



ZAMBIA

Final Draft Evaluation Report

**PROMOTION OF WATER, SANITATION AND HYGIENE EDUCATION IN
CHOMA, NAMWALA, GWEMBE AND SIAVONGA DISTRICTS**

SUBMITTED TO UNICEF



By



Zambia Evaluation Association

Plot 6465 Libala Road
P.O. Box 39005, Lusaka, Zambia Tel 260 1 293529
e-mail zea@zamtel.zm

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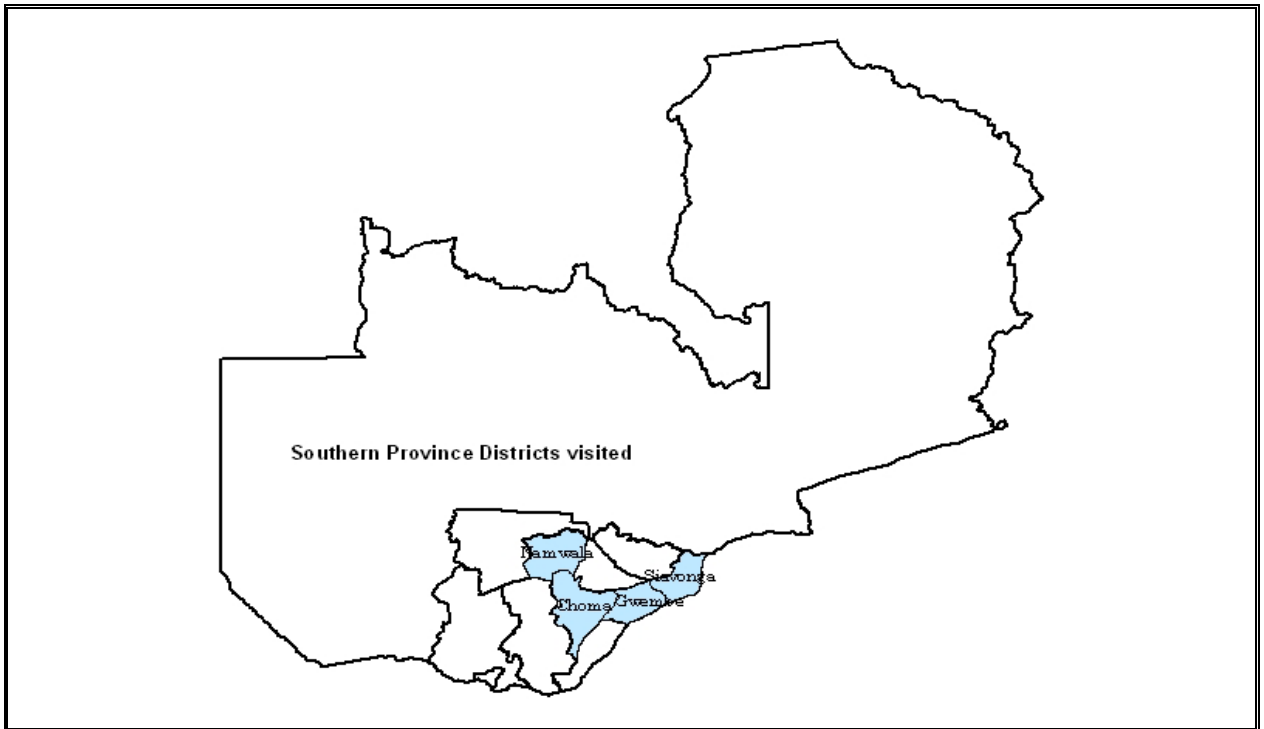
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ABBREVIATIONS

<i>ACO</i>	<i>Area Community Organisers</i>
<i>APM</i>	<i>Area Pump Minders</i>
<i>AIDS</i>	<i>Acquired Immune Deficiency Syndrome</i>
<i>AusAID</i>	<i>Australian Agency for International Development</i>
C-WASHE	Community - Water Sanitation and Hygiene Education
<i>CAG</i>	<i>Cash Assistance to Governments</i>
<i>DAPP</i>	<i>Development Aid from People to People</i>
<i>D-WASHE</i>	<i>District Water Sanitation and Hygiene Education</i>
<i>EHT</i>	<i>Environmental Health Technologists</i>
<i>FGD</i>	<i>Focus Group Discussion</i>
<i>FPT</i>	<i>Focal Point Teacher</i>
<i>GTZ</i>	<i>German Technical Co-operation</i>
<i>HIV</i>	<i>Human Immunodeficient Virus</i>
<i>ITN</i>	<i>Insecticide Treated Nets</i>
<i>MOE</i>	<i>Ministry of Education</i>
<i>MLGH</i>	<i>Ministry of Local Government and Housing</i>
<i>MPU</i>	<i>Micro Projects Unit</i>
<i>NES</i>	<i>National Environmental Strategy</i>
<i>NGO</i>	<i>Non Governmental Organisation</i>
<i>PAGE</i>	<i>Programme for the Advancement of Girl Child Education</i>
<i>PBA</i>	<i>Programme Budget Allotment</i>
<i>PHAST</i>	<i>Participatory Hygiene and Sanitation Transformation</i>
<i>PPAZ</i>	<i>Planned Parenthood Association of Zambia</i>
<i>PRA</i>	<i>Participatory Rural Appraisal</i>
<i>PTA</i>	<i>Parents Teacher's Association</i>
<i>RWSS</i>	<i>Rural Water Supply and Sanitation</i>
<i>RHC</i>	<i>Rural Health Centre</i>
<i>RIF</i>	<i>Rural Investment Fund</i>
<i>SanPlat</i>	<i>Sanitation Platform</i>
<i>SAP</i>	<i>School Action Plan</i>
<i>SDG</i>	<i>School Drama Groups</i>
<i>SFP</i>	<i>School Feeding Programme</i>
<i>SHN</i>	<i>School Health and Nutrition</i>
<i>SWOT</i>	<i>Strengths Weaknesses Opportunities and Threats</i>
<i>UFL</i>	<i>User Friendly Latrines</i>
<i>UNICEF</i>	<i>United Nations Children's Educational Fund</i>
<i>VAP</i>	<i>Village Action Plan</i>
<i>V-WASHE</i>	<i>Village - Water Sanitation and Hygiene Education</i>
<i>WASHE</i>	<i>Water Sanitation and Hygiene Education</i>
<i>WBN</i>	<i>WASHE Basic Needs</i>
<i>WFP</i>	<i>World Food Programme</i>
<i>WP</i>	<i>Water Point</i>
<i>WPC</i>	<i>Water Point Committee</i>
<i>WSS</i>	<i>Water Supply and Sanitation</i>
<i>ZAMSIF</i>	<i>Zambia Social Investment Fund</i>
<i>ZEA</i>	<i>Zambia Evaluation Association</i>

Figure 1: MAP showing target districts
MAP



The filled areas show the target districts.

ACKNOWLEDGEMENTS

Sincere thanks go to UNICEF for their financial and logistical support through out the evaluation exercise. Further, the team would like to thank all the respondents at community, school and district levels for their invariable responses and for making this evaluation a success for without them, our work would have failed lamentably. Our special thanks go to community members for sparing their valuable time and contributions during their busiest time of the year. At district level, we would like to thank the District administration for their encouragement. Furthermore, many thanks go to all the D-WASHE committee members in the four target districts (Choma, Gwembe, Siavonga and Namwala) for their support and the UNICEF Provincial Monitoring and Evaluation Officers (Southern / North-Western Mr Mukosha and Eastern / Luapula provinces Mr Herbert Mwaanga) for their cooperation and accompaniment throughout field- work. Without their support, our work would have been made difficult.

REPORT STRUCTURE

The introductory chapter (1) presents the current context of AusAid's programme in Zambia, including a brief background to the water and sanitation sector and project objectives. Chapter 2 summarises the methodology. Chapter 3 briefly presents implementation performance. Chapter 4 and 5 presents main findings, project strengths and weaknesses, perceived project benefits by target beneficiaries, discussion of project effectiveness, sustainability relevance and lessons learnt. The reports conclusion and recommendations can be found in chapter 6, while additional information is found in appendices.

EXECUTIVE SUMMARY

UNICEF contracted Zambia Evaluation Association, which assembled a team of consultants to conduct an evaluation of the WASHE projects in the four AusAID districts. The evaluation was undertaken from 10th January 2005 to 15th February 2005. This project commenced in October 2001 and was executed up to December 2004, with funds provided by UNICEF Australia and AusAID. The main objective of the project was to improve water and sanitation services in 200 schools and 600 villages and promote the WASHE basic needs for 72000 people in four target districts in the Southern Province of Zambia namely, Choma, Siavonga, Gwembe and Namwala. The prime purpose of the evaluation was “to examine the actual achievements of the project in relation to the stated objectives in the proposal, with a view to document the progress, experiences and lessons learnt and identify the issues and challenges for the project”

The project envisioned to integrate the delivery of water supply with improved sanitation and hygiene education and the promotion of School Health and Nutrition (SHN) in the target districts. The project’s justification was that research had indicated that increasing access to safe water and improved sanitation would reduce water related diseases. The strategy included establishing and developing capacity at district and sub-district level to support the development and implementation of guidelines to deliver effective sanitation, hygiene and water in schools and communities. The other was to establish health-promoting schools with sanitation facilities, hygiene education and water supplies.

The evaluation aimed to assess the project’s effectiveness, sustainability and relevance and draw lessons for future programmes. The methodology used for this evaluation included both qualitative and quantitative techniques. Data collection methods included document review, interviews with key informants, institutional mapping, SWOT analysis, interview, check lists and focus group discussions. The use of triangulation and reference to project reports helped to validate information collected. At the district level, great emphasis was placed on participation from the project staff and beneficiaries.

Measures to effect improvements upon the existent levels of access to clean water, sanitation and hygiene education amongst schools and their adjacent communities in the four districts by UNICEF Zambia with assistance from UNICEF Australia and Australian Agency for Development have yielded appreciable positive results. This is evident from the noticeable improvements that are now visibly evident in the areas such as; increased access to clean water, improved sanitation facilities and increased hygiene awareness.

Prior to implementation of the project for example, the existent usage ratios of access to improved sanitation facilities in schools stood at 1:91 for boys and 1:80 for girls. The set target for the project was to attain a usage ratio of 1:40 for boys and 1:25 for girls. To date, the usage ratios currently stand at 1:50 for boys and 1:41 for girls. This is still lower than the envisaged set target however a substantial improvement has nevertheless been achieved. Access to adequate, safe and convenient water supply increased by 73.5% of the target beneficiaries which includes schools and surrounding communities. Behaviors change has improved from 11% to 27% in the target districts, people are able to wash their hands at critical times. It can therefore be deduced that, the interventions that were executed in this project were relevant and effective in as far as meeting the needs of the beneficiary communities was concerned.

There are many inherent factors that have been identified in this evaluation that are attributable to having had a negative effect on the overall project performance. Major ones include; mechanisms used to disburse project funds, erratic and sometimes erroneous material supply and delivery, insufficient involvement of the beneficiaries in the project planning process, ambiguous technical specifications for construction purposes, poor workmanship, inadequate monitoring, weak linkages and co-ordination amongst the players and poorly organized maintenance activities.

It is imperative therefore that these identified factors (or lessons learnt) be subjected to immediate redress if further improvements are to be realized for future interventions. Some key interventions are:

- Supporting the recruitment of a full time coordinator for WASHE activities at district level
- The promotion of the WASHE Basic Package should continue
- Inclusion of all WASHE programmes into district development planning, management and monitoring and evaluation processes
- Putting emphasis on regular maintenance and updating of Water point Inventory (WPI) and its subsequent usage in planning and decision making process
- Enhancement of training and capacity building programmes using existing training materials with emphasis at extension and community levels
- Increased usage of NGOs, CBOs, Civic and traditional leaders in WASHE activities
- Ensuring that maintenance of Water and Sanitation infrastructure are an integral part of school preventive maintenance programme
- Strengthening of extension services through the active involvement of the sub–district staff
- AusAID/UNICEF Australia should continue with their support to the WASHE programme in Zambia

The hallmark of the WASHE concept is community management whose principles entail that communities are accountable, responsible, have control and authority over WASHE activities within their area implying that, there should be full and continuous involvement of the beneficiaries from inception to completion. This approach greatly enhances the aspect of “creation of a sense of ownership” amongst the beneficiaries which in turn makes the intervention(s) much more sustainable and increases its likelihood to continue well after donor support is ceased.

GENERAL PROJECT INFORMATION

(a) Project Title, Location and timing

Project Name:	Promotion of Water, Sanitation and Hygiene Education in 4 Districts.
Region/Country/Province/ Specific Location	Southern Africa/ Zambia/ Southern Province/ Choma, Namwala, Siavonga and Gwembe Districts.
Project Timing: Expected Start –up Date:	1 July 2001
Expected Finish Date:	31 December 2004
Project Duration:	3 Years

(b) Agency Details

Sponsoring Australian NGO Name Principal Contact Officer Telephone number Fax number Email address	UNICEF Australia Gaye Phillips, Chief Executive (02) 9261 2811 (02) 9261 2844 unicef@unicef.org.au
Delivery Organisation in Receipt Country	UNICEF Zambia

(c) Request to AusAID

Specific AusAID NGO Scheme	Africa NGO Water and Sanitation Program
Total funds requested from AusAID	A\$1,366,200

(d) Beneficiaries

Target Population	72000 persons
Schools	200 No
Villages	600 No

CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND

The UNICEF Australian project formed part of the WASHE programme that had been able to promote the concept of integrated delivery of water supply with improved sanitation and hygiene education. The programme justified its efforts through research that indicated that increasing access to safe water sources and improving sanitation can reduce water-related diseases by 60% and that washing hands reduces diarrhoea episodes by 33%.

In response to the shift in approach advocated by the NES strategy, implementation would be increasingly demand responsive and community user-based. In addition, the choice of technology/level of service would also depend on its affordability, the community needs and their capacity to manage and maintain it. Strategies would employ a gender-balanced approach to meet objectives, recognizing women as key players and agents of change and not solely as primary beneficiaries. Private sector inputs would also be encouraged on the promotion and implementation stages, with monitoring and evaluation built into all activities. The NES strategy further recommended that School Sanitation and Hygiene Education be given priority in the environmental sanitation programmes given that it is easier to change the behaviour of children than adults.

Behavioural change was needed to improve and ensure proper use and maintenance of facilities, and the vigorous promotion of sanitation-related habits such as hand washing, in order to maximise the benefits of a safe and clean sanitation environment. Children spend long hours in schools on average per day. It follows therefore that the school environment has a large bearing in the determination of their health and well being implying that, safe sources of water and separate sanitation facilities for girls and boys need to be provided. Focusing on schools and the people connected to schools has several advantages over merely targeting adults in another sphere. Not only are children more able to easily change their behaviour and/or develop improved habits, but schools themselves provide a stimulating learning environment that can increase knowledge and facilitate improved practices, which eventually result in positive behavioural change. As a result, school children may question existing practices in the family households, both amongst parents and siblings, and thereby influence change. As future adults, they would be better prepared to care for their families and communities' health and environmental sanitation. Teachers as prominent professionals in the community are influential individuals and effective role models.

In the four districts which were supported by UNICEF AusAID, the District WASHE Committees (D-WASHE) have gained sufficient experience to plan, implement and monitor their own WASHE programmes. These programmes aimed at reducing poverty and improve the quality of life at the household level.

Districts have built strong partnerships at all levels – national, provincial, district, village and most importantly, in households. Stress has also been given to ensuring sustainable development, through the building of the skills and capacities of the households, communities and the local institutions such as village committees and local NGOs. Likewise, the use of local materials was promoted, as having affordable technologies, community level management and decision-making. In recent times, focus has been redirected to particularly target the “widow headed” households, “child headed” households and households that are acting as “care givers” to orphans. These groups are identified and provided with subsidies that can help to improve their household facilities. Gender promotion was also an integral part of all the activities and by providing skills, the women were enabled to participate actively in their committees. Similarly, they are able to earn supplementary incomes by acquiring the skills needed, for instance, to mend pumps and make sanitary platforms for latrines (Sanplats). Most communities now have the capacity to use participatory methods, prepare their own Village Action Plans, implement them and monitor progress.

1.1.1 BACKGROUND TO THE WATER AND SANITATION SECTOR IN ZAMBIA

Geography

Zambia (see figure 1) is a large, landlocked country in Southern Africa with a land area of about 750,000 square kilometers. It lies on the central African plateau and has a continental climate with a single rainy season between December and March. The country's population is estimated to be approximately 10.7 million, 65% of whom live in rural areas, 75% live in unplanned "compounds", often lacking basic services. The annual population growth is estimated to be 2.8%.

With the exception of large rivers such as the Zambezi and the Kafue, perennial surface water is scarce in the districts where AusAid works, so groundwater is the major source of supply. This is tapped by shallow wells and traditional sources (often seasonal) in many areas as well as by boreholes fitted with handpumps. In AusAid's project areas the India Mark II is the standard handpump, although other types are also to be found.

Development statistics, water and sanitation coverage

According to UNDP statistics, Zambia is one of the fifteen poorest countries in the world. In 2004 it ranked 164th out of 177 in the human Development index [165th, 119th]. Life expectancy is as low as 32.7 years, adult literacy 80%, infant mortality 108 per thousand [114,52], and 16.5% of 15 to 49 year olds are thought to be HIV positive [14.2,21.5].

As in many countries, precise figures for water and sanitation coverage are difficult to find, but it is clear that water supply coverage in rural Zambia is low. UNDP (2004) quotes a national figure of 78% for 2000. WHO/UNICEF give a figure of 48% in rural areas. The PRSP gives a figure of 37% but notes "real coverage is much lower and varies considerably from one place to another due to non-functioning of facilities (broken down, abandoned, seasonal)". National coverage data for household sanitation suggests a figure of 34% for rural areas.

Unicef Zambia is supporting work in 9 districts in Southern Province and 5 districts in Eastern Province.

1.1.2 WASHE and The National Water Policy

The Government of the Republic of Zambia has since 1993 been implementing the Public Service Reform Programme (PSRP). The aim of this programme is to improve the delivery of services to the people of Zambia. It is in this regard that the Water and Sanitation Sector Reforms were initiated in 1993. Since then a number of milestones have been recorded.

The National Water Policy adopted in 1994 provides the policy framework under which the sector reforms have been implemented. The aim of the policy is to promote sustainable water resource development with the view to facilitating adequate, equitable and good quality water for all competing users at acceptable costs ensuring security of supply under varying conditions. The policy provides a framework and institutional and legal arrangements that are in harmony with the overall national development effort.

The overall national goal for Rural Water Supply and Sanitation (RWSS) is universal access to safe, adequate and reliable water supply and sanitation services. In order to attain the above-mentioned goal the following policy measures and strategies have been put in place;

- Ensuring that RWSS programmes are community based through:
 - i. Formation of committees for effective coordination, management and mobilization of resources
 - ii. Integration of community education, motivation, health and hygiene and water and sanitation awareness programmes in development, operation and maintenance of WSS programmes
 - iii. Development of educational materials and training of trainers

- Developing a well defined investment programme for sustainable RWSS by:
 - i. Assessing the cost for meeting water and sanitation needs
 - ii. Establishing appropriate procedures of appraising and financing of RWSS projects/programmes
 - iii. According preference to rehabilitation and upgrading of existing facilities rather than construction of new schemes

- Promoting appropriate technology and research activities in RWSS through:
 - i. Standardization of construction methods, equipment, procedures and other important aspects of appropriate technology
 - ii. Consideration of user views in the determination of technology choice
 - iii. Involvement of educational, research and private sectors in the development of appropriate technology
 - iv. Establishment of an appropriate mechanism for data collection, processing, analysis and dissemination of vital information related to RWSS
 - v. Provision of incentives to local manufactures engaged in the development and production of appropriate technologies

- Developing a cost recovery approach as an integral part of RWSS which will ensure sustainability by:
 - i. Encourage user communities to contribute part of the investment cost of RWSS schemes and the contribution could be in terms of labour and locally available material to be used in construction and maintenance
 - ii. Assisting communities in the assessment of costs, establishment of revenue (user fees and charges, collection mechanisms) and determination of contributions towards O and M of RWSS schemes

- Development and implementation of a well articulated training programme

1.1.3 The WASHE Concept/Strategy

As for the rural water supply and sanitation service provision, the government in 1996 adopted the Water Supply Sanitation Hygiene Education (WASHE) concept as a national strategy for the improvement of water supply and sanitation services. The WASHE concept has been adopted to ensure universal access to safe, adequate and reliable water supply and sanitation services for the rural communities. WASHE has been developed in Zambia's Western Province and has since spread to other parts of the country. It is now recognized to be a sustainable approach to RWSS by many actors, since WASHE promotes the linkage between water, sanitation and hygiene education based on an integrated, multi-sectoral approach to assessment, planning, development and management of RWSS. In promoting this process, WASHE encourages participatory approaches, mutual commitment, and collective responsibility. The concept advocates for maximum utilisation of existing resources.

1.1.4 External Support Agencies Supporting WASHE

There are several partners supporting WASHE in Zambia. Below is a list of the partners.

- Development Cooperation Ireland
- German Technical Cooperation
- Danish International Development Agency
- The Zambia Social Investment Fund (World Bank)
- WaterAid Zambia
- Plan International
- Development Aid from People to People
- Evangelical Association of Zambia
- World Vision International

- Water and Sanitation Association of Zambia
- Zambia Red Cross
- Trachoma eye project Seventh Day Adventist Church

1.1.5 PRIVATE SECTOR PARTICIPATION

Private Sector participation is generally available in the target districts. These range from small to large. At community level expertise is generally available to construct simple wells and latrines. This is an area that requires strengthening in future in order to ensure proper Operation and maintenance.

1.2 PROJECT OBJECTIVES

General Objective

In the 4 proposed districts, UNICEF Australia, in collaboration with UNICEF Zambia, the Government of Zambia, NGOs and the Private Sector, was to contribute to the improvement of the health of children and women by providing access to safe and clean water supplies, adequate sanitation and improved hygiene practices, as well as reduce water-carrying burdens for girls and women.

Specific Project Objective

To improve Water and Sanitation services in 200 schools and 600 villages and promote WASHE Basic Needs for 72,000 people in the 4 target districts.

1.2.1 CONTEXT OF THE EVALUATION

It is imperative that the envisaged outcomes of the project are ascertained so as to establish the extent to which the objectives have been met. Although the project implementation process has undergone regular monitoring as evidenced through regular project progress and annual reports submitted to donors, a more comprehensive and objective evaluation by an external team of consultants was deemed necessary so as to validate the results reported thus far and also to document the key experiences and lessons learnt with a view to effect improvements on future programmes that may be implemented nationwide.

Therefore, the evaluation exercise was conducted primarily to examine the actual achievements of the project, in relation to the objectives stated in the project proposal, with a view to document the progress, experiences and lessons learnt and identify the key problematic issues and challenges inherent in the whole project layout. UNICEF Zambia and its main external collaborating partners (i.e. UNICEF Australia and AusAID) and the local project implementing partners namely, Ministries of Education (MOE), Local Government and Housing (MLGH) and Development Aid from People to People (DAPP) all agree that the project has been implemented sufficiently to merit an evaluation.

1.2.2 OBJECTIVES OF THE EVALUATION

The evaluation specifically aimed at:

1. Assessing the effectiveness of the project (i.e. The extent to which the project stated objectives are being or been achieved or can be achieved).
2. Assessing sustainability of the project (i.e. the likelihood of the project continuing after donor support).
3. Assessing the relevance of the project (i.e. Appropriateness of the project in relation to the needs and situations in the 4 districts).
4. Identifying lessons learnt and recommend ways to improve the project design.

CHAPTER TWO: METHODODOLOGY

2.1 APPROACH

Care was taken to ensure that the evaluation design would yield data that is reliable and valid. Triangulation helped validate information collected from smaller samples. Interview guides, checklists were used in this assignment. Sampling and Participatory Rural Appraisal was among other data collection methods used.

A series of meetings were held with a view to obtain a clear understanding of the client’s priorities and information needs. This gave the client an opportunity to review the research tools. Literature review of strategic documents and interviews with key informants and examination of the decision making process formed a major component in this evaluation.

The research tools were pre-tested in Choma and adjustments were further made to them. Data was then collected in the remaining three districts. There was great emphasis placed on participation of the district staff and other implementers in the evaluation. Rather than working with the primary stakeholders as information sources, we worked with them as joint users of information and therefore potential analysts and co-designers of methods. They were therefore included in the evaluation process. The sample communities were all selected in consultation with them including the organization of the focus group discussions. The rationale for this was to enhance the ownership of the project and therefore contribute to sustainability and ensure that capacity is retained in evaluation at project level.

Data collection techniques included, key informant interviews at national, district, school and community level, focus group discussions with different stakeholders, observations and utilisation of various participatory techniques to assess knowledge and behavioral patterns.

2.2 DESCRIPTION OF THE SAMPLE

At district level, the sample consisted of the D-WASHE committee, other key stakeholders involved in water, health and sanitation. At sub-district level, four schools and 12 surrounding villages were sampled. The schools were purposively selected in consultation with the implementers at the district. The table below shows the existing schools in the project districts and the sample size in the project areas. The basis for selecting these was to obtain a sample that would be representative to a large extent.

District	Existing schools	Number of project schools sampled	Number of surrounding communities sampled
Siavonga	33	4	12
Namwala	38	4	12
Gwembe	33	4	12
Choma	128	8	24

Below is the criteria used to select the schools

Greater care was taken for the selection of the sample. A school nearer to the district and one further was sampled to establish whether proximity or remoteness has an effect on the support received from the district. The other two schools was selected based on the best and worst case scenario. This also applied to the selection of the communities. Some communities were selected based on the implementation phase.

2.3 DATA COLLECTION AND ANALYSIS METHODS USED

2.3.1 Data collection methods

An evaluative type of study was used to undertake the evaluation exercise. In addition, the principle method used to conduct the evaluation exercise was the Participatory Rural Appraisal (PRA) approach that entailed usage of institutional mapping, SWOT Analysis, focused group discussions and key informant interview. These included amongst others the following:

Institutional Mapping

Involved the identification of key stakeholders associated with the project, outlining their roles and responsibilities and the enumeration of the main institutional issues with regard to the WASHE projects. These included Government line departments from various ministries, the area local authority, partner NGOs, donors and the private sector.

SWOT Analysis

This is the Strengths, Weaknesses, Opportunities and Threats analysis. Information pertaining to key management issues, major lessons learnt to date, project effectiveness and overall sustainability was gathered from the D-WASHE committee. The evaluation team used a checklist for this process. This approach enabled the evaluation team to obtain an insight in the operations and management of the D-WASHE as the implementing agent.

Focus Group Discussions

These were conducted at District, School and Community levels primarily to measure the effectiveness, relevance and sustainability of the project. The “Before and after” analysis approach was integrated into these discussions to enumerate the impacts (both negative and positive; and or the expected and unexpected) that directly resulted from the project interventions.

Key informant interview

These were conducted targeting key informants such as District Commissioner, Council Secretary, DAPP Manager, Head Teacher and WASHE focal point teachers.

2.3.2 Data Analysis

The content Analysis Method was used. This process involved identifying key issues arising from the fieldwork and discussions/ interviews with the district level staff and communities. Data interpretation on key issues was undertaken to ensure that the report clearly brings out all important variables and issues. This has facilitated the consequent formulation of recommendations. Among other things the analysis focused on the relevance, effectiveness, impact and sustainability of the project.

2.3.3 Literature Review

The purpose of this method was to understand the historical evolution and performance of the project. This entailed the review of existing documentation pertaining to the whole project with the prime purpose of availing the evaluation team with a comprehensive understanding and appreciation of the whole project.

TEAM SELECTION AND COMPOSITION

Identification of Team Members

The Zambia Evaluation Association (ZEA) secretariat identified a multi-disciplinary team, which contained skills in engineering, social work, public health, monitoring and evaluation. The team members have had previous experience in similar assignments in Zambia.

Profiles of Team Members

Personal profiles:

Name: Emelia Mweemba

Sociologist with experience in participatory methodologies, qualitative and quantitative research methods with more than five years experience in water, sanitation and Hygiene Education related matters with good interpersonal skills. Have also carried out an evaluative type of study on the Effort

made by the government of Zambia and the impact of the Programme for the Advancement of Girl's Education (PAGE).

Name: Ian N. Banda

Civil and Environmental Engineer with over 20 years experience in construction and design of physical infrastructure for sectors such as water supply and sanitation, community roads, schools and housing in both Zambia and Botswana for twenty years.

Name: Hope Nkoloma

Is a public health practitioner who has worked in the Ministries of Health, Energy and Water Development, Local Government and Housing. She has been working in the rural water supply and sanitation sector for the past eight years. She has on several occasions carried out evaluations on water supply and sanitation and health education programmes.

Secondary data consulted

Below are some of secondary data consulted:

- 2001 –2004 GRZ/UNICEF progress reports
- 2001 GRZ/UNICEF annual report
- project proposal for the AusAid project

For the rest of the bibliography see Appendix 8.

ZEA's Profile

The Zambia Evaluation Association is a non-governmental and non-profit making organization that was formed and registered in 2001. As an affiliate to the African Evaluation Association (AfrEA), ZEA has a wide international network from which it draws best practice in issues pertaining to monitoring and evaluation. ZEA is dedicated to the advancement of professional monitoring and evaluation practice in Zambia. The association recognise M&E as a professional field in its own right. One of the very steps the association took after its formation was to develop standards and ethics in monitoring and evaluation to which all ZEA members must subscribe.

The general goal of the Zambia Evaluation Association is to develop evaluation as a profession and to promote the highest levels of professionalism. (For more on ZEA refer to appendix 5).

2.4 MAJOR LIMITATIONS

The evaluation exercise was impeded by several factors. The following were the most prominent;

- The time of the exercise was during the early to mid stages of the annual farming season when the majority of the community members engage in the tending of their fields which is labour intensive co-pounded by the fact that subsistence farming is their main source of income. This resulted in the evaluation team in some cases failing to meet the beneficiaries at community level. This affected the information collection process as in some cases, meetings could not go ahead.
- Some community members were engaged in road rehabilitation tasks under a food for work programme.
- Schools had just opened and there was general unsettledness amongst the teacher and pupils.
- Community mobilization was in some cases inhibited by heavy rainfall.
- Impassable roads to some of the areas.

CHAPTER THREE: IMPLEMENTATION PERFORMANCE

Several factors affected the overall implementation of the project both positively and negatively. These were;

The development objective that aimed at improving water and sanitation services in 200 schools and 600 villages and promote WASHE Basic Needs for 72,000 people in the four target districts was assessed (Rating is 4). The literature review covering the period 2001 to 2004 indicated the following:

3.1 SIGNIFICANT PROJECT OUTPUTS

Significant Project Outputs	Actual Outputs Produced to Date
<p>Output 1: <u>Network established and capacity developed at district and sub-district levels to support the development and implementation of guidelines to deliver effective sanitation, hygiene and water to schools and communities.</u></p> <p>District level staff trained in water and sanitation management including:</p> <ul style="list-style-type: none"> • 36 D-WASHE staff (12 executive and 24 core staff) in participatory project management. • 8 cashiers in finance management and reporting • 8 district warehouse staff in Supply management, recording and reporting. • 12 people in the updating of data banks on water point inventory. • Proposed training of 385 latrine and stove masons • Proposed training of 328 WASHE peer educators 	<ul style="list-style-type: none"> • 24 core D-WASHE staff members (6 of them women) have been trained in their roles and also in participatory methods. The trained core staff members are using participatory techniques in working with communities in water and sanitation management. • A total of 388 were trained (99% achievement) • A total of 378 were trained (116% achievement)
<p>Output 2: <u>Establishment of health promoting schools, with sanitation facilities, hygiene education and water supplies.</u></p> <ul style="list-style-type: none"> • Sub-District level staff trained in all their duties. [40 Environmental Health Technicians (EHTs), and 120 Community Health Workers (CHWs)]. • 400 child drama groups formed and trained in script writing and performance in schools and communities. • Proposed training of 328 PTA members • Training of teachers in WASHE; Proposed No 126 	<p>A 10m³ Rain Water collector was constructed at one school and 147 boreholes have been drilled and fitted with handpumps for 147 schools</p> <ul style="list-style-type: none"> • Capacity have been built in 25 EHTs (3 of them women) and 7 Area Community Organisers (ACO) and community health workers (CHWs) in their duties and responsibilities • 330 child drama groups formed to promote WASHE activities in the communities (82.5% of target number) • A total of 185 PTA members were trained (56% achievement) • A total of 149 were trained (118% achievement)

Significant Project Outputs	Actual Outputs Produced to Date
<p><u>Output 3: Sanitation and hygiene education extended to the communities surrounding the schools.</u></p> <ul style="list-style-type: none"> • 6,800 people trained (1,800 Village WASHE Executives, 2,000 teachers, 2,000 students and 1,000 parents) oriented on SHN or Environmental Health Guidelines for their village/schools, and participatory Action Plan preparation, implementation and monitoring • Proposed training of 195 orphan community members • Proposed training of 383 Community WASHE members • Training of people in environmental awareness. Proposed No 270 	<ul style="list-style-type: none"> • 3,715 Village-WASHE members have been oriented in Sanitation & Hygiene Education and are able to prepare Village Action Plans. More than 12,000 households have improved sanitary facilities. 450 advocates have been trained in HIV/AIDS awareness. 148 people from villages surrounding schools were oriented in SHN. 328 people from villages surrounding schools were oriented in Environmental Health Guidelines for their villages. • 269 masons have been trained in sanplat latrines construction. • 219 masons have been trained in the construction of energy serving stoves. • More than 12,000 energy serving stoves and refuse pits have been constructed • A total of 293 Community WASHE members were actually trained (77%) • A total of 258 orphans community members were trained (133% achievement) • A total of 328 were trained (118% achievement) • 3290 dish racks were constructed out of a targeted 2270. The target was exceeded by 45%.
<p><u>Output 4: Monitor on a regular basis the progress of the sanitation, hygiene education and nutrition project and undertake evaluation.</u></p>	<ul style="list-style-type: none"> • Monitoring by D-WASHE teams, the Monitoring Officer and UNICEF Project Officers done. Activity adversely affected by logistical problems; transport was cited as major problem

3.2 PERFORMANCE MEASUREMENT

Major Project Outputs	Performance Indicators	Achievements to Date
Output 1: <u>Network established and capacity developed at district and sub-district levels to support the development and implementation of guidelines to deliver effective sanitation, hygiene and water to schools and communities.</u>	D-WASHE committee's are able to prepare their district plans, implement and monitor them.	All the 4 District WASHE committees, 25 Environmental Health Technicians at the sub district levels, Community Health Workers at the village level have been oriented in the roles and responsibilities to plan, implement and manage WASHE activities in all the 4 districts.
Output 2: <u>Establishment of health promoting schools, with sanitation facilities, hygiene education and water supplies.</u> [141 Primary schools covered out of a total of 200 reflecting an achievement of 70%] by December 2004.	Set indicators and monitor behavior changes by teachers and pupils.	Pupils in almost all the 200 schools are now using Hand Washing Facilities (HWF).
	Assessment of the latrine/pupil ratio; and the state of cleanliness and repair	The set target of 1:40 for boys and 1:25 for girls not yet achieved. The current ratios stand at 1:50 for boys and 1:41 for girls.
Output 3: <u>Sanitation and hygiene education extended to the communities surrounding the schools.</u>	<ol style="list-style-type: none"> 1. Teachers and members of the PTA have been trained in WASHE activities. 2. Improved water and sanitation situation in 200 schools and their surrounding villages. 3. 385 masons to be trained in latrine construction and stove construction. 	<ol style="list-style-type: none"> 1. 149 teachers were trained in total which was 18% higher than the originally set target 2. Improved water and sanitation in 141 schools achieved by December 2004, which represents a 71% achievement. 3. 388 were trained. Target was exceeded by 1%
Output 4: <u>Monitor on a regular basis the progress of the sanitation, hygiene education and nutrition project and undertake evaluation.</u>	Provision of motor vehicles, motor cycles and bicycles	Monitoring at all project levels improved due to the use of vehicles, motor cycles and bicycles.

CHAPTER FOUR: PRESENTATION OF MAIN FINDINGS

4.1 GENERAL FINDINGS

1. PROJECT MANAGEMENT

- The training conducted for D-WASHE members on cash assistance to Government at project inception, enhanced financial management. There are very detailed cost breakdowns available for each district and there is knowledge of standard costs. UNICEF actually tightly controls budgetary deviations but provides a 10% deviation allowance. District level funding is based on agreed ceiling but this at times does not cover the entire district budgetary requirements for WSS interventions.
- The presence of D-WASHE in each district provides a platform for coordination of partners in WSS thereby reducing duplication of work and wastage of scarce resource
- The Local Authorities are slowly gaining momentum in taking up their leadership roles in the provision of rural water supply and sanitation services for instance, Gwembe District Council directed DAPP to operate in the priority areas of the district and not where DAPP preferred to work as exclaimed by the DAPP Coordinator “you can take your money if you do not want to work in the area where your services are required”. This is complimented by the D-WASHE committees members who are coordinators of the interventions at district level.
- Further, the project has also successfully involved NGO’s and other actors such as private sector especially small scale that construct wells, hand washing facilities and latrines and carry out minor repairs on pumps They also used civic and traditional leaders to provide leadership and spearhead implementation of WASHE activities. Church groups, Parent Teachers Associations(PTA) and women’s clubs to disseminate WASHE and related messages. Effort and time from all these partners has contributed to improvement of the quality of life of the targeted communities and schools.
- The inclusion of NGO’s in the D-WASHE is an extremely positive step as it greatly improved co-ordination, planning, implementation, monitoring and evaluation of projects. However, it is particularly important that the NGO’s openly share their various District plans with the D-WASHE and it would be ideal if they were involved in the annual reviews and planning processes. This would help to avoid confusion concerning areas of operation and the identification of priority areas.
- It was generally observed that D-WASHE’s are able to mobilize both local and external resources for WASHE and related activities and are a conduit through which several partners implement water, sanitation and hygiene education interventions. However, there was no evidence of clearly spelt out plans at district, school and community level. A further observation is that inadequate planning places at high risk the realization of the project objectives and effective utilization of resources. Furthermore, the non-availability of strategic plans on rural water supply and sanitation, affects the districts’ ability to mobilize the required resources (i.e. financial and material) on one hand and utilize the same on the other.
- It was glaringly evident amongst all the districts that there was limited capacity and knowledge on good practice in financial management. This deficiency stifled effective project implementation as activities in many instances were stalled due to non-retirement of cash advances (imprest) by the D-WASHE. The resultant effect of this scenario was that programmes could not be smoothly implemented (e.g. community mobilization, training and monitoring). As a control measure to safeguard the project resources, UNICEF changed their disbursement procedure to the D-WASHE from the CAG to the “Reimbursement Procedure”. This though well intentioned has had a negative effect on the overall rate of project implementation since its introduction in 2003.
- The implementation of the various interventions in the district were spearheaded by the D-WASHE Committee which draws a membership from core line ministries and NGO’s operating within the district.

- All the key organizations that are actively involved in Water, Sanitation and Hygiene Education programmes are represented on the D-WASHE committee.
- There is an improvement in terms of coordination among WASHE partners though much still need to be done to strengthen the already existing partnerships.
- The presence of UNICEF Provincial Monitoring Officers has strengthened the link between UNICEF Lusaka office and the participating districts.
- Each school has a WASHE focal point person who coordinates WASHE activities at school level who apart from coordinating school based programmes also acted as a link between the district and the school.
- The planning for projects is done in close collaboration with the community though much should be done to empower the communities to come up with realistic village action plans. The community's involvement is essential in instilling a sense of ownership to the whole project and this will further promote sustainability.
- Most districts complied with the national directive of having 3 women representative in D-WASHE and some hold key positions in D-WASHE as treasurers.
- Planning at district level is enhanced through the presence of trained D-WASHE members including extension staff. This has strengthened their capacity to plan, mobilize both local and external resources including accountability and monitoring of the same.
- Although the D-WASHE committee has a wealth of information and an organised information system with most reports and studies available it was difficult to access.
- Funds were made available for construction works and training (capacity building) at all levels.
- The members of the D-WASHE also serve on several other district developmental related committees spearheaded by other organizations. This scenario negatively affects their level of participation in WASHE activities.

2. LATRINE CONSTRUCTION

- Participating districts have made decision for excreta disposal technological options based on the Environmental Sanitation Strategy for rural and peri-urban areas of 2000.
- The option promoted at household level is an improved pit latrine with a sanplat which is consumerate with the dwelling structures and is easy to clean and maintain. At school level, a Ventilated Improved Pit latrine commonly known as VIP is the option being promoted which is durable and easy to maintain. In practice, we found that:
- Experience has shown that the cheapest option is not always the best option and longer-term sustainability of the structures must be considered. This is particularly relevant to school sanitation facilities due to their high level of use, a traditional latrine may well be the cheapest option for sanitation facilities but within schools the superstructure is also vitally important. Thought should be given to increasing the level of support for the VIP latrine construction within schools so as to ensure that they are safe and durable and can be properly maintained.
- Though on average 2 hand washing facilities have been constructed at each school, some are complete while work is still going on, on others. In the absence of constructed hand washing facilities, pupils are using the plastic containers that were provided for hand washing. Further in the absence of soap, pupils are using ash as an alternative.
- Generally, hand washing facilities have been constructed in schools though some are of poor quality and at the same time incomplete contributing to their non-use but on the whole, this has improved hygiene conditions among school pupils.
- Some schools that were well organised had benefited greatly from the project. One particular instance is Hauma Community School which begun in 2001 and the existing sanitation facilities were constructed with the help of UNICEF.

3. ACCESS TO WATER SUPPLY

- Traditionally, open containers such as buckets are used for transportation and storage of water at household level. In order to improve the quality of water at household level, the project provided small-mouthed plastic containers. The 20 litre jerrican was meant for water storage the 2.5 liter container was for hand washing. The study team established/observed that the 2.5 litre

container is not being used for hand washing, instead it is being used for storage of drinking water especially for children since the 20 litre container is too heavy to handle though they use other alternative means for hand washing (pour method).

- All schools had received the containers for drinking water and are in use.
- The D-WASHE members and extension staff received training in water quality monitoring and also received water quality testing tool kit. However, these are not being used.
- The Ministry of Local Government through the Department of Infrastructure and Support Services maintain a National Water Point Inventory (NWPI). This is fed by the district water point inventory, which is maintained and updated by all rural districts.

Below is a summary of target district water point data bases:

Choma District WPI Database Summary

TECHNOLOGY TYPE DISTRIBUTION - Choma

Type	Description	In Use	Not In Use	Total
A	Hand dug well with bucket and windlass	132	54	186
D	Borehole with a hand pump	323	22	345
G	Windmill	0	1	1
	TOTAL	455	77	532

Gwembe District Updated WPI Database Summary

TECHNOLOGY TYPE DISTRIBUTION - Gwembe

Type	Description	In Use	Not In Use	Total
A	Hand dug well with bucket and windlass	17	15	32
D	Borehole with a hand pump	65	8	73
E	Hand dug well with handpump	1	0	1
	TOTAL	83	23	106

Namwala District Updated WPI Database Summary

TECHNOLOGY TYPE DISTRIBUTION - Namwala

Type	Description	In Use	Not In Use	Total
A	Hand dug well with bucket and windlass	182	113	295
D	Borehole with a hand pump	84	14	98
	TOTAL	266	127	393

Note: This summary includes information for Itezhi Tezhi - Datasets created before the district gazetted

Siavonga District Updated WPI Database Summary

TECHNOLOGY TYPE DISTRIBUTION - Siavonga

Type	Description	In Use	Not In Use	Total
A	Hand dug well with bucket and windlass	9	36	45
D	Borehole with a hand pump	56	25	81
	TOTAL	65	61	126

Despite the presence of a well maintained and updated water point inventory, the districts are not utilizing it fully for decision making and planning purpose yet and hence more training and support will be needed from UNICEF and GRZ.

4. CAPACITY BUILDING

- Each district developed Multi-year action plans from which annual implementation plans are drawn. The district annual implementation plan is a consolidated plan of action drawn from village and school action plans developed by the village and school WASHE committees though these were not made available to the study team.
- The project had a very detailed capacity building component. There are many levels and types of trainings included in the project and these ranged from the training of local masons and pump minders, ACO's, and EHT's to building the capacity of the D-WASHE. Training covers many topics at all the various levels and included technical training on the construction and maintenance of water and sanitation facilities, communication, mobilisation skills, planning and monitoring of activities.
- The impact of this capacity building can be seen throughout the project implementation areas. However, follow-up and support after initial training needs to be strengthened. This would help to build confidence in the trainees whilst they are practically implementing their newly learned skills and also act as a form of quality monitoring.
- The overall quality of construction in many of the projects was of a poor standard. The ability of some of the artisans from the participating communities to competently execute the tasks was limited. Visible deficiencies ranged from poor laying of brick courses, sub-standard plastering, roofing etc. This situation points to the overall inadequacy in the training and lack of follow up support and training coupled with inadequate monitoring of the works and insufficient guidelines and specifications on how the works are to be erected. In some cases, the structures require immediate repairs and modifications in order to make them suitable for use and long lasting.
- The core D-WASHE members have an understanding and appreciation of their roles and responsibilities though they still act as implementers rather than facilitators..
- Poor record keeping as evidenced by unavailable reports.
- The implementation of WASHE programmes have been adversely affected due to high staff turn over from both central government and local authorities. This implies that new people come in and these needs training for them to perform as expected. There is therefore need for continuous training and retraining in order for the D-WASHE to keep abreast with new techniques. In this case, change of personnel in D-WASHE is a weakness as people die or are transferred to other districts leaving a gap in D-WASHEs where they are coming from. This is a cost to the project and delays implementation as new D-WASHE members need to be oriented, trained and retrained for smooth implementation of WASHE programmes.
- The communities have been sensitized and are putting in practice the WASHE Basic needs package and other cross cutting issues. For more details, see detailed explanation on page 30.
- Capacity building for APMs, ACOs, masons and V-WASHE committees has been done. This has contributed to the sustainability of water points to a large extent due to the presence of trained personnel at community level. However, despite the involvement of trained masons in construction of latrines, the standard of latrines constructed is not of the required quality and standard. There is therefore need for constant supervision and continuous retraining of the masons to make them more competent in their tasks.
- The community has been empowered to monitor and supervise drillers though this role is not performed effectively due to lack of technical know-how. This shows that more still needs to be done in terms of refresher courses and training to enhance the effective performance of their various roles and tasks.
- Capacity building in the district was carried out at all levels and the district has the ability to plan, implement and monitor their own programmes.

5. IMPROVEMENT IN QUALITY OF LIFE

- The use of energy saving stoves has reduced the amount of firewood used and minimized the number of trips made to collect firewood.
- The construction of water points within school premises and within villages has reduced on distances and time spent in search of water and also minimized on the risk of accidents such as falls, snake bites and women/girls harassment during the search of water.
- It has also minimized on the rate of absenteeism from school for young girls and boys as have more time to spend in school.
- Women have more time to engage in Income Generation Activities and care for children.
- There was a general improvement and increase in the levels of access to water, sanitation and basic hygiene in all the schools visited. A case in point is Siamungala village that, prior to the UNICEF project had a stream for its water source. A borehole was sunk in August, 2003 and serves about six (6) villages. However, attainment of the student to latrine benchmark ratios i.e. 40:1 for boys and 25:1 for girls has not yet been achieved. The current average is 50:1 for boys and 41:1 for girls.
- The substantial gains made during the first two years of implementation, improved access to clean water, improved sanitation and hygiene awareness.
- Schools that have feeding programmes have constructed kitchens, dining hall, and dish racks.
- There was tremendous improvement in hygiene practices among community members as evidenced in the use of dish racks, refuse pits and hand washing facilities though much still needs to be done to improve the access levels for sanitation. This is because some households still use the open defecation in the bush.
- Water transportation, handling and storage by using small-mouthed jerry-cans at household and school level have improved. This has minimized the risk of water contamination in the transportation and storage process.

6. IMPLEMENTATION RATE

- The smooth implementation of projects was impeded by several factors such as slow rates of material procurement and distribution (which is currently done centrally by UNICEF), supply of wrong materials and supply of inadequate quantities of required materials. The scenarios cited led to a growing loss of confidence and a demoralizing effect on the beneficiaries (D-WASHE, communities and schools).
- Project implementation is in some instances hampered by interference from the political leadership.
- The physical implementation phase mainly consisted of mobilization, sensitization, training, construction works and monitoring. The mobilization and sensitization was well done more especially in catchment areas under the jurisdiction of DAPP.
- The high frequency of monitoring by DAPP coordinators in comparison to the D-WASHE core staff is primarily due to the fact that the DAPP coordinators are solely employed to execute the monitoring task and have no other responsibilities, whilst the D-WASHE core staff have many other divergent responsibilities. Therefore, assigning a full time person to coordinate WASHE activities makes it easier to organize communities. The approach used by DAPP is more appropriate as it was evidenced by the way communities were better organized.
- Late delivery of material affects programme implementation. There is a delay in delivery of materials from UNICEF to the districts and also district to community.
- Implementation and Monitoring of projects was adversely affected due to inadequate transport as evidenced by delays in material delivery and inconsistent monitoring visits.
- The D-WASHE has not been active of late in implementation of UNICEF-WASHE activities due to non-retirement of substantial amounts of monies advanced to date, which has been exacerbated by poor record keeping. This has without doubt severely slowed down the implementation and or completion of on-going projects.
- Project implementation and monitoring has been adversely affected due to inadequate transport (motorcycles) and poor monitoring tools.

- Lack of community participation in some areas (negative attitude of the community) led to projects being abandoned.
- Communities were unable to implement the planned activities due to slow or non-delivery of the required material and tools, which dampened their enthusiasm to participate in WASHE activities as evidenced by widespread apathy.
- Monitoring and implementation of projects is not cost effective as schools and communities are very scattered. This was further hampered by inadequate transport and a very poor condition of the road network, which, limited accessibility. Furthermore, the location of the Namwala district administrative center is at the extreme end (i.e. western end) of the district. This situation coupled with the vastness of the district makes it difficult for the D-WASHE team to effectively appraise, launch, implement and monitor prospective projects.

7. OPERATION AND MAINTENANCE

- There is a presence of maintenance committees in schools and in communities. These are part of the school preventive maintenance committees. They ensure that the facilities continue to operate through contributions made by the teachers and PTA.
- There is in existence Village WASHE committees that ensure the general maintenance of the water points. The same committee is also responsible for raising funds for maintenance. On average households contribute between K500 to K2000 monthly as maintenance fees. The catchment area has three (3) trained Pump minders who undertake minor repairs of the water facilities. The tool kits are kept at school and health centers but these are not adequate to cater for all APMs.
- There was an improvement in terms of community ownership of facilities. This was manifested in their levels of contributions towards the operation and maintenance of existing facilities such as fencing, fund-raising and general cleaning of surroundings. However, there is still some negative attitude among communities and this affects their effective participation.
- The maintenance system is well established in schools and communities. However, even though there is some evidence of maintenance activities, there is still need to further sensitize the school management teams and the surrounding communities on the importance of maintenance.

8. ADVOCACY

- The Council secretary and the District Commissioner were aware of what was happening in rural water supply and sanitation. It was a good indicator that policy makers at district level had keen interest in what was happening in the area of WASHE.
- The women representation on the D-WASHE has improved and are also taking up executive positions especially that of treasurer.
- The ministerial directive of 2000 on the chairmanship of D-WASHE has been misinterpreted by some stakeholders in WASHE. This ultimately affected the implementation of WASHE activities.
- Each school has established an active drama group through which sensitization on WASHE and other cross cutting issues such as HIV-AIDS, tree planting etc. are effected at school and community levels. The main methods used to disseminate information among others include songs, poems, plays and posters.
- Though sensitization activities have been done prior and during the implementation process, not all the targeted communities have attempted to construct improved sanitary facilities. Hence there is still a dire need to intensify sensitization campaigns.
- The aspect of community participation in school WASHE programmes has been developed in the communities
- There is to some extent, negative traditional beliefs among communities hindering the construction of improved sanitation facilities. This has negatively affected the rate of latrine construction and usage in communities.
- All schools visited had active Drama groups. These are being used for disseminating information and sensitization of their fellow pupils and surrounding communities on WASHE and cross-cutting issues such as HIV/AIDS, nutrition and the importance of educating the girl

child through poems, sketches and songs. These are usually done during school assemblies and community gatherings. It was encouraging to discover that both trained teachers and pupils have continued to sensitise their peers, siblings and community members.

- Messages reach the communities through the Schools, Health Centres and implementing NGOs.
- The staff talked to at district, school and community level, were well sensitized on the importance of Basic WASHE needs.
- School pupils are well sensitized on the need to wash their hands at critical times and use of latrines both at school and at home. This aspect still requires more attention with special reference to hand washing facilities.

4.2 GENERAL SUCCESSES (STRENGTHS)

On the whole the programme scored great successes and had positive impacts on individuals, households and communities at large. At the same time, some difficulties were faced in the implementation of the whole programme.

Generally, the programme has scored many successes and these include among others the following:

Programme implementation

- Improved access to safe drinking water by the target beneficiaries in both schools and communities.
- Hygiene improvement in target schools and communities through awareness creation and the construction of hand washing facilities. In addition, surroundings are clean in households and communities.
- All households visited had rubbish pits, and dish racks. Some households had composite pits and used the produce as manure for their back yard gardens.
- A number of improved pit latrines have been constructed and access to improved sanitary facilities has increased both in target schools and individual households.
- The project promoted the use of sanitation platforms in latrine construction, which has been accepted at household and school levels as they are hygienic, easy to use, clean and can easily be transferred to another latrine when one is full.
- Water transportation, handling and storage by using small-mouthed jericans at household and school level have improved. This has minimized the risk of water contamination in the transportation and storage process.
- All schools visited had active Drama groups. These are being used for disseminating information and sensitization of their fellow pupils and surrounding communities on HIV/AIDS, nutrition and the importance of educating the girl child through poems, sketches and songs. These are usually done during school assemblies and community gatherings. It was encouraging to discover that both trained teachers and pupils have continued to sensitise their peers, siblings and community members.
- The hand washing using the pour method is being practiced in all districts visited. This was evidenced in guesthouses, eating-places in markets, community gatherings like a funeral, and during meals at household level.
- The staff talked to at district, school and community level, were well sensitized on the importance of Basic WASHE packages.
- School pupils are well sensitized on the need to wash their hands at critical times and use of latrines both at school and at home. This still requires more attention with special reference to hand washing facilities.

Capacity Building

- All district staff has been trained in planning, participatory methodologies and in updating of the water point inventory even though this has not been used effectively as a planning tool by the district.
- All districts visited have the capacity to implement WASHE programmes as trained human resource is available in the district at all levels thus district, extension and community.
- Peer educators, School WASHE Focal Point personnel and V-WASHE committees have been trained in WASHE, life skills, back yard and school gardens, tree and herb planting and HIV/AIDS related issues.
- Communities have the ability to produce Village Action Plans with support from the extension staff, implementing NGOs and core district staff in their operational areas.

Coordination and Partnerships

- The programme encouraged team-work as people came together to implement programmes in a coordinated and integrated manner through their D-WASHE meetings and joint activities.
- The Schools Focal Point Teachers work in liaison with the D-WASHE in the implementation of school WASHE and related activities. This has improved the linkages and partnerships between the two. FPT also spearheaded the formation of drama groups in schools.

Operation and Maintenance

- There is in existence maintenance committees in all schools and in some communities. In some schools, the maintenance committees were part of the school preventive maintenance programme. They contribute towards maintenance of facilities but funds raised are not adequate to cover operation and maintenance costs.
- Some schools are engaged in income generation activities such as gardening, production units, tuck-shops in schools and orchards
- Schools and health centers are used as custodians of operation and maintenance tool kits.

4.3 DIFFICULTIES (WEAKNESSES)

Despite the scored successes, there were some difficulties experienced during implementation of WASHE at various levels and these include:

Capacity Building

- The Local Authorities had limited capacity to spearhead implementation of WASHE programmes due to absence of qualified staff.
- Capacity building and training is seen as a one off event and the quality and impact of the training is not monitored.

Operation and maintenance (Sustainability)

- Lack of transport making the mobility of APMs difficult for they are at times required to travel approximately 15KM to areas where communities have experienced borehole breakdown.
- The tool kits are not adequate to cover all needy communities.
- There is a lot of dependence syndrome and lack of ownership among target beneficiary. This has a negative impact on sustainability.
- Lack of accountability of maintenance fees in some cases that leads to mismanagement of funds. This affects individual's willingness to pay.
- Inadequate orientation and involvement of communities on their roles and responsibilities during drilling and installation of hand pumps.

Programme Implementation

- There is inherent in communities, cultural/traditional beliefs or negative attitude among some people. They prefer using the bush as compared to toilets. This is because they do not want to be seen entering a toilet or to use the same toilet with their in-laws. This in some cases has slowed down the rate of latrine construction and use among households. There is need therefore to seriously sensitise the communities and also to fully involve the traditional leaders in water, sanitation and hygiene education issues.
- Collapsing of latrines in all districts due to poor soil formation and poor mix ratios.

Monitoring and Supervision

- The D-WASHE committees are more of implementers than facilitators. This has led to limited utilization and engagement of Extension staff for support supervision and monitoring of communities.
- Transport at district level remains a problem. Project personnel encounter major difficulties in accessing transportation for monitoring and material delivery purposes.

Finances

- Late release of funding to districts was highlighted as the main difficulty in relation to the availability of communities for participation in the project.
- There is a need for greater consultation with the districts concerning funding allocations and budget changes as districts feel that they should be given flexibility concerning the allocation of resources within their district.
- With the introduction of Reimbursement method of project implementation, the situation of settlement of cash advances by the partners at all levels has negatively affected the rate of implementation of WASHE programme as D-WASHEs are unable to raise funds to implement their activities on time.

4.4 PROJECT BENEFITS AS PERCEIVED BY TARGETTED SCHOOLS, HOUSEHOLDS AND COMMUNITIES.

It was evidently clear at both community and school level that, the project has had a positive impact on the quality of livelihood of the targeted beneficiaries. These include the following:

Health Benefits

- Reduction in water and sanitation related diseases such as diarrhoea (Kusoomona), scabies (bweele), cholera, and dysentery
- The promotion of hand washing at critical times is a hygiene behaviour that has an impact at community, household and school levels.
- Women and girls have improved their feminine hygiene practices.
- Improvement in terms water quality at household level due to use of closed container for storing drinking water reducing contamination during water transportation. This has led to households using both the 2.5 and 20 litre containers for storage of drinking water and not for hand washing as originally intended by the project. This is with reference to 2.5 litres.
- Improved hygiene practices at school, community and household levels
- Improved hand washing methods (pour method and hand washing facilities).
- Enhanced hygiene standards thus clean surroundings, refuse pits, dish racks and bath shelters.
- The personal and environmental hygiene have improved (people and their surroundings are looking generally clean).
- The WASHE programme has promoted good health among the targeted beneficiaries.

Social Benefits

- Reduced walking distances covered to fetch water, which was often drawn from unsafe sources like shallow wells.
- Increased school attendance by girls due to presence of water and improved sanitary facilities within school premises.
- People are more aware of the benefits of the WASHE Basic package.
- Reduced workload on women and children. This has further reduced the time spent on fetching water. Men also help in transporting water using their bicycles.
- More time spent on education related activities by pupils due to availability of water within their school premises
- Pupils are active “agents of change” in their respective households and communities.
- In communities, women representation stands at 50%.
- A higher level of representation by women in D-WASHE. There are at least three women representatives in all D-WASHE committees.
- Improved marital relationships due to improved hygiene among individuals
- A higher level of involvement by the local leadership (i.e. traditional and civic).
- Improved communication channels adopted for sensitization purposes, for example, drama groups.
- The community formed water, sanitation and hygiene education committees in most the villages where work was to be done to ensure successful implementation of the project. There is therefore efficient implementation of programmes at community levels.

Economic Benefits

- Increased economic productivity due to more time available to engage in productive activities for example, gardening, brick making and rearing domestic animals.
- By providing safe and accessible water within close proximity to the village, women can now spend more of their time looking for food, carryout other domestic chores and engagement in other economic and income generation activities such as gardening, women’s clubs etc.
- Reduced expenditures on medical bills/drugs.
- Improved status i.e. construction of better houses and latrines due to easier availability of water for construction, all of which enhances self-esteem and dignity.

CHAPTER FIVE: DISCUSSION

5.1 EFFECTIVENESS OF THE PROJECT

The effectiveness of the projects implemented with respect to the extent to which the project objectives had been attained was ascertained.

The project aimed to improving water, sanitation and hygiene education in schools and surrounding communities through the WASHE basic needs model. This calls for community participation in school and community level activities, increasing access to safe and accessible water supplies, and improving sanitary means of excreta disposal by providing latrines. The project also emphasizes hygiene education by providing effective hygiene education programmes in the school curriculum and within the communities. As outlined in Table 1 many of these issues have been achieved by the project, however, the extent to which these objectives have been attained.

5.1.1 COMMUNITY LEVEL

The beneficiaries at community level were in the project design set at 72000 persons in 600 villages. At an average rate of 6 persons per household this translates to 20 households per village.

5.1.2 SCHOOL LEVEL

The initially set target of 200 schools was not attained as only 71% schools had interventions wholly or partially undertaken and completed. This achievement is well above 50% of the originally set target.

In the project design, the envisaged coverage rate for latrine access was 40:1 for boys and 25:1 for girls as stipulated in the Public Health Act. The table below outlines the aggregated achievements of sanplat latrine construction against the set targets for the schools;

Table 1: Latrine coverage ratios

	Initial ratio before project	Set target ratio	Actual attained ratio
BOYS	1:91	1:40	1:50
GIRLS	1:80	1:25	1:41

It can be inferred from the table that though some improvement has been achieved, there is still a need for further interventions to bring the actual position to within the set targets.

5.2 SUSTAINABILITY OF THE PROJECT

The ultimate objective of the WASHE strategy is to ensure that communities are able to plan, manage, implement, operate, maintain and monitor their WASHE activities in their respective areas. The table below highlights, aspects that promote and/or hinder sustainability in WASHE and related activities in the four districts.

Table 2: Factor that promote or hinder sustainability

PROMOTION OF SUSTAINABILITY	HINDERANCE TO SUSTAINABILITY
<p>National Level</p> <ul style="list-style-type: none"> • Enabling policy environment • Adoption of the WASHE concept/strategy • Presence of a multi stakeholder consultative forum in RWSS • Integration of WASHE in school curriculum as extra curricula activities. • Development of various WASHE training materials and availability of trainers. • Establishment of RWSS Unit. • Adoption of proposed institutional framework for RWSS <p>District, Community and Schools levels</p> <ul style="list-style-type: none"> • Presence of capacity building programmes. • Availability and utilization of local resources such as building material and labour • Willingness of the Communities to participate in WASHE activities • Existence of management structures/committees such as the D-WASHE, V-WASHE, ACOs, EHTs and PTAs. • Inherent cultural mechanisms that support the vulnerable members in the community • An integrated approach to developmental programmes • Existence of preventive maintenance committees in schools. • Presence of trained Area Pump Minders and Masons some of which are women. • Availability of Technical Support from the district and sub-district. • Involvement of local leadership (traditional and civic). • Involvement of Extension staff and implementing NGOs support sustainability. 	<p>National level</p> <ul style="list-style-type: none"> • Poor supply chain of spare parts for operation and maintenance. • Absence of a strategy on the involvement of small - scale private sector participation. • Availability of different types of hand pumps. • Centralized procurement of goods and services. <p>District, Community and School level</p> <ul style="list-style-type: none"> • Limited involvement by the community during project identification, appraisal, design, implementation, monitoring and evaluation. • Spare parts are not easily accessible locally. • Expensive spare parts • Lack of continuity in training and support to communities • Inadequate and ambiguous specifications for new facilities constructed • Limited capacity of the communities to mobilize financial resources. • High poverty levels • Active involvement of core staff as implementers hinders sustainability

In order to ensure sustainability, communities require continuous support from higher levels. Therefore the involvement of Extension staff is critical to the sustenance of the programme. This therefore calls for more engagement of extension staff, who are closer to the community and have a better appreciation and understanding of the local environment.

Some of the processes and systems that were used in the project need to be redressed if sustainability is to be further enhanced. It is a well-known fact that the Zambian populace was from independence subjected to free handouts from the Government which, has today yielded a culture of dependence, lack of ownership and care for public facilities. The Government of Zambia in its quest to address the above has introduced the policy of cost sharing for public and social services. This concept is fairly new and it is inevitable that there is resistance to change. For enhanced sustainability, it is cardinal that a more aggressive sensitization programme is put in place at all levels.

Much work still needs to be undertaken in order to ensure that the project is sustained within the target communities. While the project is being implemented both efficiently and effectively and is well managed, more work needs to be done in the target communities in order to strengthen the aspect of ownership, capacities and competencies to manage their own affairs in the process. This is done through the development of Village Action Plans, Household cards and support from extension staff. Despite previous training conducted, there is still an urgent need to increase emphasis on developing community management skills. The V-WASHE and PTA's are orientated and trained in order to empower them to manage the project. However, more capacity building and support should be provided to these groups, through a multi-sectoral approach by all the key players if sustainability is to be ensured.

The adoption and promotion of the WASHE Basic Package at school, community and household level has enhanced access, effective use and management of the basic WASHE services. The WASHE Basic package comprises the following interventions:

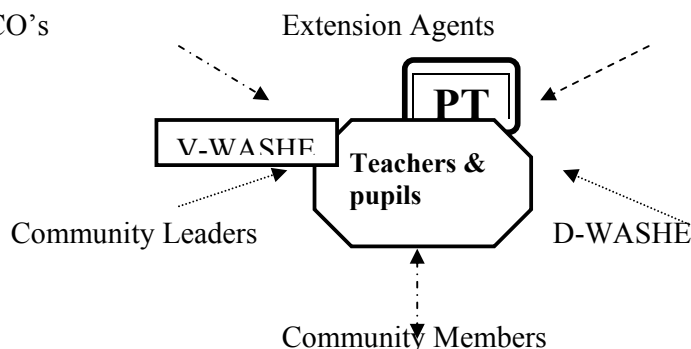
- Construction and management of water points
- Construction and management of latrines
- Construction and management of dish racks
- Construction and management of rubbish pits
- Provision of Drinking Water Facilities
- Provision and management of hand washing facilities
- Malaria control through the provision of Insecticide Treated Nets
- Energy Saving Stoves
- Catchment protection through tree planting
- Household gardens for Income Generation Activities

These basic WASHE needs are described as: Sanitation facilities; hand washing facilities; drinking facilities; refuse pits and dish racks. But currently the project is also promoting tree planting, composting, fuel-efficient stoves, Insecticide treated bed nets and nutrition gardens.

Another aspect requiring urgent attention is that of the “centralized procurement of goods and services”. The Team established for example that,

“for borehole drilling activities, there is a very weak linkage between UNICEF and the D-WASHE's. Drilling in several cases is done without any supervision by D-WASHE core staff who are at times unaware of these activities. At Lusitu Basic School, it was established that the contractor drilled a borehole unsupervised which, to date does not function and the apron construction was sub-standard. The community has been very disappointed and demoralized with this state of affairs”.

Figure 2: Current Implementation Structure



5.3 RELEVANCE OF THE PROJECT

The relevance of the current project activities, to the achievement its objectives and planned outputs. Are activities in line and relevant and are they implemented efficiently?

The project has a number of strategies and activities aimed at achieving the overall project objectives. The majority of these activities and strategies are very relevant and are vital to the project. A well-defined implementation strategy with a good planning component ensures that the project has a very solid foundation. Combined with this is the development and strengthening of capacities at all levels to ensure that the necessary skills are available for all the various components of the project. While, a service delivery component that provides for the delivery and/or availability of basic services and materials for the construction of sanitation and hygiene enabling facilities is also very positive.

In addition to promotion of the Basic WASHE Package, the project is promoting other income generation activities. However, the study team established that there is underutilization of energy saving stoves during the rain season due to limited storage facilities for fire - wood. These stoves are meant to conserve fuel, provide warmth during wet and cold seasons of the year and reduce on the smoke. There is need therefore for the project to strengthen this component through the promotion of wood load construction and storage to ensure access to adequate access to firewood throughout the year and maximize the use of the important intervention.

However several key issues require attention so as to enhance the overall relevance levels.

- **Technological options**

It was established that the designs of some of the interventions were not appropriate and will require modifications. The HWF and pit latrines prominently emerged as those requiring modifications to the existing designs so as to enhance their relevance to local conditions.

- (i) The concrete Hand Wash Facility was not user friendly due to the following;
 - Almost all the HWF's constructed had defective tap installations making them unusable or difficult to operate.

- ❑ The water storage compartment had no “self cleansing” mechanism, which results in collection of debris at the base, that contaminates the water the users draw for hand washing
- ❑ The pre-cast concrete cover was found to be too heavy and fragile to be handled by young school pupils.
- ❑ A soap/ash holding compartment easily accessible by all users (both young and older pupils) was not provided for. The inclusion of this component will encourage effective use of the HWF.

(ii) The Pit Latrines

Despite the presence of the manual and local masons being trained in latrine construction, the pit latrines constructed were constructed devoid of reference to technical specifications. The finished floor level was in most cases at par or below the adjacent ground level, rendering them difficult to use in the rainy season for example due to heavy ingress of rain water. The beneficiaries in such situations invariably shunned using these latrines, which negated the relevance of this aspect of the project intervention process.

“some pit latrines were found to have collapsed (e.g. Kapululira Basic School and Matuwa Basic School) due to poor workmanship coupled with inappropriateness of the designs to suit local conditions (e.g. sandy soils in Kapululira)”. More cement for complete pit lining was needed for this area than most areas.

- **Community Management**

The hallmark of the WASHE concept is community management whose principles entail that communities are accountable, responsible, have control and authority over the WASHE activities within their area. In light of the above, it is imperative that for community based projects to succeed and be accepted by the communities, there should be full and continuous involvement of the beneficiaries from inception to completion. This approach greatly enhances the aspect of ownership and ultimately sustainability. When an intervention is imposed, it follows that, its relevance is poorly perceived by the targeted beneficiaries. It was generally observed that elderly women fully participated as observed during community meetings as they were free to bring out their concerns. However, younger men and women were not free to air their views.

5.4 LESSONS LEARNT

Many lessons have been learned throughout the past three years of project implementation. Some of these lessons are as a result of very positive strategies and activities within the project while others have been identified during the course of project implementation. This evaluation also identified some gaps, which could also be considered to be lessons. The purpose of this section is merely to summarise the lessons all of which have been discussed in detail throughout this report. It is hoped that WASHE programmes in Zambia can build on these lessons not just in the now but also in future WASHE activities in other parts of the country.

- Communities that have been adequately prepared by the implementing agencies on aspects such as “the importance of maintenance” were found to have active and well-organized

maintenance activities. Where communities are adequately prepared to monitor the drilling and installation of hand pump, the drilling and installation defects are minimized.

- Inadequate staffing levels affects programme implementation and meeting of originally set targets for example the high rate of staff turnover in the D-WASHE's
- Financial mismanagement and poor record keeping affects programme implementation. This resulted in change of policies by the funding agency.
- The regular and physical presence of a coordinator at sub-district level, who is specifically engaged to support community level initiatives, strengthens the communities' capacity to manage their own affairs and also contribute to the enhancement of good workmanship (such as DAPP model).
- Lack of continuous support activities such as "on the job training" and lack of training needs assessment to the community during project implementation have had an adverse effect on the overall quality of the projects implemented. Tailor made trainings through refresher courses is more effective than general training.
- Active involvement of communities from inception to completion of programmes enhances sustainability.
- The usage of drama groups for community mobilization and sensitization is an extremely effective tool.
- Infrequent and unsystematic monitoring of projects by core staff affects the overall quality of the proposed interventions and also places the management and effective utilization of project resources at very high risk.
- Zoning of operational areas minimizes on the duplication of efforts and available resources at the same time enhancing upon the level of efficiency
- Weak channels of communication between the various players has an adverse affect on the rate of project implementation and the quality of works done.
- Regular project reviews at various levels enhances sharing information on best practices and an opportunity to address challenges affecting programme implementation.
- Capacity building at all levels is an important ingredient to sustainability.
 - The high frequency of monitoring by DAPP coordinators in comparison to the D-WASHE core staff is primarily due to the fact that the DAPP coordinators are solely employed to execute the monitoring task and have no other responsibilities, whilst the D-WASHE core staff have many other divergent responsibilities. Therefore, assigning a full time person to coordinate WASHE activities makes it easier to organize communities. The approach used by DAPP is more appropriate as it was evidenced by the way communities were better organized.
 - Furthermore, the quest by D-WASHE to directly implement the projects at community level has weakened the participation of the extension staff who have a direct interface with the beneficiaries.
 - The change of funds disbursement mechanism from the "Cash Assistance to Government – CAG" to the "Reimbursement Procedure" in 2003 has drastically affected the implementation process as evidenced by a substantial reduction in implementation of WASHE Basic Needs (WBN).

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

6.1 CONCLUSIONS

There has been a marked improvement in the levels of access to safe water and improved sanitation in the schools and communities targeted by the Aus.

6.2 RECOMMENDATIONS

However, several challenges exist at various levels requiring redress.

Programme Implementation

- 6.2.1 The promotion of WASHE Basic needs package should continue.
- 6.2.2 All local Authorities should comply with the Government directive on institutional framework for RWSS of recruiting a full time Officer to coordinate WASHE/ or RWSS activities in their respective districts.
- 6.2.3 All districts should strengthen the use of existing district based planning processes and include Governments Activity based planning and budgeting procedures.
- 6.2.4 More emphasis need to be placed on effective use of the district water point inventory and continue with bi annual updates of the same.
- 6.2.5 UNICEF should revisit the current disbursement procedure of the Reimbursement method and engage with Government at highest level in order to find a mechanism that will assist Local Authorities access more funding for RWSS.
- 6.2.6 Local Authorities through the D-WASHEs should strengthen the capacity of Extension staff to enable them adequately support and respond to household and community needs. Further, emphasis should be placed on the active involvement of extension staff and implementing NGOs where they exist.
- 6.2.7 Members of the D-WASHE committee should stick to their original facilitatory and advisory roles and not active implementers of WASHE activities.
- 6.2.8 The project should consider consolidating its current activities rather than expanding too much at this point in time. It should be remembered that this is a pilot project and the lessons learned and experiences gained through its implementation are vital for future expansion both within the target districts and beyond. The lessons learned (both positive and negative) need to be reviewed and where necessary changes made during the final phases of implementation so as to strengthen the overall process and provide direction for future development of SSHE in Zambia.
- 6.2.9 The project should integrate tree planting to woodland storage construction.

Capacity Building

- 6.2.10 Capacity Building and training programmes should continue at all levels and in order to ensure continuity using available simplified manuals, modules and guidelines such as the Project Implementation Manual WASHE and ZAMSIF.
- 6.2.11 The project should continue with the bottom up approach of community based planning through the use of Village Action plans. There is need to strengthen community based organisation's capacity through assessment of training needs and development of tailor made training programmes.

Operation and Maintenance

- 6.2.12 Operation and Maintenance for water supply, sanitation and hygiene promotion should continue to be part of the school preventive maintenance programme.
- 6.2.13 There is need to establish where they do not exist and strengthen where they exist District Based Operation and Maintenance Teams to support communities handle major repairs.
- 6.2.14 There is need to involved the private sector in order to improve access to spare parts at district and extension levels through the establishment of outlets for spare parts.
- 6.2.15 All schools have Preventive Maintenance of school infrastructure. In order to maintain WSS infrastructure at school level, operation and maintenance of water, sanitation and hygiene promotion infrastructure should be an integral part of the existing School Preventive Maintenance programme.
- 6.2.16 Capacity building for V-WASHE committees, Masons, Area Pump Menders and well minders should continue through refresher courses and should be in line with the overall capacity building activities.

Partnership and Coordination

- 6.2.17 The inclusion of NGO's in the D-WASHE is an extremely positive step as it greatly improved co-ordination, planning, implementation, monitoring and evaluation of projects. However, it is particularly important that the NGO's (particularly DAPP) openly share their various District plans with the D-WASHE and it would be ideal if they were involved in the annual reviews and planning processes. This would help to avoid confusion concerning areas of operation and the identification of priority areas.
- 6.2.18 In line with this the overall process should be more integrated and multi-sectoral at sub-district level for SSHE is not just an education or health issue but rather an overall developmental issue. Therefore all resources available within the target community should be utilised to the maximum possible extent and all sector agencies within an area should be aware of the resources and capacities of their sister agencies. School sanitation and hygiene education should be inclusive in the overall DDCC and D-WASHE plans in a district. Sub-D-WASHE extension agents such as those involved in community development, social welfare and agriculture should be oriented to the process.
- 6.2.19 Major opportunities exist for development of school communication strategies for hygiene and overall health behaviour change. Experiences gained in the use of participatory methods and materials for behaviour change through the WASHE initiative, should be built upon and combined with the Child-to-Child and Life Skills approach. Activity suggestions for teachers provide a great opportunity for really impacting not just on behaviour change but the overall health of the school population.
- 6.2.20 Health and hygiene education while included in the curriculum should be developed into more than just an academic subject. Bearing in mind that teachers already have a very busy teaching schedule, teaching aids or activity sheets dealing with health and hygiene issues should be developed for use within the school. These should focus on a pupil-centered approach and stimulate action based on learning.
- 6.2.21 AusAID/UNICEF should continue their support to this initiative as not alone is it impacting on the target communities but it is also proving to be a very valuable learning and developmental process for SSHE in Zambia. The lessons learned through the implementation of this initiative are extremely important for the whole sector.

- 6.2.22 All participating districts should continue with quarterly reviews of their activities. This component should be strengthened through the promotion of information sharing and exchange visits at all levels (district, extension, community and village levels).
- 6.2.23 All partners (NGOs, CBOs and the Private Sector) should register with the Local Authority in order to be identified as players in order to minimize duplication of efforts.

APPENDICES

Appendix 1: A summary of the impact of improved sanitation and hygiene behaviour

1. Lower Mortality:

Improvements in sanitation will reduce the number of deaths due to diarrhoea by 65%.

In real terms this means that if there are currently 100 deaths per month due to diarrhoea in the affected provinces, by providing improved sanitation facilities 65 lives will be saved. Over a period of a year this would equate to the prevention of 780 unnecessary deaths. This fact highlights the urgency of the intervention.

While Cholera is seen as a waterborne disease with intervention strategies normally focused around the provision of clean safe water. Experience has shown that for every one outbreak of cholera that is waterborne, two outbreaks are not waterborne. Therefore **improvements in sanitation could reduce cholera by 66%** in affected communities, given the current threat of such outbreaks among the target population such a reduction would have a major impact not just on the prevention of deaths but also on the provision of health care facilities and resources.

What improved sanitation actually does is that it helps to reduce the severity of the disease and results in a decline in diarrhoeal, infant and total child mortality.

2. Lower Morbidity (incidence & prevalence):

Most people live at high levels of exposure to pathogens (disease carrying organisms). Sanitation prevents these organisms from gaining access to the environment and thus decreases exposure to pathogens, such that the number of cases of disease can be reduced. This reduction is achieved by reducing the number of episodes that occur as well as reducing the severity of the episodes when they do occur. In other words improving sanitation will reduce the amount and harshness of the disease.

In the affected or target population for this intervention, improved excreta disposal would have an impact on four major diseases namely, **diarrhoea, roundworms, hookworms, and bilharzia**. While reduction of these diseases is very important in children they also afflict adults; therefore reductions in the number of cases will benefit all members of households and communities.

The provision of improved sanitation facilities could reduce the number of cases of these diseases in the communities as follows:

- Cases of **diarrhoea** could be reduced by **36%**
- **Roundworm** (Ascariasis) could be reduced by between **29% - 88%**
- **Bilharzia** (Schistosomiasis) could be reduced by **69% - 83%**
- **Hookworm** could be reduced by between **4% - 26%**

As the level of sanitation improves (from no sanitation, to slabs, to latrines, etc.) the magnitude of the impact on health will also improve. There is a dose-response relationship between the level of intervention and its impact on health. In other word if we choose an intervention, which will result in 10% improved sanitation coverage the impact on the cases of the above listed,

diseases will be very small. It is estimated that in order to attain maximum impact a sanitation coverage level of 75% is necessary.

3. **Better Nutrition:**

Severe and moderate stunting could be reduced by up to 39% if improved sanitation is made available. This is because diarrhoea and worm infections can result in poor growth through decreased absorption of nutrients and an increased requirement for food. This contributes to general protein-energy malnutrition as well as specific nutrient deficiencies. (Vitamin A from roundworms and iron from hookworm and bilharzia).

The provision of improved sanitation facilities would result in increased heights and weights among children. Such a programme would compliment other projects, which aim at providing basic foods to children. The provision of improved excreta disposal facilities would **decrease the risk of stunting in one in three children who are already vulnerable** and would have a major long term impact as stunting is not something which can be reversed. Improved nutritional status also increases the rate of child survival, as healthier children are less susceptible to other diseases.

4. **Cleaner Environment:**

Environmental cleanliness can greatly impact on the transmission of diseases. Once in the environment, pathogens will not only survive and disperse but also thrive in food and other items that could be ingested by young children. Improvements in sanitation will result in a cleaner environment and reduce the risk of exposure to harmful pathogens.

In fact **the impact of improved water supplies, which have been provided or disinfected, may be negated** because of the absence of improved sanitation facilities, as disease-carrying organisms will get into the water supply.

The provision of improved sanitation facilities will assist in **the physical containment of disease carrying organisms**. Normally the number of organisms transmitted depends upon the routes of transmission, which, are available, and the opportunity for growth and the most effective way to do this is by containing excreta through the provision of improved sanitation facilities.

In order to achieve maximum health impact and contribute towards a cleaner environment 75% coverage should be sought. As even if one in four families do not have improved excreta disposal facilities overall environmental cleanliness will be improved. Less than 75% coverage will increase environmental contamination and the rate of stunting and incidence of diseases will be higher.

5. **Safer food/water supplies:**

Improvements in excreta disposal can result in access to safer food and water supplies. This is due to the fact that the disease carrying organisms are prevented from entering the water and food transmission routes. As previously stated improved sanitation can reduce diarrhoea by 36%. Improvement in water supplies can reduce diarrhoea by 15% - 20% while improved food hygiene can reduce transmission by 15% - 70%. In order to achieve a 70% reduction in the incidence of diarrhoea it is necessary to combine all interventions. **Improved sanitation will result in the availability of safer food and water and thus greatly contribute to a 70%**

reduction in diarrhoeal transmission. Improving excreta disposal facilities is a primary intervention, which will greatly impact on all other health interventions in an area.

6. Better learning and retention:

Because improvements in sanitation results in healthier and better-nourished children their ability to learn and retain information is greatly improved. Children that do survive illnesses such as diarrhoea, cholera and even roundworm and bilharzia infections are often left underweight and stunted both mentally and physically. Such children are even more vulnerable to more deadly diseases and are too weak and tired for any form of learning.

Protein-energy malnutrition, which could be prevented in 39% of the children through the provision of improved sanitation facilities increases this lethargy and results in lack of concentration by the affected child. This in turn will have a major impact on the child's educational performance. Therefore, **without the provision of sanitation facilities in the home and school four in ten children will not reach their full educational potential.**

Of equal concern educationally are Vitamin A and Iron deficiencies that can occur as a direct result of roundworm, hookworm and bilharzia infections and can have an equally damaging effect on the ability of the child to learn and retain information. Iron deficiency can result in Anaemia, which will leave a child listless and lacking in energy and therefore unable to focus on the task of learning. Vitamin A deficiency can ultimately lead to blindness and be responsible for reduced vision that hampers the child's learning ability. Because sanitation improvements can reduce the cases of infection of these diseases it therefore can have a very positive impact on childhood learning.

Appendix 2: District findings

CHOMA DISTRICT

The Team visited a total of 8 Schools and 3 Rural Health Centres and surrounding communities. The following were the key findings;

DISTRICT LEVEL

The implementation of the various interventions in the district were spearheaded by the D-WASHE Committee which draws a membership from core line ministries and NGO's operating within the district. The Team established the following;

- All the key organizations that are actively involved in Water, Sanitation and Hygiene Education programmes are represented on the D-WASHE committee.
- The core D-WASHE members have a clear understanding and appreciation of their roles and responsibilities.
- The Council secretary and the District Commissioner were aware of what was happening in rural water supply and sanitation. It is a good indicator that policy makers at district level have keen interest in what is happening in the area of WASHE.
- There is an improvement in terms of coordination among WASHE partners though much still need to be done to strengthen the already existing partnerships.
- The composition of women members on the D-WASHE stands at 41%.
- Late delivery of material affects programme implementation. There is a delay in delivery of materials from unicef to the districts and also district to community.
- The presence of UNICEF Provincial Monitoring Officers have strengthened the link between Unicef Lusaka officer and the participating districts.
- Implementation and Monitoring of projects was adversely affected due to inadequate transport as evidenced by delays in material delivery and inconsistent monitoring visits.
- Poor record keeping as evidenced by unavailable reports.
- The ministerial directive of 2000 on the chairmanship of D-WASHE has been misinterpreted by some stakeholders in WASHE. This ultimately affected the implementation of WASHE activities.
- The implementation of WASHE programmes have been adversely affected due to high staff turn over from both central government and local authorities. In this case, change of personnel in D-WASHE is a weakness as people die or are transferred to other districts leaving a gap in D-WASHEs where they are coming from. This is a cost to the project and delays implementation as new D-WASHE members need to be oriented, trained and retrained for smooth implementation of WASHE programmes.
- The change of funds disbursement mechanism from the "Cash Assistance to Government – CAG" to the "Reimbursement Procedure" in 2003 has drastically affected the implementation process as evidenced by a substantial reduction in implementation of WASHE Basic Needs (WBN).

SCHOOL LEVEL

The main activities implemented at school level were;

- (i) Construction of pit latrines
- (ii) Construction of Hand Wash Facilities
- (iii) Supply of drinking water facilities
- (iv) Drilling and equipping of boreholes
- (v) Rehabilitation of existing water points
- (vi) Formation of school drama groups

The Team established the following;

- There was a general improvement and increase in the levels of access to water, sanitation and basic hygiene in all the schools visited. However, attainment of the student to latrine benchmark ratios i.e. 40:1 for boys and 25:1 for girls has not yet been achieved. The current average is 50:1 for boys and 41:1 for girls.
- The general quality of the newly constructed infrastructure was of a poor standard. In some cases, the structures require immediate repairs and modifications in order to make them suitable for use and long lasting. This is largely attributable to usage of ill trained artisans, inadequate dissemination of the specifications to the implementation team, inadequate supervision by the D-WASHE representative and inadequate quantities of materials.
- Though on average 2 hand washing facilities have been constructed at each school, some are complete while work is still going on, on others. In the absence of constructed hand washing facilities, pupils are using the plastic containers that were provided for hand washing. Further in the absence of soap, pupils are using ash as an alternative.
- There is a presence of maintenance committees in schools. These are part of the school preventive maintenance committees. They ensure that the facilities continue to operate through contributions made by the teachers and PTA.
- Each school has a WASHE focal point person who coordinates WASHE activities at school level who apart from coordinating school based programmes also acted as a link between the district and the school.
- Each school has established an active drama group through which sensitization on WASHE and other cross cutting issues such as HIV-AIDS, tree planting etc., which are effected at school and community levels. The main methods used to disseminate information include among others; songs, poems, plays and posters.

COMMUNITY LEVEL

- There is a general improvement in access to safe water, sanitation and hygiene education. A case in point is Siamungala village that, prior to the UNICEF project had a stream for its water source. A borehole was sunk in August, 2003 and serves about six (6) villages.
- There is in existence Village WASHE committees that ensure the general maintenance of the water points. The same committee is also responsible for raising funds for maintenance. On average households contribute between K500 to K2000 monthly as maintenance fees. The catchment area has three (3) trained Pump minders who undertake minor repairs of the water facilities. The tool kits are kept at school and health centers. These cannot cater for all APMs.
- The communities have been sensitized and are putting in practice the WASHE Basic needs package and other cross cutting issues. For more details, see detailed explanation.
- Working with a full time person to coordinate WASHE activities makes it easier to organize communities. The approach used by DAPP is more appropriate as it was evidenced by the way communities were better organized.

SIAVONGA DISTRICT

The Team visited a total of 4 Schools and their surrounding communities. The Schools visited were:

- Siamatika Middle Basic School
- Matuwa Basic School
- Kapululira Basic School
- Lusitu Basic School

The main findings were;

DISTRICT LEVEL

The implementation of WASHE projects in the schools and their surrounding communities is done under the auspices of the D-WASHE committee. The D-WASHE has not been active of late in implementation of UNICEF-WASHE activities due to non-retirement of substantial amounts of monies advanced to date, which has been exacerbated by poor record keeping. This has without doubt severely slowed down the implementation and or completion of on-going projects. In addition, the Team established the following;

- All the key stakeholders involved in WASHE activities at district level are represented in the D-WASHE committee.
- Women representation on the D-WASHE stands at 14%.
- Project implementation and monitoring has been adversely affected due to inadequate transport (motorcycles).
- There has been slow delivery of materials to the district.
- The planning for projects is done in close collaboration with the community though much should be done to empower the communities to come up with realistic village action plans. The community's involvement is essential in instilling a sense of ownership to the whole project and this will further promote sustainability.
- Planning at district level is enhanced through the presence of trained D-WASHE members including extension staff. This has strengthened their capacity to plan, mobilize both local and external resources including accountability and monitoring of the same.
- The planning at district level is adversely affected due to high staff turn over at district level. This implies that new people come in and these needs training for them to perform as expected. There is therefore need for continuous training and retraining in order for the D-WASHE to keep abreast with new techniques.

SCHOOL LEVEL

The main activities effected at school level included;

- (i) Construction of pit latrines
- (ii) Construction of Hand Wash Facilities
- (iii) Drilling and equipping of boreholes
- (iv) Hygiene education

There has been a marked improvement in the overall levels of access to clean water and improved sanitation facilities and hygiene awareness among the school community. However, much still needs to be done on water supply in the schools found in the area.

“at Kapululira Basic School, there is still no clean water supply as previous attempts have yielded no tangible results (5 dry boreholes), although 2 different contractors have of late successfully drilled boreholes at nearby institutions. The school community draws its water requirements from the Zambezi river approximately 1.5kms away. Last year, two pupils were attacked and eaten by crocodiles as they were drawing water. The school management informed the Team that, the borehole that was drilled under the auspices of Rural Investment

Fund – RIF was well monitored and the workmanship was of a high standard. However, the water is very salty and not palatable hence is used only for washing of clothes”.

- School drama groups have been formed in schools and these sensitise the pupils and communities on the need for safe drinking water, improved sanitation facilities and improved hygiene conditions among pupils and the community at large.
- Lack of community participation in some areas (negative attitude of the community) led to projects being abandoned.

“at Siamatika Basic School it was established that the builder engaged to execute the construction works had deserted citing poor remuneration. The latrines are incomplete to this day even though a substantial portion of the required materials are available on site”. It was also established at the same school that community members do not want to participate in cleaning the borehole and it’s surrounding. This poses a great danger not only to pupils but to the community as a whole.

Other key findings were;

- Poor workmanship on existing structures (latrines and hand washing facilities)
“at Matuwa Basic School, the 3 newly constructed latrines have collapsed and are now unusable due to a lack of appreciation on the importance to adhere to correct mix ratios for concrete and reinforcement procedure”.

“at Kapululira Basic School, 2 pit latrines constructed had collapsed. This is due to the nature of the soils that are sandy, making it difficult to construct durable latrines. In such a case, there is need to reinforce both the sub-structure and the super-structure to make latrines durable and safe to use. Further, despite the presence of trained masons, there is need for constant supervision by the school WASHE focal point person and D-WASHE to ensure that work is progressing well and that its of good quality.
- Ineffective monitoring by D-WASHE resulting from inadequate transport
“at Matuwa Basic School, 50 pockets of cement were received. Some of the cement was used for non-WASHE projects such as construction of a dining hall, kitchen and a store room”.
- Generally, hand washing facilities have been constructed in schools though some are of poor quality and at the same time incomplete contributing to their non-use but on the whole, this has improved hygiene conditions among school pupils.
- The borehole construction and equipping procedure was not subjected to effective monitoring. There was a clear lack of cohesion between the drilling contractor, the D-WASHE and the communities.
“at Lusitu Basic School, the contractor was not adequately supervised during the drilling process. The borehole has never been used since completion as very little water can be extracted at an instance and also high turbidity levels. It is suspected that it had collapsed possibly due to poor placement of the casings resulting from the time lapse between construction period and the time the borehole was equipped (6 months). The apron and drainage around the pump is incomplete to date”.

COMMUNITY LEVEL

The Team established the following at community level;

- Communities are fully sensitized on the need to have access to safe water, improved sanitary facilities and also improved hygiene practices as evidenced by facilities that they have constructed (latrines, dish racks, rubbish pits, hand washing facilities and the care for the water points).

- Though sensitization activities have been done prior and during the implementation process, not all the targeted communities have attempted to construct improved sanitary facilities. Hence there is still a dire need to intensify sensitization campaigns.
- Communities were unable to implement the planned activities due to slow or non-delivery of the required material and tools, which dampened their enthusiasm to participate in WASHE activities as evidenced by widespread apathy.
- Capacity building for APMs, ACOs, masons and V-WASHE committees have been done. This has contributed to the sustainability of water points to a large extent due to the presence of trained personnel at community level. However, despite the involvement of trained masons in construction of latrines, the standard of latrines constructed is not of the required quality and standard. There is therefore need for constant supervision and continuous retraining of the masons to make them more competent in their tasks.

“at Kapululira village the Team observed that the latrine constructed had a finished floor level equal to the adjacent ground level which would result in rain water seeping into the squat hole”.

GWEMBE DISTRICT

The district has a population of about 35, 963 spread in 12 wards. Access to safe water in the district ranges between 11 percent in places where accessibility is difficult to about 78 percent near the administrative center.

The team visited four schools and the surrounding areas in the project target areas. These were:

- Gwembe Basic School
- Hauma Community School
- Lukonde Basic School
- Jongola Basic School

During the project period other organisation had been working hand in hand with the D-WASHE committee to improve the water, sanitation and hygiene situation in the district.

The activities under the UNICEF support included

1. Construction of pit latrines
2. Construction of the Hand Washing Facilities
3. Drilling of boreholes
4. Distribution of water storage containers
5. Rehabilitation and equipping of the boreholes
6. Trainings were conducted in HIV/AIDS, maternal and child Health, latrine and hand wash facility construction
7. Sensitization of the communities and schools in HIV/AIDS through drummer groups. The effective of these were enhanced by the competitions organised at school and community levels

The team observed the following:

DISTRICT LEVEL

- The district has trained personnel in planning and participatory methodologies making it easier for them to plan with the community as they have the skill.
- Capacity building was done at all levels in the district.
- The core departments are represented in the D-WASHE committee

- There is an improvement in terms of women representation in D-WASHE. Their involvement in D-WASHE activities will improve their decision making capabilities including the skills that they possess.
- The D-WASHE committee encountered some major problems after the policy changes by the Ministry of Local Government and Housing. While this policy shift has affected most districts, Gwembe was worst affected due to the location of the administrative centre and the local authority that are 60 KM apart. The change resulted in the local authority replacing the personnel. These changes affected the smooth implementation of the project.
- The D-WASHE committee has a wealth of information and an organised information system with most reports and studies available. This contributes to effective monitoring as trends in the implementation process can be compared and mistakes corrected.

SCHOOL LEVEL

- There has been an increase in access to safe water, improved sanitation and hygiene among the school populace. This is as a result of UNICEF interventions in beneficiary schools.
- Some schools that were well organised had benefited greatly from the project. One particular instance is Hauma Community School which begun in 2001 and the existing sanitation facilities were constructed with the help of UNICEF.
- Most schools have functioning drummer groups that sensitise the school on issues related to water, sanitation and HIV/AIDS.
- All schools had received the containers for drinking water and are in use.

COMMUNITY LEVEL

- There was some improvement in hygiene practices among community members as evidenced in the use of dish racks, refuse pits and hand washing facilities though much still needs to be done to improve the access levels. This is because some households still use the bush for defecation.
- There was an improvement in terms of community ownership of facilities. This was manifested in their levels of contributions towards the operation and maintenance of existing facilities. However, there is still some negative attitude among communities and this affects their effective participation.
- The community has been empowered to monitor and supervise drillers though this role is not performed effectively due to lack of technical know-how. This shows that more still needs to be done in terms of refresher courses and training to enhance the effective performance of their various roles and tasks.
- At the community level much of the benefit was in form of training of some community volunteers to work as pump minders and masons. According to the D-WASHE records there were 33 masons and 32 APMs that had been identified in the district.
- There was some improvement in hygiene practices. This results in reduced disease outbreaks and clean surrounding promoting good health.
- There was inadequate technical supervision received from the D-WASHE in terms of latrine construction guidelines as work was sole dependant on the communities themselves and the trained masonry. This compromised the quality of works done.

NAMWALA DISTRICT

The Team visited 4 schools and their surrounding communities namely;

- Moobola Basic School
- Kabwe Basic School
- Kawilizhi Basic School
- Kabulamwanda Basic School

The main findings were;

DISTRICT LEVEL

There is a vibrant D-WASHE committee in the district with representation from all the key stakeholders who participate in WASHE activities in the district. However, several positive and negative factors were identified as follows;

- Capacity building in the district was carried out at all levels and the district has the ability to plan, implement and monitor their own programmes.
- There has been an improvement in terms of access to safe drinking water
- A number of improved pit latrines have been constructed in the district.
- The district has the ability to test the water quality as they have a testing kit from UNICEF.
- Funds were made available for construct and training (capacity building) at all levels.
- There is an improvement in terms of coordination among the core D-WASHE members and other stakeholders.
- There has been an improvement in access to clean and safe drinking water, improved sanitary facilities and hygiene among communities and schools.
- Monitoring and implementation of projects is not cost effective as schools and communities are very scattered. This was further hampered by inadequate transport and a very poor condition of the road network, which, limited accessibility. Furthermore, the location of the Namwala district administrative center is at the extreme end (i.e. western end) of the district. This situation coupled with the vastness of the district makes it difficult for the D-WASHE team to effectively appraise, launch, implement and monitor prospective projects.
“at Kabwe Basic School, the completed WASHE latrines had not yet been used (despite having been completed 4 months previously) since the school was still awaiting a final go-ahead from the D-WASHE representative”.
- There has been ineffective control and care on the D-WASHE transport pool in the district.
- The district has experienced delays in receipt of materials from UNICEF.
- The members of the D-WASHE also serve on several other district developmental related committees spearheaded by other organizations. This scenario negatively affects their level of participation in WASHE activities.
- The replacement by UNICEF of the CAG system with the “Reimbursement Method” has slowed down the rate of project implementation due to problems the D-WASHE has encountered with issue of retirement of imprests.
- Project implementation is in some instances hampered by interference from the political leadership.

SCHOOL LEVEL

There has been an improvement in access levels to clean water and improved sanitation and hygiene amongst the school populace. The other main findings were as follows;

- The aspect of community participation in school WASHE programmes has been developed in the communities.
“at Moobola Basic School, there was initially widespread apathy prevalent within the surrounding communities. With much sensitization and persuasion by the Focal Point Teachers and EHT, the communities eventually availed themselves and participated in latrine and hand wash facility construction”.
- The maintenance system is well established in schools. However, even though there is some evidence of maintenance activities, there is still need to further sensitize the school management teams and the surrounding communities on the importance of maintenance.
- Materials and tools required for project implementation were delivered late to the project sites, leading to delays.

COMMUNITY LEVEL

The following were the main findings;

- There has been an improvement on the levels of access to water, sanitation and hygiene among communities. However, material quantities made available were inadequate;
“at Kaundula and Mwela villages the target for latrine construction was set at 22 households per village. Instead, only 12 households were issued with the materials in each of these villages. This scenario had a negative effect on the community’s overall participation”.
- There is to some extent, negative traditional beliefs among communities hindering the construction of improved sanitation facilities. This has negatively affected the rate of latrine construction and usage in communities.

Appendix 3: Instruments used for data collection

Checklist for UNICEF evaluation

District

Effectiveness

- Whether the project objectives have been met within the allotted time frame e.g numbers of actual new or rehabilitated water points constructed compared to those planned.
- Number of operational water points
- Coverage of water supplies for project beneficiaries
- Testing for water quality to an acceptable standard
- Whether capacity have been built at household and institutional levels
- Whether community has been trained I latrine construction
- Whether facilities meets the quality

Relevance

- Level of overall condition of the water points and the breakdown rate of the water points.
- Rate of consumption and reasons for low consumption (if applicable)
- Whether hygiene promotion materials have been produced locally or modified to suit local conditions and tailored for specific groups
- Whether messages are focused on relevant high risk behavior
- Whether interventions include promotion of basic WASHE package
- What are the perceived common water supply and sanitation diseases
- Has the situation improved?

Sustainability

- The availability of spare parts and necessary tools.
- How affordable are the parts. Check the price list
- Is here adequate maintenance system in place including records kept to monitor whether equipment is performing satisfactory within maintenance intervals
- Whether there are adequate people carrying out hygiene promotion

HOUSEHOLD CHECKLIST

Effectiveness

- Whether capacity have been built at household level
- Whether concrete slabs and pit lining are easily accessible
- Whether slabs have been reinforced and squat hole has cover
- Whether hand washing facilities are in place with hand washing materials in place
- Whether sanitation platforms are available at an affordable price
- Whether demonstration latrines appear appropriate

Relevance

- What are perceived common water supply and sanitation related diseases
- What behaviour changes have been sustained based on WASHE basic package (hand washing at critical times, fecal disposal methods, for different age groups, latrine use, water uses and sources, methods of drawing water, transporting and storage of water, personal and environmental. Food hygiene, disposal of household rubbish)

COMMUNITY CHECKLIST

Effectiveness

- Whether communities have adequate information about latrine options available and costs in order to make informed decisions
- Whether concrete slabs and pit lining are easily accessible
- Whether communities have been trained in latrine construction
- Whether latrines have been sited appropriately
- Whether facilities meet the qualities
- Whether facilities are still functioning and in good condition/ surrounding in good condition
- Whether sanitation platforms are available at affordable price
- Whether demonstration latrines appear appropriate

Relevance

- Level of overall condition of the water points and the breakdown rate of the water points
- Whether the technology choices for water supply offered by the project were appropriate (establish if there were obstacles i.e. finances, skills and knowledge).
- Whether hygiene promotion materials have been produced locally or modified to suit and relevant to local conditions and tailored for specific groups.
- Whether messages are focused on relevant high risk behaviour
- Whether interventions include promotion of basic WASHE package
- What are perceived common water supply and sanitation related diseases
- Has the situation improved (WASHE)

Sustainability

- Availability of spare parts and necessary tools. Were they affordable? Check price
- Existence of village byelaw or guidelines on maintenance of the water source
- Can technology be maintained at local level
- Are skills available locally
- What is the cost of repairs/ maintenance
- Is there a maintenance fund? How is it managed
- Are there trained personnel (caretakers, well liners and latrine builders)
- What has been the impact of technology on people's lives with focus on children and women
- Has community introduced any new technology
- What type of technology is available*
- Is the location suitable and accessible*
- Is water supply delivered in anticipated quantities
- What is the status of the facility? Is it functioning? Was installation done properly*
- What is the quality of the concrete structures, lining and fencing*
- Is there adequate maintenance systems in place including records kept to monitor whether equipment is performing satisfactorily within maintenance intervals
- Are there people carrying out hygiene promotion at community level

Project Design

- Do village and community WASHES exist
- How were they formed
- What training did they receive
- What is the composition
- What are their roles and responsibilities

- Who trained them and how long did the training take, what topics were covered, what methodologies were used
- What challenges and difficulties are they facing in implementing WASHE activities
- Has the training and support made any difference
- What support do they require from the district and extension level
- To what extent was community involved in determining the technology choice
- Whether different groups have been targeted at different levels e.g. orphans, child headed households
- Whether adequate time frame and resources have been allocated to hygiene promotion

Appendix 4: List of persons met and places visited

DISTRICT	LIST OF PERSONS MET	PLACES VISITED
Choma	Mr.Nkolola Hazemba (DC) Mr. Namoooya Mr. L.G. Zulu Mr. K. Chibbunu Mr. J.G. Phiri Mrs. Mary Siabusu Mrs. E. Masiku Mr. Likando Mukelabai Mr. Musimuko Mr. Gontro Ibbuka Mr. Sakala Mr. Bishop Mudenda Mr. A. Michelo Mr. Passwell Munkombwe Mr. Kennedy Mooya Mr. Dominic Moonga Mrs. Cheelo Mrs. Rosemary Phiri Mr. Moonga (ACO) Mr. M. Chindolo Mr. Z. Mukuwa Mr. Charlse Halupumbu Mr. L.M. Mulube Mr. Bernard Matyola Headman M. Dimuna Headman H. Mudenda Headman D. Chilima Headman R. Moonga Headman M. Bakabumbwe Headman G. Mukupa Headman H. Hachinji	Simakutu RHC Siasikabole School Siamambo basic school Mboole basic school Simbulo basic school Mandala basic school Mufwafwi village Nalituba village Mandala village Hamumbwantu village Kabumbwe village Sibuchinaa village Hadenda village
Siavonga	Mr. Danny Nyumba Mr. Oscar Chilanga Mr. Honest Muyasani Ms. Belinda Bweendo Mr. Chinyama Chibozu Mr. Mwela Mr. Manager Cheelo Ms. Beauty Ntambo Mr. John Ngulube Mrs. Venus Ngoma Ms. Talisai Choto Mr. Benard Muzyamba Mr. Davis Kacheche Mr. Lemmy Likando	Siamatika basic school Matuwa basic school Lusitu basic school Kapululira basic school Mudulundulu village Kapululira village

DISTRICT	LIST OF PERSONS MET	PLACES VISITED
	Mr. U.K. Moombe Mr. Ernest Sakala Mrs. Probbie Milambo Mr. Wiseman Muleya Mr. Wamulume Mebelo Mr. Flavin Simuvwenze Mr. Noddy Kanyenda Mrs. Norah Shaluzani Mr. Martin Banda Mrs. Pellger Hamoonga Mr. B. Kasonde Mr. P. Mulanda Mr. E. Hamalila Mrs. E. Siyuni Mr. C. Ngonomo	
Namwala	Mr. G. Mweemba (CS) Mr. G. Sanjase Mr. Wesley Mbulo Mr. Milo Muzhiwo Mr. Patrick Kalaluka Mr. Rex Nalubamba Mr. Godwin Chate Mr. H. Nyambe Mr. Solomon Chaaba Mr. Kakwende Martin Mr. A Sinyenda Ms. Maureen Kanene	Kawilizhi basic School Kabulamwaanda school Mboole basic school Kabwe basic school

Appendix 5: ZEA Profile

ZAMBIA EVALUATION ASSOCIATION

Plot 6465 Libala Road
P.O. Box 39005, Lusaka, Zambia
Phone 260 1 293529 e-mail zea@zamnet.zm

PROFILE

1.0 Introduction

The Zambia Evaluation Association is a non-governmental and not for profit organization that was formed and registered in 2001. As an affiliate to the African Evaluation Association (AfrEA), ZEA has a wide international network from which it draws best practice in issues pertaining to monitoring and evaluation. ZEA is dedicated to the advancement of professional monitoring and evaluation practice in Zambia. The association recognise M&E as a professional field in its own right. One of the very steps the association took after its formation was to develop standards and ethics in monitoring and evaluation to which all ZEA members must subscribe.

The Association believes that monitoring and evaluation is indispensable for good management and is crucial for development. Inadequacies in M&E results in limited learning by implementers about progress, opportunities and problems, consequently limited ability of those involved to correct operations and strategy, leading to sub-optimal impact on poverty reduction. Secondly, without M&E there will be unclear impact on performance and limited accountability to primary stakeholders and funding agencies of projects in terms of their stated goals. If there is no method for tracking activities, how can projects justify their existence?

2.0 Objectives

The general goal of the Zambia Evaluation Association is to develop evaluation as a profession and to promote the highest levels of professionalism. Specific objectives include:

1. To develop capacity in the country for good M&E practices and processes;
2. To develop programmes to guide evaluation practices;
3. To provide information to interested parties about new developments in the field; and,
4. To link members and associations with similar evaluation interest.

3.0 Activities

ZEA through its membership has a wide range of highly qualified, professional and experienced team in issues pertaining to project M&E. By having a homogenous membership the association has among its members different expertise and experiences. These among others include designing the M&E system as well as evaluating projects both for local and international institutions.

ZEA is an active member of the Poverty Monitoring and Analysis (PMA) committee under the ZAMSIF in the Ministry of Finance. This Committee spearheads the study fund for poverty related studies.

ZEA has developed a very good working relationship with the Ministry of Finance and National Planning as seen from some assignments conducted in the past. It has detailed knowledge of the PRSP, particularly the indicator system having helped MFNP to refine the system as well as the institutional framework. In addition, with a membership of over 130 from all the provinces of Zambia, ZEA has the ability to identify and mobilise trainers at short notice to train provincial officials.

3.0 Resent projects undertaken

1. ***Ex-Post Evaluation of the Livestock Development Programmes in Western Province-January 2004.*** This study focused on the on a programme that had been implemented between the period 1084 and 1999. The study was conducted four years after the close of the programme with the aim of tracing sustainability of the achievements and to underscore any lesions learnt from the implementation of that programme. The assignment was Funded by Zambia Social Investments Fund (ZAMSIF) and the findings of this study were presented at the Third Poverty Annual Conference of 2004
2. ***Stakeholders Training, Review and Development of Monitoring and Evaluation Indicators for the Public Welfare Assistance Scheme (PWAS) Management Unit-July 2004.*** The assignment involved the analysis and refinement of the monitoring and evaluation system, development of indicators and training of the National Monitoring Team and the Provincial Social Welfare Officers
3. ***Training of Government Planners in Monitoring of the PRSP and the MDG indicators (February 2004).*** This workshop was organized by the Ministry of Finance and National Planning and was sponsored by UNDP. The training was necessitated by the observed lack of capacity of most government institution's inability to effectively track progress made in PRSP implementation due to lack of a standardized system of monitoring the PRSP through the use of indicators
4. ***Training on the monitoring of PRSP Projects and Programmes for the Civil Society for Poverty Reduction (CSPR) –December 2003.*** This was organized by Ministry of Finance and National Planning and funded by UNDP and GTZ. The rationale for the Government to support this training was in line with its policy of involving stakeholders in the monitoring of the implementation of its programmes.
5. ***Participatory Monitoring and Evaluation Training for ZAMSIF June 2004.*** ZEA was sub-contracted by International Training And Development (ITAD) of UK to provide training services to the district Stakeholders involved in the planning and implementation of development projects especially ZAMSIF Projects. Some members of the Association were heavily involved in this consultancy, those not under the associations name to engage in:
 - a. Designing of the framework for developing relevant community and district indicators and methods;

- b. Developing of frameworks for reflective learning events at all stages of the ZAMSIF programme cycle; and,
 - c. Development of training Manuals for Participatory Monitoring and Evaluation for the community, district and Zambia Social Investment Fund (ZAMSIF) level.
6. ***Provincial Awareness Training on Standards and Ethics in Monitoring and Evaluation 2002/3.*** This was a ZAMSIF funded activity to strengthen the Provincial capacities in Standards and Ethics of Evaluation and has been conducted in all provinces except central province.
7. ***Mbala Area Development Programme (ADP) Participatory Rural Appraisal-2003 – This was an assignment where the association was contracted to help World Vision Zambia re-orient one of its programs in the Northern Province of Zambia.***

ZEA continues to promote high levels of evaluation professionalism. This is done through building capacity in members and interested practitioners. The association also conducts awareness programs and activities on evaluation standards and ethics. It also advocates for the placement of monitoring and evaluation issues high on the country's agenda.

Appendix 6: Personal Profiles of Consultants

Profiles of Team Members

Personal profiles:

Name: Emelia Mweemba

Sociologist with experience in participatory methodologies, qualitative and quantitative research methods with more than five years experience in water, sanitation and Hygiene Education related matters with good interpersonal skills. Have also carried out an evaluative type of study on the Effort made by the government of Zambia and the impact of the Programme for the Advancement of Girl's Education (PAGE).

Name: Ian N. Banda

Civil and Environmental Engineer with over 20 years experience in construction and design of physical infrastructure for sectors such as water supply and sanitation, community roads, schools and housing in both Zambia and Botswana for twenty years.

Name: Hope Nkoloma

Is a public health practitioner who has worked in the Ministries of Health, Energy and Water Development, Local Government and Housing. She has been working in the rural water supply and sanitation sector for the past eight years. She has on several occasions carried out evaluations on water supply and sanitation and health education programmes.

Name: Emmanuel Mkandawire

Has skills in Project Monitoring and Evaluation, qualitative and quantitative skills in research instrument design, data collection, inputting and analysis, Organisation management and coordination. Has professional experience with issues pertaining to development of about two years and understanding of problem situation in rural areas and the various institutions and their roles in national development.

Appendix 7: Terms of reference for Individual and Institutional SSA

Position Title:	Evaluation Consultant for the WASHE Project in 4 AusAID Districts
Fee:	9,908 USD
Location:	Southern Province (Gwembe, Siavonga, Namwala & Choma Districts)
Duration:	5 weeks
Start Date:	10th January 2005.
Completion Date:	15th February 2005.
Reporting to:	Project Officer, WASHE.
Budget Code/PBA No:	GC/01/ 6009

Background

In October 2001, UNICEF Zambia with funds provided by UNICEF Australia and AusAID, started the improvement of water and sanitation services in 200 schools and 600 villages and promote WASHE Basic Needs for 72,000 people in the 4 target districts of Gwembe, Siavonga, Namwala and Choma Districts. School surveys in the 4 target districts suggested an average of 91 boys per latrine and 80 girls per latrine, a figure that was unacceptably high and needed to be reduced to a ratio of 40:1 for boys and 25:1 for girls.

The project formed part of the WASHE programme that has been able to promote the concept of integrated delivery of water supply with improved sanitation and hygiene education; achieve hand-pump standardisation, and promote the concept of School Health and Nutrition (SHN) in Zambia. The programme justifies its efforts through research indicating that increasing access to safe water sources and improving sanitation can reduce water-related diseases by 60% and that washing hands reduces diarrhoea episodes by 33 %. The project was demand responsive and community user-based and the choice of technology/level of service depended on the affordability, the community's need and their capacity to manage and maintain it. Behavioural change was needed to improve and ensure proper use and maintenance of facilities, and the vigorous promotion of sanitation-related habits such as hand washing, in order to maximise the benefits of a safe and clean sanitation environment.

In the 4 districts supported by UNICEF Australia and AusAID, the District WASHE Committees (D-WASHE) have been established and have gained sufficient experience to plan, implement and monitor their own WASHE programmes. These aims to reduce poverty and improve the quality of life at the household level. Recently the focus has shifted to target, in particular, widow-headed households, child-headed households and households acting as caregivers to orphans. These groups are identified and subsidies and help are provided to improve their household facilities. In addition they receive skills training and are provided with

opportunities to earn supplementary income by providing their services to the communities and selling WASHE materials to the communities.

The districts have built strong partnerships at all levels - national, provincial, district, village and most importantly, in households. Stress has also been given to ensuring sustainable development, through the building of the skills and capacities of the households, communities and local institutions such as Village committees and local NGOs. Likewise, the use of local materials has been promoted, as have affordable technologies and community level management and decision making. Gender promotion is also an integral part of all activities and by providing skills the women are enabled to participate actively in their committees. Similarly, they are able to earn supplementary incomes by acquiring the skills, for instance, to mend pumps and make sanitary platforms for latrines (sanplats). Most communities now have the capacity to use participatory methods, prepare their own village Action Plans, implement them and monitor progress.

In the 4 districts, UNICEF Australia, in collaboration with UNICEF Zambia, the Government of Zambia, NGOs and the private sector, contributed to the improvement of the health of children and women by providing access to safe and clean water supplies, adequate sanitation and improved hygiene practices, as well as reduced water-carrying burdens for girls and women.

Justification and Evaluation Objectives

As a project, funded by an external donor, there is a need to show donors that the project is implemented well and that the project objectives are being achieved. Although project implementation is monitored through regular project progress and annual reports submitted to donors, a more comprehensive and objective evaluation by an external consultant is deemed necessary to validate results reported and to convince current and potential donors of the continued support and possible expansion of the project.

The evaluation has been called to examine the actual achievements of the project, in relation to the objectives stated in the project proposal, with a view to document the progress, experiences and lessons learnt and identify issues and challenges for the project. UNICEF, the donor agencies (UNICEF Australia and AusAID) and project-implementing partners (Ministries of Education and Local Government and DAPP) all agree that the project has been implemented sufficiently to merit an evaluation. The various project stakeholders are in agreement that the evaluation will specifically aim to:

1. Assess the effectiveness of the project (i.e., the extent to which the project stated objectives are being/been achieved or can be achieved);
2. Assess sustainability of the project (i.e. the likelihood of the project continuing after donor support); and
3. Assess the relevance of the project (i.e. appropriateness of the project in relation to the needs and situation in the 4 districts)
4. Identify lessons learnt and recommend ways to improve the project design.

Addressing the 4 evaluation objectives will require that the evaluator provide answers to the following specific questions:

Effectiveness

1. To what extent have the project's objectives (to improve water and sanitation services in 200 schools and 600 villages and promote WASHE Basic Needs¹ for 72,000 people in the four target districts, etc) been reached?
2. Were/are the project activities adequate to realize the objectives?

Relevance

3. Are objectives of the project in keeping with locally defined needs and priorities?
4. Should the direction of the project been changed to better reflect those needs and priorities?

Sustainability

5. To what extent does the project established processes and systems that are likely to support the continued implementation of the project?
6. Are the involved parties willing and able to continue the project's activities on their own?

Project Design and implementation Improvement

7. How can the overall design of the project be improved to better achieve the project objectives?

Scope of Work and Evaluation Methods

It is also expected that the evaluator will be under supervision of UNICEF WASHE Project Officer and M&E Officer, and work closely with D-WASHE & NGO officers in the field. The scope of work of the evaluator will include the following:

1. Develop the evaluation work plans, evaluation design and methodology taking into consideration the AusAID Guidelines (Annex 1) and the UNICEF Evaluation Report Standards (Annex 2).
2. Develop the evaluation implementation work plan
3. Develop the evaluation instruments and conduct validation and field testing of the same
4. Prepare the evaluation report and present the findings in a briefing to be organized for the purpose of disseminating results to intended audience

The evaluator is expected to undertake the evaluation in as rigorous a manner as possible to produce information and make recommendations that are sufficiently valid and reliable, based on data and analysis. It is expected that the evaluator will conduct a participatory evaluation that will involve project implementers and target beneficiaries in all key evaluation tasks. Existing project documents and progress reports will be shared with the evaluator to facilitate completion of the tasks.

Areas to be considered

- All work shall be done in full co-operation with the UNICEF WASHE Project Officers and the Monitoring & Evaluation Officer.

¹ WASHE Basic Needs consist of: access to safe and convenient water, sanitation, hand washing, safe storage of food and drinking water and disposal of solid and liquid waste; nutritional improvement, HIV/AIDS awareness and malaria prevention and treatment.

- Assess the established network and developed capacity at district and sub-district-levels to support the development and implementation of guidelines to deliver effective sanitation, hygiene & water to schools & communities
- Assess the establishment of health promoting schools, with sanitation facilities, hygiene education and water supplies
- Assess the extent of improvement in water, sanitation and hygiene education to the communities surrounding the schools
- Hard copies & soft copies for the Draft Evaluation Report of the AusAID WASHE Project shall be provided by contracted Consultants, and shall be approved by the UNICEF Project Officers before finalisation.
- Instruments used for the evaluation should be attached to the report

Expected Deliverables and Timetable

Within the consultancy period (a period of 3 weeks), the consultant is expected to complete the above-mentioned scope of work using the AusAID guidelines and the UNICEF Evaluation Report Standards. The deliverables are as follows:

1. Evaluation design (Evaluation instruments developed) and implementation plan (in the first Week).
2. First draft of the evaluation report (at the start of the third week). Recommendations and lessons learned should be included in the evaluation report.
3. Finalization of the evaluation report (at the end of the third week).

Desired background and experience

The institution/individual required for consultancy for Evaluation of WASHE AusAID Project needs to have:

- (a) At least a diploma in sociology, Public Health, Water Engineering or related disciplines with 5 years minimum working experience.
- (b) At least 2 years experience in conducting project evaluations.
- (c) Experience in water and sanitation programmes and having worked with the district and village level on the WASHE programme in Zambia is an added advantage.
- (d) Good at interpersonal skills and able to work in a multi-cultural environment.
- (e) Have a good working knowledge of computers and proficient in word processing and data processing.

Conditions (Important)

This Consultancy is awarded under the following conditions:

- The work shall be carried out in the field and in Lusaka at the Consultant's own premises.
- UNICEF shall provide transport and DSA at UN rates for field work for the consultancy.
- The Fee, as indicated above will be paid as a Lump Sum and will include all allowances, taxes, duties, social and health insurances.
- The Consultant shall provide their own computer, diskettes and paper for the purposes of carrying out the work.
- UNICEF will provide access to the existing AusAID Project Evaluation Guidelines, project documents, progress reports, photographic and graphic records / archives as appropriate for the work and as approved by the Project Officer, WASHE.

Prepared by: Requesting Officer

Approved by: Head of Section

Name:

Name:

Title:

Title:

Signature:

Signature:

Date:

Date:

Appendix 8: List of References

N-WASHE 1998	Understanding WASHE manual 1
N-WASHE 1998	WASHE in the water sector reforms manual 2
GRZ 2002	The National Decentralization Policy Towards Empowering People
GRZ 2001	Ministry of Finance and National Planning Towards Empowering People
URZ MEWD 1994	National Water Policy
MLGH June 2004	Revised Framework for Rural Water Supply and Sanitation

Appendix 9: Photo file



Fencing under the AusAID project



Drama in sanitation and hygiene Practices



Dish rack to dry and keep plates and other utensils clean



Construction of double pit latrine under DAPP Namwala



Energy conserving stove in use cooking food- Namwala