

Local governance for the sustainable management of water in post-certification in the areas of National Program of Sanitized Schools and Villages (NPSSV) at Tshopo Province in Democratic Republic of the Congo

Basandja Longembe Eugene¹, Panda Lukongo Kitronza Jean¹⁻², and Losimba Likwela Joris¹

¹Department of Public Health, Faculty of Medicine, University of Kisangani, Kisangani, RD Congo

²Public Health, Faculty of Medicine, University of Liege, Belgium

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ABSTRACT: *Introduction:* The objective of this study was to analyze the organization and operation of local structures for the management of water structures rehabilitated under the National Program of Sanitized Schools and Villages (NPSSV).

Methodology: A descriptive case study was conducted during the period from November 15 to 27, 2022. This is a qualitative study in the form of in-depth interviews with 3 focal points of the Health Zones, 9 Titulaires Nurses of the Health Centers and 18 members of the village committee sanitized.

Results: The role of the local village committee and the attributions of the members were less clarified before recruitment, which led to the establishment of village committees unable to meet the expectations of the program and the population. Almost all the water structures are out of use, a consequence of the failure of sustainability mechanisms which were poorly defined, inconsistent and unclear, on the one hand, and the slackening of planning, supervision and monitoring activities by the coordination structures, following the cessation of external financing, on the other hand. Despite the presence of a few local members trained in the preventive maintenance of structures, the unavailability of spare parts on the market and the passivity of the hierarchy in the quest for a solution to the problems of repairing malfunctioning structures were major bottlenecks. All villages have lost certification status.

Conclusion: Local governance for the sustainable management of drinking water is deficient in post certification. The failure of support structures has had a negative impact on the establishment and operation of local village committees. A reflection on the methods of setting up village committees and on more sustainable things remains the ideal for successful local governance.

KEYWORDS: Local governance, village committee, water management, certified village, post certification.

1 INTRODUCTION

Water governance has been defined as the set of rules, practices and processes that determine who receives what water, when and how. These rules, practices and processes are continuously reproduced through the interactions between actors in the water sector and with their surrounding institutional frameworks and general structural conditions [1]. An approach based on a political-economic analysis would tend to suggest that the broader environment for water, hygiene and sanitation services could consist of two broad categories of factors that each produce positive or negative incentives for performance and change. These two categories of factors are defined as, on the one hand, the fundamental structural factors (or general context), which are not likely to be influenced directly by development actors and, on the other hand, the institutional factors constituted by the norms, regulations and informal rules which govern the relations between the actors of the sector [2-4].

In Madagascar, despite the recognition by governments of the importance of the drinking water, sanitation and hygiene sector as one of the pillars for reducing poverty, it was still observed that there was a significant gap between the development objectives and the governance related to the water, sanitation and hygiene sector, on the one hand, and the realities on the ground, on the other [5].

The Malagasy government finds it very difficult to follow the progress of the sector. Several monitoring methods and systems coexist, whether it involves monitoring infrastructures and services or monitoring the use of infrastructures through household surveys and censuses [6].

In Benin, water supply services through public facilities in villages were considered open common goods in the period preceding the 1990s. With this freedom of access, the temptation for users to act as stowaway" was large as in the case of public goods. Any individual could then use the public water resource, without contributing to the upkeep or maintenance of local equipment [7].

Access to the drinking water service provided by collective equipment in rural areas of Benin is currently regulated, a national strategy which defines the conditions for setting up and managing this equipment. This strategy recommends the establishment of a specific toll for access to drinking water supplied through collective facilities. This toll is generally defined in consultation with the population of users, in proportion to the volume of water withdrawn [7]. In Burkina Faso, it was noted that, despite more than thirty years of enormous efforts made in water policy, a good part of the Burkinabé population still did not have access to drinking water. In addition, we observe in rural areas where the State and development agencies invest in building water points to facilitate access to drinking water and sanitation, that a good number of these village hydraulic works were broken down or abandoned by the local populations for economic, technical, political or sociological reasons [8]. This reality on the ground suggests that the problem of water in Burkina Faso does not only arise in terms of technical and financial investments, infrastructure or even the quantity of water. To better understand it, it is necessary to take into account the socio-historical environment as well as the strategies of local actors who influence the implementation of official state policies [8].

The "Sanitized Village" initiative is a Congolese national program that encourages communities and local health authorities to work together to improve the health of children.

Through this program, the communities themselves take action to improve their sanitation and hygiene practices and maintain sustainable access to safe drinking water [9]. In addition to the action policies directly oriented towards improving the coverage of the population with improved water structures, the conservation, abstraction or mobilization of water resources for development, the problem of water in the area of the National Program of Sanitized Schools and Villages (NPSSV) also mobilizes empirical research, the results of which are supposed to enable the Congolese State to improve its strategies, particularly in terms of management, the framework legal-institutional, economic performance or information on the access of populations to water.

The presence of a dynamic village committee working for the sanitation of the village is one of seven standards for the certification of a village as well as the coverage of at least 80% of the population having access to drinking water [9].

During a study carried out in Butembo in North Kivu in the DRC, it was concluded that state services only involve the inhabitants and civil society associations in the execution of certain actions. This does not promote good ownership [10]. According to Van Olmen's conceptual model, governance is the first pillar that interacts with resources and services. Through its coordination function, it helps to clearly define the roles of different stakeholders and ensures predictable leadership, well-coordinated decision-making and accountability in a program [11].

The quality and sustainability of interventions, whether in terms of behavior change, sustainability or infrastructure, are at the heart of all concerns. In this period of intense socio-economic crisis, the Democratic Republic of Congo (DRC) is not spared by the difficulties inherent in this deficiency of post-certification governance. So, in this scientific reflection, particular attention was paid to the micro and meso levels constituted by the local governance committee and the zonal coordination structures for the implementation of corrective strategies that can be methodically monitored with the possibility of capitalization and transferability [12,13].

The objective of this study was to analyze the organization and operation of local structures for the management of water structures rehabilitated under the National Program of Sanitized Schools and Villages.

2 MATERIAL AND METHODS

2.1 STUDY SITE

This study was conducted in the Health Zones (HZs) of Bengamisa, Yakusu and Lubunga located in the peri-urban area of the city of Kisangani. These three HZs have integrated, since 2010, the National Program Sanitized School and Village funded by UNICEF and other technical and financial partners (TFP) to implement activities in the Water, Hygiene and Sanitation sector. These HZs were selected on the basis of criteria of geographical complementarity (rural and urban-rural areas, riparian and terrestrial territories) and duration in the implementation of program activities. These two important criteria were taken into account in the stratification of the villages because they can influence the quality of the water works, the behavior and the habits of the population in relation to the drinking water service.

2.2 METHODOLOGY

We conducted a study qualitative for descriptive purposes and exploratory in 3 HZs in the PNEVA coverage area during the period from November 15 to 27, 2022; study based on interviews with health professionals.

The objective of qualitative surveys being to understand situations, and not to estimate the values of a survey population, the number of subjects was chosen in a reasoned way. This is the reasoned selection of people chosen for their diversity in order to take into account the most different social situations possible, within the population studied [14,15].

It is a choice oriented towards the key informants at the local level of the health pyramid, in particular, the members of the local committees at the village level, the titular nurses (IT) of the Health Centers (HCs) in the areas and the focal points Sanitized Village of HZs.

The study was conducted by a multidisciplinary team comprising a responsible physician and the members of the team, who were all trained in the study interview guide. The interview method is a qualitative method of social research that tends to bring out all opinions on a specific topic, in order to better understand certain social phenomena [16].

To enable us to assess the role played by different actors at the local level in the process of implementing PNEVA activities, we conducted interviews semi-directive with 3 focal points from HZs, 9 IT from HCs and 18 members of the village committee.

The interview and observation guide contained the following thematic aspects:

- The process of setting up and supervising village structures;
- The sustainability mechanism;
- The maintenance of the structures;
- The HZ managerial process in support of WASH activities (planning, monitoring and supervision)

CONTENT ANALYSIS

The interviews were recorded in raw form and then transcribed in full by HZ, by collection level (Central Health Zones Offices, Health Center and village) then by theme. Systematically, the inter-category analysis had preceded the intracategory analysis. The comments of some were analyzed separately from those of others, to then look for common points and bring out the differences. The thematic and comparative analysis was done taking into account the characteristics of the groups.

First, we made an inventory of all the information collected, which was then transcribed. Content analysis was carried out from transcriptions and field notes taken by the researchers, taking into account the open and inductive approach of the generalizations of the data.

The aim of the analysis was to understand the perception, opinion and point of view of the actors on the establishment, operation and support of the management structures.

2.3 ETHICAL CONSIDERATIONS

The study benefited from the approval of the Provincial Division of Health, the Central Health Zones Offices (CHZO) and the chiefs of the villages surveyed. Participation in the study was voluntary with verbal consent. Data analysis and dissemination of results were done anonymously.

3 RESULTS

3.1 PROCESS FOR SETTING UP AND SUPERVISING VILLAGE STRUCTURES

It is noted that the role of the local village committee and the attributions were not clarified before recruitment. *“The Head of Zone doctor had sent the invitation to seek 10 or 15 people (depending on the case) at the village level, to be trained. We followed a training of 1 to 2 days and then we were asked to organize ourselves into a committee. Some were given agricultural equipment (spades, machetes, hoes) and others nothing »* say some committee members.

The majority of the members were elderly people (over 40 on the day of the survey), predominantly male with limited knowledge of the roles and tasks assigned to this new function. The standards of organization and functioning of the village committees were not well known by the members of the village committee in terms of number of members per committee, mandate, functioning, composition,

competence and resources. It was pointed out the absence of a support and follow-up plan for the work of the village committees, the internal rules and regulations and the status in all the villages and Health Zones visited.

No participation of members of the management team in the holding of the meetings was reported nor were any Minutes (minutes) of the meetings of the committees observed. There is a feeling of rejection from committee members. *"We are neglected, only the community relay (CORE) of other programs are considered, we, like the healthy village program, are dead, the members of the management team no longer involve us in the activities"*, says a member of the committee.

Also, it was reported the lack of retraining of members trained more than 5 years ago and replacement of deceased or displaced members.

"Since we were trained, we had forgotten a lot of things; some members are deceased and others inactive, the HZ does not think of renewing. With a small workforce, we do not know how to work well", says another member of the village committee.

3.2 SUSTAINABILITY MECHANISMS

Some HZs had talked about setting up a system of financial contribution from members of the village committee to finance maintenance work on malfunctioning structures; no text or monitoring and evaluation report of this operation has been objectified.

"We had instituted a collection of committee members of the order of 100 to 200 FC, some did not want to pay, and it did not give much", said a member of the committee.

For others, the community was responsible for carrying out environmental sanitation work on water structures and repairing minor breakdowns. Some villages had technicians/masons trained to repair the works and others did not, they were asked to report to the hierarchy in the event of a breakdown.

"The Health Zone (HZ) has abandoned us, that's how we are demotivated. If there are mass activities, the Central Health Zones Offices (CHZO) lines up other people who get money and asks us to work on a voluntary basis, we are tired".

It was also observed the absence of capitalization of the support of the other partners for an integrated approach of the implementation of the activities and the management of the resources and the absence of plan of reinforcement of capacity and renewal of the members of the committees of villages in time and space.

3.3 MAINTENANCE OF WORKS

It was reported at the zonal level that there was no inventory of problem water structures with a clear definition of the nature of the failure. Unanimously, it was recognized that there are no stores and/or suppliers of hydraulic equipment and spare parts at the provincial level, which limits the capacity of HZs to respond to community demand. It is reported in all HZs a relaxation of the hierarchy in the quest for a solution to the problems of repairing malfunctioning structures. To date, all the water structures in the villages visited are out of order, the population of all the certified areas consume water from unimproved sources.

3.4 PLANNING, SUPERVISION, MONITORING AND EVALUATION OF NPSSV ACTIVITIES

The principle of activity planning in health zones is the bottom-up integrated approach, starting in the health area for consolidation at the level of the Health Zone Central. The operational action plan documents currently available at the Health Center and Health Zone level do not refer to WASH sector activities. The analysis of the situation was very weakly carried out in the minority of HZs and virtually absent in the majority of cases. This situation is justified by the cessation of external funding for the activities of the certified village program. This stoppage of WASH planning is perceived by almost all of the respondents as an abnormal situation.

It is for 3 to 5 years (depending on the different HZs) that the activities of Villages Assainis have not been supervised or monitored. There are no integrated supervisions. The activities of the HZ within the framework of the Healthy Villages program have been stopped for more than 3 years, in particular the self-assessment of the villages, the household knowledge, attitude and practice (KAP) surveys, the quality control of the works, the support for the maintenance of the works. *"The HZ has abandoned us, that's how we are demotivated. If there are mass activities, the HZ lines up other people who get money and asks us to work on a voluntary basis, we are tired"*, says a member of the village committee.

No WASH indicators monitoring diagram was observed, the monitoring diagrams and indicators presented during the monthly monitoring meetings and displayed on the walls relate to vaccination, prenatal consultation and malaria treatment activities. *"In the framework for monthly reporting of health center activities, we did not provide for the reporting of WASH activities, this is what leads us to neglect this"*, says a nurse.

4 DISCUSSION

4.1 PROCESS FOR SETTING UP AND SUPERVISING VILLAGE STRUCTURES

It is noted that the role of the local village committee (LVC) and attribution were not clarified before recruitment, the majority of the members were predominantly male elderly people with limited knowledge of the role and tasks assigned to this new function. The standards of organization and functioning of village committees were not well known by the members of the LVC in terms of number of members per committee, mandate, functioning, composition, required competence and resources. It was pointed out the absence of the support and follow-up plan for the work of the village committees, the rules of internal order (RIO) and the statute, in all the villages and Health Zones visited.

No participation of members of the management team in the holding of meetings was reported nor were minutes of committee meetings observed. There is a feeling of rejection from committee members.

The setting up of village committees is a new so-called participatory approach. Its objective is to involve local communities in a process of ownership of the water supply. The fundamental principles of this policy (which seeks to correct State governance errors and improve the drinking water supply system) were in particular the transfer of decision-making, investment and management of water points. water to village communities. The approach is reflected in the establishment, in each locality, of "management committees" responsible for the upkeep and maintenance of water structures [17].

The experience of creating an organized village structure capable of autonomously managing water works in Cameroon was successful, as Mr. Etienne Ngaleu. In 2000 Mr. Serge Noubondieu son of the Bankondji group was expatriated to Italy to work as a photovoltaic energy engineer. Concerned about the health of his parents, he had carried out a study to rehabilitate the water network of his village. In order to correct the weaknesses of the past, the project began by raising awareness among the village population of the importance of drinking water and training the young people of the village in administration, hydraulics and electricity to ensure the management and maintenance of the water network. The local population has been made aware of the fact that the water network belongs to the villagers who must maintain it for the good of the community and the health of their children. The population of Bankondji was sensitized to the point of giving a modest monthly contribution intended for the maintenance and sustainability of the network. At the same time, the Non Governmental Organisation ARCS had set up a management structure (CEPo.Bank) responsible for maintaining the water network and responsible, among other things, for seeking funding to contribute to the sustainability of the network. The members of CEPo.Bank were elected by a very popular village assembly and I, Etienne Ngaleu, was elected as President [18].

In Niger, it was also recognized that the appointment of committees by the villagers would guarantee transparency in management and accountability of the entire community concerned, but the reality is far from the model [19].

In Grande Comore, the management committee was made up of elected representatives from the various associations in the village. The members who composed them theoretically had an elective mandate. The committee representing the local community made its decisions in assembly. He was responsible for the proper functioning of the production and distribution of water from works considered as property of the local community. It sets water charges and collects them. Committee members were volunteers. However, those who acted as collectors were encouraged by a small bonus, the sum of which varied from one locality to another. Since the implementation of this concept in localities with water supply in Grande Comore, the old people who still managed tradition and morality had left the water service development actions to the young people. For the first time in the history of the villages of Grande Comore, the young people of today benefit, through the management committees, from an important place in the management of the affairs of the community villager. It is therefore a revolutionary fact characterized by the more general desire to take care of the development of their village [17].

According to the guidelines of the DRC WASH Consortium Manual, a Water Management Committee is a body elected by the community to represent it in discussions and during decision-making relating to the local management of their water supply system. The establishment of this committee must be done in a transparent manner to allow everyone to participate voluntarily in the maintenance of the system. The roles and responsibilities of members should be clearly stated in the statutes of the organization. It is also recommended that in case of non-compliance with responsibilities, rules and regulations, sanctions are enforced [20].

This procedure is different from what was reported in our study where the dimensions of representativeness, responsibility, transparency and service orientation were not respected. The election of the members was not made by a popular assembly, the weakly sensitized population was not put in contribution to seek its representatives and the members of the LVC were in majority, if not exclusively, of the old people.

The training target in Cameroon, as in Grande Comore, was young people, with a consistent training content, which was not the case in our study. The succession of all its stages with a resource mobilization plan should be drawn up from the start with the HZ management

team, monitored and evaluated. The popularization of implementation procedures, the role and operating methods, the responsibility of the actors, the mandate of the committee, the renewal mechanisms and the performance criteria should be known and formalized from the start in the form of statutes and Internal rules and regulations.

4.2 SUSTAINABILITY MECHANISMS

Some HZs had talked about setting up a system of financial contribution from members of the village committee to finance maintenance work on malfunctioning structures; no text or monitoring and evaluation report of this operation has been objectified.

For others, the community was responsible for carrying out environmental sanitation work on water structures and repairing minor breakdowns. Some villages had technicians/masons trained to repair the works and others did not, they were asked to report to the hierarchy in the event of a breakdown.

It was also observed the absence of capitalization of the support of the other partners for an integrated approach of the implementation of the activities and the management of the resources and the absence of plan of reinforcement of capacity and renewal of the members of the committees of villages in time and space. Community capacity building for the sustainability of quality water services must take into account the training of community members, the mobilization and the rational management of the resources mobilized.

The statutes of the Committee should include provisions for the collection and expenditure of funds. These include requirements in terms of signatories (who approves and signs for disbursements) based on expenditure thresholds (amounts). To ensure the proper operation, upkeep and preventive and corrective maintenance of the drinking water supply system, the committee must collect user fees from users. The money collected will be used for the purchase of spare parts and equipment (pipes, taps, hand pump valves, cylinders, etc.) [20].

In Grande Comore, the management committee was made up of a president, a treasurer and a few collectors, the number of which varied from one village to another. For example, in Foubouni, a locality in the south, there were four collectors, and in Ouroveni and Simamboini, less populated villages, there were

each two collectors. The collectors came every month to collect the contributions, lump sums to be paid per month and per household. Each collector had a notebook in which he noted the payments made by each household. The treasurer also had a notebook in which he noted all the monthly receipts and expenses. Generally, these committees did not have a bank account, apart from a few located in relatively urbanized localities such as Foubouni, Mitsoudje, Ntsaoueni or Mitsamiouli. Otherwise, for the majority of localities, the money was kept by the treasurer at his home. Account management is less transparent under these conditions. It was often the subject of local disputes which tended to accuse the members of the committee of embezzlement, accusations that sometimes led to the resignation of members [17].

The non-formalization of the contribution of the community for the maintenance of the works in good working order, the external contribution still expected for the functioning of the village committees, the partial training of technicians and the inability of the ZS to supply itself with parts spare parts and equipment are insufficient supervision measures that have not allowed the sustainability of the activities of the committees. The contribution of the community is obligatory, the amounts and the methods of collection and management must be defined by the population itself.

4.3 MAINTENANCE OF WORKS

It was reported at the zonal level that there was no inventory of problem water structures with a clear definition of the nature of the problem. Unanimously, it was recognized that there are no stores and/ or suppliers of hydraulic equipment and spare parts at the provincial level, which limits the capacity of HZs to respond to community demand. It was reported in all HZs a relaxation of the hierarchy in the quest for a solution to the problems of repairing malfunctioning structures. To date, all the water structures in the villages visited are out of order, the population of all the certified areas consume water from unimproved sources.

The maintenance of water structures is an essential function to guarantee the state of functionality of water structures. In the 1980s, most Cameroonian localities were equipped with drinking water equipment which quickly broke down due to lack of maintenance [21].

In Burkina Faso, it was reported that the village hydraulic structures were broken down or abandoned by the local populations for economic, technical, political or sociological reasons [8].

4.4 PLANNING, SUPERVISION, MONITORING AND EVALUATION OF NPSSV ACTIVITIES

The principle of activity planning in health zones is the bottom-up integrated approach, starting in the health area for consolidation at the level of the Health Zone Central Office. The operational action plan documents currently available at the Health Center and Health Zone level do not refer to WASH sector activities. The analysis of the situation was very weakly carried out in the minority of HZs and virtually absent in the majority of cases. This situation is justified by the cessation of external funding for the activities of the healthy village program. This stoppage of WASH planning is perceived by almost all of the respondents as an abnormal situation.

The managerial functions of the management teams of the Health Zones in support of the NPSSV are lacking, which has a negative impact on the expected performance of the village committees.

In several countries, the involvement of beneficiaries is limited to the planning phase, sometimes to the implementation phase, sometimes without any methodological tool [22], but very rarely to the evaluation of community projects [23]. Many projects therefore fail in their participatory strategy at all stages, especially during implementation [24]. This corroborates the results of the study carried out in Butembo in the DRC, where it was observed that state services only involve the inhabitants and civil society associations in the execution of certain actions, which does not promote good ownership [10].

During a study carried out in the coverage area of NPSSV in the province of South Kivu, the low appropriation of NPSSV post-certification was also reported, among the counter-factors performance, mention was made of the absence/non-existence of grassroots community committees in certain villages and schools; the lack of motivation and effectiveness of existing committees; the absence of an effective maintenance mechanism for the structures put in place, the inadequacy/absence of permanent monitoring supervision of NPSSV post-certification activities by the Central Office of the Health Zone and the Technical and Financial Partners and the weak community mobilization in the village [25].

5 CONCLUSION

This study made it possible to highlight the deficiency in post-certification of local governance for the sustainable management of drinking water in the PNEVA coverage area in the province of Tshopo. The failure of support structures in terms of planning, supervision, monitoring and evaluation has had a negative impact on the establishment, motivation of members, operation, monitoring and sustainability of village committee activities; the functioning of the village committees was done on the basis of external impetus and financing. A reflection on the methods of implementation village committees and on reliable and sustainable means of action remains possible in order to improve the support structures for successful local governance. One of the recommendations calls for the introduction of an operational mechanism allowing the maintenance and monitoring of certification standards.

CONFLICTS OF INTEREST

The authors declare that there is no conflict of interest.

CONTRIBUTION OF THE AUTHORS

All the authors contributed to the conduct of this research work and to the drafting of the manuscript. They all read and approved the final version.

- Basandja Longembe: writing the protocol and tools, collecting and analyzing data and writing the manuscript
- Panda Lukongo and Losimba Likwela: protocol validation and final reading

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