end line survey of the Water, Sanitation, and Hygiene (WASH) Promotion Interventions for Rural Communities in the Molele's Hoek and Mokhotlong districts in Lesotho. The end line survey was conducted from March to June 2018 and at the end of the operational phase of the project. The survey was done in 22 villages across both districts and the survey team conducted 16 Focus Group Discussions, and 47 Key Informant Interviews. FGDs were held with women, men and WASH Committees. The key informants included; chiefs, teachers, women, people with disabilities and school children.

The main purpose of the end line survey was to track accomplishments of the project against the benchmark figures established during the baseline survey. Specifically, the end line survey looked into: overall progress of the project towards project intended results (Key performance indicators- KPIs and Key Performance Questions- KPIs ); level of community engagement (accountability, participation and relevance) in the implementation of the project; lessons learnt throughout project implementation; existing factors to ensure project sustainability and replicability; changes in level of accessibility to safe drinking water and improved sanitation; and knowledge, perception, attitude and practice of the beneficiaries and surrounding communities in relation to hygiene and sanitation.

## 1.1 Findings

**Project progress towards intended results-** According to project monitoring data, the project was effective in achieving all its key performance indicators, while meeting or exceeding its targets and evidence from this suggest suggests progress has been made towards project outcomes<sup>1</sup>. A total of 31 functional Water Committees with a membership of 217 members were established. This presents an achievement of 141% as the project had originally planned to put in place 31 water committees with a total membership of 154. In terms of achievement of gender equality, there were more women represented and taking leadership roles in the water committees. A total of 152 women as compared to the originally planned 105 were active members and a majority of water committees had more than 50% women members. Concerning building WASH evidence and knowledge base, the project promoted external sharing of information with increased participation of Red Cross CSO WASH regional learning events. Regarding increased use of improved and equitable water supply services, additional 1736 students had access to an improved school drinking water source as a result of the project. Furthermore, 37 as compared to the planned 35 new water sources with sustainable water yields were designed and constructed or rehabilitated.

**Community engagement and accountability** - The project was relevant and it met majority of both beneficiary and national WASH needs as affirmed by 78% of the respondents. The adoption of participatory WASH approaches, mainly, PHAST, CLTS and CHAST and presence of functional community water and sanitation committees enhanced community decision making and participation in all aspects of the project. Community ownership of the project was evident through their active participation in planning, repair and management of water sources, and making local contributions of either cash, labour and local materials. Safe sanitation is a gender issue – men rarely saw it as a priority, leaving women to get up before dawn to draw water from long distances for the family hence risking sexual assault. There was active involvement of women with 82% of the respondents confirming that there had been increased involvement of women in the management of water sources.

Majority (88%) of the sampled beneficiaries were somewhat to fully satisfied with the Red Cross WASH Programme and the support they received. 86% saying their views had been taken into account over the course of the programme. Equally teacher and pupils in intervention schools were

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<sup>1</sup> Evidence of improvement of the performance of actors in the WASH enabling environment was obtained through a separate study led by ARCS together by BRC

very satisfied of the School WASH activities and services and reported an improved school environment enabling improved sanitation and hygiene practices including menstrual hygiene for girls. The project design and implementation activities made deliberate inclusion efforts to address the WASH needs and barriers to access WASH services of special vulnerable groups including PWDs, Orphans, widows, elderly and PLHIV's affected households.

**Changes in level of accessibility to safe drinking water and improved sanitation-** The project was effective in increasing access to safe drinking and improved sanitation. In both districts, an increase in the proportion of people accessing water from a protected source all year round was observed. At baseline, in Mohale's Hoek, 65% of the household reported accessing water from a protected source during the wet season. This proportion increased to 93% at endline. Whilst in Mokhotlong during wet season, the proportion of households accessing water from a protected source rose from 48% at baseline to 96% at endline. During the dry season an increased access to a protected source was observed from 51% to 87% in Mohale's Hoek and from 39% to 77% in Mokhotlong. It's important to note that a number of water supply systems had only just been completed which may have affected these results.

In Mokhotlong a significant difference was observed in the proportion of people who spent less than 5 minutes to access a water source, increasing from 17% before the project to 40%. Change in access was not identified through the survey in Mohale's Hoek however. The main reason for this may be that in MHK, all the villages sampled for the survey with the exception of Khitsane, the project constructed water points (hence springs were protected and tank reservoirs constructed with taps). However, this did not reduce the walking distances since they aren't gravity systems like those in MKT where water was brought nearer to people's homes.

There was a difference in household hygiene practices reported in the beneficiary communities. For instance, a higher proportion of respondents in Mokhotlong reported that they cleaned their water containers rising from 88% to 99% at the end of the project. Similarly, the number of people who reported to cover their water containers increased from 67% to 92% in Mokhotlong, 90% and 95% of the respondents in Mohale's Hoek and Mokhotlong respectively, reported owning their own latrine at the end of the project and more specifically VIP ownership was amongst 71% in Mohale's Hoek and 63% in Mokhotlong. However in Mokhotlong, 48% of the respondents reported that the latrines were not used by all the family members. The reason for this is not clear but it may be attributed to cultural practices identified through the baseline survey that discouraged children and in-laws from depositing their stool in same pit latrine.

**Outcomes and signs of impacts of the project-** The project enabled 7954 poor and vulnerable beneficiaries to enhance their health and quality of life by improving sustainable access to safe water, sanitation and hygiene. In addition, the project enhanced women's decision-making power at community level on the planning and management of water sources. Over 50% of the water committee members were women which may have strengthened their participation and involvement in decision making in project implementation although further evidence would be needed to confirm this. In addition, the project increased knowledge on sanitation practices. Several respondents in FGDs asserted that there had been a reduction in diarrhoeal diseases though not corroborated with health unit records is an indicator of improved health status at community level. Lack of safe sanitation facilities is among the reasons as to why many girls were kept out of school during menstruation. However, through the WASH school interventions the girls could more easily maintain their menstrual hygiene through access, to clean water system, separated VIPs, sanitary pad bins and HWF.

**Sustainability-** The findings indicate that the project has the potential to be sustainable beyond its life due to: high community participation and ownership of the project demonstrated by community local contribution of either cash, local materials, labour and in their active participation in maintenance of water sources. In addition, greater availability of functional community water and sanitation committees with clear roles and responsibilities, usage of community owned bylaws guiding use, and maintenance of water systems, collection and utilization of water source user fees, are some of the key factors that may contribute towards sustainability in the future.



## 1.2 Recommendations

Despite the successes achieved by the project, there were some concerns and experiences that if addressed differently could have improved the results.

### Programmatic

1. Some dissatisfaction with lack of communication on project delays was reported. In all WASH interventions good practice is to ensure that people are put at the centre of activities and any changes in implementations plan is communicated to the target group through the same channels preferably used during their problem and priority identification, this includes change if target priorities and service levels for water and sanitation interventions as a form of transparency and manage community expectations.
2. There was no dedicated M&E personnel working on the programme and routine qualitative monitoring, complaints and learning systems weak despite efforts by the project team to share learning and informal feedback at monthly meetings. Beneficiary communication and accountability systems in the form of participatory monitoring systems should be strengthened through which target groups evaluate progress and define priority action points on a regular basis. This process, in addition to others, will enhance commitment on the part of communities and may reduce conflicts which were reported amongst WC, Community leaders and project staff.
3. Advocate to government (DRWS) to develop and implement a clear water user fee management plan r to ensure collected Water user fees are kept in a bank rather than individual WC members houses, as issues with safety and security related to the current approach were raised by project staff and WC members.
4. For LRCS visibility: branding of model water supply systems, is ideal such that Government and other WASH sector providers can replicate or refer to LRCS for such systems in other water stressed communities of Lesotho as technologies have proved to tap fresh, natural water sources and filter to high standards and safe to drink

### Operational

5. Ensure the responsibility of PHASTs include clearly defined tasks in hygiene promotion, possibly with one member specifically assigned to supervise and coordinate these activities.
6. Introduce recognition-based incentive systems (such as certificates and recognition signs or flags) for households, groups or villages who have switched over to a new behaviour. This would be based on periodic participatory review programs. Such systems will serve as strong motivators for people to adopt and maintain new behaviours.
7. Facilitate learning and experience sharing amongst the two project districts and villages. External exposure visits should be organized for chiefs, WC, Teachers and PHAST members to visit villages where successful participatory hygiene education programs are implemented in areas of similar environment situations, this will steer and inspire slow paced communities to adapt and promote good hygiene and sanitation practices.
8. List of items and user manuals should be included in the Water System repair kit.
9. To avoid delays in latrine constructions local artisans should be selected from the benefiting villages rather than waiting for artisans who are based in other – communities as it was the earlier design.
10. Continue to adopt 'covering latrine holes' as a key hygiene promotion message in intervention villages and subsequent similar projects. In addition, the project should also adopt 'hand washing' as the key hygiene promotion message in all villages in subsequent projects. This message will lend itself particularly well to using a powerful promotion method using demonstration of disease transmission via unwashed hands.
11. Adopt 'safe household water handling and storage' as a key hygiene promotion practice in intervention villages and subsequent similar projects as water storage containers were not covered which jeopardize the safe water chain.
12. Village maps which were drawn by the villages which were indicating the status at the start of the project and PHAST trainings should be updated to inform villages are able to celebrate their achievements.

# Introduction and Background

## 2.1 Project background and context

Lesotho Red Cross and the partnership with BRC has worked in partnership with Lesotho Red Cross Society (LRCS) since 2006 supporting the implementation of HIV and Food Security Programming, Disaster Response and Emergency appeals, in addition to contributing to organisational development. Through funding from the Australian Government (DFAT), and in partnership with Australian Red Cross (ARC), BRCS has been supporting LRCS with a four-year water, sanitation and hygiene promotion project in rural communities in Lesotho which commenced in July 2014. BRC also provide support to LRCS for organisational development and have most recently support their emergency appeal in response to the El Nino induced drought across Southern Africa.

The project is supported through the global Civil Society Water, Sanitation and Hygiene Fund (CS WASH Fund), with funding by the Australian Government (DFAT). Australian Red Cross holds the contract with Palladium, who manages the Fund on behalf of DFAT. Australian Red Cross has a Project Agreement with the BRC to deliver the CS WASH project in Lesotho, implemented by the Lesotho Red Cross Society.

Supported by the British Red Cross, this project is implemented by Lesotho Red Cross Society with the co-operation of the Government of Lesotho, Department of Rural Water Supply and the Environmental Health Department of the Ministry of Health. BRC hold a separate agreement with LRCS and manage the grant to LRCS of approximately £1.1m on behalf of ARC - this covers the project costs in-country for the period of 1st August 2014 to 1st June 2018. In addition to project support, BRC provides co-financing for a WASH delegate based in Lesotho to support LRCS in managing the project.

### **Context:**

The project is targeting rural villages in the districts of Mohale's Hoek (South West) and Mokhotlong (North East) of Lesotho. Mokhotlong district mostly consists of mountainous terrain with communities being very remote in small villages of 10+HH scattered over large rural areas. It is very difficult terrain with limited access by road.

Mohale's Hoek district is considered to be more lowlands, villages are slightly larger and easier to access by road however they are still quite remote and scattered over large rural areas.

Both communities often face severe food insecurity; have limited access to health services, and low water and sanitation coverage. Weather patterns are becoming increasingly unpredictable with increased annual drought and flooding. The population is also highly affected by HIV and TB, with a prevalence rate of 22.7% for adults between the ages of 15 to 49.

### **Project Approach:**

As outlined in the CS WASH Fund Theory of Change (ToC) (see Annex Two), the project works with 'change agents' in aiming to bring about changes in the target populations, across the following areas:

- Performance of Government in coordinating and delivering sustainable WASH services
- Performance of the private sector in delivering WASH services; availability of sanitation products and services; safe transport, treatment and disposal of refuse or excreta and/or waste water
- Performance of local CSO's in advocating and supporting improved WASH services
- Performance of WASH actors (CSO's or institutions) in taking gender-sensitive approaches; influence of women in planning and implementing WASH service
- Uptake of lessons and new approaches by CSO's, government partners, and organisations in the CSO's sphere of influence.

Within the targeted rural communities in Lesotho, the project is being implemented by Lesotho Red Cross, with the co-operation of the Government of Lesotho's Department of Rural Water Supply and the Environmental Health Department of the Ministry of Health.

The project is using an integrated approach, as follows:

- Protection of natural springs and construction of storage tanks and small-scale distribution networks, to improve water quality and reach the government recommended access level of a minimum 30 litres of water per person per day within 150 meters' walking distance through;
- Promoting and supporting construction of hygienic household latrines within the same communities, and targeting the most vulnerable members to access improved sanitation with dignity;
- Sensitising communities on good hygiene behaviours (related to personal hygiene, water use, food and environmental hygiene) and assisting them to adopt these behaviours;
- Targeted schools in the project area which currently do not have water supply and have poor sanitation facilities are being supported to develop improved WASH facilities, with hygiene promotion activities rolled out within the school for improved hygiene knowledge and behaviour and management of facilities;
- The skills of people involved in Community Water Users Committees and Community Councils are being enhanced, enabling them to maintain the improved water supply systems after the construction period; and
- Staff and volunteers of the LRCS are being trained in WASH and other areas, such as Logistics, enhancing their ability to deliver and report on project outputs.

### **Overall Project Goal:**

To enhance the health and quality of life of the poor and vulnerable by improving sustainable access to safe water, sanitation and hygiene. Specific CS WASH Fund Intended Outcomes:

- Improved performance of actors in the WASH enabling environment
- Improved gender equality
- Improved WASH evidence & knowledge base
- Improved hygiene behaviour
- Increased use of equitable sanitation services
- Increased use of improved and equitable water supply services

To achieve the above outcomes, the project employed combination of interventions, innovatively integrating CHAST, Community-Led Total Sanitation (CLTS), Participatory Hygiene and Sanitation Transformation (PHAST) Children's Hygiene and Sanitation Transformation (CHAST) approaches and tools through implementation of the Water and sanitation activities in Mohale's Hoek and Mokhotlong.

## **2.2 Purpose and objectives of the study**

The overall objective of the end line survey is to track accomplishments of the project against the benchmark figures established during the baseline survey. Specific objectives of the evaluation include:

- To determine overall progress of the project towards project intended results (impacts, KPIs and expected changes in services)
- To determine community engagement in the implementation of the project. This includes accountability, participation and relevance of the project to the community
- To determine the change in level of accessibility to safe drinking water and improved sanitation facilities by the target population
- To assess knowledge, perception, attitude and practice of the beneficiaries and surrounding communities in relation to hygiene and sanitation.
- To capture lessons learnt throughout the programme period in implementing WASH interventions in target communities to inform future WASH programming in the Red Cross movement and wider WASH sector
- To determine what factors are now in place to ensure that the improved service level can endure or be replicated in other areas of Lesotho (including sustainability of WASH infrastructure)

The project ran from July 2014-June 2018. This end of project evaluation is intended to cover the period from July 2014 to April 2018. Sampling was done in two project intervention districts where project beneficiaries, and other relevant community-level stakeholders were interviewed.

The Endline study was carried out in two (2) the project intervention districts of Mokhotlong district and Mohale's Hoek districts respectively. The study covered a total of 19 villages namely; (Ha Meno, Linotsing, Mongobong, Lirabeleng, Moreneng, Ha Toloane, St. Monica, Linotsing(Ha Ralithebe), Masiteng Ha Mosisi, Mosifaneng, Mohlehli and Postola) within Matsoku area in Mokhotlong district and 6 villages of (Ha Pii, Lehloaneng, Ha Sehloho, Mesitsaneng, Khitsane and Siloe,) from Mohale's Hoek district.

The sample size for beneficiaries was calculated based on the project area size using the projects site specific beneficiary target numbers including teachers, school children, household members, WASH committee members, village chiefs and herd boys. In total, the project targeted 1,500 households in 32 communities (25 villages) reaching a population of approximately 7500 people. The research team was guided by the Key evaluation questions (Key performance questions- KPQs) and objectives listed in the ToR in order to meet the intended objective of this study and draw comparisons against findings from the baseline report the change realised during the end of the project phase:

### **Community engagement, inclusion and involvement**

- How and to what extent have (a representative sample of) beneficiaries participated in decision-making processes informing project design, implementation and exit strategy? And what impacts has this participation/lack of participation had?
- To what extent are citizens in target areas satisfied, relative to expectations, with the delivery of WASH services?
- How well has the project addressed barriers to inclusion and opportunities for participation for people with disability?

### **Project out puts/behaviour change (KAP)**

- What evidence is there of changes in targeted WASH related behaviours, attitudes and practices and whose behaviour has been influenced?
- How has access to water improved for users in terms of: reliability of supply; accessibility; equity of access; and water quantity and quality?

### **Project outcomes/ signs of impact**

- What changes have occurred in WASH services responding to women's needs (e.g. workload, reproductive health issues etc.)? How did the project contribute to this?
- How is improved WASH service delivery resulting in better outcomes for poor/remote communities and poor/vulnerable households? How did the project contribute to this?
- Are there any unintended outcomes (positive or negative) resulting from the project?

### **Sustainability**

- What factors are in place to ensure the improved service level can endure or be replicated in other areas of Lesotho?

### **Learning**

- What lessons have been learnt throughout the programme period in implementing WASH interventions in target communities?

## **Methodology**

This section describes the methods used to obtain information and where they were used.

### **3.1 Tools and techniques**

The evaluation study took a mixed methods approach, as the project monitoring framework included both quantitative and qualitative indicators. This attempted the evaluation team to involve collecting

qualitative and quantitative data at the same time using a variety of tools and techniques. Likewise assess the project actions taken towards mid-term review recommendation. The following tools and techniques were used to gain an understanding and information of WASH interventions that LRCS has been implementing in Mokhotlong and Mohale's Hoek;

Document review of programme key documents including baseline report, mid-term report, Annual PRT, Progress reports, Monitoring report, audited report, Focus group discussions with beneficiaries' community (including WASH committees, women/ men and Herd-boys) Key informant Interviews with key stakeholders (including DRWS, teachers, project staff, people with disabilities and Health centre manager from the project catchment areas, Focus group discussions with volunteers/staff involved in the programme .household questionnaire and school learners' questionnaire and MTR Action tracker.

## **3.2 Sampling**

### **Sample Selection for Household Survey**

The research team employed a cluster random sampling for selection of villages. Out of the 31 project villages located in Mohale's Hoek and Mokhotlong districts the research covered a total 22 clusters, to be allocated at the ratio of 1:3 between Mohale's Hoek (6 villages) and Mokhotlong (14 villages) respectively. This was simply to be consistent with the baseline. The cluster allocation ratio has been determined on the basis of the total number of project villages in each district and on the ratio applied in the baseline.

To improve on the ability to identify a change if it has occurred from the baseline, a large sample size was taken from endline survey villages in the same district ratio applied in the baseline. The selection of the households within each cluster was based on systematic random sampling resulting to 183 from 14 villages within Matsoku area in Mokhotlong district and 188 from 6 villages of Mohale's Hoek district.

At its best, where variation between villages was low (such as for water sources) the baseline would give precision of the sample estimate +/- 9%. At its worst, where there was a great deal of variation the baseline would give +/- 23%. For the endline the same would give +/- 7% and +/- 18% respectively. These examples are for binary variable such as protected versus unprotected. As more categories are added, of course, the precision worsens. The improvement enabled meaningful changes in programme indicators to be identified.

### **Sample Selection for Household Observations**

Household Sampling interval varied per district where by; Mokhotlong 2, 3 (every 2nd then 3rd then 2nd then 3rd etc.) and Mohale's Hoek 6 (Every 6th household) from the 22 clusters at average overall of 16 households per cluster.

Household observations was undertaken simultaneously with Household Interviews. The Household Questionnaire included observation questions/guide for the Interviewer for hygiene practices to look for and to ask regarding general hygiene knowledge of the household.

### **Sample Selection for School Surveys**

Selection of school surveys followed stratified random sampling to select Seven (3 in Mokhotlong) and 4 in Mohale's Hoek districts. Within each school, the research team randomly selected and conducted interviews with 4 learners (2 boys and 2 girls) and 1 available CHAST trained teacher. The 28 learners were selected randomly from among the seven project supported school registers.

### **Sample Selection for Key Informant Interviews**

Selection of Key Informants KIIs participants was based on purposive sampling, whereby the research team and the LRCS project team identify the key partners and stakeholders who are knowledgeable of project WASH activities in the project intervention communities. These include among others DRWS, LRCS staff, PWD, Community leaders. The KIIs interviews were conducted by the selected research assistants with experience in qualitative research methodologies.

## Summary selection for the qualitative methods

Method	Total	Mokhotlong	Mohale's Hoek
FGD women	6	3	3
Men and herd-boys	4	2	2
WASH committee	6	3	3
KII- PWD	6	3	3
DRWS	2	1	1
Students	28	12	16
Teachers (2 per school) in 3 schools	7	3	4
Chief	4	2	2

### 3.3 Data collection and analysis

Initial data collection during the inception report phase was in the form of a desk review to inform tools development and primary data was obtained from field from direct beneficiaries.

For both quantitative and qualitative data supervision, verification, and timelines were observed by the Evaluation team leader and also shared with the BRC.

The implementation of fieldwork was supervised by an evaluation team leader and 2 co-consultants having previous experience on WASH evaluation and documentation projects. Research activities were overseen and coordinated by an experienced LRCS project coordinator who was responsible to arrange field visits, arrange meetings with district staff.

Data for the household's survey was collected by interviewers using mobile phones, on Open Data Kit (ODK) forms.

The team cross-checked completed questionnaires for consistency and completeness. Fieldwork lasted from May 7th to May 9th in some instances were KII respondents were not in office during the first week.

## Background characteristics of the survey respondents:

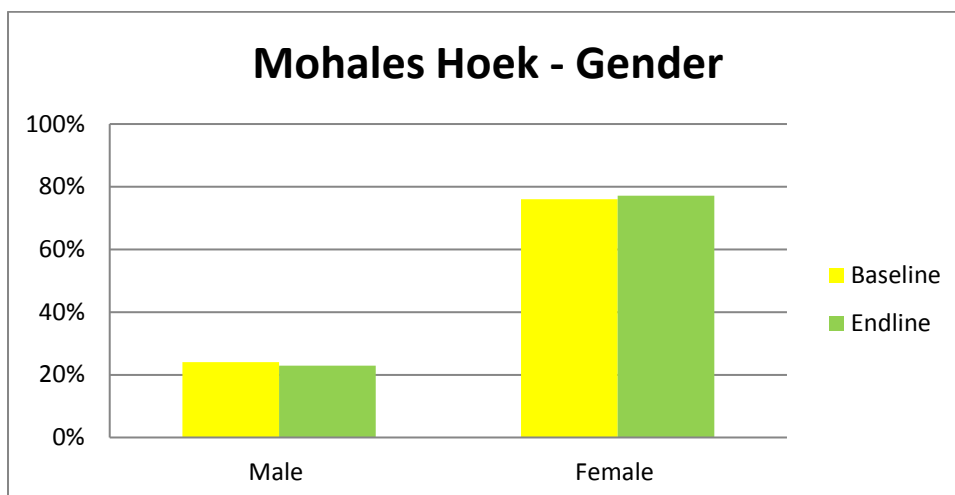


Figure 1 – Gender of survey respondents per district from Baseline to Endline - Mohale's Hoek

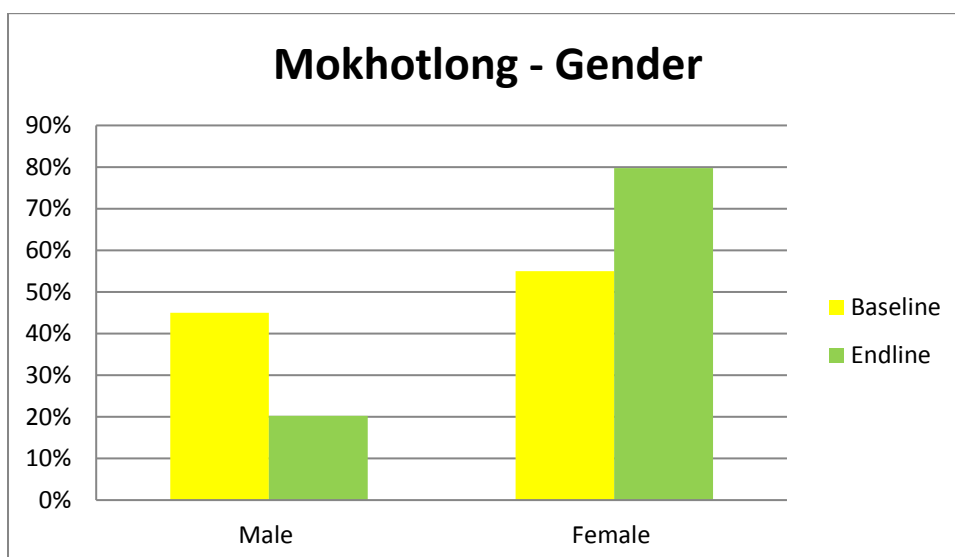


Figure 2 – Gender of survey respondents per district from Baseline to Endline - Mokhotlong

The graphs above indicate that the gender proportion of respondents in Mohale's Hoek did not differ from baseline to endline but in Mokhotlong, a higher proportion of females responded at the endline survey.

Endline survey respondents were predominantly females accounting for 78% of which 57% of respondents were the household heads, 10% of households had people with disability, on average, and the respondents were above the age of 18 years and above in the age bracket of 20 - 69 years.

## Data processing and analysis:

Data were downloaded to Excel® and cleaned for inconsistencies. Free text responses were recoded to existing options if they had been omitted in error. Otherwise most free text responses were discarded. (Some qualitative responses were in Sesotho and had to be translated to English first). For multiple response, data were concatenated in single cell for all responses given by a particular respondent and a process of splitting the responses so that each response in a multiple response question is recoded as a variable and assigned '1' or null. The villages were also a bit of a challenge with different spellings but it was not too difficult to resolve using time differences, similarity in names and the interviewer codes. We also recoded the toilet facilities and water sources so that in the end we were left with two possible responses, either improved or non for toilet facilities and protected or non-protected for water sources. This ensured sufficient power to detect change if it had occurred, where there were many response options. Change was only reported in the report, if



sufficient power and confidence intervals obtained. Reports from group discussion were disaggregated to formulate a list of issues for evaluation and these were summarized in the Conclusions and Recommendations section.

Endline statistical analysis was done using CDC Epi Info software v.3.8.4 in Windows 10. It should be noted that the raw data for the baseline had been lost in the 4 years which had elapsed. In order to give the comparison rigour, 95% CIs were calculated manually in Excel for the baseline using the same design effects (DEFF) as the same question at endline.<sup>2</sup> As we used the same villages in each survey this was seen as a reasonable measure. It may have reduced our ability to confirm if a change had occurred, but this seemed the fairest way to present the data

Finally, analyses were made for key performance indicators and Questions (KPI and KPQs) that help to compare attribution of the project interventions in these areas.

### **Enumerator training and pre-test:**

Enumerators/Research assistants were trained for two days at Khali Hotel in Maseru, 3<sup>rd</sup> to 5<sup>th</sup> May 2018 on qualitative and quantitative data collection tools, Background about the Project and Expectation (Red Cross), Research Ethics, Use of the questionnaire and Androids, Sampling and intervals for villages. A practical field experience day was dedicated for pretesting of 2 households in Ha Pii village for hands on practice for each of research assistant on the data collection tools. As results the tools were reviewed and probable technological challenges were corrected.

### **3.4 Limitations:**

- Although efforts were made to interview all relevant respondents during the evaluation, there were unanticipated factors that affected the entire exercise, these included; Some key informants could not be accessed in their offices in time, the DRWS officer and Health Centre in charge had to reschedule another appointment. In some villages some of the key respondents could not be accessed as scheduled as some of them had gone for workshops organised by other agencies and they were out of Mohale's-Hoek district thus necessitating rescheduling interview meeting for another week.
- Some of the sampled villages had very inaccessible route paths for cars and research assistants had to walk long distances to reach their respondents. In some instance some of the water committees were new in their roles and had nothing much to share especially Mohale's Hoek. In some villages the pit latrines were still under construction and the respondents could not clearly point out any behaviour changes and practices
- Observational data was not collected consistently by the enumerators and therefore not always available and reliable for triangulating findings from the household questionnaire.
- In some of the communities water supply systems had only just been completed at the time of the evaluation which may have limited signs of change you may expect to see from these in the findings
- Analysing disease incidence is the only real direct impact assessment of a water and sanitation programme. However, the team realised that there several limitations in analysing this, in particular due to variations over time in population sizes, in healthcare providers and in clinic catchment populations hence incidence rate in number of reported cases per 10,000 people per month cannot be determined reliably. The research team could only manage to get total number of diarrhoea cases from one health centre.
- The baseline report did not fully covering some of the relevant and key performance indicators and key performance questions hence limiting comparisons during end line.

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<sup>2</sup> The square root of the design effect is then multiplied by the standard error in the 95% CI calculation.

- Baseline raw data was missing and therefore a reanalysis was carried out (methodology described above). The design effect created relatively low confidence levels which posed a challenge of comparing evaluation information with baseline. There was a smaller sample size interviewed during the baseline due to challenges encountered by baseline team's fieldwork, and this further affects comparison with final results with baseline control group.
- In some of the communities water supply systems had only just been completed at the time of the evaluation which may have limited signs of change you may expect to see from these in the findings.

## Findings

### 4.1- Overall project performance

Overall the project was effective in achieving its key deliverables and outputs. In many instances it exceeded its targets as provided in the table below.

**Table 1 - Project performance against planned indicators and targets**

Objectively Verifiable Indicators	Quantity Planned <sup>3</sup>	Quantity Achieved	%age achievement	Status
<b>Outcome 1: Improved performance of actors in the WASH enabling environment</b>				
#of WASH committees targeted by project	31	31	100	Target met
#of WASH committee members targeted by the project	154	217	141	Exceeded target
#of targeted WASH committees that are fully functioning	31	31	100	Target met
<b>Outcome 2: Improved gender equality</b>				
#of targeted WASH committee members overall who are women	105	152	145	Exceeded target
#of targeted WASH committees which have at least 50% women members	31	31	100	Target met
#of targeted WASH committees with women in management or technical roles	31	31	100	Target met
<b>Outcome 3: Improved WASH evidence and Knowledge base</b>				
#of externally focused information sharing products/events e.g. reports, technical guides, policy notes, videos, synthesis of workshops etc.	4	5	125	Target met

<sup>3</sup> These targeted are the agreed adjusted targets, rather than the original targets set at design stage

#of team members participating in CSO WASH fund regional learning events, webinars, and other e-learning events and forums	4	5	125	Exceeded target
<b>Outcome 4: Improved hygiene behavior</b>				
#of additional people with increased knowledge of hygiene practices	7500	7954	106	Exceeded target
#of additional people with hand washing facilities and soap (or ash) in their household	3500	1989 <sup>4</sup>	97	Target not met
#of additional students participating in school hygiene behavior change programs	2200	2248	102	Exceeded target
#of additional students with access to an adequate number of school hand washing facilities with soap	1400	2103	150	Exceeded target
<b>Outcome 5: increased use of equitable sanitation services</b>				
#of additional people using an improved sanitation facility (improved facility using JMP/MDG definition)	7500	7640	102	Exceeded target
#of communities participating in sanitation interventions	35	31 <sup>5</sup>	-11	Target not met
#of additional schools with adequate student: toilet ratios	7	10	143	Exceeded target
#of additional students with access to improved school latrines	1400	2103	150	Exceeded target
<b>Outcome 6: Increased use of improved and equitable water supply services</b>				
#of additional people using an improved drinking- water source (MDG/JMP definition)	7000	7278	104	Exceeded target
#of additional people living in households where improved water is safely stored	7000	6550	94	Target not met
#of additional students with access to an improved school drinking water source	1200	1736	135	Exceeded target
#of new water systems designs that include an analysis of the sustainable yield of the water resource	35	37	106	Exceeded target

Source; *Project Report Tool*.

From the table above, the project was able to achieve a high proportion of indicator targets and in some instances surpassed these. All the KPIs are quantitative and therefore say nothing about the quality of deliverables achieved.

<sup>4</sup> This figure is calculated from the hand-washing points observed during the endline survey-25% on HHs had HWP, therefore 1989 is a quarter of people reached with knowledge of hygiene practices

<sup>5</sup> There were 31 project villages, and of these 4 of them have sub- villages ( Mosisi- 2 sub-villages; Boikano 2 sub-villages; Mohlehli – 2 ; Mosifaneng – 2 . Only the major villages are included in reporting. If the sub villages were included, this figure would meet the target of 35 villages.

All (n=371) of the households interviewed collected water from the water supply system with minimal difficulties compared to the situation before the project intervention; The project results indicate an improvement on enabling environment created by establishment of water user committees. The project planned 31 WC with 154 members but it created 31 with 217 members which is 41% over the targeted. In addition the project targeted 105 WASH committee members overall who are women and realised 152 which is 45% over achievement. The project planned to reach 7500 with sanitation facilities (latrines) and has reached 7640 which is 2% above its target numbers

Following the table above it can be deduced that the project reached additional people (n=1989) with hand washing facilities and soap (or ash) in their household than before, 2248 additional students participating in school hygiene behaviour change programs (from 12 schools), 10 schools had an adequate student: toilet ratios, and there were 2103 additional students with access to an adequate hand washing facilities with soap through improved school latrines.

The project through provision of improved and equitable water supply services benefited 1736 additional students with access to an improved school drinking water which was 45% above its original target of 1200 students. Similarly 37 new water systems designs that include an analysis of the sustainable yield of the water resource were constructed which is 6% above the targeted 35.

## **4.2- Community engagement, involvement and participation**

### **4.2-1. To what extent did the (representative sample of) beneficiaries participated in decision-making processes informing project design, implementation and exit strategy, and impacts on participation?**

The level of participation of stakeholders at every stage of the project (planning to implementation) determines the extent to which the WASH committee and water minders, PHAST group members took ownership when implementing the WASH project. In this regard LRCS jointly worked with stakeholders at various local levels including Village health workers, youths, PLHIV support groups, teachers and community leaders to map the villages with key hygiene and sanitation challenges that needed to be addressed by the project, therefore making the project more relevant.

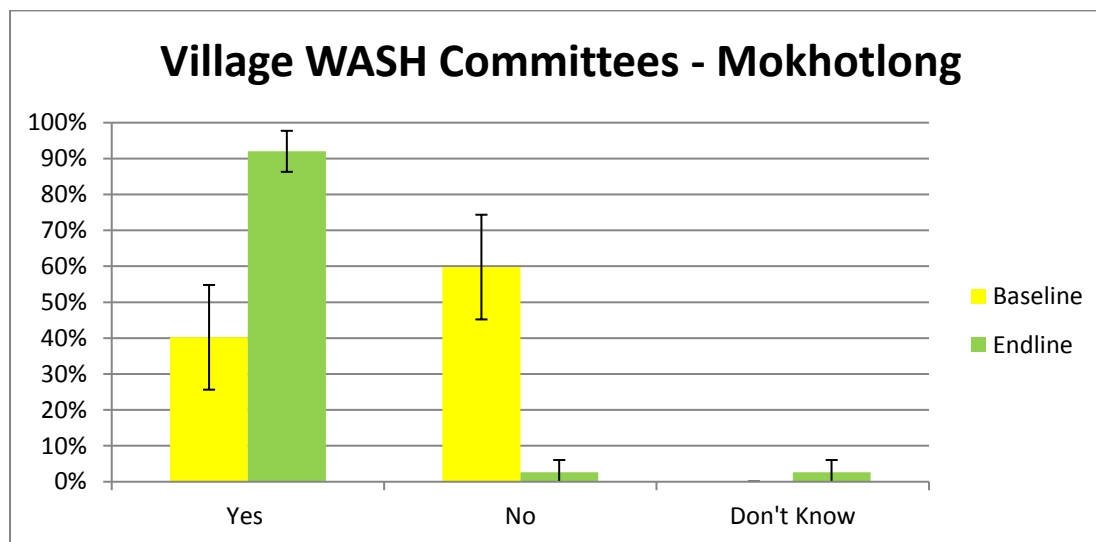
The project combination of interventions, innovatively integrating CHAST, Community-Led Total Sanitation (CLTS), Participatory Hygiene and Sanitation Transformation (PHAST) Children's Hygiene and Sanitation Transformation (CHAST) approaches and tools were appropriate for the project implementation and administration enters the commitment stated on the community village map during PHAST training when they are convinced that the project bring change to their respective community and are participatory. The target communities that participated in the initial exploratory phases indicated to have influence over decision-making processes during project execution. This is evident during selection criteria of latrine beneficiaries where the project staff tasked the community to participate in the identification of vulnerable groups which included; PWDs, Orphans, widows, elderly and PLHIV's affected households.

During FGDs several community members reported participating in the implementation of the project through support given to artisans constructing latrines, by digging holes for these. The local population took the responsibility for the transport of some of the construction materials and assisted in the building of Water supply system, including, digging/laying down and joining pipes. Some of the components (stone types) of the WASH project needed more and less conventional implementation approaches especially during construction of the water reservoir supply tanks for quality purposes. The community water minders were trained in laying down pipes,

In using these intervention approaches and tools the health risks of open defecation is explained and this explanation triggers the community to mobilize to construct latrines and Water Supply systems from locally available low-cost materials. The ultimate goal of PHAST is that communities achieve and maintain "open defecation free" –ODF status and improved hygiene practices.

Water minders and WC's are equipped with skills and tool box to for each water supply system to conduct periodical (3 months) cleaning of the silt box and the tank. This is done with the help of other community members and the chief.

Both qualitative and quantitative indicate that the project established and trained water committees which by evaluation time were functioning and exercising their roles. Although no significant changes in presence of Water Committees was observed in Mohale's Hoek during the programme period, in Mokhotlong, 92% of respondents reported a functioning Water Committees within their village rising from 40% at baseline. The difference between districts may be attributable to community structure between peri urban and rural communities but further research would be needed to determine this. Also, it's important to note that in Mohale's Hoek water committees existed before the project but were not necessarily functional- the project aimed to revitalise these existing water committees.



**Figure 3 - Village WASH Committees - Mokhotlong**

There are signs that; the community is participating more in the maintenance and management of water facilities due to the activity of WASH committees and community payment of water fees:

*“...Unlike previous years before the project the water Committee is trained and now protecting protected water point NOT the covered springs we had before and monthly contributions are lower to 20-55 rands compared the period before the project our communities...” (KII, FGD with WC and Minders in Mongobong Village (MK), Khitsane village (MH), Ha Sankatana (MH), Ha Meno Village and HA Mosisi)*

When the evaluation team asked the household regarding women involvement: 72% respondents confirmed that there has been high involvement of women in the management of water sources more so than 4 years ago.

Furthermore during FGDs and KII with PWD there was some anecdotal evidence that there was inclusion of people with special needs in the project activities.



*“The WASH facilities have adapted to meet the needs of people with disabilities because now the water facility is at a reachable distance from my house compared to before the project started. The way that the project is; is good and comfortable to me.”  
(PWDs Ha Meno village in Mk)*

The project may have enhanced women’s decision-making power at community level on the planning and management of water sources. Over 50% of the WASH committee members were women suggesting greater opportunity may have been available for them to be involved in decision making and project implementation however further evidence is needed to confirm this assumption and demonstrate women exercising any decision making power

*(Ha Meno Village WC during FGD in Mk)*

#### **4.2-2. To what extent are citizens in target areas satisfied, relative to expectations, with the delivery of WASH services?**

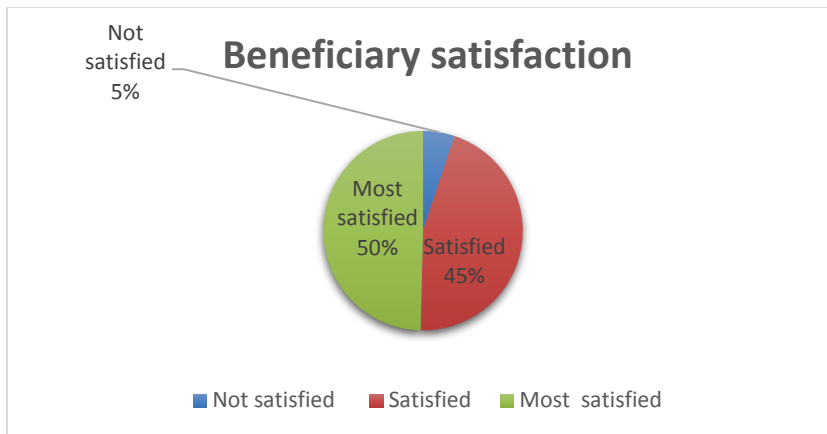
##### **Levels of satisfaction in the community**

A total of 73% (n=271) of respondents indicated that they had received support from Red Cross in the last 4 years, and 72% (n=266) confirmed they were satisfied that LRC consulted them before receiving the support through community meetings<sup>6</sup>. Out of those who indicated that they were consulted 86% (n=230) agree that their views were adequately taken into account by the project throughout implementation phase:

*“I am satisfied with the toilet and the distance from the household. My needs have been met and the toilet allows for a smooth walk in though I still do not have a hands washing point. I have adapted to putting water in a basin and wash hands.” PWD HA Khitsane village” (MH)*

However only (n=77) 21% of respondents had Knowledge of RC beneficiary complaints procedure should they have any concerns or issues regarding project delivery. Amongst those respondents who have raised a complaint against Lesotho Red Cross, 47% and 72% of respondents in Mohale’s Hoek and Mokhotlong respectively were satisfied with the way their complaint was addressed.

<sup>6</sup> Unfortunately there is no baseline information to make any comparison against here



**Figure 4 - Beneficiary Satisfaction with Red Cross intervention**

Source: primary data.

Half of the respondent interviewed 50% were most satisfied and 45% satisfied with the WASH activities implemented by LRC in their local communities. And only 5% were least satisfied with RC and majority (n=288) 78% showed that the Red Cross WASH Program met their water, hygiene and sanitation expectation which the beneficiaries envision at the beginning of the program. As one WC member explained:

*“There has been great improvement in the living conditions in the village as there is an abundance of clean water, there is also significant change in health of the residents as there is less contaminated water in the village which means that there is a reduction in sickness there are no flies anymore as opposed to when there were no toilets and flies would get into the house carrying germs.”*  
(Wash Committee Masifaneng)

Reasons given by those least satisfied with the programme include: expectations not being met; lack of knowledge of feedback and complaint mechanisms; facilities are not yet complete as construction is still underway; water systems (tanks) still do not supply enough water for the whole village; WASH facilities have not been provided for some HHs:

*“I do not know if I am complaining to the right people in Red Cross as I have been reporting to one of the senior staff of Red cross to revisit beneficiary selection and poor workmanship but all in vain”*  
(Chief Sankatana)

*“..I had expected to be given taps around the village and toilets of high standards and garbage pits. However, there is no single tap in the area. We are happy that they have toilets though some are still under construction. The two tanks that have been constructed to supply the village with water do not collect enough water to cover the whole village. We still have to pay for water from those who have boreholes”* FGD Men Ha Sankatana (MH)

*“...we were promised to be given water, taps around the village and that was not done.”* FGD Women Ha Pii Village (MH)

*“..Some were hoping to get toilets and water sources, places like Thaba kholo and Thaba chicho still do not have toilets and water sources”.* FGD Women- Ha Meno Village (MK)

### **Levels of satisfaction in the WASH intervention schools**

The evaluation team’s school observations and beneficiary interviews revealed that all schools were satisfied with RC provision of WASH facilities, and CHAST trainings:

*“I am very satisfied because Red Cross used motivating approaches to train us, school water source is improved, and girl’s disposal of sanitary pads is consistent, toilet doors fixed, urinary for boys were fixed on the school latrine”* (School WASH club teacher from Makhaleng P/s)

*"I'm very satisfied with RC, especially when I am retiring. My pupils have privacy. Menstruating girls have the freedom and have menstrual waste she pits, boys and men have urinals and yes, have teacher's toilets" (Teacher from Ha Meno P/s)*

#### **4.2.3- How well did the project address barriers to inclusion and opportunities for participation for people with disability?**

##### **Involvement and opportunities for participation for PWD in schools:**

During the evaluation time learners were asked if all learners including those with special needs can access the school WASH established structures (latrines, hand washing facility and water systems) comfortably and with minimal difficulty or need of a helper. All (n=26) 100% learners attested that they use the structures comfortably use school latrines are able to ability to use the toilet by themselves with No or minimal challenge. The evaluation also sought of to establish level of convenience learners have to use latrines and it is evident that the design was favourable for all learners to use the latrine facilities at school without difficulty.

##### **Involvement and opportunities for participation for PWD in communities:**

The project had a deliberate effort and trained 38 PWD (30 males and 8 females) on WASH and social inclusion during the project implementation. The most vulnerable HHs to receive latrines were selected by chiefs and WASH committee members, during public community gatherings for transparency. In all 3 villages included in the MTR research, HHs with widowers most commonly received latrines, followed by HHs with elderly members and with people living with HIV and Aids. At community level, during KII, PWD and elderly people indicated that the project provided opportunity to be considered, especially the technological designs which are user friendly. During the KII in Ha Meno village the PWD mentioned that:

*"...the WASH facilities adapted meet the needs of people with disabilities because now the water facility is at a reachable distance from my house compared to before the project started" (PWD, Ha Meno)*

*"...Before, I had to walk long distances to open defecate but now I am satisfied with the accessibility and comfort of latrine with no steps, smooth pathways leading up to the door, spacious insides, a seat preventing the need to squat and being close by home". (PWD, Ha Meno)*

A community member also reported the benefits gained from the water facilities:

*"Elders had trouble fetching water from springs as they had trouble carrying the filled containers before the introduction of the program. These days one has the ability to get a jug and walk a few steps to the water sources and walk back home" (Ha Meno).*

Furthermore, in Ha Meno the community decided that PWD will only contribute M. 10 per family for maintenance of water source. In MH 69% and in MK 32% households had access to improved sanitation facilities during the baseline study period, but there were no reports of any latrines being accessible and user friendly for PWDs. Now, in both districts elderly people and PWDs reported an improvement in their lives.

### **4.3 Project outputs and behaviour change**

#### **4.3.1 Evidence of changes in targeted WASH related behaviours, attitudes and practices and whose behaviour has been influenced?**

**Table 2 - Outcomes 4 & 5**

Objectively Verifiable Indicators	Quantity Planned	Quantity Achieved	%age achiev ement	Status
<b>Outcome 4: Improved hygiene behavior</b>				



#of additional people with increased knowledge of hygiene practices	7500	7954	106	Exceeded target
#of additional people with hand washing facilities and soap (or ash) in their household	3500	1989	97	Target not met
#of additional students participating in school hygiene behavior change programs	2200	2248	102	Exceeded target
#of additional students with access to an adequate number of school hand washing facilities with soap	1400	2248	160	Exceeded target
<b>Outcome 5: increased use of equitable sanitation services</b>				
#of additional people using an improved sanitation facility (improved facility using JMP/MDG definition)	7500	7640	102	Exceeded target
#of communities participating in sanitation interventions	35	31	-11	Target not met
#of additional schools with adequate student: toilet ratios	7	10	142	Exceeded target
#of additional students with access to improved school latrines	1400	2103	150	Exceeded target

Source: Project reporting tool

### Improved hygiene related behaviour (KAP) in schools:

12 schools were targeted by the project with support for a combination of water and sanitation facilities and hygiene promotion activities as follows:

School	Student numbers	Water infrastructure	Latrine Units	Hygiene promotion/WASH clubs
<b>MKT</b>				
1. Ha Meno	169	Gravity WSS	10	WASH club trained, supported with HW facilities, Supported with CHAST tools and IEC materials
2. Liseleng	241	Gravity WSS	10	WASH club trained, supported with HW facilities, Supported with CHAST tool and IEC materials
3. Rachele	237	Gravity WSS (linked to community system)	8	WASH club trained, supported with HW facilities, Supported with CHAST tools and IEC materials

4. Mongobong Primary School	223		10	WASH club trained, supported with HW facilities, Supported with CHAST tools and IEC materials
5. Leferesere Primary School	124		6 (Already existing and in good conditions)	Trained teachers and Pupils on CHAST
<b>MH</b>				
6. Mesitsaneng Primary School	600	Rain water Harvesting (completed in April 2018)	30	WASH club trained, supported with HW facilities, Supported with CHAST tools and IEC materials
7. Makheleng	134	Solar pumping system from the community	10	WASH club trained, supported with HW facilities, Supported with CHAST tools and IEC materials
<b>8. Siloe</b>	106	Grid pumping system	18	WASH club trained, supported with HW facilities, Supported with CHAST tools and IEC materials
9. Lehloaneng	104	Rain water harvesting	10	WASH club trained, supported with HW facilities, Supported with CHAST tools and IEC materials
10. Ha Lebele primary	21		4 (Already existing and in good conditions)	WASH club trained, supported with HW facilities, Supported with CHAST tools and IEC materials
11. Lifateng	145	Rain water harvesting	13	WASH club trained, supported with HW facilities, Supported with CHAST tools and IEC materials
12. Kolo Lapere Primary schools	144		8	WASH club trained, supported with HW facilities, Supported with CHAST tools and IEC materials
<b>Total</b>	<b>2248</b>			

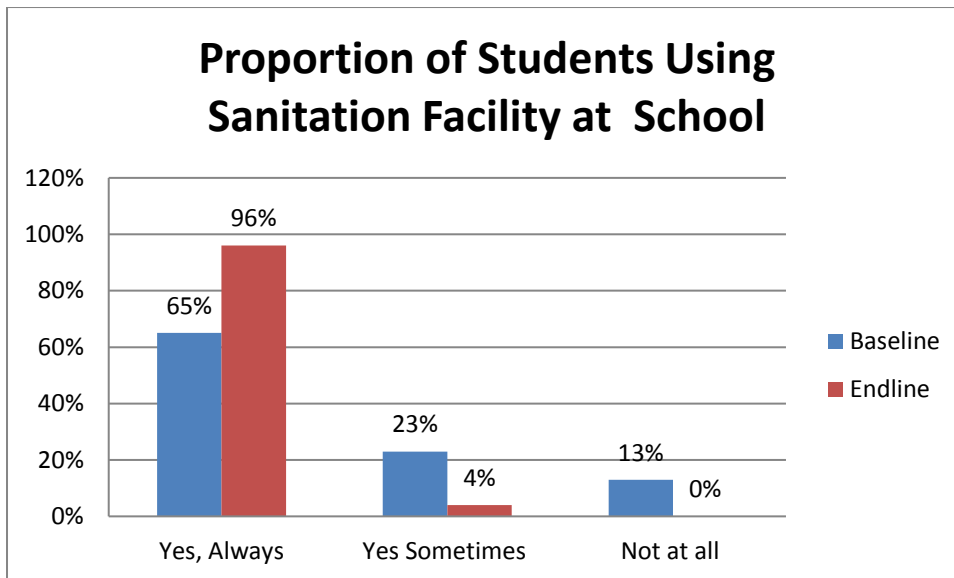


Figure 35- proportion of students using sanitation facilities at school

The chart above shows that a greater proportion of students (96%) always use sanitation facilities at school compared to baseline (65%). 100% of students interviewed said they can use the latrines un-assisted and 92% said they can use a latrine without being bothered by others. All girls (n7) who have started their periods use sanitary towels which they dispose of either in the school bin or in the school latrines and all reported that they go to school when they have a period. In all schools, teachers now have separate sanitation facilities from students and school latrines are perceived to be accessible for students with disabilities. In only 2 of the 6 schools teachers reported that sludge is removed as latrines fill up.

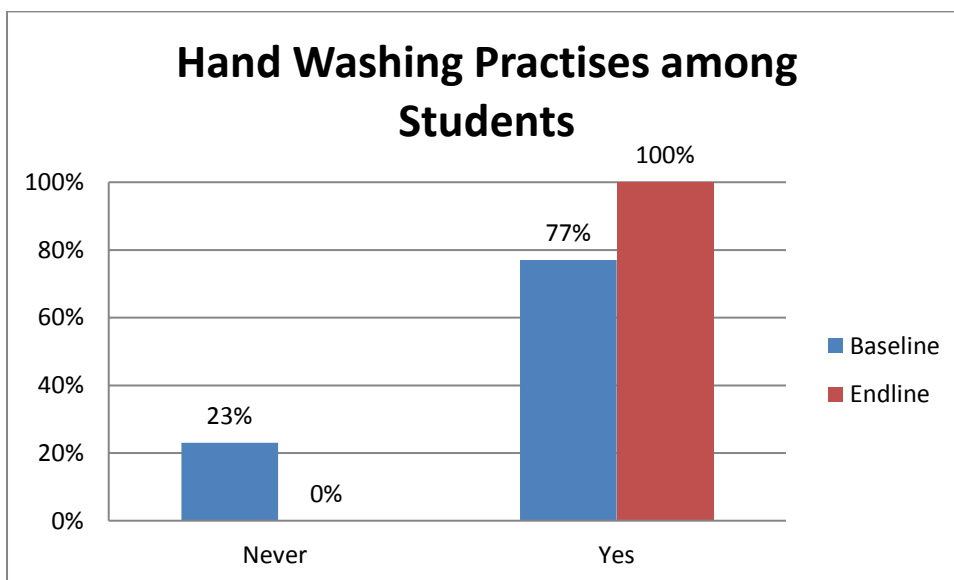


Figure 36- Hand washing practices among students

The chart above shows that a greater proportion of students reported regular hand washing at endline (100%) compared to baseline (77%). 46% of these students reported using both soap and water when washing hands, however soap was available at only 1 of the 14 hand washing points observed in schools by the evaluation team.

100% of students reported to have received WASH information in the last 12 months, compared to 50% at time of baseline. Students explained this information was given to them by either Red Cross

staff (38%), peers in the WASH club (8%), teachers in WASH clubs (35%) and teachers outside of WASH clubs (19%). 88% of students reported passing this information on to either friends or family.

During interviews, teachers suggested that CHAST training they'd received, provision of latrines and more convenient water supply has improved the quality of life in their schools. Easier access to safe water allowed learners to provide a cleaner school environment with less effort due to the project established school hygiene promotion activities (WASH clubs) and WASH facilities, including menstrual hygiene management:

*“ Sanitary hygiene has improved to a point that boy and girls feel free to talk about menstrual hygiene and sanitary pads issues, regular hand hygiene, students in lower classes are cleaner, reduced number of absentees due to menstrual issues” Ha Meno – (WASH Club School teacher)*

In all schools visited during the evaluation, teachers reported positive changes related to WASH including: there is no longer absenteeism amongst girls related to menstruation; girls talk about sanitary pads more freely; the environment has been cleaned as there is routine garbage collection and reduced littering in the school; parents have joined in the personal hygiene principle and pupils are cleaner; School is more organised than before RC and learners must have haircuts, and nails checked by School hygiene Club leaders. In addition teachers indicated that there is greater enthusiasm for washing hands & drinking water amongst children. The school survey showed that a greater proportion of students (92%) wash out containers now compared to 4 years ago (83%).

Project trained teachers from the WASH clubs in Mohale's Hoek combined and celebrated the international hygiene day and invited other non-WASH project intervention schools to attend and learn how they can improve and promote proper hygiene and sanitation practices at their schools indicating the role of teachers as change agents and potential for multiplier effect:

*“.. it is only LRC running school clubs in Lesotho Schools, were just invited to attend” he said “and such an event provided the opportunity to appreciate the sustainability of our work but mostly provide other peers and teachers to start activities in their schools but also further reaching to the district education offices in the district to recognise and utilise the trained teachers as change agent across other schools in the district.” (Godfrey Bongomin- BRC project delegate)*

### **Improved hygiene related behaviour (KAP) in communities:**

Monitoring data indicates that a total of 7954 people were reached with knowledge of hygiene practice through participation in PHAST community and household session and the end line survey observed around 25% (1989 people) have established HWFs with soap and water, or ash at their households. Observational data during the HH survey showed that 75% of households surveyed did not have a hand washing facility. The improvement of sanitation in two district rural communities has triggered noticeable signs of changes in people's hygiene and behaviour. The evaluation team found that community members who were mobilised and involved in information sessions and were sensitised on personal and environment cleanliness were more able to mobilise materials to construct new private toilets that meet the standards for better sanitation. FGDs suggest that a combination mix of CLTS and PHAST helped reduce open defecation, mainly by helping households without toilets gain access to them, and reducing the tendency to practice open defecation. According to one man in FGD in Mongobong:

*“Since the program started, more men are using latrines and collecting water and bathing regularly as opposed to when one would take over a week without bathing. There is a high number of households that now use safe water on a daily basis and that was not a norm before the introduction of the WASH programme. They did not care at all about sanitation as they had no choice but to openly defecate and share their water source with animals” (FGD Men Mongobong MK)*

These same men also explained that the only people they thought were not improving their hygiene practices were those who didn't have a latrine, or easy access to latrines (e.g. herd boys):

*“The only few people who have not had any behavioural change are those who did not be fortunate enough to have latrines erected for them as they only arrived in the village after the completion of the programme. They still use the bushes as we do not share our latrines. The herd boys as well tend to*

*ignore the latrines as they are mostly not at home so they still defecate in the bushes when out with animals.” (FGD Men Mongobong MK)*

The project intervention used PHAST group’s model in communities and Water Minders to conduct hygiene and sanitation improvement participatory activities, group meetings, group planning activities, and so on. This enabled the community to choose and prioritise the behaviours including: the habit of hand washing with soap and water and construction of HW. During the FGDs and observations a number of factors were identified as contributing towards enabling behaviour change. These include: ownership of a hand washing facility and the time to use this; knowledge and skills needed to practice; motivation to practice. Motivations identified include: a sense of disgust, to be modern, to be like others, a better life for children. .

*“More men are using latrines and collecting water and bathing regularly as opposed to when one would take over a week without bathing. There is a high number of households that now use safe water on a daily basis and that was not a common practice before the introduction of the WASH programme.” Men FGD Mongobong –MK.*

*“Women now know they have to bath daily, wash hand after using the toilets and this has changed because they practice what they have been taught introduced to latrine usage when nature calls and no longer just sit around which makes a tidy place, also they now drink clean water that is no longer contaminated. Most of the community behaviour has changed after knowledge on hygiene and sanitation was passed by the chief where he called a public gathering to address such issues also water committee members sensitized their friends and to their children” ( Women FGD Ha Meno)*

One chief suggested that the WASH related issues of the villagers in Mongobong have reduced since the introduction of the WASH project, and that elders and the WASH committees have been active in sharing hygiene promotion messages:

*“We as elders in the village make sure we teach our children the importance of practicing hygiene and since we have received training (WASH Committee members only) we hold gatherings where we teach the entire community about WASH” Area” (Chief Mosisi)*

## **Water Storage Containers**

At endline, more than 90% of respondent households in both districts reported cleaning their water storage containers and the appropriate cleaning using soap and water was reported as 78% of households in Mohale’s Hoek and 91% of households in Mokhotlong. This is not a significant change from baseline observations. Furthermore in Mohale’s Hoek, water stored for drinking and cooking purposes is covered by more than 90% of the households which is a similar proportion to baseline but Mokhotlong households have improved their practices over the programme period with a proportion of 67 household reporting at baseline increasing to 92% at endline. See graph below.

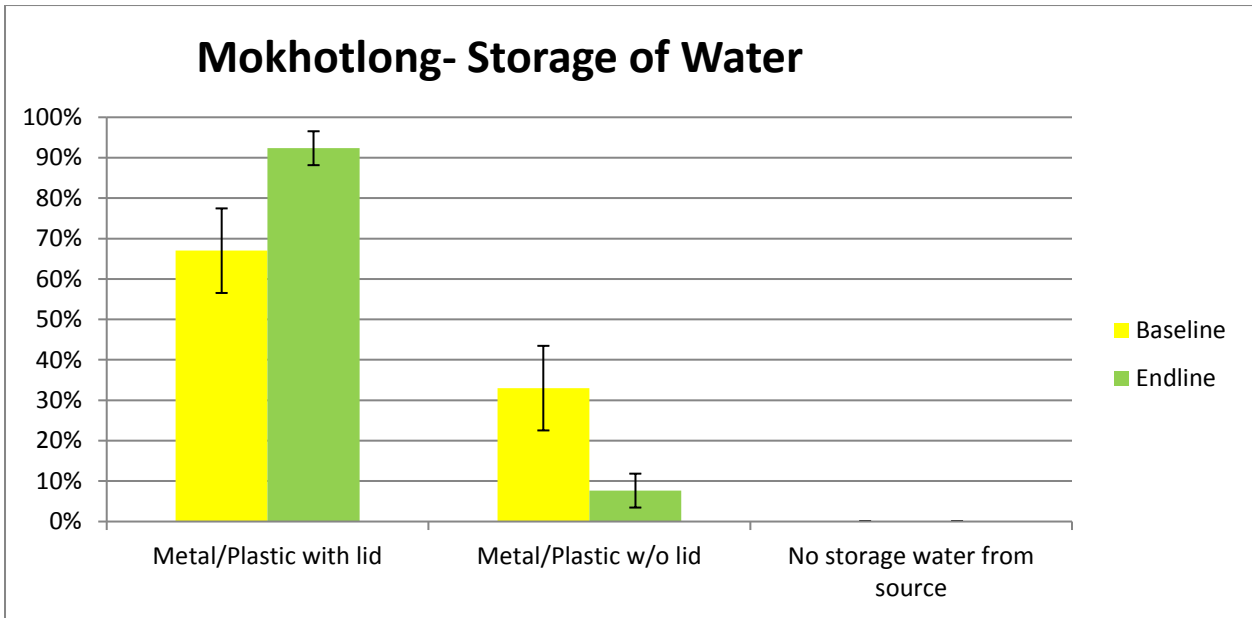


Figure 5 - Storage of Water - Mokhotlong

**Knowledge regarding appropriate Hand Washing Practices**

### Mohaes Hoek - Hand Washing Practices

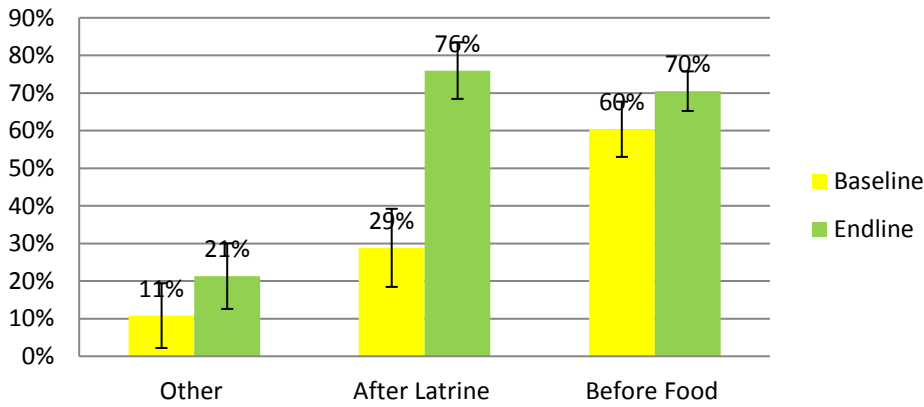
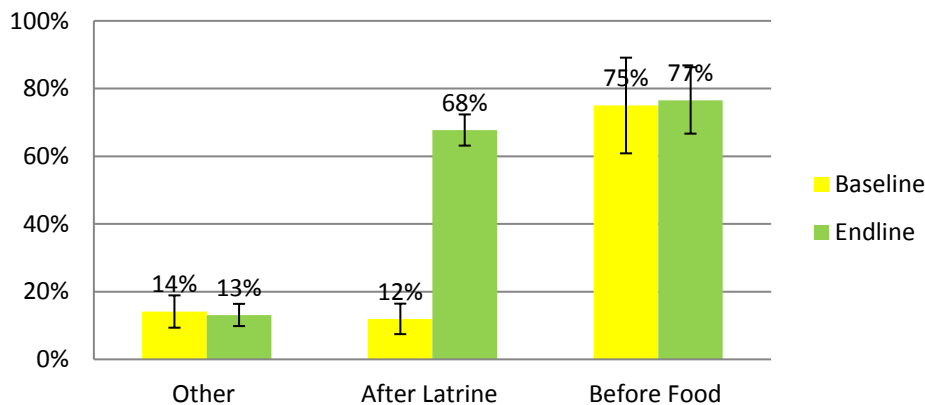


Figure 6 - Hand Washing Practices - Mohale's Hoek

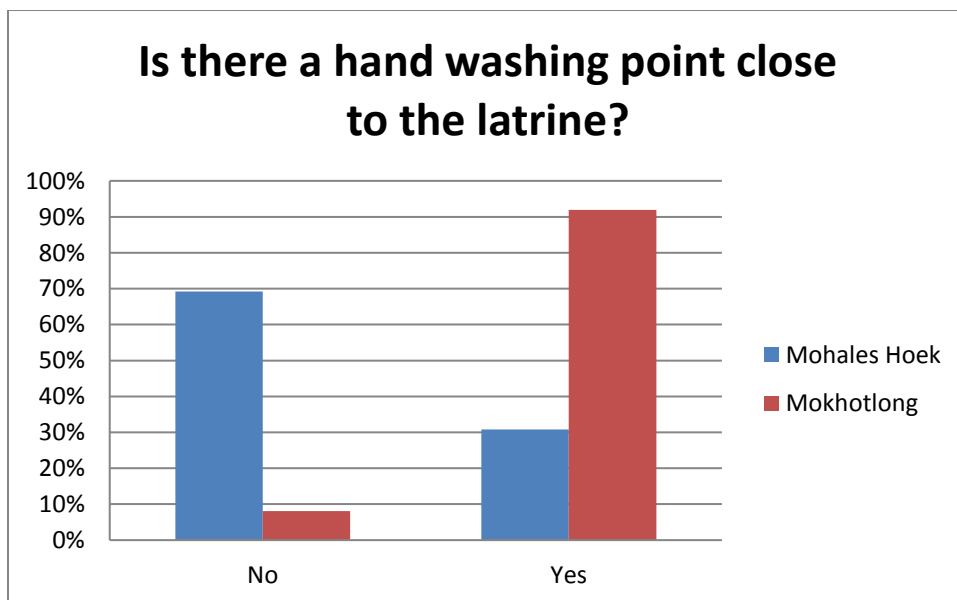
## Mokhotlong - Hand Washing Practices



**Figure 7 - Hand Washing Practices - Mokhotlong**

The graphs above suggest a significant improvement in knowledge and reported practice from the household respondents related to critical times for hand washing. In Mohale’s Hoek only 29% of respondents identified the need for hand washing post latrine during the baseline but this proportion has increased to 76% on programme completion. There was also an increase in the proportion of respondents recognising the need to wash hands prior to food handling, though this change was not significant. Whilst in Mokhotlong there was also a change in the proportion of respondents identifying a critical time to wash hands being after using the latrine or exposure to faeces, from 12% at baseline to 68% at endline. This suggests that hygiene promotion messages have been received and noted.

Hand washing points had not been established and were reported to be absent by more than 75% of participating households respondents and this finding was confirmed by the enumerators observations. The survey results suggest around 1989 people (25% of people reached with knowledge of hygiene practices) have hand washing points at their home. There is a possibility more hand washing points may have been erected during implementation but no longer in existence- the mid-term review suggested hand washing facilities were broken or dismantled and materials used for other purposes. Amongst the households reporting to have hand washing points established (N = 89), in Mokhotlong 92% of these were appropriately located close to the latrine whilst in Mohale’s Hoek only 31% have been placed close to the latrine.(see graph below).



**Figure 8 - Is there a hand washing point near to the latrine?**

### Technique and material used when washing hands

More than 90% of household respondent correctly identified methods and techniques for hand washing. (See graph below) This is recognised as important being the single most important factor that prevents the transmission of faecal-oral diseases. Within Mohale’s Hoek 82% of respondents reported to be using soap and clean water for hand washing and 87% of respondents in Mokhotlong reported appropriate practice, however, on observation, amongst those who had established hand washing points, clean water was available in only 8% of households within Mohale’s Hoek and in only 23% of households in Mokhotlong. Soap and cleaning agents were also absent in 95% and 54% of households in Mohale’s Hoek and Mokhotlong respectively. This would suggest appropriate hand washing practices have not been adopted. The endline survey suggests that 1989 people had hand washing facilities and soap (or ash) in their household. Soap may have been present in more households at one time throughout the duration of the project, however feedback from the endline and mid-term review suggested soap is expensive and therefore not always replaced by HHs when it runs out.

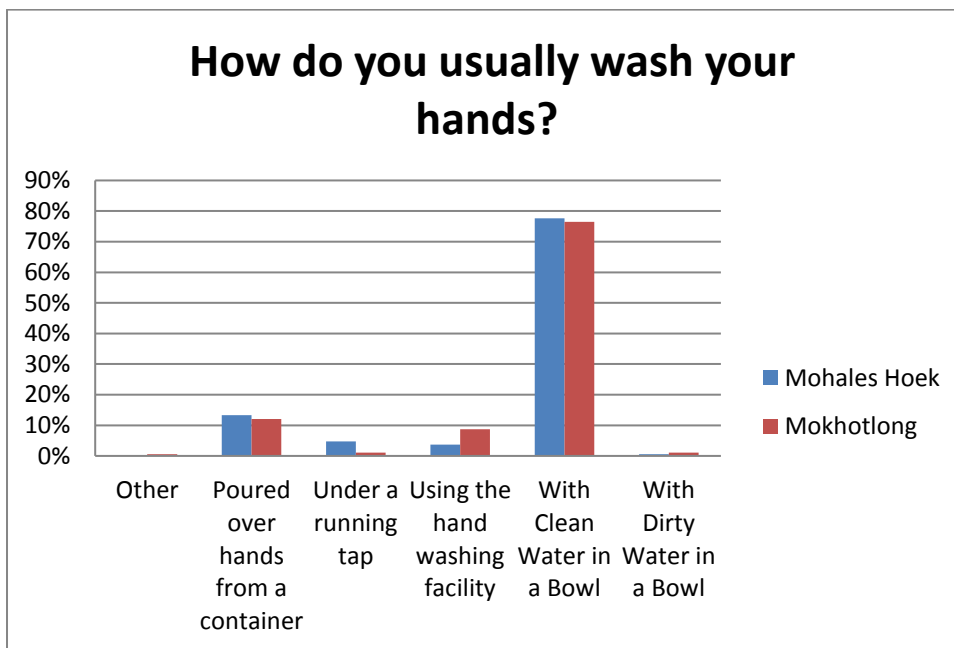
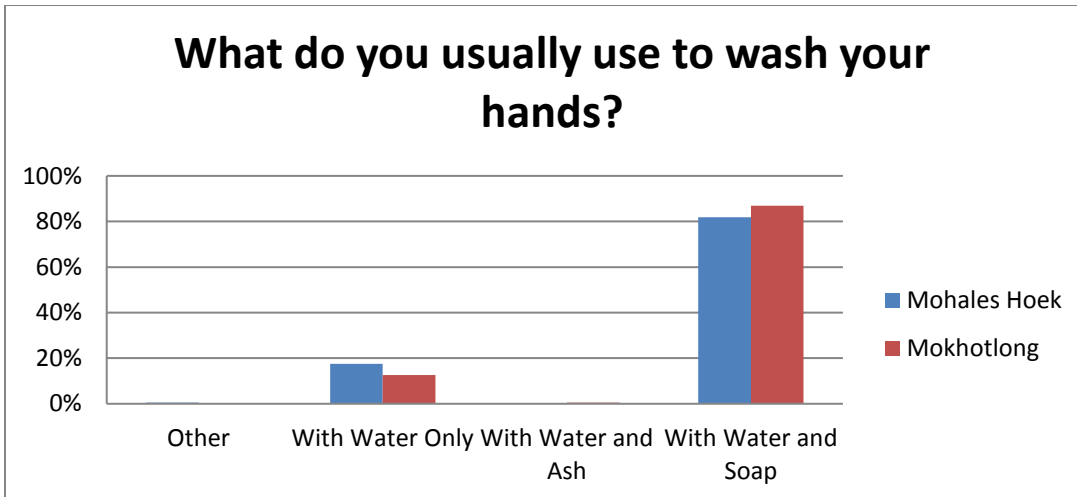


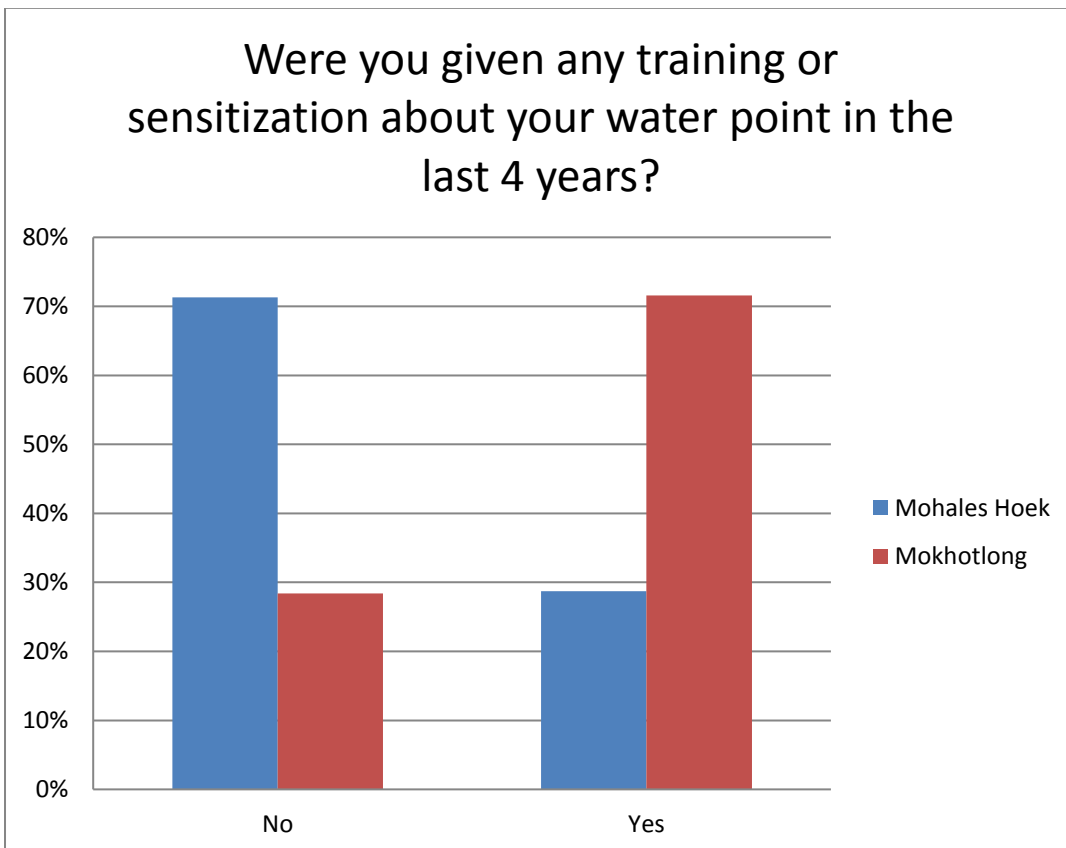
Figure 9 - How do you usually wash your hands?





**Figure 10 - What do you usually use to wash your hands?**

The poverty and low income levels limit affordability of soap, options of using ash, and water being considered clean. Overall from the observation and demonstrated during the end line household knowledge and practice of proper hand washing practice has improved compared to baseline time. As seen above soap remains and expensive items for majority of the respondents average costing 14 maloti. This could be not affordable by a large numbers of the rural poor households with low income earning.



**Figure 11 - Were you given any training about your water point in the last 4 years?**

From the graph above, 70% of respondents in Mokhotlong reported that they received Training or sensitisation about water point in the last 4 years compared to 29% of respondent in Mohale’s Hoek

## Mohales Hoek - Have you received WASH info in the past year

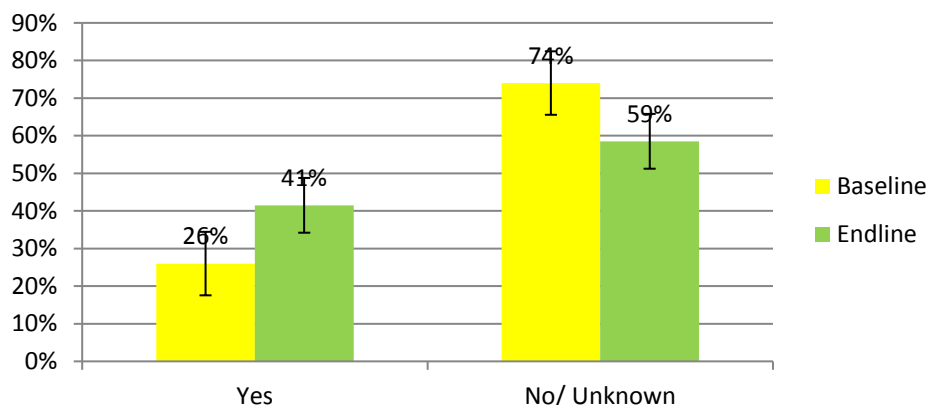


Figure 12 – Mohale’s Hoek - Have you received WASH info in the past year?

## Mokhotlong - Have you received WASH info in the past year

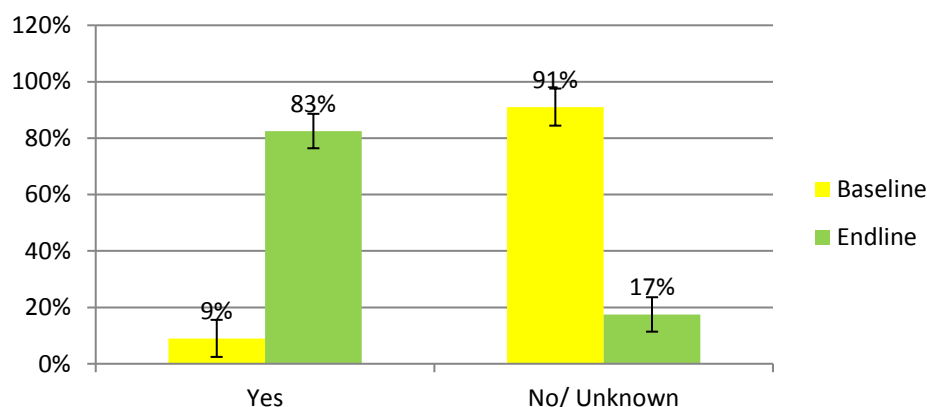
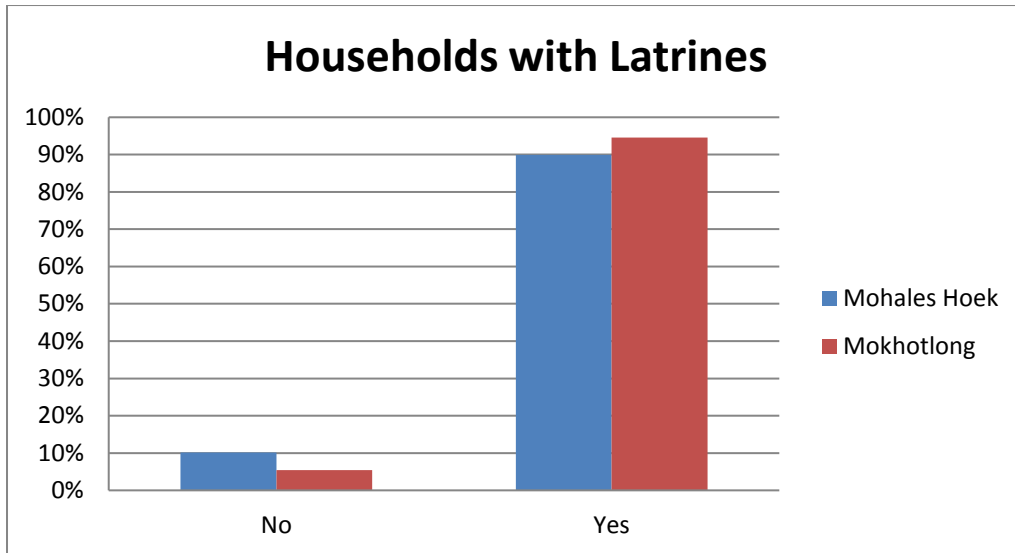


Figure 13 - Mokhotlong - Have you received WASH info in the past year?

The Graphs above indicate that there has been improved access to WASH information amongst the respondent household. In Mohale’s Hoek, the proportion of households that had received WASH information increased from 26% at baseline to 41% at endline. This difference is more significant in Mokhotlong where only 9% of households had been exposed to WASH information at baseline whilst 83% reported having received information at endline. This demonstrates that the software component of the programme appeared to be more effective in Mokhotlong. It may also indicate that more WASH information was readily available in MH at the time the baseline was carried out.

### Latrine Availability and Usage



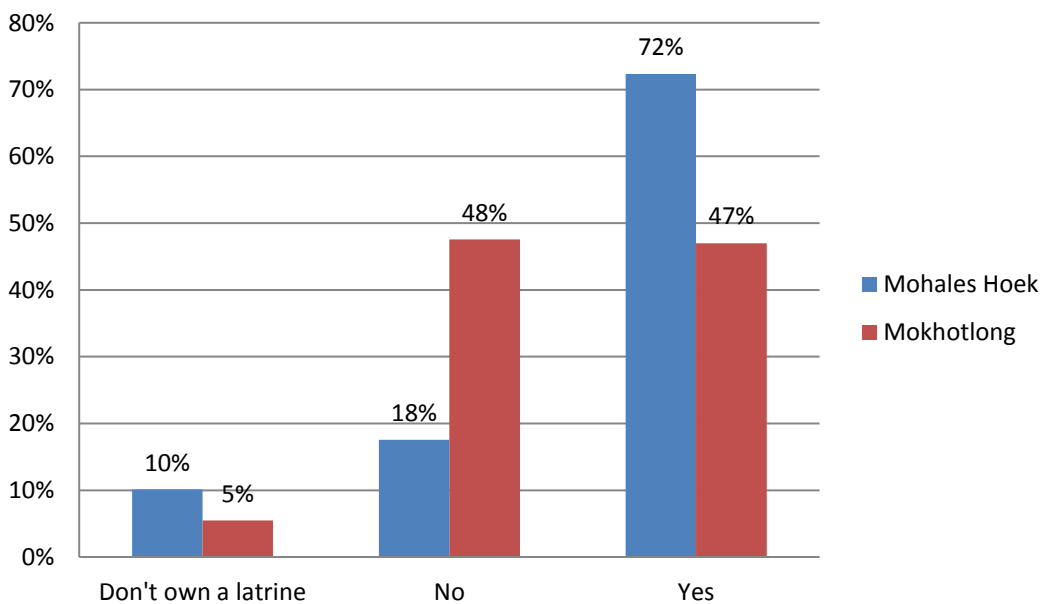
**Figure 14 - No. of HH with Latrines**

The graph above shows that 90% and 95% of households in Mohale’s Hoek and Mokhotlong respectively own a latrine, though these are reportedly shared by 15% of households in Mohale’s Hoek and 26% of households in Mokhotlong.

In Mohale’s Hoek more than 70% of respondents reported that Lesotho Red Cross financed the construction of the latrine and the proportion in Mokhotlong was reportedly 90%. Maintenance and cleaning of the latrine is considered the responsibility of the women (female child or mother), with 83% and 90% households reporting this being the case in Mohale’s Hoek and Mokhotlong respectively.

In Mokhotlong, 47% of households reported that the latrine is not utilised by all family members but further information to understand why this is the case was not collected. Utilisation rates by the whole family are reportedly higher in Mohale’s Hoek with more than 72% households confirming that the latrines are utilised by the entire family. See Graph below.

### Latrines used by all Household Members



**Figure 15 - Latrines used by all HH members?**

## Cleanliness of the Latrine

The graph below indicates the proportion of the household latrines considered to be adequately clean as noted by survey enumerators. In Mohale's Hoek 43% of latrines were deemed clean and a further 43% considered somewhat clean, the proportion of households with clean and somewhat clean latrines was noted to be slightly higher in Mokhotlong.

### Observation - Is the latrine clean?

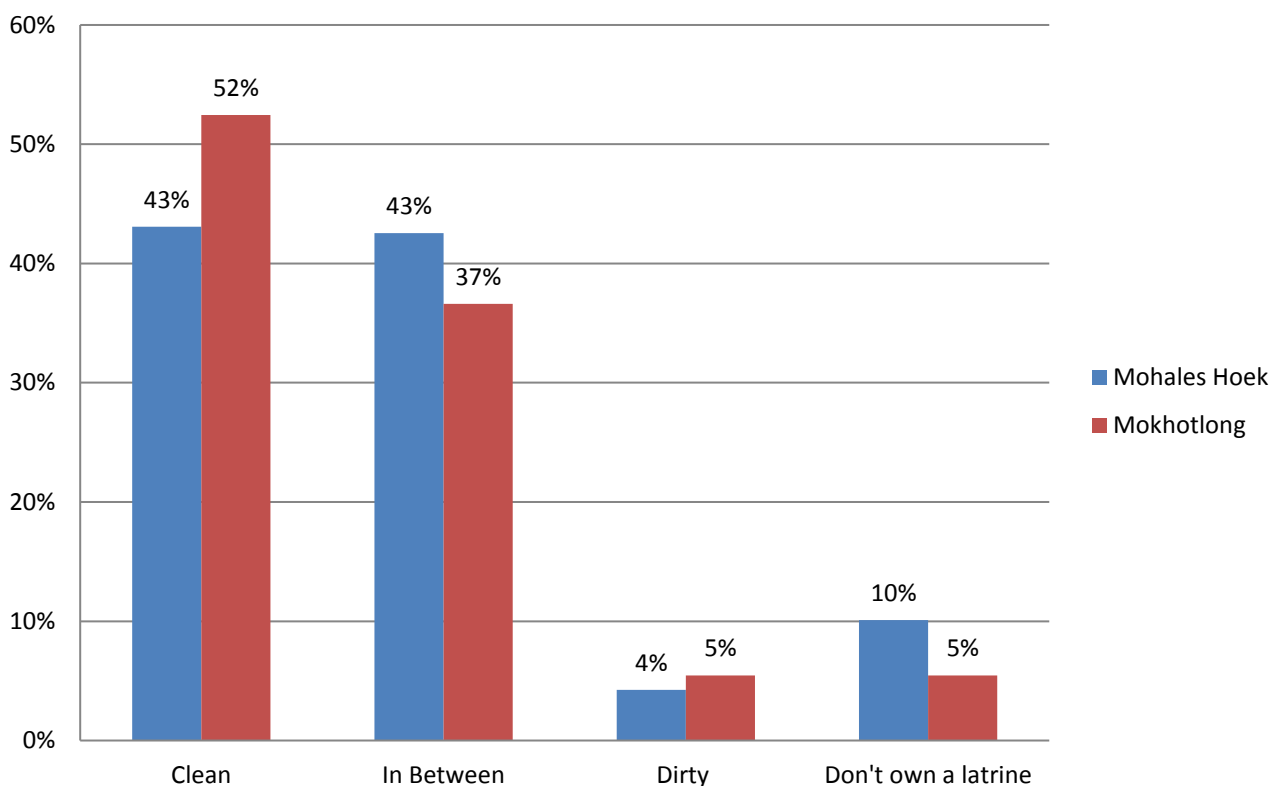


Figure 16 - Observation - is the latrine clean?

### 4.2-3. How has access to water improved for users in terms of: reliability of supply; accessibility; equity of access: and water quantity and quality?

Table 3 - Outcome 6

Objectively Verifiable Indicators	Quantity Planned	Quantity Achieved	%age achievement	Status
<b>Outcome 6: Increased use of improved and equitable water supply services</b>				
#of additional people using an improved drinking- water source (MDG/JMP definition)	7000	7278	104	Exceeded target
#of additional people living in households where improved water is safely stored	7000	6550	94	Target not met
#of additional students with access to an improved school drinking water source	1200	1736	135	Exceeded target

#of new water systems designs that include an analysis of the sustainable yield of the water resource	35	37	106	Exceeded target
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Source; Project Report Tool.

The WASH project is alignment to the Sustainable Development Goals (SDGs) sustainable goal, 6 clean water and sanitation, as well as the needs of the project target beneficiaries. The Water and Sanitation Policy of 2007 states that “All the Basotho are entitled to have access to a sustainable supply of potable water and to the provision of basic sanitation services at an affordable cost.” The policy indicates that all Basotho have a right to 30lcd of water, but mechanisms for implementing this policy are not in place. The right to basic sanitation is also outlined in the policy not limited to access to improved water source only. Majority (n=288) 78% attested that the Red Cross WASH Program met their water, hygiene and sanitation expectation which the beneficiaries envision at the beginning of the program, and benefiting households interviewed mentioned with pride that the project had significantly contributed to this:

*“There has been great improvement in the living conditions in the village as there is an abundance of clean water, there is also significant change in health of the residents as there is less contaminated water in the village which means that there is a reduction in sickness” Wash Committee Masifaneng.*

*“There is water in the village every time we need it since the construction of the tank. It has been only a few months and we have had enough whenever needed. The water is enough for every household that has access to the water point and it caters for their everyday needs” FGD WASH Committee; Mongobong- MK*

In Mokhotlong a higher proportion of respondents reported that they cleaned their water containers rising from 88% to 99% at the end of the project. Similarly, the number of people who reported to cover their water containers increased from 67% to 92% in Mokhotlong. In total, 7640 people have gained access to safe water through the project improved water facilities and many people expressed satisfaction with the quality<sup>7</sup>, reliability and accessibility of water since the project implementation:

*“There is water in the village every time we need it since the introduction of the tank. It has been only a few months and in the few months we have had it there is enough whenever needed. The water is enough for every household that has access to the water point and it caters for their everyday needs. The water is of greater quality than the water we used to drink before the introduction of the WASH program because it is less contaminated now due to the storage tank being completely closed. The animals do not drink from the same source as the villagers, the tank is cleaned every third month and is always flowing so there is less contamination” (FGD for Men Linotsing)*

### Quality of water

The graphs below show the proportion of households who perceive the quality of water to be safe comparing from baseline to endline in Mohale’s Hoek. There is an increase from 53% to 74% of household perceiving the water supply to be safer than four years previously.

<sup>7</sup> Water testing is needed to confirm water quality as evidence in this report is based on people’s perception of water quality based in taste, smell and colour

## Mohales Hoek - Quality of the Water

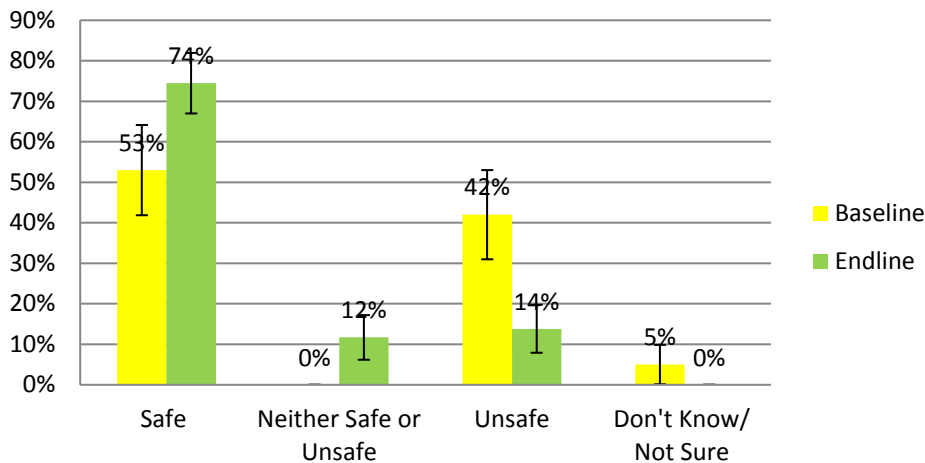


Figure 17 - Mohale's Hoek - Quality of the Water

## Mokhotlong - Quality of the Water

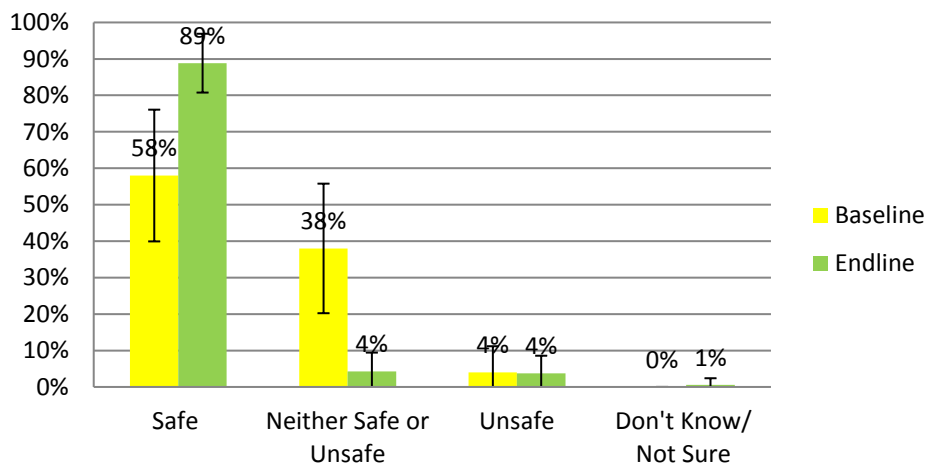
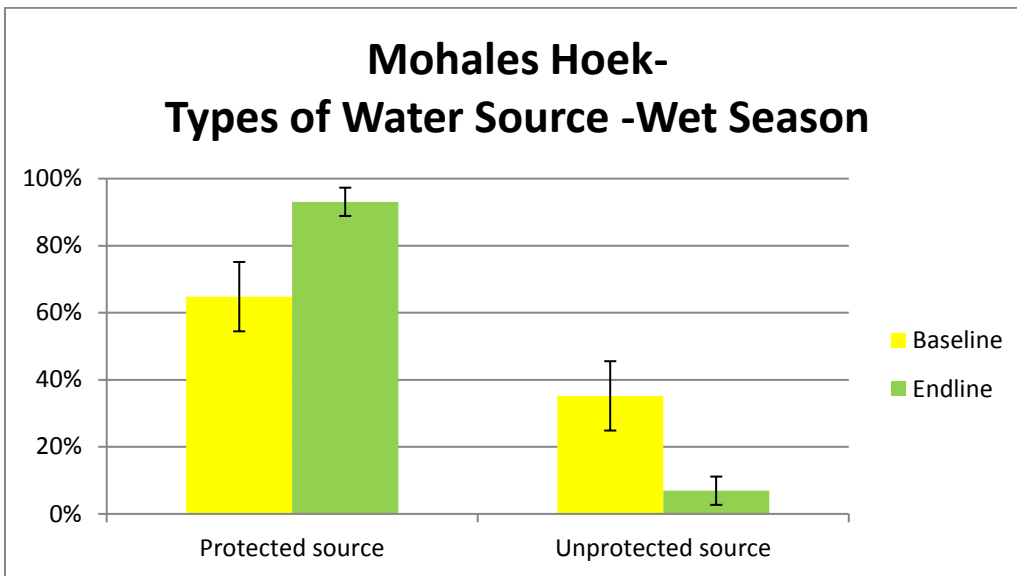


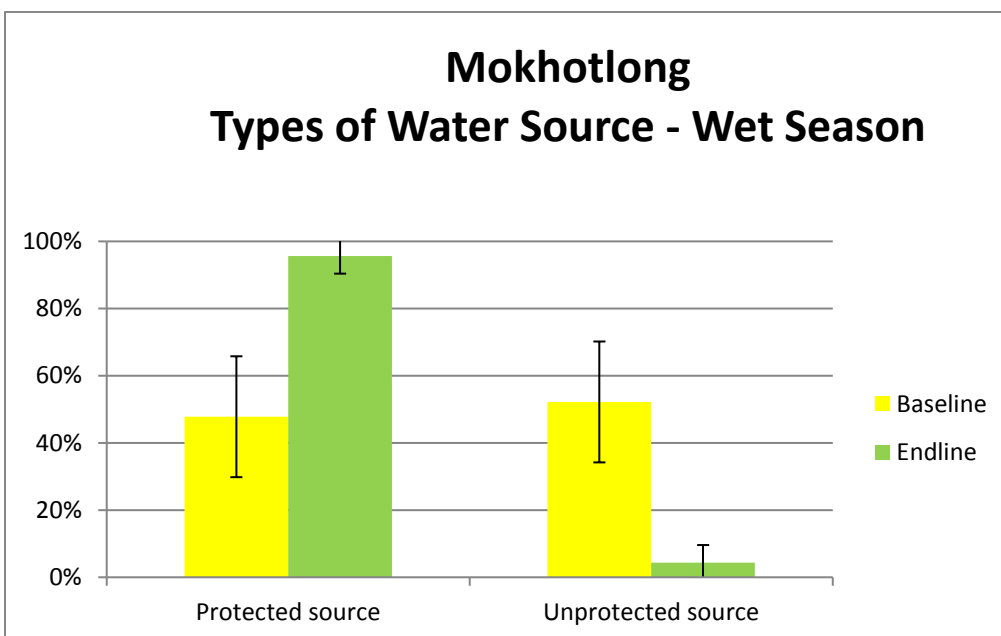
Figure 18 - Mokhotlong - Quality of the Water

In Mokhotlong, there are a significant proportion of household respondents from 58% - 89%, who perceive the water to be of improved quality after the LRCS WASH Program intervention. This finding is strengthened by the fact that less than 10% of households in Mohale's Hoek and less than 5% of households in Mokhotlong report treating their water prior to use. More than 80 % of households in Mohale's Hoek and 91% of households in Mokhotlong confirm that they would drink the water from source. This demonstrates they are confident of the quality of water being accessed.

**Accessibility of water:**



**Figure 19 - Mohale's Hoek - Types of water source - Wet Season**



**Figure 20 - Mokhotlong - Types of Water Source - Wet Season**

The graphs above show an increase over the programme period in the proportion of households accessing water from a protected source during the wet season in Mohale's Hoek. An even greater increase in the proportions of households accessing protected sourced water is apparent in Mokhotlong with the figures doubling from 48% to 96% at endline. These improvements are also noted in the dry season, although the increased number of households may be under reflected as construction of water systems was only completed in the early part of 2018 and, the situation may be an improvement on what was anticipated as the dry season is currently approaching (May to September)

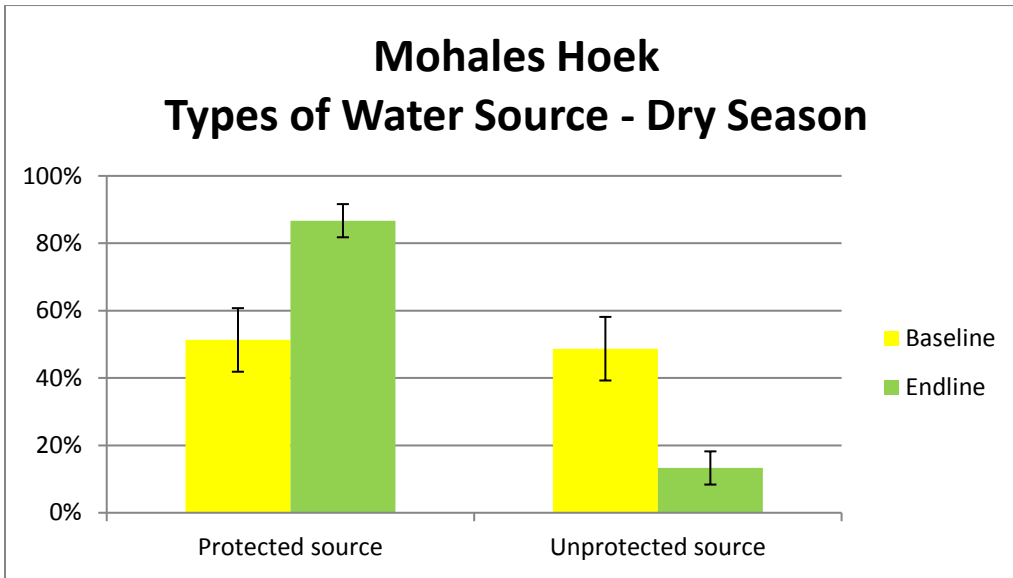


Figure 21 - Mohale's Hoek - Types of Water Source - Dry Season

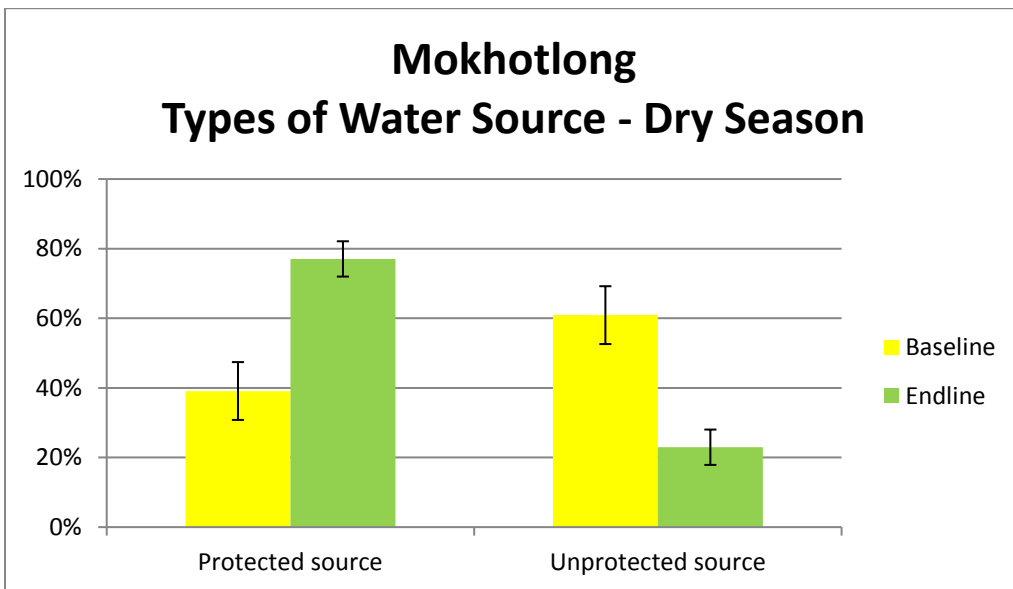


Figure 22 - Mokhotlong - Types of Water Source - Dry Season

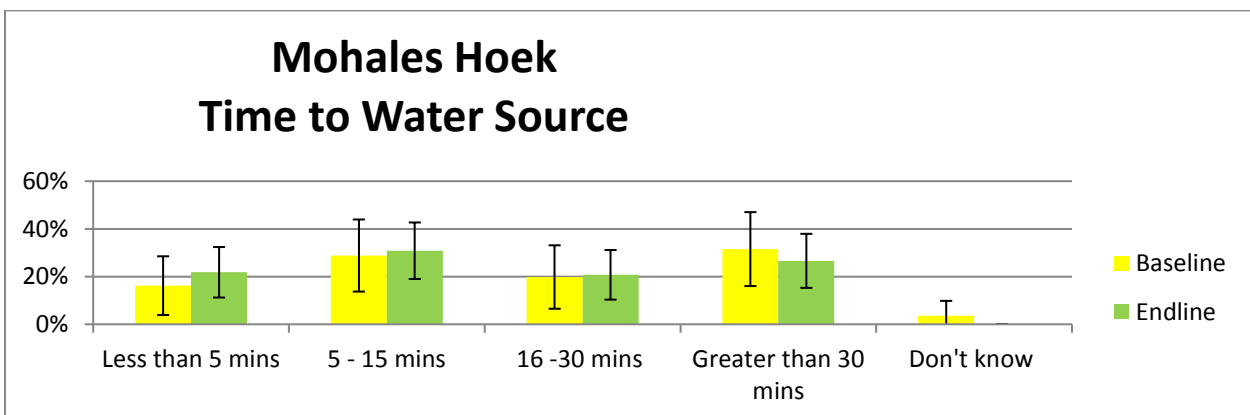
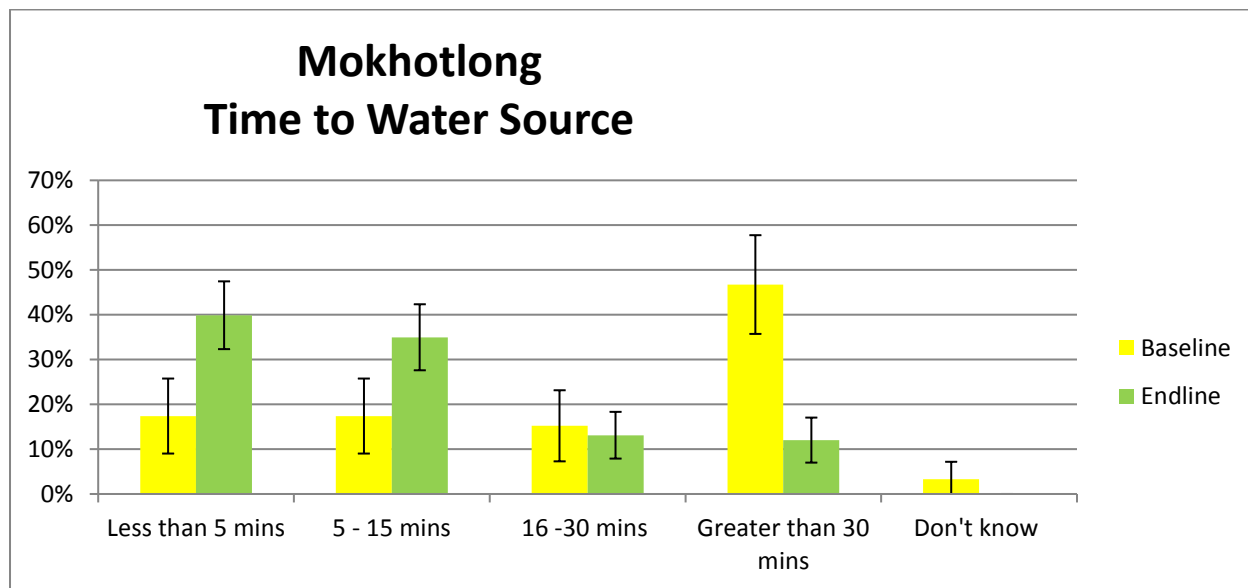


Figure 23 - Mohale's Hoek - Time to Water Source

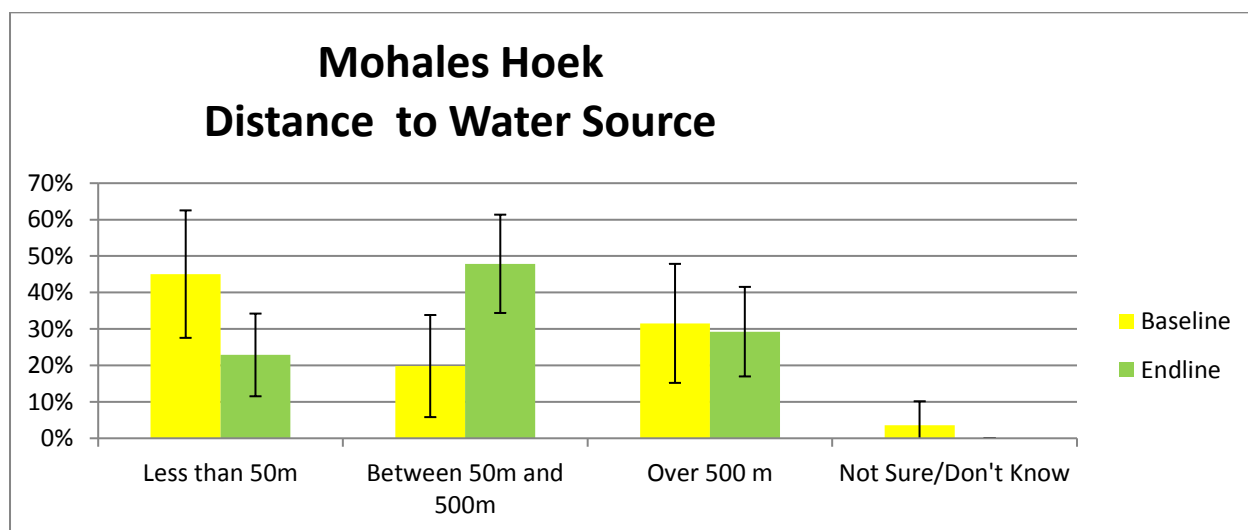


The graph above shows that there is no difference for respondent householders in Mohale's Hoek in reaching the water source for collection between the baseline and endline. As the objective within this peri urban areas was not to change location of water source but to protect the available water sources, the explanation may be plausible.



**Figure 24 - Mokhotlong - Time to Water Source**

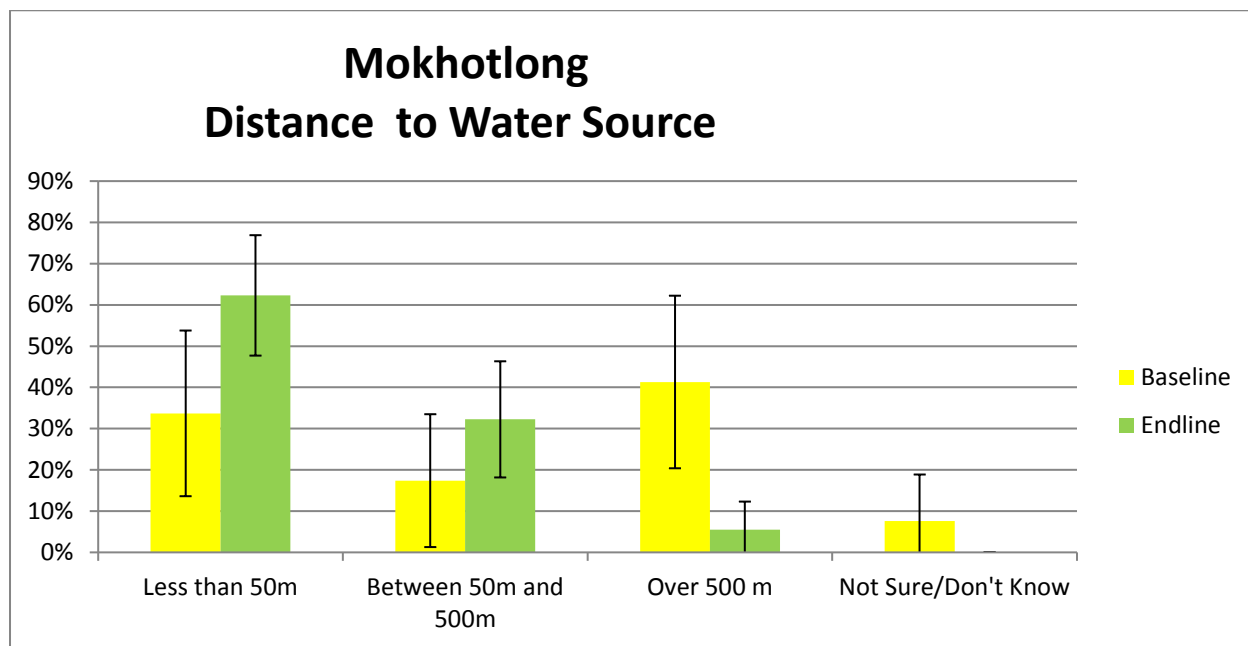
In Mokhotlong, access to water source was improved in many villages through a system of pipes and taps from the tanks to a central community point. The graph above shows that a significantly higher proportion of respondent households reported shorter time spent reaching the water source than at the start of the programme. Households who spend less than 5 minutes reaching the safe water source have risen from 17% to 40% and those spending less than 15 minutes have risen from 17% - 35%.



**Figure 25 - Mohale's Hoek - Distance to Water Source**

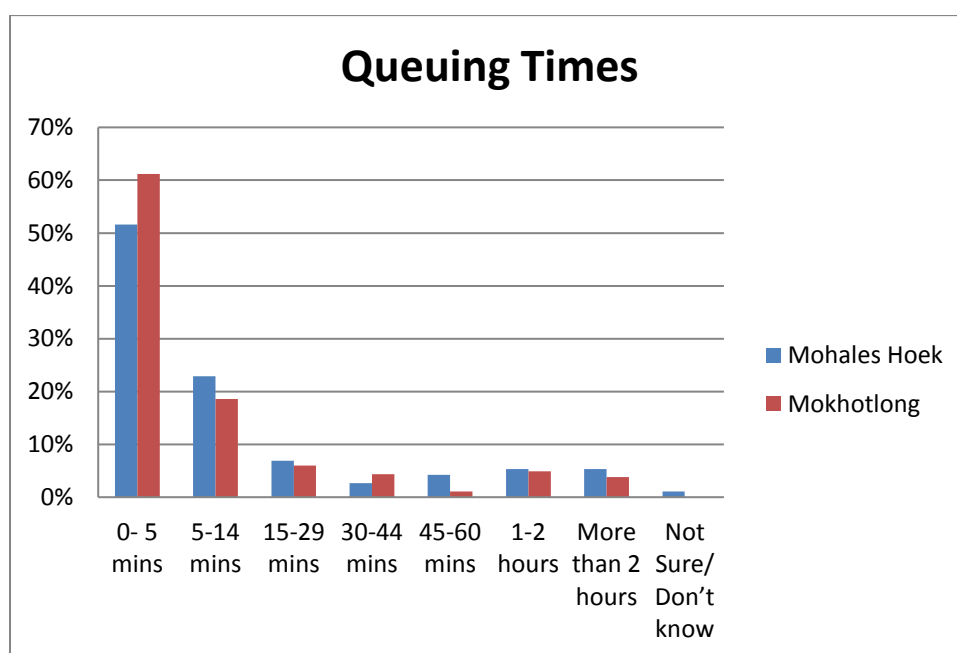
The study sought information regarding distance from the households to the nearest regular water source and the graph above shows that the distance to collect water in Mohale's Hoek has increased over programme period. As no changes were made in the locations of the water points, it is likely that the respondents estimated distance was based on their judgement and was limited in accuracy. The

findings from FGDs with WC indicate that on average, people walk less than a kilometre distances to the nearest water source.



**Figure 26 - Mokhotlong - Distance to Water Source**

In contrast Mokhotlong household respondents reported that the distance to water source has decreased since the baseline in 2014 as a result of the programme inputs. Again this is subject to the respondents' independent judgment of distance but shows the proportion of households who now have less than 50 metres distance from their home to the safe water source increased from 34% to 62% and those travelling between 50 metres and 500 metres increased from 17% to 32%...



**Figure 27 - Queuing Times in both districts**

The graph above illustrates the average reported time spent queuing to collect water in both Mokhotlong and Mohale's Hoek districts. In Mohale's Hoek, 75 % of households reported waiting less than 15 minutes and 52% of these wait for less than 5 minutes to access their water. In Mokhotlong

this proportion is even higher with 80% queuing for 15 minutes or less and 61% of these suggesting this is usually less than 5 minutes wait. This can be attributed on the high yield of the water supply system and though more evidence is needed to confirm, may suggest that women may save time from collecting water and as a result allowing them to participate in other activities.

*“The workload has decreased for women as more and more men are finding it easy to collect water from a nearby source and have women rest and tend to the children” (FGD Men – Mongobong- Mk)*

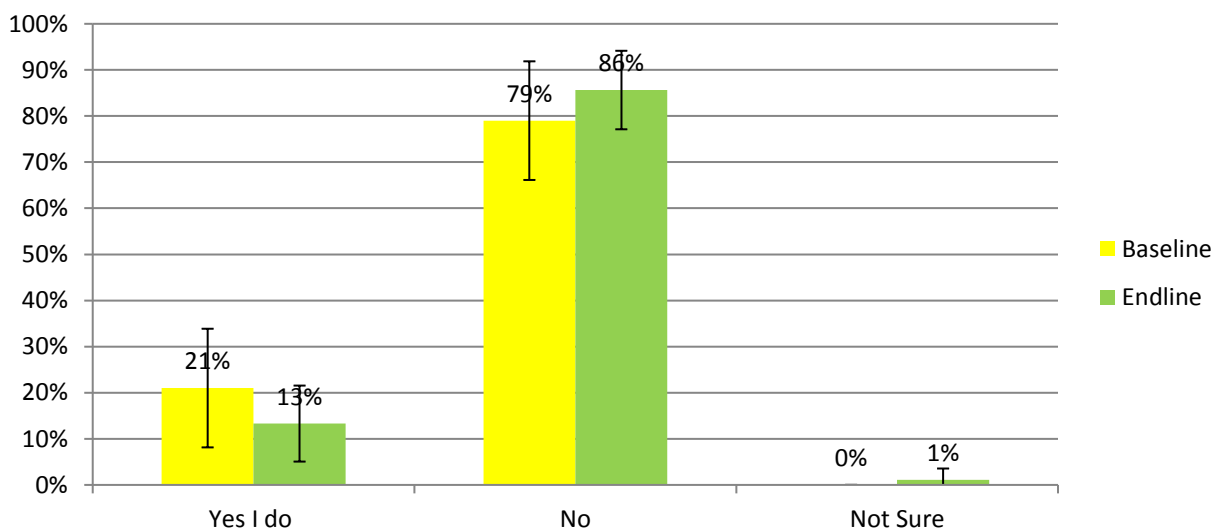
*“We all feel that the programme has really met our needs and made life a bit easy for us because we do not have to walk long distances for collection of water and always have safe clean water which we did not have before.” (Women FGD Linotsing village)*

However a small proportion of household respondents in each district (5%) suggested they were required to wait more than two hours to collect their water. It is unclear given the improved access and yield how this may be the case, possibly related to specific busy periods of the day for water collection, or restrictions being placed on the amounts and timings of collections imposed by WASH committee by shutting off systems at certain times as suggested in the MTR report however further evidence would be needed to determine this.

### Cost of Water

Findings from the household survey with regards household payments being made for water suggest little change from the situation 4 years ago. A high proportion of households (86%) in Mohale’s Hoek suggested they are currently not paying for their water supply.

### Mohales Hoek - Pay for Water



**Figure 28 - Mohale’s Hoek - Pay for Water?**

The graph below suggests that the situation is similar in Mokhotlong with regards household payment being made for water supply. A proportion of 92% of household reported not to be paying for water at present. This situation may reflect that fact that water supply systems have recently been completed and the WASH committees within each village are in the process of developing a payment scheme to support repairs and maintenance of the system.

## Mokhotlong - Pay for Water

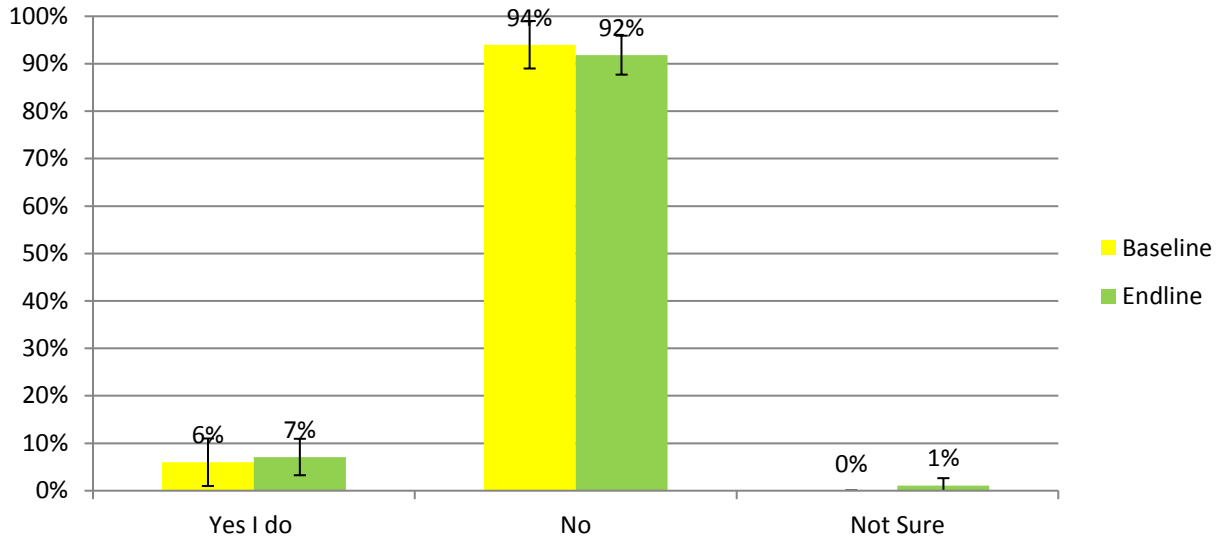


Figure 29 - Mokhotlong - Pay for Water?

## Reliability of water

### Mohales Hoek Reliability of Water Source

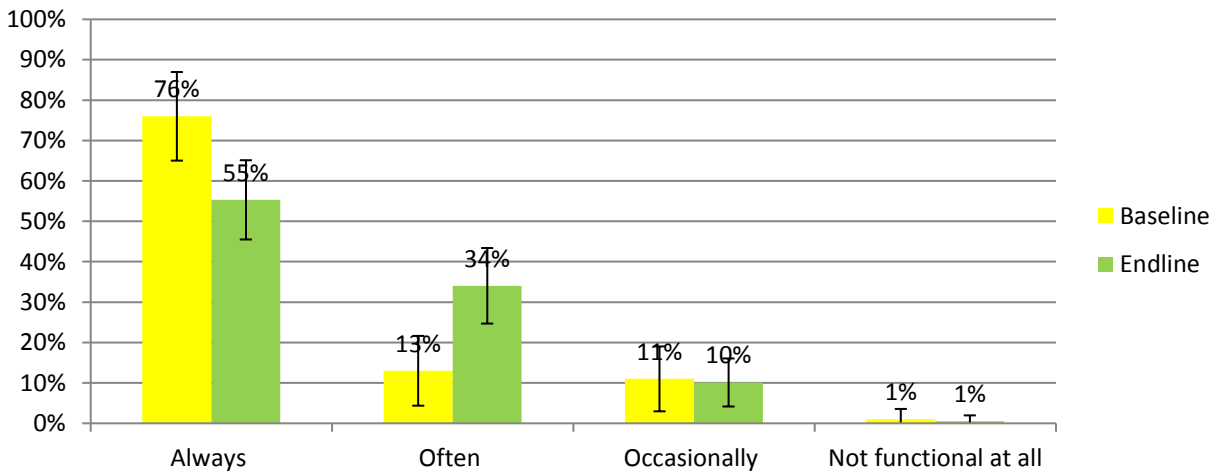
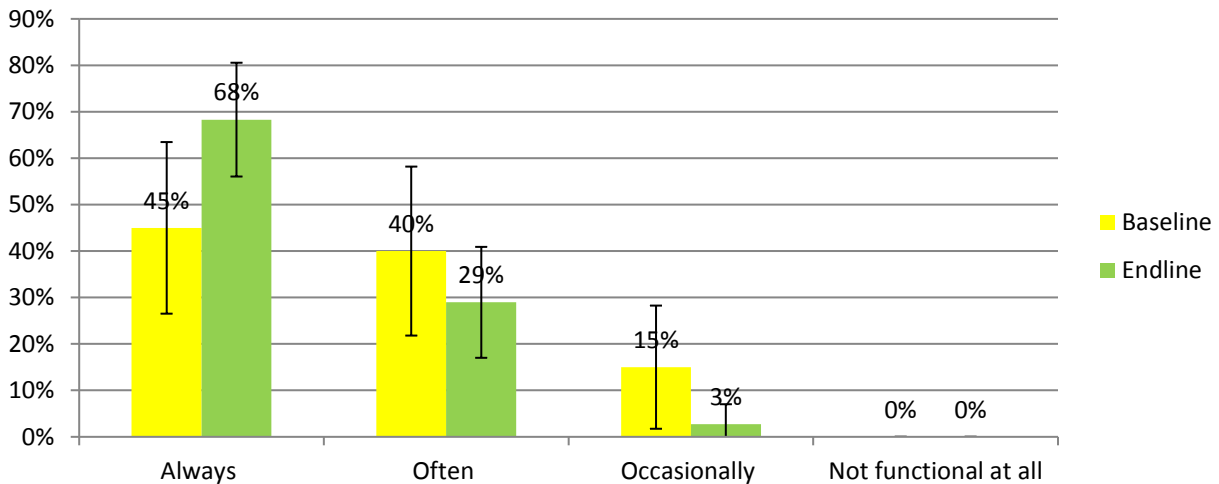


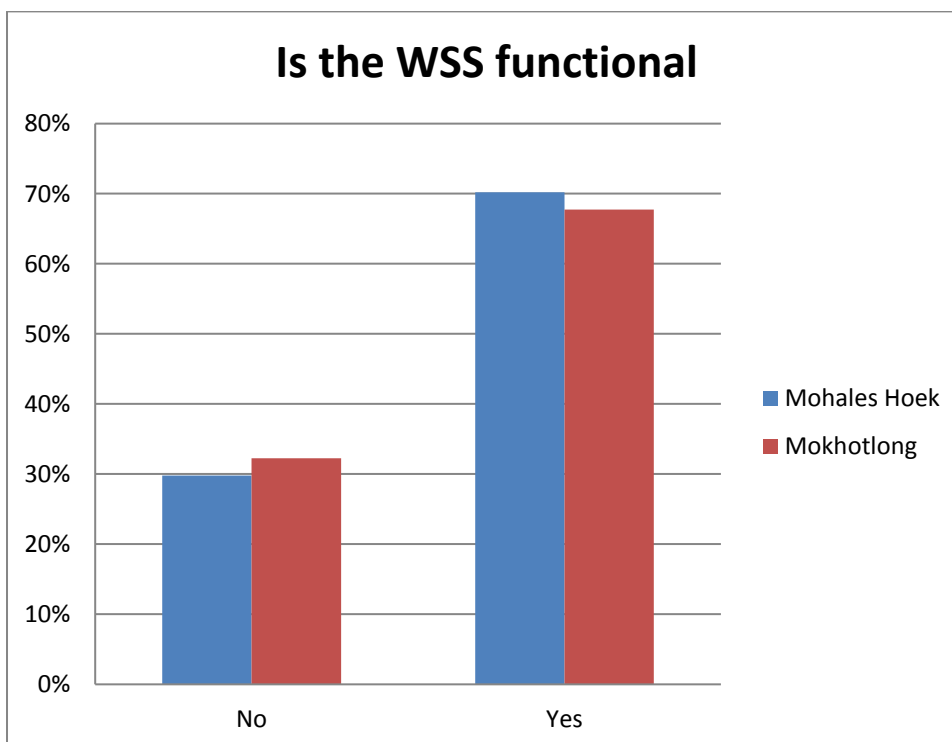
Figure 30 - Mohale's Hoek - Reliability of Water Source

## Mokhotlong Reliability of Water Source



**Figure 31 - Mokhotlong - Reliability of Water Source**

The graphs above relate to the reliability of the water sources and suggest that in Mohale's Hoek the reliability of the water source is slightly lower at endline to that reported at baseline. However if the categories demonstrating acceptable reliability (always and often) are combined, there is no difference in reliability reported by households from baseline to endline. In Mokhotlong the proportion of household reporting the water source is always reliable has increased though this change is not considered significant as the confidence intervals overlap. These findings are generally positive as the proportion of households suggesting that the water source is unreliable is low.



**Figure 32 - Is the Water Source System functional?**

The graph above suggests that in Mohale's Hoek 70% of respondents consider the water supply systems to be functional at the time of endline and in Mokhotlong 68% of households reporting the WSS currently functional. Those respondents suggesting the Water Supply system was not in a functional state of repair were asked to specify their concerns and from the narrative responses recorded, it was clear that the question was misunderstood by some of the household respondents which may reflect the sub-optimal results. The question did not focus on the project water supply systems only, therefore respondents may have been referring to the functionality of other water sources they were using (e.g. boreholes, hand pumps) that had not been repaired by the project.

## How many litres of water do you collect per day?

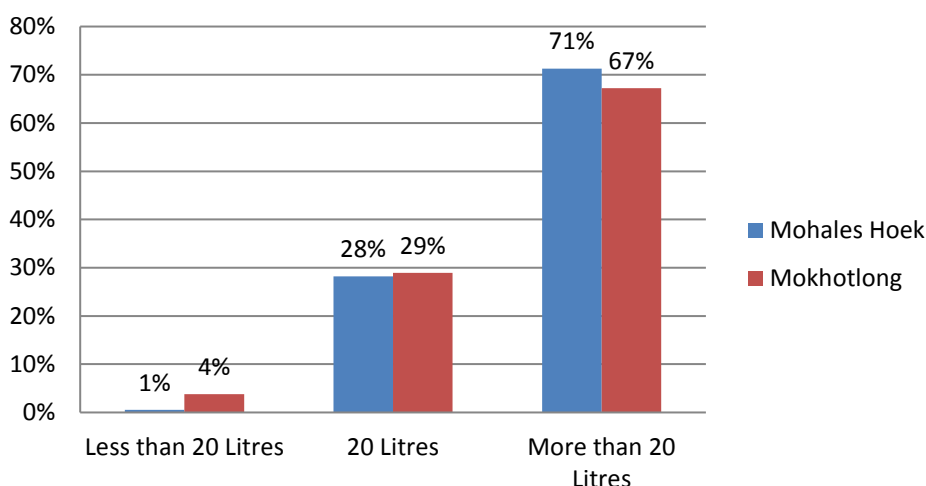


Figure 33 - How many litres of water do you collect per day?

The graph above shows that two thirds of respondents in both districts have access to more than 20 litres of water per day which would suggest there are sufficient volumes to meet household needs

### 4.4. Project Outcomes

#### 4.4.1 What changes have occurred in WASH services responding to women's needs?

The evaluation team's field observations and beneficiary interviews suggest that access to safe and more convenient water supply may have improved the quality of life of rural women. Easier access to safe water allows women to provide a cleaner home environment with less effort. According to several women beneficiaries interviewed by the evaluation team, it is now easier and safer to bath their children. They also wash their own household kitchen items and their children's hands more often. Similarly, cloth washing is simplified and less time consuming, especially in areas where washing basins are provided close to water points:

*"We all feel that the programme has really met our needs and made life a bit easy for us because we do not have to walk long distances for collection of water and always have safe clean water which we did not have before." (Women FGD Linotsing village)*

Data obtained from the household survey shows 72% respondents perceive that there has been high involvement of women in the management of water sources now, and more than 4 years ago due to the project intervention activities. Anecdotal evidence from FGDs and KIIs suggest that there has been a reduction in domestic workload, change in gender roles, improved attitudes and practices related to menstrual hygiene and a reduction in time spent to collect/access water;

*"Women are now fully aware and they discuss menstrual hygiene than before the project. Access to water and knowledge on sanitation practices, they feel that the presence of water means they need*

*to be clean, more especially the girls who are just starting to have their menstruation. Women further indicated that menstrual hygiene practices in their households has changed a lot as girls' bath regularly, wash their clothes and disposing of the sanitary pads in the latrines and not in dongas" (Women FGD Linotsing – MK)*

*"Furthermore the project had an impact on the gender roles in the households especially on collecting water, compared to the situation before where collecting water for domestic use was considered to be woman's role alone. "...In Some patriarchal homes, women fetching water and men tending to animals, but overall, men and women's roles have become more equal especially in cases where the water source is near the homestead. The workload has decreased for women as more and more men are finding it easy to collect water from a nearby source and have women rest and tend to the children." (Water Minder Ha Meno Village MH)*

Improved menstrual hygiene management (For girls aged 12 years and older only) through establishment of WASH clubs, water systems and sanitary pads disposal pits and HWFS, girls who are have started menstrual periods received menstrual hygiene information and education besides are able to maintain their hygiene materials (pads, cotton etc. and able dispose them into the school sanitary pad disposal pits) rather than keeping them in their bags till they go back home or litter them on the compound. Additionally all girls learners interviewed mentioned that they continue attending school during menstruation because they feel comfortable and confident that they will be able to attend all classes like other learners which is an improvement compared to situation before the project.

*As parents we now do talk about menstruation cycle with our girls, and ensure menstrual hygiene practice has changed because now they burry the pads and some dump them in the toilet" (Women FGD Ha Meno)*

*"..WASH practices have changed, in the old days when a girl like me started menstruating she was taken to the well by the women of the village carrying a traditional clay pot, when they get to the well they pour the girl with water but now that culture has stopped after the programme as water access and knowledge has improved and girls take charge of their own menstrual affairs" (FGD PWD Ha Meno village)*

Some anecdotal evidence suggests that the project has produced benefits for women, who often bear primary responsibility for meeting family water needs. Implementing project staff perceived that distance and time reductions had given women and girls more time to spend on economic activities, education, and other beneficial activities.

*"There is an improvement in the women's workload as it is now shared between men and children" FGD women Linotsing in Mk*

*"Due to the shorter distance work load is a little better as it saves time." FGD women Ha Meno in Mk*

In Mohale's Hoek, 75 % of households reported waiting less than 15 minutes and 52% of these wait for less than 5 minutes to access their water. In Mokhotlong this proportion is even higher with 80% queuing for 15 minutes or less and 61% of these suggesting this is usually less than 5 minutes wait. This can be attributed on the high yield of the water supply system and although no evidence available, suggest women may save time from collecting water and as a result allowing them to participate in other activities.

*".. now woman are able to do all house chores because they do not travel long time to get water. They drink clean water and that they can get water every time they need. KII Chief Ha Mosisi.*

#### **4.4.2 How is improved WASH service delivery resulting in better outcomes for poor/ remote communities and poor/ vulnerable households? How did the project contribute to this?**

##### **Health outcomes**

Increasing access to water, sanitation and hygiene (WASH) can contribute significantly to improving health outcomes, and is particularly important to efforts aimed at reducing the burden of water related disease and malnutrition, as well as relieving pressure on the healthcare system as a whole.

Through the establishment of 31 WSS, latrine construction, hand washing facilities, WC and sensitization and hygiene promotional activities across the 2 intervention districts increased access to WASH services in both school and communities, an improvement in health outcomes linked to the reduction of water related diseases and sickness was reported including anecdotal evidence of reduction in diarrhoea for children under 5 and skin infections.

*“...our children have learnt to know how to take care of themselves and the community they live in, proper use of toilets, handling of drinking water has led to the reduction of sickness such as diarrhoea. This saves money and time for taking care of the sick children. There has been increased productivity and money saving for not buying medication and other hospital bills” (FGD women Ha Meno (MK)*

*“If the program did not exist, the village would be a health hazard as there would be no latrines, people drinking dirty water from springs and that would cause a lot of health issues. The program has really helped the community by ensuring access to clean water and latrines because in the long run, the village will be a nice clean environment conducive to live in without fear or worry” (Wash Committee Masifaneng)*

**Table 4 - Number of 0-5 treated for Diarrhoea acute (Acute dysentery and cholera)**

Age/gender	2014		Total	2018		Total
	Jan	Feb		Jan	Feb	
0-5(f)	14	14	<b>28</b>	8	5	<b>13</b>
0-5 (m)	10	15	<b>25</b>	5	9	<b>14</b>
Total	24	29	<b>53</b>	13	14	<b>27</b>

Source: MH health centre statistics (Hats’epo centre serves Lithabeneng and Ha Sehloho villages)

From the table above; the trend of 0-5 treated of diarrhoea acute incidences there has been a reduction in reported cases of diarrhoea acute incidences. This evidence is based on very small numbers over a period of only 2 months, therefore generalisations cannot be made. There is no evidence to confirm contribution of the WASH programme to this change, but only some anecdotal evidence to support.

Several people in FGDs suggested that there has been a reduction in diarrhoeal diseases, an indicator of improved health status at community level.

*“There has been significant change in health among communities because of improved hygiene, access and use clean water. Children are sick less and often attend school regularly as compared to before when they were always sick of preventable diseases.” (Women FGD Linotsing village)*

*“The programme helped because if it was not for it, people would still be using dirty water causing disease and in turn causing them to use the already little money they have taking each other to clinics. Now money is saved, jobs created and children able to attend school well in clean clothes.” (Water minder Ha Meno Village MK)*

## 4.5 Sustainability

### 4.5.1 Factors in place to ensure the improved service level can endure or be replicated in other areas of Lesotho

**Ownership:** In all project sites visited, participation of communities in project implementation was observed. Communities demonstrated ownership of the WASH activities particularly their contribution in construction activities through provision of in-kind (labour and material) and cash contributions in the form of water user fees. This is expected to help to develop a sense of post-implementation ownership and management responsibility. The formed and trained WC and PHAST group members, including women under the project and have taken over responsibility for the future operation and management water supply system.

**Establishment of bylaws:** As an essential component of governance of WASH project is the availability of bylaws on: 1) operation and maintenance system; 2) appropriate price and collection



fees, 3) roles and responsibilities of the WASH committee in operation and maintenance of the water supply systems. Though all the visited sites have such bylaws in place only a small percentage of sites enforce the agreed tariff collection hence low user fee resources. As a result, with such financial resources sustainability of the system may be difficult, especially in the case that a serious expenditure of the WASH committee is required such as breakdown of crucial system component.

**Bylaws set by communities include:** 1) No sending children below the age of 10years at the water supply point alone without an adult; 2) Water user fees are compulsory and collected per year per family (i.e. 50 Rands per family in Postola village in Mokhotlong district) not allowing animals at the water supply system and whoever may fail to obey the bylaws is fined and brought to book with the community chief; 3) Repair kit items are only utilised on fixing and maintenance of the water supply system and access key is kept at the chief's residence. Washing at water source prohibited across all village water sources.

The WASH committee members and water minders at each supply system were also provided with technical, operation, management or sanitation training. Half of the respondents from the WASH committee indicated willingness to continue even after the completion of the projects though were requesting for material support in form of recognition.



Figure 34 - Photos of the Tool box in Postola, Mokhotlong

In all visited villages, the type of latrines being promoted by the project were considerably durable, safe for all users, including children and people with disabilities though not technically simple, and costly to an average poor majority household income hence as the only local materials (stones and family labour) could be available the rest (cement, artisans, roof, vet pipes etc.) are provided by LRCS project and this may therefore limit likelihood of sustainability.

Capacities were built through establishment and training of PHAST groups and artisans in the target communities where by, the trained members can undertake latrine construction, hygiene and sanitation promotion, community mobilization and motivation towards good hygiene practice:

*“...the Sanitation Health Trainings conducted inculcates the need and significance of these facilities to the owners, thus the owner are obligated in maintaining the latrine functionality as a means for transition and sustainability of the project.” “They trained some men in pit latrine construction, repair of water points and also have empowered water committee with adequate knowledge on WASH. This they have done well and can be replicated, e.g., water point that is built at Ha Khitsane and pit latrines.....We are readily available to support the process if they cooperate with us” (DRW officer – Mohale’s Hoek)*

Type of technological options used is more stable as unlike boreholes, the Gravity flow schemes are not frequently damaged compared to borehole which has more technical fit systems, and this

implies that minor repairs will be needed for the water systems. Local water minders were also trained and provided with basic tools to rehabilitate water systems even after the project

In all the sites visited, WCs and sanitation committees – PHAST (composed of 5-7 members, including 2-3 women) were formed and trained under the project and have taken over responsibility for the future operation and management water source:

*“...The water sources are a different story since the men in the community know how to make minor repairs when necessary, they felt it was their responsibility as a committee to make sure there are repairs done when necessary”* FGD women –Linotsing Village (MK)

*“...The WASH committee were trained and are now able to take care of the water facilities in addition to community being responsible to contribute M. 10 per family for maintenance of water source.”* PWD Ha Meno (MK)

*“This WASH programme provided prospect in restoring the capacity of our district in better service provision,”* (DRWS officer Mokhotlong)

## Learning

### 4.5.1 What lessons have been learnt throughout the programme period in implementing WASH interventions in target communities?

The major lessons learned in these LRCS implemented WASH project are:

- Establishing the WASH committee, helping to set the bylaws, providing start up equipment and spare parts alone does not ensure sustainability. A continued effort of revitalizing the WASH committee was very important. It is also necessary to have some means for the community to buy spare parts in the future
- Proper planning by the project team together with DRWS and community stakeholders prior to start of implementation pays off in terms of avoiding declining support from the DRWS and the community. Self-initiated competition among villages made some villages case in point is Postola village started late than Mosisi village on latrine construction but the target numbers of latrines were completed same as Mahonyeling village the target of 19 latrines was reached in one month unlike other villages which were mobilised before them.
- External learning experiences in WASH-CLTS- approach provided enabling environment as the Government officers and LRCs who attended WASH forum realised that CLTS can transform their community and be replicated in Lesotho. These include; (GLARE event where 3 participants attended, CLTS training where 4 project team members attended, RLE Harare where 4 project team members and 2 change agents (government districts engineers) CLTS in Zambia CLTS review at ThabaTseka where CLTS is being piloted, exchange visit to Swaziland Water Aid project, strategic event held in Pretoria, ODF village, National University of Lesotho, Sanitation and hygiene promotion programs and behaviour change workshop by International Initiative for Impact Evaluation, Belgium Red Cross, Water & Sanitation Collaboration Council, Centre for Evidence Based Health Care and University of Stellenbosch in Cape Town)
- Utilisation of local resources through training and recruitment of the available local skilled manpower, artisans rather than hiring contractors this has built community capacity and provided livelihood skills in construction which enable jobless community members to earn income from construction works across the villages.
- **Institutional development and Learning:** The MTR report suggested LRCS-BRCS partnership was strengthened through capacity building, including trainings offered other departments to logistics, finance staff, to support similar WASH programme, SOPs, water system design and the WASH staff can be relied on for future similar project but this also contributed to project recover from lost 6months of implementation to meet its targets.
- **Collaboration and Partnerships:** LRCS through the WASH project LRCS is now considered a key government stakeholders leading advocacy and steering committee on CLTS, and shift

from free subsidy to community contributions in form of labours, raw materials and digging latrine, It is upon this that each and every Government WASH sector meeting LRCS is the steering Chair. The project staff attended key strategic meetings organised by Commission of Water; 8 meetings organised by Sanitation Taskforce, World Vision WASH strategy launch, 5 drought response and; menstrual hygiene management forum with teachers and 2 Department of Rural Water Supply (DRWS).

- **Furthermore, joint planning and supervision:** with DWRS especially engineering department who supported the designs, bill of quantities, and consistent supervision and availability despite no allowances were provided to government officials during the project implementation which lead to sustainability.
- Full establishment of community structures which has also promoted the habit of water paying user fees, before the project there were no trained WCs and those who existed were care taking unprotected wells.

## Conclusion

The situation with regards to water, sanitation and hygiene in the LRCS-supported communities of Mohale's Hoek and Mokhotlong is improved as key transmission routes of faecal-oral diseases are blocked through the project activities that include promotion of hand washing, cleaning of dishes, protection of water sources, construction and use of pit latrines, community visits and sensitisation of key groups including herd boys.

W More women now have leadership and decision making roles on Water committees and are PHAST group members leading the hygiene and sanitation activities in the community... The LRCS formed school WASH clubs are a role model and enable children to be change agents amongst their school and community peers. The trained school club teachers remain as a resource to the districts to promote the hygiene and sanitation in other schools.

Overall, the project made good use of existing capacities and resources. There were delays only in construction of latrine due to delayed mobilisation of local building materials, and tight artisans' schedules. The cost of the activities were found to be reasonable, partly due to cost sharing with the communities.

Lastly the project design phases needed to have inception and setup stage, second year for hardware and structures and software phase to avoid overcrowding of structural activities in the final year since change in practice and behaviour needs more time which could not be realised fully as some of hardware structures were completed in the final quarter of implementation.

## Recommendations

Despite the successes achieved by the project, there were some concerns and experiences that if addressed differently could have improved the results.

### Programmatic

1. Some dissatisfaction with lack of communication on project delays was reported. In all WASH interventions good practice is to ensure that people are put at the centre of activities and any changes in implementations plan is communicated to the target group through the same channels preferably used during their problem and priority identification, this includes change if target priorities and service levels for water and sanitation interventions as a form of transparency and manage community expectations.
2. There was no dedicated M&E personnel working on the programme and routine qualitative monitoring, complaints and learning systems weak despite efforts by the project team to share learning and informal feedback at monthly meetings. Beneficiary communication and accountability systems in the form of participatory monitoring systems should be strengthened through which target groups evaluate progress and define priority action

points on a regular basis. This process, in addition to others, will enhance commitment on the part of communities and may reduce conflicts which were reported amongst WC, Community leaders and project staff.

3. Advocate to government (DRWS) to develop and implement a clear water user fee management plan to ensure collected Water user fees are kept in a bank rather than individual WC members houses, as issues with safety and security related to the current approach were raised by project staff and WC members.
4. For LRCS visibility: branding of model water supply systems, is ideal such that Government and other WASH sector providers can replicate or refer to LRCS for such systems in other water stressed communities of Lesotho as technologies have proved to tap fresh, natural water sources and filter to high standards and safe to drink

## Operational

5. Ensure the responsibility of PHASTs include clearly defined tasks in hygiene promotion, possibly with one member specifically assigned to supervise and coordinate these activities.
6. Introduce recognition-based incentive systems (such as certificates and recognition signs or flags) for households, groups or villages who have switched over to a new behaviour. This would be based on periodic participatory review programs. Such systems will serve as strong motivators for people to adopt and maintain new behaviours.
7. Facilitate learning and experience sharing amongst the two project districts and villages. External exposure visits should be organized for chiefs, WC, Teachers and PHAST members to visit villages where successful participatory hygiene education programs are implemented in areas of similar environment situations, this will steer and inspire slow paced communities to adapt and promote good hygiene and sanitation practices.
8. List of items and user manuals should be included in the Water System repair kit, to ensure that even when the trained persons leave others can use the manual to replace the broken spare part.
9. To avoid delays in latrine constructions local artisans should be selected from the benefiting villages rather than waiting for artisans who are based in other – communities as it was the earlier design.
10. Continue to adopt 'covering latrine holes' as a key hygiene promotion message in intervention villages and subsequent similar projects. In addition, the project should also adopt 'hand washing' as the key hygiene promotion message in all villages in subsequent projects. This message will lend itself particularly well to using a powerful promotion method using demonstration of disease transmission via unwashed hands.
11. Adopt 'safe household water handling and storage' as a key hygiene promotion practice in intervention villages and subsequent similar projects as water storage containers were not covered which jeopardize the safe water chain.
12. Village maps which were drawn by the villages which were indicating the status at the start of the project and PHAST trainings should be updated to inform villages are able to celebrate their achievements.

## **List of annexes**

Actions taken towards mid-term recommendations

Terms of Reference

Itinerary for field visit

List of documents reviewed

Meetings attended, persons interviewed/involved in Focus Group Discussions,

Data collection tools.

Evaluation matrix

List of figures

List of tables