ACP EU Water Facility Project - 2006-2011

Addressing water and sanitation needs of the rural poor in the context of HIV and AIDS in Zimbabwe

ZIMWASH Project End- Term Evaluation Report

(RPD/ZIMA/2011/009)

Bulilima District - Matabeleland South Province
Chegutu District - Mashonaland West Province
Chipinge District - Manicaland Province
Hwange District - Matabeleland North Province
Mangwe District - Matabeleland South Province
Zaka Districts - Masvingo Province

By
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November—December
2011
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The team would like to thank all those that provided their most valued responses during the six week End-Term ZIMWASH project evaluation process. These include the members of the respective District Water Supply and Sanitation Sub-Committees, District Administrators and the Chief Executive Officers of the six project districts.

Special mention also goes to the community members from the wards and villages where the field data collection was conducted.
### List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACF</td>
<td>Action Contra La Faim</td>
</tr>
<tr>
<td>ACP</td>
<td>African, Caribbean and Pacific</td>
</tr>
<tr>
<td>AMCO</td>
<td>African Ministerial Conference on Water</td>
</tr>
<tr>
<td>BRDC</td>
<td>Bulilima Rural District Council</td>
</tr>
<tr>
<td>BVIP</td>
<td>Blair Improved Ventilated Pit Latrine</td>
</tr>
<tr>
<td>CBM</td>
<td>Community Based Management</td>
</tr>
<tr>
<td>CC</td>
<td>Christian Care</td>
</tr>
<tr>
<td>CCORE</td>
<td>Collaborating Centre for Operational Research and Evaluation</td>
</tr>
<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All form of Discrimination against Women</td>
</tr>
<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
</tr>
<tr>
<td>CRDC</td>
<td>Chegutu Rural District Council</td>
</tr>
<tr>
<td>CRDC</td>
<td>Chipinge Rural District Council</td>
</tr>
<tr>
<td>DDF</td>
<td>District Development Fund</td>
</tr>
<tr>
<td>DWSSC</td>
<td>District Water Supply and Sanitation Sub-Committee</td>
</tr>
<tr>
<td>EDF</td>
<td>European Development Fund</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>GoZ</td>
<td>Government of Zimbabwe</td>
</tr>
<tr>
<td>HRBA</td>
<td>Human Rights Based Approach</td>
</tr>
<tr>
<td>HRDC</td>
<td>Hwange Rural District Council</td>
</tr>
<tr>
<td>ICT</td>
<td>Information Communication Technology</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
</tr>
<tr>
<td>IRC</td>
<td>International Water and Sanitation Centre</td>
</tr>
<tr>
<td>IWS</td>
<td>Institute of Water and Sanitation Development</td>
</tr>
<tr>
<td>KABP</td>
<td>Knowledge, Attitudes, Behaviour and Practices</td>
</tr>
<tr>
<td>KII</td>
<td>Key Informant Interview</td>
</tr>
<tr>
<td>MC</td>
<td>Mercy Corps</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>MMT</td>
<td>Mvuramanzi Trust</td>
</tr>
<tr>
<td>MRDC</td>
<td>Mangwe Rural District Council</td>
</tr>
<tr>
<td>NMMPR</td>
<td>National Master Plan for Rural Water Supply and Sanitation</td>
</tr>
<tr>
<td>NAC</td>
<td>National Action Committee</td>
</tr>
<tr>
<td>NCU</td>
<td>National Coordination Unit</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Governmental Organization</td>
</tr>
<tr>
<td>NIHR</td>
<td>National Institute of Health Research</td>
</tr>
<tr>
<td>OVC</td>
<td>Orphan and Vulnerable Children</td>
</tr>
<tr>
<td>PANEL</td>
<td>Participation, Accountability, Non-Discrimination, Equity and Linkages</td>
</tr>
<tr>
<td>PHHE</td>
<td>Participatory Health and Hygiene Education</td>
</tr>
<tr>
<td>PSIP</td>
<td>Public Sector Investment Programme</td>
</tr>
<tr>
<td>PWSSC</td>
<td>Provincial Water Supply and Sanitation Sub-Committee</td>
</tr>
<tr>
<td>RDC</td>
<td>Rural District Council</td>
</tr>
<tr>
<td>R&amp;D</td>
<td>Research and Development</td>
</tr>
<tr>
<td>SDC</td>
<td>School Development Committee</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for Social Scientists</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>VPM</td>
<td>Village Pump Mechanic</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WPC</td>
<td>Water Point Committee</td>
</tr>
<tr>
<td>WV</td>
<td>World Vision</td>
</tr>
<tr>
<td>ZIMWASH</td>
<td>Zimbabwe Water Sanitation and Hygiene Project</td>
</tr>
<tr>
<td>ZRCS</td>
<td>Zimbabwe Red Cross Society</td>
</tr>
<tr>
<td>ZRDC</td>
<td>Zaka Rural District Council</td>
</tr>
</tbody>
</table>
Executive Summary

This ZIMWASH project end-term evaluation was a contractual requirement between the European Union (EU) and UNICEF. Its purpose was to assist the EU and project consortium of partners to determine to what extent the project was successful in meeting its expected objectives. The evaluation also sought to inform planning, implementation and management of future UNICEF and Government of Zimbabwe (GoZ) WASH programmes embracing lessons learned and best practices.

The end-term evaluation goal was to assess the achievement of the project objective and expected results. Specifically the evaluation assessed:

- The degree of improvement in the enabling environment (consisting of policies and training, research and information services) for civil society and local government to provide WASH services to the rural poor.
- The extent to which sufficient skills have been enhanced amongst civil society organisations and local authorities in the six (6) pilot districts to coordinate, plan, provide and support community management of water services.
- Improvements in planning mechanisms and project management practices among district level organisations for WASH services delivery.
- Improvements in access to and use of safe and sustainable sanitation services at households and schools.
- Improvements in access to and use of safe and sustainable water supply services which are responsive to the livelihoods needs of rural men, women and children.
- The extent to which skills and practices among community-based organisations and individuals (men and women) to manage water supply and sanitation services have been enhanced.
- The extent to which hygiene practices among rural men, women and children, especially those infected and affected by HIV&AIDS have been improved.
- To document lessons learnt, best practises and make recommendations for improved implementation of future projects.
- The extent to which EU is visible in the project.

The evaluation was carried out between 23rd November and 23rd December 2011 in six project districts (Bulilima, Chipinge, Chegutu, Hwange, Mangwe and Zaka) across five Provinces of Zimbabwe. Twelve (12) of the possible fifty four (54) project wards were purposefully selected for the evaluation. A range of stakeholders including the Consortium Partners, District Administrators (DA), Rural District Council (RDC) Chief Executive Officers (CEO), District Water Supply and Sanitation Sub-Committee (DWSSC) members, key leaders and community beneficiaries were consulted.

The following stepwise process was used in the evaluation:

- A comprehensive and extensive literature review of ZIMWASH project documentation: baseline summary and districts specific reports, interim progress, monthly progress and activities reports, occasional publications, process documentation, project output summaries, and a mid-term evaluation report. A list of documents reviewed during the evaluation is attached.
- The preparation of an Inception Report, outlining the evaluation process including presentation of the evaluation conceptual framework, sampling framework, enumerator training, data collection methods and tools and analysis plan and ethical considerations and assumptions. The inception phase was also subjected to a critical discussion and stakeholder
consultation process hosted by the Collaborating Centre for Operational Research and Evaluation (CCORE).

Key Evaluation Findings:

It is noted that the project implementation period was characterised by a number of challenges:

- The first three years (2006 to 2008) of the ZIMWASH project implementation coincided with a time at which the country was experiencing economic difficulties characterised by hyperinflation that reached a high of 231 million percent by the end of 2008. This affected efficient use of project resources.
- Poor economic performance in the country resulted in low industry capacity utilisation; project materials were therefore not locally available for a better part of the project period. This resulted in offshore procurement of most project materials that caused delays in implementation of project activities.
- High staff turnover particularly among Government district level project staff eroded project capacity development efforts resulting in inconsistency in DWSSC membership.
- There was a temporary suspension of NGOs operations and activities in Zimbabwe. Six months project time was lost i.e. April to September 2008.

Notwithstanding the above challenges, key findings of the evaluation in respect of each evaluation objective showed that project achievement of expected results was overall satisfactory as summarised below:

Evaluation Objective 1: The degree of improvement in the enabling environment (consisting of policies and training, research and information services) for civil society and local government to provide WASH services to the rural poor.

- A National Learning Platform made of the project consortium members was formed that facilitated the review of WASH sector policies and strategies resulting in the adoption of new sector coordination mechanisms that have since been approved by cabinet.

Evaluation Objective 2: The extent to which sufficient skills have been enhanced amongst civil society organisations and local authorities in the six (6) pilot districts to coordinate, plan, provide and support community management of water services.

- Functional District Water Supply and Sanitation Sub-Committees (DWSSC/Learning Alliances) were resuscitated and these successfully managed project implementation processes in the six project districts. Capacity gaps of the civil society organisation were addressed through a number of trainings.

Evaluation Objective 3: Improvements in planning mechanisms and project management practices among district level organisations for WASH services delivery.

- Institutional capacity of district level organisations, mainly the DWSSCs, was created through training in Strategic Planning that resulted in the development of Five Year District WASH Strategic Plans. These subsequently informed WASH annual plans during the entire lifespan of the ZIMWASH project.

Evaluation Objective 4: Improvements in access to and use of safe and sustainable sanitation services at households and schools.

- Access to safe sanitation was improved through construction of 6920 household and 605 school sanitation facilities that benefitted 63526 and 41063 people respectively.
Evaluation Objective 5: Improvements in access to and use of safe and sustainable water supply services which are responsive to the livelihoods needs of rural men, women and children.

- Access to safe water was improved through rehabilitation of 696 boreholes, drilling of 62 new boreholes, upgrading of existing 353 family wells and construction of 53 rain water harvesters. A total of 173,825 people are reported to have benefited.

Evaluation Objective 6: The extent to which skills and practices among community-based organisations and individuals (men and women) to manage water supply and sanitation services have been enhanced.

- A total of 673 WPCs, 312 VPMs and 1229 latrine builders were trained. A total 4,220 beneficiaries were reportedly reached.

Evaluation Objective 7: The extent to which hygiene practices among rural men, women and children, especially those infected and affected by HIV&AIDS have been improved.

- A total of 335,299 households were reached by the trained Health Promoters while 7,899 were reached through community level PHHE sessions. There is an increase in hygiene knowledge and improved adoption of positive hygiene behaviours and practices within the targeted communities.

In the context of the challenges experienced during project implementation and the subsequent project achievements, overall, project performance is rated as satisfactory. Table 1 below summarises project performance rating based on the following key evaluation criteria i.e. relevance, efficiency, effectiveness, impact and sustainability.

<table>
<thead>
<tr>
<th>Policy</th>
<th>Capacity at district level</th>
<th>Capacity at community level</th>
<th>Access to water supply services</th>
<th>Access to sanitation services</th>
<th>Hygiene behaviour and practices</th>
<th>Gender Mainstreaming</th>
</tr>
</thead>
</table>

This end-term evaluation has identified the following key lessons from the implementation of the ZIMWASH project in the six project districts:

- Empowering communities and other project stakeholders with the appropriate project information, objectives and ideas creates the necessary demand and commitment, making implementation of hardware activities easy. In the implementation of ZIMWASH project, community demand for WASH services “rose astronomically after community members had gone through hygiene promotion sessions”\(^1\).
- It is more effective to adopt a comprehensive organisational capacity strategy that covers all the capacity development components i.e. human, financial and institutional. ZIMWASH project capacity development was largely focused on human resources at the expense of other issues such as the provision of vehicles and office information communication technology (ICT) to RDCs.

\(^{1}\) Mvuramanzi Trust Report to UNICEF, 1\(^{ST}\) January to 30\(^{TH}\) November 2011
If empowered with correct information on the associated benefits from development programmes, the vulnerable can make effective contribution in addressing their vulnerability status. In the ZIMWASH project, the vulnerable contributed all the locally available materials including paying builders fees, contrary to the general perception that such people require 100% subsidy.

Given clear guidelines, local government and civil society organisations can effectively coordinate local development processes. With the appropriate information and guidelines local and community based civic society organisations that include the ward and village development committees linked to the ZIMWASH project managed to facilitate project implementation.

Key ZIMWASH Project best practices that have the potential of being promoted and replicated are that:

- Partnering of Non-State actors with Government through the consortium approach - where partners operate on equal level, have clear complimentary roles and responsibilities, work as a team and mutually respect each other is an effective way of implementing development programmes.
- Process documentation: Documenting project processes from inception through to planning, implementation, monitoring and evaluation created a rich reservoir of information from which major lessons and best practices were adopted to influence programming.
- The school block grants system as an innovation that converts WASH facilities given to schools into school fees grants addresses community failure to raise school fees that negatively impacts on child rights to education especially for orphans and vulnerable children.
- The use of local government and civil society structures in the selection of project beneficiaries using locally defined vulnerability indicators and locally available documents (OVC register, village heads registers and Home Based Care (HBC) programme records) proved to be effective in targeting the most vulnerable under the ZIMWASH project.

In conclusion, the ZIMWASH project was to a largely successful in achieving the project expected results which in turn positively contributed towards the overall objectives and project purpose with the following recommendations:

At national level, it is recommended that the NAC in collaboration with UNICEF should:
- Adopt and promote the consortium approach as one of the strategies of implementing WASH programmes in Zimbabwe.
- Support WASH sector research and development through the establishment of a WASH Research Fund.
- Specifically, adopt, develop guidelines, promote and build sector capacity in process documentation.
- Adopt, consolidate guidelines, promote and build WASH sector capacity to implement the school block grant approach.
- Carry out research to document lessons, best practices and develop implementation guidelines on linking WASH and livelihoods projects.
- Future capacity development efforts should address all capacity development components (human, financial and institutional) at all levels. This can be done through establishing a WASH sector capacity development fund.
- The NAC should support the implementation of the sustainability strategies developed by the six project districts with the view of documenting lessons learnt and best practices that will inform scaling up of most effective sustainability options.

At district levels it is recommended that:
- RDCs should prioritise funding of the operation and maintenance, particularly the procurement of CBM tool kits and spares in line with the sustainability strategies developed by the six project districts.
- Districts should systematically capture statistics on self-initiated and funded WASH facilities so that they feed into national statistics.
- RDCs with the support of the DWSSCs should update project assets registers especially the CBM tool kits.
- RDCs with support from the DWSSCs should take stock of all incomplete structures and ensure that they are duly completed.
- RDCs should support the completion of applied research projects initiated through support from the ZIMWASH project.
- Districts that completed the applied research projects should make effort to implement the research findings in future WASH programming.
Part 1: Evaluation Background

1.1. Introduction

This report is presented in 4 parts. Part 1 concerns the background to the evaluation, with part 2 addressing the evaluation methodology. In part 3 the evaluation findings are presented and discussed. Lessons learnt, best practises, conclusions and recommendations are presented in part 4.

1.2. Evaluation Background

At Independence in 1980, Zimbabwe had a well developed urban water, sanitation and hygiene (WASH) sector and a largely neglected rural sector. Effective strategies to address the gaps in the rural communal areas were put in place by the new Government. These resulted in a gradual extension of coverage to the rural areas, such that in the first 20 years of Zimbabwe’s independence, overall water coverage increased from 32% to 56% and overall sanitation access from 28% to 55%. Urban WASH services coverage was over 90% by the late 1990s (AMCOW 2011).

There were also effective and efficient WASH management systems and structures for both rural and urban settings. For the rural settings the National Master Plan for Rural Water Supply and Sanitation (NMPRWSS) provided guidance on the overall sector coordination, implementation, operation and maintenance of WASH services. In the urban areas the urban local authorities had the mandate from the Urban Council Act. WASH sector Research and Development was spearheaded by the then Blair Research Institute (now National Institute of Health Research (NIHR) that facilitated the development of some of the current WASH technologies.

In the year 2000, as a consequence of a national political crisis in Zimbabwe, most donors withdrew their support to development programmes, the WASH sector included. The WASH sector had largely been supported from this quarter; hence the effects of the withdrawal of donor assistance were devastating.

The political crisis rapidly developed into an economic crisis, with national budgetary allocations to the WASH sector significantly reduced. Arguably, the gravest impact of the political and economic crisis was the collapse of the national currency characterised by hyper-inflation which had reached 231 million percent at the time of dollarization at the beginning of 2009.

Other serious consequences for the rural and urban WASH sectors were the skills flight into the Diaspora. This created serious capacity gaps and constraints in the WASH sector.

Of the estimated 47,000 bush pumps on which rural water supply was dependent, approximately 65% of the water points were reported not functional at any given time\(^2\). Open defecation came to characterize approximately a third of the rural population. In 2008 the most serious outbreak of cholera in Africa swept from the urban to many rural areas (Mason, 2009). The developmental thrust was further circumscribed by the generalized state of crisis in the target districts.

When the European Union (EU) advertised the first tranche of funding for WASH projects in 2004, a local consortium was formed and submitted a successful application.

\(^2\) NAC estimates
The Project Consortium was made up of the non-state actors i.e. the United Nations Children’s Fund (UNICEF), Mvuramanzi Trust (MMT), Institute of Water and Sanitation Development (IWSD) and the International Water and Sanitation Centre (IRC). The Government of Zimbabwe (GoZ), represented by the National Action Committee (NAC) for the WASH sector, was considered as an external partner, as the EU programme focused on non-state actors.

Project consortium members had specific but complimentary project roles and responsibilities as outlined in Table 2.

**Table 2: Project Stakeholders’ Roles and Responsibilities**

<table>
<thead>
<tr>
<th>Project Stakeholder</th>
<th>Key Project Roles and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF Zimbabwe</td>
<td>Overall project management, coordination, planning, financial management and programming, and policy advocacy.</td>
</tr>
<tr>
<td>MMT</td>
<td>Implementation of water and sanitation infrastructure, training of community structures on building and maintenance of WASH facilities and health promotion at community level.</td>
</tr>
<tr>
<td>IWSD</td>
<td>Supporting the formation of national and district platforms and support for research activities, documentation and dissemination of results, spearheading capacity building component of the ZIMWASH project.</td>
</tr>
<tr>
<td>IRC</td>
<td>Made inputs in the field of water and livelihoods, HIV&amp;AIDS and methodological support for learning alliances development, documentation and dissemination of results.</td>
</tr>
<tr>
<td>NAC</td>
<td>Overall coordination and management responsibility of the water, sanitation and hygiene (WASH) sector and provision of holistic, national WASH policy direction and guidance.</td>
</tr>
<tr>
<td>PWSSC</td>
<td>Provision of support and technical backstopping to district in implementing the ZIMWASH project.</td>
</tr>
<tr>
<td>DWSSC</td>
<td>Planning, implementation and overall management of all WASH activities at district level.</td>
</tr>
<tr>
<td>Rural District Councils</td>
<td>Overall management of ZIMWASH activities at district level, coordination of project inputs, community mobilization and formulation of appropriate bye-laws for the project.</td>
</tr>
<tr>
<td>The Community</td>
<td>Participating in all project activities, selection of project beneficiaries in line with the set criteria, availing themselves to be trained as artisans, providing locally available materials for latrine construction as well payment of latrine builders’ fees.</td>
</tr>
</tbody>
</table>

The ZIMWASH Project was accordingly funded under the 9th European Development Fund (EDF) as part of the African Caribbean and Pacific (ACP)-European Union (EU) Water Facility launched in 2004. The EU provided €5m, being 75% of the budget with UNICEF Zimbabwe providing 25%. Project implementation started in November 2006 and ended in July 2011 covering nine wards in each of the six project districts (Figure 1) of Bulilima, Chegutu, Chipinge, Hwange, Mangwe and Zaka. The project covered nine wards in each of the six districts as detailed in Table 3 below. In Bulilima and Mangwe districts the first prioritised 9 wards in the respective districts were later split resulting in twelve (12) and ten (10) project wards respectively.

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3 Source: Addressing the water and sanitation needs of the rural poor in the context of HIV&AIDS in Zimbabwe; The Road We Have Travelled Version 1.
Table 3: Project Wards per District

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>Wards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manicaland</td>
<td>Chipinge</td>
<td>1, 18, 20, 22, 23, 26, 28, 29 &amp; 30</td>
</tr>
<tr>
<td>Mashonaland West</td>
<td>Chegutu</td>
<td>1, 2, 3, 4, 6, 8, 9, 20, &amp; 27</td>
</tr>
<tr>
<td>Masvingo</td>
<td>Zaka</td>
<td>5, 11, 12, 15, 17, 18, 27, 28, &amp; 33</td>
</tr>
<tr>
<td>Matabeleland North</td>
<td>Hwange</td>
<td>2, 3, 4, 7, 11, 14, 16, 17, &amp; 18</td>
</tr>
<tr>
<td>Matabeleland South</td>
<td>Bulilima</td>
<td>1, 2, 3, 4, 6, 7, 8, 9, 13, 20, 21 &amp; 23</td>
</tr>
<tr>
<td></td>
<td>Mangwe</td>
<td>1, 2, 3, 4, 6, 9, 11, 13, 16 &amp; 17</td>
</tr>
</tbody>
</table>

Project activities were also categorised in interrelated work packages as summarised in Table 4.

Table 4: The ZIMWASH Project Work Packages

<table>
<thead>
<tr>
<th>Work Package</th>
<th>Key Activities</th>
</tr>
</thead>
</table>
| 1: Supporting an enabling environment at national level | • Set up national learning platforms  
• Carry out policy advocacy on water and livelihoods to civil society organisations and national government  
• Develop training materials and services in the fields of water, sanitation, livelihoods and health and hygiene education aimed at civil society organisation and local government  
• Providing research support to district level  
• Process documentation of change process at national level  
• Carry out targeted information sharing and dissemination activities, including website, brochure, working paper series, research papers, guidelines, a video and a seminar |
| 2: Improving project planning and coordination mechanisms at district level | • Set up district learning platforms in the 6 pilot districts  
• Develop project and planning coordination mechanisms in the 6 pilot districts  
• Develop integrated district WASH plans with civil society and local government, which follow a livelihoods approach  
• Develop and implement project support programmes, consisting of monitoring and technical advice, to the communities  
• Process documentation at district level |
| 3: Skills development at district level           | • Analysis of capacity gaps in planning and project management approaches and setting capacity building agenda  
• Carry out training of local civil society organisations and local government according to the identified gaps  
• Training of extension workers in life-skills based hygiene education, considering HIV&AIDS linkages, supporting small-scale livelihoods project and community-based management  
• Developing a research agenda at district level  
• Carry out training on research and analysis skills  
• Joint research on identified gaps |
| 4: Developing community level management skills. | • Participatory assessment of community management skills.  
• Establishing community management mechanisms and procedures with the users and committee.  
• Carry out capacity building of water and sanitation committees and operators. |
| 5: Implementation of water infrastructure        | • Construction of new water supply infrastructure considering multiple uses of water, especially targeting those infected and affected by HIV&AIDS  
• Rehabilitate existing community water supply systems and consider multiple uses of water  
• Support the development of community and household livelihoods initiatives, especially targeting those infected and affected by HIV&AIDS. |
| 6: Implementation of sanitation infrastructure    | • Building sanitation facilities at the household and schools, especially targeting those infected and affected by HIV&AIDS. |
| 7: Health and hygiene education, addressing linkages with HIV&AIDS. | • Baseline study of existing hygiene practices  
• Carrying out life-skills based health and hygiene education linking with HIV&AIDS linkages, supporting small scale livelihood project and community based management |
| 8: Project management                            | • Internal project coordination  
• Coordination with external stakeholders  
• Financial management  
• Monitoring and evaluation |

Source: ACP EU Water Facility Project; Addressing the Water and Sanitation needs of the rural poor in the context of HIV and AIDS in Zimbabwe Project Proposal

4 ZIMWASH Project Mid-Term Evaluation Report 2010.
1.3. Project Evaluation Purpose, Objectives and Scope of Work

The undertaking of this final project evaluation is a contractual requirement between the EU and UNICEF Zimbabwe. The evaluation purpose, goal and objectives are summarised below.

1.3.1. Purpose of the Evaluation

The purpose of the ZIMWASH End-Term Evaluation was to assist the EU and consortium of partners to determine to what extent the project was successful in meeting the project objectives. The evaluation also sought to inform planning, implementation and management of future UNICEF and Government of Zimbabwe WASH programmes.

1.3.2. Evaluation Goal and Specific Objectives

The end-term evaluation goal was to assess the achievement of the project objective and expected results. Specifically the evaluation assessed:

- The degree of improvement in the enabling environment (consisting of policies and training, research and information services) for civil society and local government to provide WASH services to the rural poor
- The extent to which sufficient skills have been enhanced amongst civil society organizations and local authorities in the 6 pilot districts to coordinate, plan, provide and support the community management of water services
- Improvements in planning mechanisms and project management practices among district level organisations for WASH services delivery.
- Improvements in access to and use of safe and sustainable sanitation services at households and schools
- Improvements in access to and use of safe and sustainable water supply services which are responsive to the livelihoods needs of rural men, women and children
- The extent to which skills and practices among community-based organizations and individuals (men and women) to manage water supply and sanitation services have been enhanced
- The extent to which hygiene practices among rural men, women and children, especially those infected and affected by HIV&AIDS have been improved and
- To document lessons learnt, best practices and make recommendations for improved implementation of future projects.
- The extent to which EU is visible in the project.

1.3.3. Scope of Work

The scope of work for this end-term evaluation also included but not limited to:

- Assessing the impact of the project on the beneficiary communities
- Assessing the assumptions made in the project intervention and review its relevance.
- Assessing strategies and implementation policy and procedures.
- Assessing the gender sensitivity of the programme and whether women equally benefited from the programme as men.
- Assessing the targeting and vulnerability criteria for project inputs and to what extent they have been applied.
- Assessing the level of participation of the community in planning and implementing activities that affect them.
- Assessing the effectiveness and efficiency of project management at district and national levels with respect to organizational and institutional settings.
- Assessing the management, implementation and monitoring system of the project.
• Determining the level of sustainability of the programme as well as lessons learned for potential future projects.
• Assessing the level of EU visibility.
Part 2: Evaluation Methodology

The final evaluation of the ZIMWASH project was undertaken over an intensive 6 week period between 23rd November and 23rd December 2011. The evaluation comprised the following steps:

2.1. Literature Review

A comprehensive and extensive literature review of ZIMWASH project documentation comprising baseline summary and districts specific reports, interim progress, monthly progress and activities reports, occasional publications, process documentation, project output summaries, and a mid-term evaluation report. Literature review helped to cast the end-term evaluation into context. Progress reports provided quantitative data on project achievements. Some of the reviewed documents are attached as Bibliography in annex 5.7.

2.2. Inception Report

An Inception Report, outlining the evaluation process including presentation of the data collection tools was submitted to UNICEF. This Inception Report was subjected to a critical discussion and stakeholder consultation process hosted by the Centre for Collaborative and Operational Research (CCORE) in Harare.

2.3. Sampling Procedures

The sampling procedures ensured that a representative sample of the different stakeholders and beneficiary groups were interviewed ensuring that;

- All the six districts were equally represented in terms of the number of wards and villages covered. This ensured that the entire project districts were represented in the sampling frame.
- Twelve (12) of the fifty four (54) project wards that constitute at least 20% of the project wards were covered. This is in conformity with the general rule concerning the determination of the minimal sample size in most research and evaluation activities, i.e. “a sample size of at least 10%”\(^5\). Twenty-four villages, constituting at least 10% of the total project villages in the twelve sample wards were covered. At least 5% of the targeted beneficiary households in a village were interviewed. Since the evaluation was dealing with very homogeneous target informants (orphans, elderly, disabled and especially those infected and affected by HIV&AIDS) increasing the sample size may not therefore have more value addition. Furthermore, the project provided a generic package (household and institutional latrines, safe water provision, training of local artisans and health and hygiene education) to all the beneficiaries.

2.4 Enumerator Training

To ensure uniformity and minimization of interviewing errors, a one-day interviewers’ training in the use of the data collection tools was undertaken on 28th November 2011 prior to fieldwork. The data collection tools had been pre-tested during the Mid-Term Evaluation of the same project and were therefore, basically reviewed and refined. Minor modifications were done so that the tools focused on the post project implementation period. To ensure a common understanding and approach to the administration of the data collection tools and minimise enumeration errors, the two evaluation teams first jointly administered the tools in Chegutu District where strict supervision and quality control was done. There were no challenges encountered in the use of data collection tools in Chegutu that warranted further attention.

\(^5\) Health Service Research Course; How to develop proposals and design research to solve priority health problems, WHO 1984
2.5 Field Data Collection

Field data collection was done using the following quantitative and qualitative data collection techniques and tools:

- Key informant interview guides were administered to project partners and consortium members at national, provincial and district levels. The questionnaire was also e-mailed to the (IRC) and PWSSSC Chairpersons. Key informant interviews focused mainly on policy issues and project performance on higher level goals, objectives, and outcomes. The interviews also solicited information on project challenges, lessons learnt and best practices. Key evaluation criteria (relevance, efficiency, effectiveness, impact and sustainability) were also addressed at this level.

- Focus group discussions (FGD) were held with DWSSCs, Water Point Committees (WPC) and communities. The FGDs collected qualitative information and provided explanation to project processes, performance, impact, challenges, best practices, issues of sustainability and community participation. Information collected from FGDs was also used to compliment and validate information collected through other techniques.

- Household questionnaires were administered to direct project beneficiary households and other households. The structured questionnaire sought to solicit and assess project impact on households’ characteristics and WASH Knowledge, Attitudes, Behaviours and Practices (KABP). The questionnaire also sought to assess project targeted beneficiaries' group perception of project performance. Information through household questionnaire was also complimented by household hygiene observation checklists.

- Water Point and Livelihoods Projects Observation checklists were also employed to verify the existences and utilisation patterns of the water and livelihoods projects. Observation checklists also validated information collected through other tools mainly the Key Informant Interviews and Household Interview Guides.

Table 5 below present the administration levels of the respective data collection tools.

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Planned Target</th>
<th>Number Reached</th>
<th>% Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Questionnaires</td>
<td>240</td>
<td>204</td>
<td>85%</td>
</tr>
<tr>
<td>Key Informant Interviews</td>
<td>4</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>Consortium of Partners</td>
<td>6</td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Chief Executive Officer</td>
<td>6</td>
<td>5</td>
<td>83%</td>
</tr>
<tr>
<td>District Administrators</td>
<td>12</td>
<td>12</td>
<td>100%</td>
</tr>
<tr>
<td>Ward Councillors</td>
<td>24</td>
<td>24</td>
<td>100%</td>
</tr>
<tr>
<td>Village Heads</td>
<td>24</td>
<td>27</td>
<td>225%</td>
</tr>
<tr>
<td>Observation Checklists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Livelihoods projects</td>
<td>12</td>
<td>27</td>
<td>225%</td>
</tr>
<tr>
<td>Water Supply Services (Borehole, well etc)</td>
<td>24</td>
<td>20</td>
<td>83%</td>
</tr>
<tr>
<td>Institutional Services</td>
<td>12</td>
<td>16</td>
<td>133%</td>
</tr>
<tr>
<td>Households Hygiene Practices Checklist</td>
<td>240</td>
<td>204</td>
<td>85%</td>
</tr>
<tr>
<td>Focus Group Discussions</td>
<td>24</td>
<td>24</td>
<td>100%</td>
</tr>
</tbody>
</table>

6 This is inclusive of cattle troughs which are considered as livelihoods project for livestock watering.

7 These are sessions and not number of participants.
2.6. Ethical Considerations

Research ethical issues were observed and adhered to. These included:

- Seeking permission and appropriate clearance from relevant authorities and working closely with the Consortium Partners, Rural District Council (RDC) Chief Executive Officers (CEO), and District Administrators (DA), District Water Supply and Sanitation Sub-Committee (DWSSC) members and community leaderships. The councils and the DWSSC notified the communities of the schedule and object of the evaluation. This enabled the evaluation team to access the informants and the communities with minimal challenges.
- Training of interviewers to act professionally, respecting human and community rights.
- Informing prospective informants of the purpose, objectives and methods of the evaluation.
- Seeking the informants’ consent in participating in the evaluation.
- Ensuring confidentiality and anonymity. Anonymity was further enhanced by using case numbers rather than household names of the respondents at data analysis stage.
- Assuring the informants of no personal benefits in participating in the evaluation.
- Making it clear to the informants that the evaluation team was independent from the ZIMWASH project partners.

Table 6 below summarise the key contribution of the different stakeholders during the evaluation process.

<table>
<thead>
<tr>
<th>Project Stakeholder</th>
<th>Key Project Roles and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF Zimbabwe</td>
<td>It provided information concerning the effectiveness of the project management arrangements, project successes and challenges as well as the lessons learnt and best practices. Provided most of the project documentation for literature review.</td>
</tr>
<tr>
<td>MMT</td>
<td>As the institution that had direct contact with the communities, MMT provided useful insight into the operational constraints and the community capacity building processes. It also provided documentation on achievements for both hardware and software activities at community level.</td>
</tr>
<tr>
<td>IWSD</td>
<td>Provided useful information on all capacity building efforts at national and district level. The evaluation team also got useful insights into research and process documentation activities and human rights issues.</td>
</tr>
<tr>
<td>IRC</td>
<td>Made inputs in the field of water and livelihoods, HIV&amp;AIDS and methodological support for learning alliances development, documentation and dissemination of results.</td>
</tr>
<tr>
<td>NAC</td>
<td>Facilitated the evaluation logistical requirements including making the necessary contacts with the provinces and districts in preparation for the evaluation. Updates on policy developments, general sector constraints and the future thrust of the WASH sector were also provided.</td>
</tr>
<tr>
<td>PWSSC</td>
<td>Provision of support and technical backstopping to district in implementing the ZIMWASH project.</td>
</tr>
<tr>
<td>DWSSC</td>
<td>Through Focus Group Discussions (FGDs), provided useful information on the journey they travelled, highlighting project successes and constraints. The wards and villages sampling was done with the assistance of the DWSSC. They also provided an officer who accompanied the evaluation team in the field providing directions and introductions to communities. The officers did not participate in the evaluation process for ethical reasons.</td>
</tr>
<tr>
<td>Rural District Councils</td>
<td>Provided useful insight into the project since they were overly responsible for all project activities. They also granted the Evaluation Team access to project documents as part of the literature review process.</td>
</tr>
<tr>
<td>The Community</td>
<td>Granted the evaluation team access to beneficiaries through councillors and village heads. They also assisted in providing useful information collected through various evaluation data collection techniques and tools.</td>
</tr>
</tbody>
</table>

Additionally, CCORE played a central role in provision of technical assistance in the research design and review of the evaluation report.
2.7 Data Entry and Analysis

The analysis of the study findings was based on quantitative analysis of the information generated using a database created in SPSS Version 16.0. Data were first checked for any errors, ambiguity and inconsistencies. The questionnaires were checked for data completeness and consistency before data capture. This was done in the field to reduce recall errors. Errors were corrected in the field. Qualitative data was analysed through content analysis.

Data entry was carried out by qualified and trained data entry clerks. Data entry clerks were trained in the use of an SPSS data entry template. Data quality checks were done through random comparison of hard copies and data entry records, identifying and correcting inconsistencies on records.

2.8 Report Writing

The evaluation report was submitted in zero draft and a PowerPoint presentation of the preliminary evaluation findings was also done to project stakeholders for comments and validation before submission of the second draft report. A second stakeholder consultation meeting to review the second draft report was also held before the submission of the final report.

2.9 Study Limitations

Very few challenges were encountered that presented some limitations to this evaluation. Some of the key limitations are that:

- The timing of the field data collection coincided with the first rains in all the sampled wards and villages. This brought few challenges in accessing some of the respondents as some were involved in agricultural activities such as collection of agricultural seed packs and food rations.
- Schools had just closed and in some schools, key informants such as the school heads and health masters were not present at the time of the evaluation. The evaluation teams interviewed the teachers on duty, some of whom were not very familiar with the assistance or support given to the respective schools by ZIMWASH project. Children were also not available. Planned FGDs with school children were subsequently not held.
Part 3: Project End-Term Evaluation Findings

The presentation, discussion and analysis of the evaluation findings, identification of lessons learnt and best practices and the recommendations of the ZIMWASH project end-term evaluation are done in the context of the following challenges encountered during the project life span.

3.1. Challenges to Project Implementation

Some of the key challenges encountered which had an impact on ZIMWASH project implementation processes include the following:

- The first three years (2006 to 2008) of the ZIMWASH project experienced serious challenges as the country was facing economic difficulties which resulted in hyperinflation. The hyperinflation rate reached a high of 231 million percent by the end of 2008. Under this environment it was not prudent to channel project resources to RDCs as the money became worthless by the time it reached the districts. The only alternative was to channel project funds through the two project NGO partners i.e. Mvuramanzi Trust and the Institute of Water and Sanitation Development (IWSD) who could by then operate Foreign Currency Accounts (FCA).

- Due to the prevailing low industry capacity utilisation, project materials were generally in short supply in the country and this explains why very little was done in implementing hardware activities in the first three years. To alleviate the problems, UNICEF ultimately procured most project materials off-shore thereby capitalizing on the advantages of the economies of scale. Given the prevailing situation, off-shore procurement was the only option available. However, this caused delays which largely explain why by July 2011, some of the hardware activities were still works in progress hence the need for three months “no cost extension” to November 2011.

- Transition from offshore to local procurement resulted in delays that were compounded with high risks as the local market was still under stress. To ensure procurement of quality products, a system of pre-delivery inspection by MMT was put in place. Despite the existence of this system there has been an alleged delivery of sub-standard project materials at district level, especially for bush pumps.

- During the entire project period, there has been a general shortage of reputable suppliers of WASH goods and services. For example, only one company bid for the drilling of boreholes in Bulilima, Mangwe and Hwange. UNICEF ended up contracting the company because it was the only one available and not that it presented the best value for money. Some reputable drilling companies were also reluctant to operate in the project areas that are mainly rural where the infrastructure is poor. With the introduction of the multicurrency regime, procurement of some project materials was done locally. However, the capacity of local companies was still low. UNICEF ended up contracting one reputable supplier of borehole components on a long-term basis.

- High staff turnover of Government Ministries and Departments, particularly at District level as people opted to go out of the country for greener pastures. Despite, the efforts made in building the capacity of WASH structures, there was reduced consistency in DWSSC membership.

- The political situation was also adverse as it coincided with the 2008 harmonised elections which resulted in a temporary suspension of NGOs operations and activities in Zimbabwe. Six months project time was lost i.e. April to September 2008. As the result of the suspension the cement delivered to the districts could not be distributed to the beneficiaries on time. Some of the cement subsequently expired. This was also the prime time for implementing project activities as the community would be free from agricultural activities.
• Project design left out other key capacity issues such as the provision of project vehicles and computers. This compromised the effectiveness of the DWSSCs especially on project monitoring and process documentation.

3.2. Achievement of Project Activities and Results
According to the project Logical Framework Matrix, the ZIMWASH Project had four related overall objectives, one specific goal/purpose and seven expected results. The assessment of the project achievements is therefore done according to each of the expected project results and the corresponding planned activities and targets.

**Expected Result 1:** *Improved enabling environment (consisting of policies and training, research and information services) for civil society and local government to provide WASH services to the rural poor*

**Activity 1.1: Setting up national learning alliance**
Data collected through Key Informant Interviews (KII) with national consortium members and review of project documents, showed that a National Learning Alliance was set up and was operational during the entire project lifespan. The Alliance was one of the first of its kind in the history of WASH sector in Zimbabwe in terms of scale of operation and number of stakeholders as it involved a UN Agency (UNICEF), an International NGO (IRC), Local NGOs (IWSD and MMT) and the Government of Zimbabwe represented by the NAC/NCU. The partners worked together from project formulation phase right through to July 2011 when the project officially came to an end. The Learning Alliance was also instrumental in developing/reviewing a number of WASH guidelines that were central in shaping the capacity development component of the ZIMWASH project. Some of the developed/reviewed guidelines include:

• The District Project Management Handbook that gives guidance on WASH programming. This was subsequently instrumental in guiding the ZIMWASH districts in planning and managing project activities.
• Community Based Management (CBM) Guide which was used to train DWSSC members and the communities on strategies to sustain their water and sanitation facilities. As a result of the training in CBM, the communities were reported to be now mostly responsible for looking after their water facilities using the local artisans whose skills were improved through activities and project achievements shown in Box 1 and Table 10 below.
• Participatory Health and Hygiene Education Guide (PHHIE) Field Guide; this guide remain the main reference document for health and hygiene promotion in Zimbabwe and has been widely adopted by all partners in the WASH sector. The

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revised PHHE Guide became an important and effective tool for health and hygiene education campaigns and community capacity development in responding to the 2008/9 cholera outbreak. The project also developed Information, Education and Communication (IEC) materials in response to the cholera outbreak that have been adopted and distributed nationally in private and public institutions. Three of the ZIMWASH districts (Chegutu, Chipinge and Zaka) were apparently affected by cholera and the project was instrumental in disseminating health and hygiene education to the affected communities. There has been continued use and demand for the ZIMWASH project IEC materials. For example, a number of organisations have to date requested for authority to reproduce the Shamiso flier that provides education on the ten steps of effective hand washing.

- A Briefing Note on Water and Livelihoods that gives guidelines on linking WASH to livelihoods was developed and project staff at district level were trained in line with expected result 5 on the project log frame.
- Strengthening Planning for WASH in Zimbabwe.
- Project Monitoring and Evaluation Training Guide.
- Research Methodology Manual that was used to train DWSSC in Research Methods.
- Upgraded Well Manual for Field Workers

The ZIMWASH project also supported the national alliance members to attend a number of local and regional WASH conferences where the ZIMWASH project experiences were extensively disseminated. Key examples include the 10th WaterNet/WARFSA/GWP-SA Symposium in Uganda in October 2009 and the International Year of Sanitation Conference held in Durban in 2008.

During KII, some consortium partners described the project management arrangement as “unique and excellent” in that:

- It brought together organisations with unique and different expertise.
- It created a platform for learning and sharing of experiences among partners.
- The presence and representation of government ensured that there was consistent policy guidance and enhanced acceptance of project results, thus making it easy for policy advocacy.

During FGDs with DWSSC members, this end-term evaluation established that DWSSCs members from the six project districts were satisfied with the work that was done by the national alliance in developing their capacity as well as providing support during project implementation (Box 2).

**Outcome: Activity 1.1.**

From the findings it can be concluded that the National Learning Alliance was successfully set up and operationalised. The need for sector wider promotion of the Learning Alliance approach is recommended.

**Activity 1.2: Carrying out policy advocacy on water and livelihoods to civil society organisations and national government**

The evaluation, through KII with consortium partners and review of project documentation established that since its inception, the ZIMWASH project made critical contributions to WASH sector policy advocacy and review. It financed a Ministerial Retreat Workshop in Nyanga attended by the National Alliance.

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9 Mid-Term Review Report, 2010, page 21
10 Mid-Term Evaluation Report, 2010 page 21
by four critical government Ministries responsible for WASH under the guidance of the Deputy Prime Minister responsible for the Infrastructure Cluster in the Government of Zimbabwe. The major outcome of the retreat was a review and cabinet approval of the revised WASH sector coordination mechanisms. It is important to note that this is the first time a cabinet approval has been secured on the WASH sector coordination issues. Although Zimbabwe had the National Master Plan for Rural Water Supply and Sanitation since 1985, it had never secured cabinet approval. The new sector coordination mechanisms now include the establishment of the re-branded NAC with clearly redefined roles and responsibilities of the three main WASH sub-sectors i.e. Rural WASH, Urban WASH and the Water Resources Management Sectors.

Subsequently, the project supported the holding of a National Stakeholder Workshop after the Nyanga Retreat workshop (2010) where the Sanitation and Hygiene Taskforce was formed. At the time of the evaluation, this task force had been instrumental in developing the draft Sanitation and Hygiene strategy which was by then under consideration by government.

The ZIMWASH project also supported the rural WASH sector in developing the Rural WASH chapter for the National WASH policy which is currently under development.

Through advocacy, The ZIMWASH project contributed in raising the profile of sanitation and hygiene by supporting the following events:

- Commemoration of the annual National Sanitation and Hygiene Week.
- The annual Global Hand Washing Day which is commemorated annually on 15th October.
- A media workshop in 2008 that helped in creating awareness among media practitioners, thus enhancing media coverage of WASH issues.

**Outcome: Activity 1.2**

The ZIMWASH Project efforts went a long way in initiating serious policy reforms of the WASH sector. The need to keep the momentum high cannot be overemphasised.

**Activity 1.3: Develop training materials and services in the fields of water, sanitation, livelihoods, health and hygiene education aimed at civil society organisations and local government**

Review of project documentation, FGDs with DWSSC members and KII with consortium partners confirmed that, in line with this activity (1.3) the ZIMWASH project developed/reviewed the documents and guides highlighted in Activity 1.1. above. The project also financed and supported the development, printing and distribution of the following materials:

- District Knowledge, Attitudes, Behaviour and Practices Baseline Study Reports (Activity 7.1 of Log Frame).
- Various fact sheets, pamphlets and fliers.

The above documents were distributed for use in all the six project districts and they have become useful reference materials for other non-WASH programmes. This end-term evaluation confirmed an improved project documentation system in the districts. Each District Learning Alliance (DWSSC) member kept updated project specific records contrary to the traditional approach where comprehensive project records were kept by the secretariat only.

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12 Confirmation by DWSSC members in all the six districts during the field visits FGDs
Outcome: Activity 1.3
The evaluation concludes that this activity was satisfactorily carried out as training materials were developed to address most of the identified capacity gaps at district level.

However, the evaluation team notes that although gender mainstreaming in WASH was identified as one of the priority capacity development areas in all the six project Districts, this was not addressed by the ZIMWASH Project.\(^\text{13}\)

Activity 1.4: Providing Research Support to Districts
Key informant interviews at district and national level and review of project documentation revealed that in line with Activity 1.4, 3.4, 3.5 and 3.6 in log frame, a Research Methodology Training Manual was developed which was followed by research training workshops in all the six districts. A total of 85 district and provincial project staff were trained.\(^\text{14}\) Each district later identified research topics based on the KABP findings and other WASH problems in the respective districts. Chipinge, Chegutu, Zaka and Bulilima Districts successfully conducted the field researches on their prioritised topics with technical support from the national and provincial levels. Mangwe and Hwange failed to complete the research process.

Table 7 summaries the identified research topics for the respective Districts.

<table>
<thead>
<tr>
<th>District</th>
<th>Identified Research Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mangwe</td>
<td>• People not changing behaviour despite the various WASH intervention introduced in the District.</td>
</tr>
<tr>
<td>Bulilima</td>
<td>• Failure by some communities within Bulilima District to cope in the absence of external support for the provision of safe water supplies.</td>
</tr>
<tr>
<td>Chegutu</td>
<td>• An investigation to the causes of the Cholera epidemic in wards 20 and 25 since August 2007 to 30(^{th}) April 2009</td>
</tr>
<tr>
<td>Chipinge</td>
<td>• An investigation into the causes of water-borne diseases in wards 20 and 22 in Chipinge District.</td>
</tr>
<tr>
<td></td>
<td>• An investigation of factors contributing to hygienic water handling, storage and use practices in Chipinge District.</td>
</tr>
<tr>
<td>Hwange</td>
<td>• Reasons for the low levels of community participation in sanitation activities since the inception of the ZIMWASH project (2006-2010) in Hwange District.</td>
</tr>
<tr>
<td>Zaka</td>
<td>• An investigation into the causes of failure of community based management (CBM) structures in Zaka District since 2006</td>
</tr>
</tbody>
</table>

Source: District Research Methodology Training Workshop Reports

The Evaluation Team was concerned that the timing of the training in Research Methodology and support in carrying out of applied research at district levels was poor. It was carried out late in the project implementation process i.e. 2010. This did not give districts such as Mangwe and Hwange adequate time to carry out their identified research issues. Districts that carried out the research had no adequate time to implement the research findings.

Furthermore, the evaluation team is concerned that there is no well articulated strategy for continued support to applied research at local levels. Review of the district exit strategies reports show that district do not have elaborate plans to address the issues of how the research and development agenda will be sustained.

The need for increased support to Research and Development is critical especially in the context that there are many WASH challenges that need to be addressed through research. Options such as the establishment of a national applied research fund for the sector needs serious considerations. The revival of the Sector Research Fund that was operational up to the 90s will go a long way in ensuring the continued use of the acquired research knowledge and assist in addressing sector challenges through research and development (R&D).

\(^{13}\) District Capacity Assessment Reports
\(^{14}\) Mid Term Evaluation Report, 2010, page 23
**Outcome: Activity 1.4**
This activity was not satisfactorily done as Mangwe and Hwange Districts did not complete the research process. These two districts did not carry out the field data collection. The other three districts did not find the opportunity to implement the research findings.

**Activity 1.5: Process Documentation of Change Process at National Level**
In line with activities 1.5 and 2.5 in log frame, a Process Documentation Briefing Note was developed and all six project districts, including the national level project staff were trained. The training focused on increasing the project staff and the Learning Alliances’ capacity in capturing all the project processes, lessons learnt and best practices with the aim of feeding into sector wide policy and strategy development.\(^1\) As part of the process documentation, the following was successfully done:

- Documentation of project inception processes culminating in the formulation of Inception Reports for each of the six districts.
- Production of District Capacity Assessment reports.
- Productions of District WASH Knowledge, Attitudes, Behaviours and Practices (KABP) Reports.
- Reports for all training workshops facilitated at both national and district level.
- Minutes for all management meetings.
- Documentation of research findings from districts.
- Production of the ZIMWASH Project Mid-Term Evaluation Report.

Of critical importance was the development, documentation and production of “*The Road We have Travelled*” Document and the ZIMWASH Project Video.

Unlike the traditional and generic approach to project documentation that focuses on capturing project progress in terms of achieving set targets, the two documents highlight project development and progress indicators, lessons learnt, best practices and how key challenges were attended to. These are learning documents rather than the traditional project status reports.

However, there are concerns that the sustenance of the process documentation practices is threatened by the short time the stakeholder received training and lack of continued availability of resources such as funds and equipment. Process documentation requires writing skills which cannot be developed easily in one or two training courses. Training and capacity development in process documentation should have been done in the early stages of project implementation with the appropriate refresher courses and support provided.

It is the consultants’ considered opinion that the concept of capacity building should have been comprehensive and inclusive of other key capacity building components (human, financial and institutional). The NAC needs to adopt, provide guidelines and promote the implementation of process documentation in the WASH sector in Zimbabwe.

**Outcome: Activity 1.5**
Process documentation from the national level was successfully done. However, at district level, the process was supposed to have been done by the district based project officers who unfortunately were not adequately trained and resourced and as a result did not document implementation processes very well as was expected.

**Activity 1.6: Carry out targeted information sharing and dissemination activities including website, brochure, working paper series, research papers, guidelines, video and a seminar**
Literature review, key informant interviews and observations established that:

\(^1\) Mid Term Evaluation Report 2010
• The produced ZIMWASH project video was distributed to stakeholders at national, provincial and district level.
• Summary fact sheets for each of the six project districts were produced and used to guide district based planning.
• Posters and fliers particularly during the cholera response were produced and distributed.
• ZIMWASH project experiences and best practices were presented and shared at international forum such as the WaterNet/WARFSA/GWP-SA symposium highlighted under result 1, activity 1.1.

All materials developed by the project (1.3 and 1.5 above) were extensively shared among the six districts as part of the capacity development and information and experience sharing process. Materials were also shared with WASH cluster members. A ZIMWASH project website (www.iwsd.co.zw) was developed where all important documents were posted. Table 8 below demonstrates a very competitive, consistent and sustained pattern in visits, sites and hits to the project website in 2011.

Table 7: ZIMWASH Project web-site usage pattern for 2011

<table>
<thead>
<tr>
<th>Month</th>
<th>Hits</th>
<th>Pages</th>
<th>Daily Average</th>
<th>Monthly Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Files</td>
<td>Files</td>
<td>Visits</td>
<td>Sites</td>
</tr>
<tr>
<td>Dec</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>24</td>
</tr>
<tr>
<td>Nov</td>
<td>53</td>
<td>52</td>
<td>53</td>
<td>17</td>
</tr>
<tr>
<td>Oct</td>
<td>109</td>
<td>108</td>
<td>109</td>
<td>32</td>
</tr>
<tr>
<td>Sep</td>
<td>71</td>
<td>71</td>
<td>71</td>
<td>25</td>
</tr>
<tr>
<td>Aug</td>
<td>86</td>
<td>85</td>
<td>86</td>
<td>22</td>
</tr>
<tr>
<td>Jul</td>
<td>93</td>
<td>92</td>
<td>93</td>
<td>26</td>
</tr>
<tr>
<td>Jun</td>
<td>62</td>
<td>61</td>
<td>62</td>
<td>23</td>
</tr>
<tr>
<td>May</td>
<td>67</td>
<td>66</td>
<td>67</td>
<td>18</td>
</tr>
<tr>
<td>Apr</td>
<td>57</td>
<td>56</td>
<td>57</td>
<td>15</td>
</tr>
<tr>
<td>Mar</td>
<td>49</td>
<td>48</td>
<td>49</td>
<td>15</td>
</tr>
<tr>
<td>Feb</td>
<td>71</td>
<td>69</td>
<td>71</td>
<td>18</td>
</tr>
<tr>
<td>Jan</td>
<td>81</td>
<td>75</td>
<td>81</td>
<td>17</td>
</tr>
<tr>
<td>Totals</td>
<td>3334</td>
<td>7098</td>
<td>24497</td>
<td>24041</td>
</tr>
</tbody>
</table>

Source: Institute of Water and Sanitation Development

Feedback from the DWSSC through FGDs shows that there was limited use and access to the website by district project personnel due to limited internet connectivity in their areas. As highlighted earlier the project did not conceive capacity building to include issues such as provision of office equipment that includes computerisation. Although the project plan was to support inter-district information sharing and holding of seminars as part of the learning alliances process, no inter-district look and learn visits were carried out. The seminar was not held.

The need for inter-district information and experience sharing need to be prioritised in future programming.

Outcome Activity 1.6
Overall, the project performance in this activity was satisfactory. However, working paper series and research papers were not produced.

Expected Result 2: Improvements in planning mechanisms and project management practices among district level organisations for WASH service delivery

Activity 2.1: Set up District Learning Alliances
Findings through FGDs with DWSSCs, KIs with national consortium partners and document review confirmed that Learning Alliances were formed through the revitalisation of the DWSSCs that had become mostly non-functional at the time of project inception in 2006. These committees were
responsible for driving all project activities at district level and incorporated NGOs operating at
district level. Following project intervention, the District Learning Alliances in the form of revitalised
DWSSC managed to facilitate project implementation at district level.

Orientation workshops were held for the entire six project DWSSCs where their roles and
responsibilities were outlined. The DWSSC also received training in project management.

The positive impact of the training and other capacity development efforts are evidenced by the
DWSSCs’ consistent maintenance of project records and documentation including minutes and other
reports. In most districts updated WASH files were maintained where all project information was
captured. Bulilima and Mangwe went on to establish an information centre where all important
documents and reports are kept. At the time of the evaluation, the Chipinge DWSSC was holding a
Planning workshop to review progress for 2011 and planning for 2012. This was despite the fact that
the ZIMWASH project ended in July 2011.

This is a good indicator of an empowered DWSSC.

In Zaka District, process documentation was not very effective as the evaluation team observed that
project files and documents were not systematically filed but were heaped in a cardboard box making
it difficult to retrieve project information.

Although all the District Learning Alliances were revived and became functional during the project
life span, there are fears that without continued funding, the DWSSC may become redundant. District
exit strategy documents also point to the need for continued financial support to the DWSSCs.

The respective RDCs need to ensure sustained operations and functioning of the DWSSCs.

**Outcome: Activity 2.1**

This evaluation therefore concludes and confirms that the District Learning Alliances were set up and
managed to execute their project responsibilities reasonably well in the context of the prevailing
project challenges discussed earlier.

**Activity 2.2: Develop Project Planning and Coordination Mechanisms in the six districts**

Review of project documents including the training reports indicated that in line with activities 1.3
and 2.2 in the project log frame, a number of training courses were conducted to develop the capacity
districts in planning and management of WASH activities. Activities that were successfully carried
out in all the six districts included the conducting of the following trainings:

- Strategic planning workshops.
- Research methodology training.
- Report writing training.
- PHHE including HIV & AIDS training.
- CBM training.
- Livelihoods training.
- Process documentation training.
- Cholera focussed PHHE training.

Trainings at district level were in response to the findings from the District Capacity Assessment
Studies that identified the capacity gaps of DWSSCs.

Information gathered through the FGDs with DWSSC in the six project districts indicate districts’
appreciation of the support and work that was done by the national level in developing their capacity
(Box 2). The evaluation found out that although the training provided was WASH specific, the
knowledge acquired has a wide application beyond the WASH sector. In all the six districts, NGOs
operating in the respective districts are members of the DWSSCs and are using the District WASH Strategic Plan in jointly planning WASH related interventions. The Chipinge Strategic Planning workshop highlighted earlier was also attended by other NGOs operating in the District i.e. World Vision (WV), Action Contre La Faim (ACF), Christian Care, Zimbabwe Red Cross Society (ZRCS) and Mercy Corps (MC).

**Outcome: Activity 2.2**  
Project Planning and Coordination mechanisms were established in the six project districts. These managed and coordinated project activities.

**Activity 2.3: Develop integrated WASH Plans with civil society and local government which follow a livelihoods approach**  
Review of project documents revealed that the project developed a Strategic Planning Briefing Note which was used in training of DWSSC in Strategic Planning. The DWSSC managed to develop District 5 Year WASH Strategic Plans from which annual operational plans were drawn from.

Another briefing note on Livelihoods Approaches in WASH was developed. DWSSCs were further trained in Livelihoods Approaches in WASH.

**Outcome: Activity 2.3**  
The project expected result was achieved as all the districts managed to develop District WASH Strategic Plans that guided the planning, implementation and monitoring of WASH activities during the project life span.

**Expected Result 3: Sufficient enhanced skills available among civil society organisations and local authorities in the 6 pilot districts to coordinate, plan, provide and support the community management of water services**

**Activity 3.1: Analysis of capacity gaps in planning and project management approaches and setting capacity building agenda**  
Review of project documents indicates that capacity assessments of the DWSSC were carried out. The assessment identified the capacity gaps that were finally addressed mainly through trainings. The main capacity gaps were in Planning, Participatory Methods, Data Capture and Report writing, Linking HIV&AIDS with WASH, Gender mainstreaming in WASH and Community Based Management. Other areas of capacity development were also provided. These include training in process documentation, monitoring and evaluation, research methodologies, WASH and Livelihoods.

**Outcome: Activity 3.1**  
This activity was successfully carried out as planned. Capacity assessments were conducted for all the six project districts and a capacity development agenda was developed.

**Activity 3.2: Carry out training of civil society organisations and local government according to identified gaps**

In order to enhance availability of skills to coordinate, plan, provide and support civil society, local government and community management of water services, trainings and awareness workshops were conducted. Key trainings conducted and their respective achievements are detailed in Table 9 below.

The project also supported the review, development, production and distribution of Field Guides and Manuals (Activity 1.1.) for future reference by the civic society organisations and local authorities.
One of the key resource material reviewed, reproduced and distributed to Field Workers was the “Upgraded Well Manual for Field Workers. The manuals was first produced in October 1995, by Mvuramanzi Trust.

**Outcome; Activity 3.2**
Under this result, project interventions reportedly benefitted a total of 4292 and 2837 male and female beneficiaries respectively.

**Activity 3.3: Training of Extension Workers in Life Skills Based Hygiene Education considering HIV&AIDS Linkages, supporting small scale livelihoods projects and community based management (estimates of participation)**
Review of project documents revealed that an estimated total of 36 (20 male and 16 female) extension staff were reported to have received training in Life Skills Based PHHE. Nine training sessions for Hygiene Promoters were held benefitting 102 males and 165 females. The reported number of households reached by the Health Promoters was 52455 out of the planned target of 83000. In the process 25348 males and 27107 female community members were reportedly reached by the Health Promoters. Community based PHHE session reached an estimated 800 males and 1000 females.16

**Outcome: Activity 3.3**
All training under this activity was successfully done as planned

**Expected Result 4: Sufficient enhanced skills and practices among community based organisations and individuals (men and women) to manage water supply and sanitation services**
Information obtained through FGDs with WPCs and project beneficiaries, KII with local leadership and national consortium members established that in line with activities 4.1, 4.2 and 4.3 in the project log frame and also following the baseline surveys in 2007 and capacity assessments studies, gaps in community capacity to manage WASH facilities were identified. Targeted capacity building efforts mainly through training was provided in all the districts to address the identified capacity gaps.

Over and above the training of local structures in management of WASH facilities, there was a 100% reported achievement of the planned community project awareness and sensitization meetings. These reached an estimated total of 2526 women and 2289 men in the 54 project wards17.

Table 9 below summarises the project achievements in skills development for the civil society organisations.

<table>
<thead>
<tr>
<th>Project Target &amp; Achievement</th>
<th>Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>Male</td>
</tr>
<tr>
<td>Latrine builders trained</td>
<td>1080</td>
</tr>
<tr>
<td>VPM training</td>
<td>270</td>
</tr>
<tr>
<td>WPC formation</td>
<td>616</td>
</tr>
<tr>
<td>WPC training</td>
<td>616</td>
</tr>
<tr>
<td>Total</td>
<td>4292</td>
</tr>
</tbody>
</table>

Source: Progress reports from MMT

Project achievement of set target has resulted in a variety of benefits to the project target groups. These include the reduced down time of the water sources as WPC are mostly now coordinating the management of water sources (Box 1). An analysis of information obtained through household interviews, KII interviews with local leadership and FGDs with WPCs indicate that in general, broken

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16 ZIMWASH Project ; Mvuramanzi Trust Report to UNICEF 1st January to 30th November 2011.
17 ZIMWASH Project MMT report to UNICEF January to 31st November 2011
water points take less than one week to be attended to (Figure 1). This is partly attributed to the work of the project trained WPCs and Village Pump Mechanics (Table 10).

Figure 1: Estimated water points down time

Communities are now aware that they own the facilities and that it is their responsibility to operate and maintain the facilities which is a positive step towards sustainability of the facilities. Unlike in the past where they would seek assistance from DDF, reference to either DDF or the RDC is reported to be done as a last resort.

Table 9: Project achievement of civil society capacity development

<table>
<thead>
<tr>
<th>Responsible Authority</th>
<th>Name of District</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bulilima</td>
</tr>
<tr>
<td>Water point committee</td>
<td>89.7%</td>
</tr>
<tr>
<td>Report to RDC</td>
<td>0.0%</td>
</tr>
<tr>
<td>Report to DDF</td>
<td>5.1%</td>
</tr>
<tr>
<td>Other</td>
<td>5.1%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Source: Analysis of responses from household questionnaires

Although remarkable project achievement of planned outputs was realised, project effectiveness was compromised by the inadequate supply of latrine and village pump mechanics tools.

In terms of project design, there were no plans to provide the village based technicians with tools. The tools that were subsequently provided were reported inadequate and in some cases of poor quality. Some latrine builder tools were reported to have been breaking during practical training. At the time of the evaluation some wards in the project districts were relying on the former DDF Pump Minders’ kits which are in most cases worn out. Tools that were distributed to a few artisans did not comprise of a full set. In some districts there is no documentation of the tools that were left within institutions and communities. A case in point is the evidence from extracts from an interview with the Jambezi Water Point Committee secretary, Hwange District (Box 3).
Concerns are also that fewer women are involved in more rewarding project activities such as being trained as Latrine Builders and Village Pump Mechanics (VPM). This was attributed to the socio-cultural view that these are male domains. Field findings revealed that most men are not comfortable to allow their wives to participate in latrine construction and borehole maintenance as these activities sometimes involve camping out for days.

The need for more gender awareness is critical as literature from other countries show that women technicians are more reliable and also produce quality outputs as opposed to men.

Future programming needs to adopt a comprehensive approach to capacity building including prioritisation of a more gender mainstreaming focused approach.

The need for a thorough inventory of the project tool kits cannot be overemphasised.

**Outcome: activity 4**
The project surpassed its targets in terms of training of local artisans. However, inadequate tool kits for CBM are likely to compromise the sustainability of the operation and maintenance system for water points.

*Expected Result 5: Improved access to and use of safe water and sustainable water supply which are responsive to the livelihoods needs of rural men, women and children*

Reviews of project progress reports indicate that the project surpassed the planned targets for the improved access to safe and sustainable water supplies. Drilling, rehabilitation and construction of new water points was extended to cover all wards especially in wards where there was critical demand in the respective district wards. Figure 2 below summarises project achievements for the respective planned water supplies that include; family well upgrading, rope pump fitting, borehole rehabilitation and drilling.

In the process, estimates from project reports revealed that a total of 155,659 men, women and children benefited as opposed to the planned target of 144,000 persons. Among the beneficiaries were:

- 11514 male OVCs.
- 12612 Female OVCs.
- 4019 males affected by HIV&AIDS.
- 4095 females affected by HIV&AIDS.
- 2527 elderly males.
- 3178 elderly females.
- 296 disabled males and 362 disabled females.
Figure 2: Project performance in improving safe and sustainable water supplies at community level

It was reported that 25,648 school children also benefited through the construction of rainwater harvesters. Figure 3 summarises the reached project targeted beneficiaries by types of safe water supply.

Figure 3: Estimated Project beneficiaries reached through improvement of safe water facilities
As a result of improved supply of safe and sustainable water sources, the number of people accessing safe water has increased compared to the project inception period. Analysis of responses from household questionnaires and observations of water sources as illustrated in Figure 4 indicates that the number of people accessing safe water from boreholes and protected dug wells (shallow and family) has increased in all the project wards and villages. Conversely, the number of people accessing water from unprotected sources such as the unprotected dug wells, streams and dams has decreased.

**Figure 4: Increase in the percentage of households reporting use of safe and sustainable water sources in the project districts**

<table>
<thead>
<tr>
<th>Project District Name</th>
<th>Baseline</th>
<th>End Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chegutu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chipinge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mangwe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zaka</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bulilima</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hwange</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Outcome: Result 5**

Available evidences support the conclusion that project targets and planned results of improving the project beneficiaries’ access to improved safe water sources has been reasonably achieved. However, field observations and key informant interviews with benefiting communities indicate that some of the following issues need to be attended to:

- As highlighted earlier, most village pump mechanics were not supplied with adequate tool kits. This has a potential to negatively affect their timely response to pump breakdowns.
- Although there is no comprehensive information on the scale of this issue, some cases of incomplete BVIPs, rain water harvesters and poor quality head works were observed. The need for a thorough audit of the status of facilities is therefore imperative.
- The quality of some new head works particularly the cattle troughs were not very satisfactory. It appears local
builders were not provided or did not use the appropriate moulds as they varied in shape and size. It was also alleged that the cement used for some construction works had expired hence the poor quality of outputs.

An incomplete rain water harvester (Muzavazi Primary School – Chegutu District, poor constructed headworks Mangwe District)

**Expected Result 6: Improved access to and use of safe and sustainable sanitation services at households and schools**

Project result of improving access to and use of safe and sustainable sanitation services at household and schools was achieved in terms of set project outputs and results. Evidence from project progress reports show that the project surpassed most of all the planned targets. Figure 5 below summarises project achievement of planned outputs

**Figure 5: Project achievement of set outputs to improve access to and use of safe & sustainable sanitation services**

Source: ZIMWASH Project: Mvuramanzi Trust Reports to UNICEF, 1st January – 30th November 2011

In total **63 526** (29152 males & 34 374 women) household members benefited compared to the targeted **47 000** in the log frame. For school sanitation, **41 043** (19015 male and 22048 female) school children benefited compared to the targeted **15 000** in the log frame.

The responsibility for the construction of household latrines was in the hands of the selected beneficiaries who were expected to mobilise all local materials, mainly pit and river sand, bricks, digging the pit and paying the builder. Builders were paid in cash or in kind. The fee ranged from $20 to $60 in the entire project Districts.
The evaluation team also noted that partly due to the extensive use of PHHE and the promotion of Health Clubs within communities, the profile of sanitation and hygiene has increased and has in the process created demand for sanitation which is in line with the new thrust for sanitation promotion in the country. For example in Zaka (Marufu Village, Ward 10) and Hwange District, ten (10) and seven (7) households constructed BVIP latrines using their own resources respectively after understanding the benefits realised through improved sanitation. However, these were not captured in the project statistics at National and District levels.

Furthermore, a comparison of baseline and end-term data show that there is an increased percentage use of safe and sustainable sanitation services at household levels from project inception as illustrated in Figure 6. More households in the project villages and wards are now using the BVIP, as more are abandoning the use of the bush towards more dignified means such as the pit latrine (Sanitation Ladder).

Figure 6: Increase in percentage use of safe sanitation services

Source: Comparative analysis of project baseline survey findings and the end-term evaluation findings

Safe sanitation facilities were also provided to schools mainly through the School Block Grants. Child forums were also formed as detailed in Table 11 below

Table 10: Reported Project achievements of school block grants and child forums targets

<table>
<thead>
<tr>
<th>Activity</th>
<th>Total</th>
<th>Target</th>
<th>% achievement</th>
<th>Beneficiaries</th>
<th>Total Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>School block grants awarded</td>
<td>540</td>
<td>912</td>
<td>168.9%</td>
<td>461</td>
<td>451</td>
</tr>
<tr>
<td>Formation of child forums</td>
<td>54</td>
<td>45</td>
<td>83.3%</td>
<td>1411</td>
<td>1362</td>
</tr>
</tbody>
</table>
There is a general positive beneficiary appreciation of the project support, especially assistance in latrine construction as the project made remarkable achievements in terms of set outputs and creating demand for safe sanitation services in the project districts.

However, the evaluation team collected from interviews and discussions with different informants the following observations and issues that need attention in future programming. These include:

- The general community feeling that charges by latrine builders are rather high and were generally claimed to have been imposed by the ZIMWASH project without consulting the communities. FGD discussion in Bulilima indicated that the general builder fee was suggested by the ZIMWASH project.

- Most project hardware activities were carried out in the last year of project implementation. This resulted in the adoption of a fast tracking mode of implementation. In the process a number of reports of eligible beneficiaries were reported to have missed as they could not raise the required locally available materials on time. In Hwange District a total of seven (7) beneficiaries’ households in Chenjiri Village were reportedly dropped as they could not raise the materials on time. In Zaka district, the 35 extra latrines allocated to Ward 28 were taken away from initially selected beneficiaries who had failed to meet the project requirements on time. Other isolated cases were reported in all the project districts. In fact one councillor in Hwange District reported that “inini ndaida kubata target in my ward” (as the ward councillor I wanted to ensure that I meet the project targets on time) hence two elderly women and one man were left out although they had been initially selected. Similar sentiments were also heard in other districts.

- Some of the BVIPs are substandard arguably due a number of factors that include the alleged use of expired cement, unavailability of appropriate builders’ tools, lack of resources for effective builder supervision, challenging local soil conditions etc. In Hwange District a total of four BVIPs were reported to have collapsed allegedly due to both poor workmanship and the soil conditions. The evaluation team observed one of the collapsed BVIP in Gazila Village. The beneficiary reported that although she advised the latrine builder to line the pit from the bottom, the builder argued that he was trained and competently knew his work and proceeded to line the pit half way down the pit. These are some of the few and isolated cases of poor workmanship with a bearing on the quality of builder training and supervision of construction works.

- Non use of the hand washing facilities due to a number of factors including the problems with the outlet pipe that breaks easily. Due to reported shortage of the 4mm diameter copper tubing, some of the beneficiaries ended up using ball pen barrels that break easily. The material for closing the outlet is therefore a challenge. Use of a rubber stopper normally solves the problem.

- Absence of systematic use of vulnerability assessment indicators in selection of school child beneficiaries under the school block grant: Schools used different selection criteria for benefiting pupils. These ranged from the support of poor but high performing children using school heads and the School Development Committee (SDC) members to select the benefiting children based on their respective level and form of vulnerability. Some schools
had signed agreements with the respective RDCs. Some schools included the value of all the projects provided to the school in determining the number of benefiting children. Other schools’ determination of the number of pupil beneficiaries was based on the financial value of the number of BVIP squat holes. Variance was also in terms of the number of pupils per squat as it ranged from one to two. Furthermore, there is no official position on how to deal with cases where a benefiting child leaves a given school for whatever reason.

In the context that this was a piloting phase it is the consultants’ considered opinion that the school block grant has been a successful demonstration of how WASH services can address issues of child rights and vulnerability. There is a need for consolidation of the experiences with the long term objective of developing guidelines on the sector wide scaling up of the school block grants approach. The consultants regard the school block grant as one of the best project practices and innovations that needs promotion and advocacy. The need for national institutions such as the NAC to facilitate the institutionalisation of the practices in the sector needs urgent attention.

The need to ensure timely supply of quality project materials and improved supervision of field activities in future programming is imperative.

**Outcome: Result 6**

The project was successful in achieving access to and use of safe and sustainable sanitation services at households and in schools.

**Expected Result 7: Improved hygiene practices among rural men, women and children especially those infected and affected by HIV&AIDS**

Results from the KABP survey at project inception revealed the following findings within the targeted project communities:

- Relatively low use of improved sanitation facilities.
- More households got their domestic water from unprotected sources.
- Poor hygiene practices in water collection, transportation and storage.

Review of project documents indicates that there is a satisfactory achievement of planned activities. In an attempt to achieve project result of improving hygiene practices among rural women, men and children especially those infected and affected by HIV&AIDS, the project achieved the following outputs in Table 12.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Achievements</th>
<th>Male</th>
<th>Female</th>
<th>Total reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHHE Training - Extension &amp; District staff</td>
<td>12</td>
<td>180</td>
<td>78</td>
<td>258</td>
</tr>
<tr>
<td>Hygiene Promoters (HP) Training sessions</td>
<td>54</td>
<td>676</td>
<td>1127</td>
<td>1803</td>
</tr>
<tr>
<td>Households reached by HPs</td>
<td>498 000</td>
<td>163 436</td>
<td>171 863</td>
<td>335 299</td>
</tr>
<tr>
<td>Community level PHHE sessions</td>
<td>162</td>
<td>3505</td>
<td>4394</td>
<td>7 899</td>
</tr>
</tbody>
</table>

Source: ZIMWASH Project: Mvuramanzi Trust Reports to UNICEF, 1st January – 30th November 2011

However, an analysis of responses from household questionnaires show that there is a general decrease in sustained handwashing at critical times among the communities as illustrated in Figure 7.

This trend can be attributed to a number of factors. Field findings established that 26% of the observed 204 latrines had no hand washing facilities. Of those that had hand washing facilities (151) 64% of the hand washing facilities were not in use. Some of the observed hand washing facilities had cobwebs; a further indicator of non use of the facilities as discussed above.
Irrespective of the trend shown in Figure 7, field findings show an increase in the adoption of improved hand washing practices. Figure 8 below indicates an increase in the proportion of people practicing hand washing using run to waste with or without soap/ash in the project areas. There is also a decline in the percentage of people practicing communal hand washing. This is an indication of the effectiveness of the PHHE and other hygiene promotion strategies such as the Health Clubs and Child Forums. It is important to note that as a response to the cholera epidemic PHHE was extended to cover all wards in the respective project districts.

**Figure 7: Trends in handwashing at critical times in the project areas**

![Graph showing trends in handwashing at critical times](image)

**Source:** Comparative analysis of project baseline survey findings and the end-term evaluation findings

**Figure 8: Increased proportion of project beneficiaries reportedly practicing hand washing using improved hand washing methods**

![Graph showing increased proportion of hand washing](image)

**Source:** Comparative analysis of project baseline survey findings and the end-term evaluation findings
There has also been improvement in other hygiene behaviours and practices such as household collection, transportation and storage of water. More households now collect, transport and store their drinking water using either wide mouthed or narrow mouthed plastic containers with lids. Figure 8 below illustrates the trend line since project inception.

**Figure 9: Increased use pattern of wide and narrow mouthed plastic containers with lids in collection, transportation and storage of household potable water**

Source: Comparative analysis of project baseline survey findings and the end-term evaluation findings

The commonly used containers were extensively distributed during the 2008/9 cholera outbreak. The continued use of water collection and storage container with lids can be attributed to project PHHE interventions.
Furthermore, 78.8% of the observed 204 latrines were clean, 33% of the latrines had evidence of anal cleansing materials. Only 16.1% of latrines had evidence of fly breeding and 3.9% households had evidence of presence of faeces in the yard.

An increase in the percentage of respondents who practice hand washing and other positive hygiene behaviours and practices are indicators of project achievement of results.

There is need for a more focused further study on the reasons for the increased non-use of the hand washing facilities. PHHE should focus more promotion of handwashing at critical times.

**Outcome: Result 7**

There is an improvement in hygiene behaviours in the community as evidenced by increase in hand washing and improved water collection, transportation and storage

### 3.3 ZIMWASH Project and the Human Rights Based Approaches

The human rights based approach (HRBA) to development programming embodies issues of gender, children’s rights, right holders, disability, non discrimination and access to basic services so that there is improved standard, quality of life and health. The HRBA to programming operates under the Participation, Accountability, Non-Discrimination, Equity and Linkages (PANEL) principles within the UN rights system. The United Nations has developed conventions under which socio-economic rights fall. Some of these include the Convention on the Elimination of all forms of Discrimination against Women (CEDAW), convention on the rights of the child, convention on disabilities, the Millennium Development Goals; target 7c that seeks to halve the proportion of people without access to safe drinking water and sanitation.

Against this background and with a desire to fulfil state obligations in meeting the rights of right holders particularly those that are discriminated through vulnerability, gender and age, the ZIMWASH project adopted the following interventions:

- Increasing access of right holders to safe water and sanitation by ensuring that communal boreholes were rehabilitated or new ones sunk to reduce the distance travelled to water points and improve availability of safe water sources. Provision of family and household water sources equipped with rope and wash pumps enabled the physically challenged, aged, children and chronically ill to provide water for themselves within the homestead. The lifting device is light to operate for the vulnerable.

- Providing health and hygiene education to all right holder which is one of the fundamental principles of accountability. The districts were strengthened to provide right holders with information on WASH. The use of the PHHE approach ensured accessibility to information in a participatory manner. The identification of needs, selection of sites and formation of management committees was done in a participatory manner at the district, sub district and village level. Women participation in water and sanitation services management was encouraged through ensuring predominance of female office bearers in WPCs as they are the major users of water and sanitation services.
• Increasing access to WASH for disabled right holders. While Zimbabwe has not yet ratified the disability convention, project implementation was responsive to the needs of the disabled through a number of initiatives such as:
  
  - Adopting a deliberate attempt to give latrine subsidy to household with disabled persons.
  - Provision of 100% subsidies in construction of latrines at households with disabled persons.
  - Development and inclusion of disabled friendly WASH technologies that address the needs of the disabled and the elderly e.g. the inclusion of urinary.

• Increasing children’s access to water and sanitation; Zimbabwe is a signatory of the Convention of the Rights of the Child (CRC). Currently most children have their rights reversed due to socio economic challenges including the HIV&AIDS pandemic. Children are increasingly becoming households’ heads resulting in them sometimes missing school in search of livelihoods and water. The project offered such vulnerable children subsidies to access WASH services. The Project also carried out advocacy on how to get child representation in decision making within WASH service delivery. In an effort to enhance the involvement of children, child forums were formed at schools through school health clubs. In schools, latrines were constructed for comfort, safety and dignity of school children. Where required school latrines were modified to accommodate needs of the disabled and physically challenges pupils.

• Gender mainstreaming; The project promoted the creation of local governance structures at user level and encouraged men and women participation in management of WASH services including being water point committees’ members. Evaluation findings indicate that majority of the WPC members are women. Furthermore, in community health clubs women are the majority and are in the lead. At the district level the DWSSC comprised of both men and women. Overall, statistical analysis indicates that more women benefitted from the different project activities as illustrated in Table 15 below.

<table>
<thead>
<tr>
<th>Project Expected Result</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Result 4: Sufficient enhanced skills and practices among community based organisations and individual (men and women) to manage WASH services.</td>
<td>6581</td>
<td>8135</td>
<td>14716</td>
</tr>
<tr>
<td>Result 5: improved access to and use of safe and sustainable water supply service which are responsive to the livelihoods of rural men, women and children.</td>
<td>96577</td>
<td>122174</td>
<td>218751</td>
</tr>
<tr>
<td>Result 6: Improved access to and use of safe sanitation services at households and schools.</td>
<td>57906</td>
<td>66244</td>
<td>124150</td>
</tr>
<tr>
<td>Result 7: Improved hygiene practices among rural men, women and children especially those affected and infected by HIV&amp;AIDS</td>
<td>167797</td>
<td>177462</td>
<td>345259</td>
</tr>
<tr>
<td>Total</td>
<td>328861</td>
<td>374051</td>
<td>702876</td>
</tr>
</tbody>
</table>

Source: Analysis of statistic from “ZIMWASH Project: Mvuramanzi Trust Reports to UNICEF, 1” January – 30th November 2011”

The project has been sensitive to the rights and needs of different stakeholders and beneficiaries.
However, an analysis of project statistical information indicate that although women constitute the majority of committee members, influential posts such as that of WPC Chairperson are dominated by men. There is also a major concern that male domination is prominent where incomes generating WASH activities are concerned. More men participate as VPMs and latrine builders which are more paying activities. Figure 10 below illustrates the gender imbalance in terms of beneficiaries of more rewarding WASH activities and responsibilities.

Figure 10: Gender Composition of Local Artisans

This can be attributed to socio-cultural values and practices which inhibit women to partake in outdoor and outgoing activities. As discussed earlier, it is alleged that men have reservation on having their wives camping out for days with other men. However, women are confident that given a chance, they can also perform equally competent.

3.3. European Union (EU) Visibility Actions

Review of project documents and interviews with project stakeholders indicated that, EU visibility actions continued to be strengthened during the project life span through a number of actions and strategies that include the following:

- The inclusion of the EU logo on all project IEC and promotional materials; Some of the IEC materials were distributed during inter-agency national events such as the commemoration of the National Sanitation Week, International Year of Sanitation held in 2008, Global Hand Washing Day and during the cholera outbreak in 2008/9
- Project support to review of sector policy and coordination raised EU profile in Zimbabwe.
- The EU logo was inserted on all hygiene promotion posters, pamphlets and project documents and assets. Most of these IEC materials were distributed nationally during the cholera outbreak.
- Production and distribution of IEC materials is still ongoing through other programmes and projects as the demand for the health and hygiene information grows, e.g. the Shamiso pamphlets on the importance of washing hands.
The project website (www.iwsd.co.zw) was developed and continued to highlight and communicate European Commission support to the project as all project documents posted on the website bear the EU logo.

Field findings indicate that at National, Provincial, District and Rural District Councils levels, EU visibility was well pronounced as all stakeholders were aware and appreciated the quantum of EU support. Rural District Councillors were also aware and appreciative of the EU contribution to the project.

However at community level, findings from household interviews show that EU visibility was low as only 4% of the respondents were aware that the ZIMWASH project was funded by the EU. 71.4% were not sure of the project funder. 20.3% reported that it was funded by the MMT and 9.9% said it was funded by UNICEF. 0.5% said that the project was funded by either the Government or the respective RDCs.

Low community awareness of the EU project role and contribution is understandable. Communities tend to identify projects with organisations they interact with more. MMT as the leading implementing partner at District level and the only one with a project vehicle had more contact with the communities, hence the 20.3% rating as the main project funder. This is not in any way an undervaluation of the EU project contribution.

### 3.4. Project Relevance

Project relevance refers to “the extent to which the overall goal of a programme / project is consistent with beneficiaries’ needs, country needs, and global priorities.”

The ZIMWASH project was generally relevant in Zimbabwe in that:

- In 2006 when the project started, Zimbabwe had one of the highest HIV&AIDS prevalence rates in the world, with an estimated 15.3% of its adult population aged between 15-49 years living with HIV&AIDS. One of the outcomes of the epidemic was an increase in the number of orphans (1.3 million in the whole country) and children whose social and economic vulnerability had worsened.

- The country was experiencing serious economic and political challenges which eroded WASH institutional, community and household capacity; thus seriously compromising the delivery of water and sanitation services particularly in the rural areas. The proportion of people in rural areas with access to safe drinking water had declined from 70% in 1999 to 61% in 2009. Field estimates indicated that more than 65% of the water points in rural areas were not functioning at any given time as the centralised operation and maintenance system had collapsed. In 2005/06, 30.5% of the rural households used improved facilities as compared to 60% in 1999.

- The deterioration in WASH service delivery resulted in the cholera epidemic in 2008/9 which claimed more than 4000 lives and justified the need for intensive WASH interventions in both urban and rural areas.

The ZIMWASH project was therefore strategic and relevant during its entire lifespan as it:

- Targeted the rural areas which are poorly serviced and also populated with vulnerable “especially those infected and affected by HIV&AIDS.”

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18 Project Management Handbook: A Working Tool for Project Managers; Novartis Foundation for Sustainable Development
19 2005/2006 Zimbabwe Demographic and Health Survey-ZDHS
20 Multiple Indicator Monitoring Survey 2009-MIMS
21 2005/2006 Zimbabwe Demographic and Health Survey-ZDHS
22 ZIMWASH Project Logframe.
Focused on capacity building of civil society, local government and WASH structures whose capacities had been eroded by the socio-economic and political prevailing condition in the country. These structures are key in ensuring sustainability of operation and maintenance of WASH facilities at local levels.

Prioritised rehabilitation, repair and drilling of new water points, construction of WASH facilities and health and hygiene education that increased the targeted communities’ access to safe WASH services.

Flexibility of the Project design to respond to emergencies such as the cholera outbreak and the continued review of its Logical Framework are also indicators of enhanced ZIMWASH project relevancy without losing its developmental thrust. Furthermore, the project was arguably one of the few development focused WASH activities in Zimbabwe during its entire lifespan.

Utilised permanent local community level development coordination and management structures and did not seek to form new or parallel structures. This includes the use and working through the National Action Committee, PWSSC, DWSSC, Ward and Village Development Committees and other local government structures.

Project support to WASH sector policy and strategy formulation was also relevant as the Government initiatives in this regard had been negatively affected by the reduced sector funding as a result of the donor withdrawal from 2000 onwards. As highlighted earlier project financial support led to the development and cabinet approval of the new national sector coordination mechanism.

At a global level, the ZIMWASH project was relevant in that it was in response to the EU call for proposals under the 9th European Development Fund (EDF) launched in 2004 which was targeting African countries. Further, the project was relevant as it was in line with the Millennium Development Goals (MDGs) to combat HIV&AIDS, malaria and other diseases and to ensure environmental sustainability especially towards target 10 of the MDG of halving the proportion of people without sustainable access to safe drinking water and basic sanitation by 2015.

The project was also relevant as it sought to address human rights including the women and children’s right to water, education, health and sanitation. Overall, the project can be rated as highly relevant.

3.5. Project Effectiveness

Project effectiveness refers to the extent to which the project’s objectives were achieved, taking into account their relative importance. It involves the assessment of project capacity “to do the right things”\(^2\)\(^3\)

The ZIMWASH project was to a larger extent effective in meeting the set goal and purpose.

National and District Learning Alliances were formed/resuscitated and were effective in spearheading project implementation. Capacity was developed at district level through targeted trainings that improved their ability to plan, implement and manage WASH activities. At sub-district level, project management structures, latrine builders, village pump mechanics, health and hygiene promoters and health clubs were trained and these were effective in driving project activities at community level. (Result 1, activities 1.1, Result 2, activity 2.1 – 2.5,)

The project design as elaborated in the log frame was effective as it targeted the elderly, orphans and other vulnerable children, the very poor and those affected and infected by HIV&AIDS who in most cases are excluded or sidelined from development programmes. Selection of the beneficiaries was done at community level through local structures that include village assemblies, home based care

\(^{23}\) Project Management Handbook: A Working Tool for Project Managers; Novartis Foundation for Sustainable Development
structures, local and traditional leadership; influential community members, councillors, and village heads. (Result 4, Activities 4.1- 4.3)

Majority of the targeted beneficiaries managed to mobilise all local materials for construction (bricks, river and pit sands) as well as digging the latrine pits. The beneficiaries also paid the builders irrespective of the alleged high builder fees.

The project also managed to promote WASH technologies with high potential to address the special needs of the project target groups that included the chronically ill, physically challenged, the elderly, women and children. The promotion of different water supply technologies such as the family wells using the rope and wash pumps ensured that the young, aged, sick and physically challenged could access safe water with relative ease. The technology is easy to operate. (Result 5 Activities 5.1 – 5.3)

However, an analysis of the filed findings indicates that project effectiveness was negatively affected by a number of factors some of which were beyond project management control. These include:
- An adverse socio-economic and political operating environment that made critical project activities such as material procurement and implementation difficult.
- High staff turnover of trained and experienced project staff particularly at district level.
- Focusing of project capacity building design on human capacity at the expense of institutional capacity building. Community based WASH artisans were inadequately equipped as the tools provided are not enough. The few available tools were reportedly of poor quality and therefore won’t last.

Although project targets were met, implementation of key activities such as the construction of WASH facilities was done late in the project life span. This resulted in congestion of activities in the last two and half years of the project timeframe. Intensive construction of most works was in the last seven months. This resulted in lack of effective supervision and partly affected the adherence to the set project beneficiary selection criteria. As discussed above some of the eligible beneficiaries were dropped as they could not mobilise locally required resources on time to meet project timeframes. Those who ultimately benefitted had been left out in the first selection process as they were considered less vulnerable according to the selection criteria used.

Conclusively the project has been effective as shown by statistical evidence of improvements and increased WASH knowledge, attitudes, behaviours and practices

3.6. Project Efficiency
Project efficiency entails measuring of “productivity of the implementation process”\(^{24}\) i.e. to what degree the outputs achieved derive from efficient use of financial, human and material resources. In principle it means comparing project inputs against project outputs.

It is the consultants’ considered opinion that within the context of the project operating socio-economic environment, project management made strides to ensure efficient use of human, financial and other resources.

Project use of staff from existing and permanent government structures ensured that the impact of the capacity development efforts go beyond WASH projects as the knowledge and skills gained has generic application. Results from the FGDs with DWSSC show that training in Strategic Planning is now being used by other government departments in planning their departmental activities. In Chipinge District, the DWSSC members are using the knowledge in development of their respective Departmental Strategic Plans which ultimately feed into consolidated District Development Plans. In

\(^{24}\) Evaluation of Development Assistance; Handbook for Evaluators and Managers; Royal Ministry of Foreign Affairs, Norway,
Chegutu District a DWSSC member from the Ministry of Lands and Resettlement testified how training in strategic planning training has assisted the ministry to identify the gaps in the current land distribution programme planning mechanisms and corrective measures are being considered. (Result 3)

Project achievement of planned targets within the set budgets is also a proxy overall indicator of efficient use of project resources. This was however partly attributed to the savings realised during the hyper-inflationary era when the Z$ was still in use. Project savings were also ploughed back to provide more WASH facilities e.g. the drilling of thirty-eight (38) additional boreholes in needy areas within the project districts apart from the nine targeted wards. (Result 5)

Economies of scale were realised through bulk procurement of project materials and inputs. The offshore bulk procurement also ensured availability of materials at very difficult times in Zimbabwe.

The structuring of the project subsidies system that required the beneficiaries to demonstrate their commitment through mobilisation of locally available materials ensured that the provided subsidy mainly in form of cement was readily used.

Project efficiency was however affected as:

- Whilst bulk buying was unavoidable given the prevailing situation, it however created challenges particularly with cement which in some cases allegedly hardened and expired before it was used. Findings from key informants at national, district and community level revealed that some substandard equipment especially for borehole rehabilitation and repair could not be returned as the guarantee period had expired. This impacted on the quality of WASH structures and constructions. Results from the FDG with the Chegutu DWSSC show that the suspected poor quality borehole rehabilitation materials could not be returned as the guarantee period had expired.
- Despite the existence of a pre-delivery inspection, some suppliers still delivered substandard materials as reported during district key informant interviews and this may have compromised efficient use of project resources. In addition, DWSSC, including key players such as DDF reported that they were not effectively involved in borehole drilling contract supervision. This is irrespective of the fact that drilling contractors were not paid without the RDC certification of the quality of works done. Value for money may have been compromised in the process.
- There was also District level inefficient use of project resources. Whilst the targeting of beneficiaries was generally okay, the distribution of beneficiaries in the targeted wards was so dispersed in some cases such that the net project contribution was hardly noticeable. For example Ward 28 in Zaka received an additional allocation of 35 latrines and the Ward Assembly decided to allocate one latrine per village. The thirty five were withdrawals from beneficiaries from other wards who had failed to mobilise locally available materials on time. This meant inefficient use of time in terms of mobilisation and supervision costs involved during construction.

In some instances, project resources were used to provide BVIPs to household that had functional pit latrines. In terms of project design, the possibility of piloting research in upgrading existing sanitation facilities was not considered an option.

Future research and trails in this option are recommended. Feasibility of this option will go a long way in reducing the cost of providing sanitation services in Zimbabwe.
3.7. Project Impact

At project inception stage, baseline study on WASH Knowledge, Attitudes, Behaviour and Practices, a capacity assessment of District level indicated gaps identified above. (Result 7, Activity 7.1 & Result 3, Activity 3.1.)

An assessment of outcomes and impact involves an analysis of the changes realised as a result of project implementation. As stated in the project log frame, there are seven expected results.

Generally, project impacts are long term. However, proxy indicators can be used to assess project impacts.

The following are some of the proxy indicators that demonstrate ZIMWASH project impact:

- There is comprehensive project documentation as a result of capacity building of Learning Alliances in process documentation. (Result 1 Activity 1.5, Result 2 Activity 2.5)
- Project support to current WASH sector reforms led to the adoption of the new coordination mechanisms and securing a cabinet approval for the first time in the history of the WASH sector.
- Capacity assessments and training of the Consortium Partners especially IWSD and MMT in UNICEF project financial management, procedures ensured timely liquidation of project funds.
- Capacity building of DWSSC enabled them to develop WASH Five Year Strategic Plans that have been used to guide developing annual project implementation plans. These plans are still being used. (Result 2, Activity 2.3)
- Capacity building of local level civic organisations to facilitate an otherwise complicated beneficiary selection procedures using local documentation such as OVC register.
- Training of local artisans in latrine construction and borehole repair has provided life skills which has improved the recipients’ livelihoods. In Hwange District a trained latrine builder reported that after training he has constructed more than thirteen latrines at an average charge of US$60.00. This converts to a total income of US$780. In a rural setting, this goes a long way in meeting basic family requirements. (Result 4, Activity 4.3)
- “63526 household beneficiaries and 41063 school children”\(^{25}\) that have received direct assistance in latrine construction are assured of continued access to safe sanitation for the foreseeable future. (Result 6, Activity 6.1)
- 912 school children who benefited from the School Block Grant Scheme are assured of completing either their primary or secondary education. This also ensures the realisation of their rights to education. This addressed an identified need of reducing the number of children who could potentially drop out of school because of inability to pay school fees. Baseline results show the most significant reason for not going to school was lack of money that stood at: Bulilima 772%, Chegutu 70%, Chipinge 58%, Hwange 47.15%, Mangwe 68.9% and Zaka 51.4%\(^{26}\).

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\(^{25}\) ZIMWASH Project, Mvuramanzi Trust Progress Report to UNICEF. 1\(^{st}\) January to 30\(^{th}\) November 2011

There are a number of individual latrines constructed in the six districts as a result of intensified PHHE training.

Health clubs have transformed and are now addressing wider critical member needs. In Zaka District, Zvataishuva Health Club has now broadened its health and hygiene services that now include the provision of hygiene enabling utensils. Box 2 illustrates some of the provided hygiene enabling utensils.

The ZIMWASH project had some positive impacts particularly regarding the formation and use of learning alliances at national and district level, capacity building of national, district and community level and improved hygiene through the use of PHHE and Health Clubs. It is important to note that project impacts cannot be wholly attributed to the ZIMWASH project as there were other WASH actors in the respective districts.

Figure 11 below demonstrates an example from Bulilima District that there can be a number of partners whose intervention impacts can compliment.

3.8. Project Sustainability

Sustainability refers to continuation of outputs, benefits and effects generated by a programme or project after its termination. In the generic, it’s in terms of institutional, financial, social or economic sustainability. It therefore involves sustaining three key project issues i.e.

- Sustaining the project initiated processes that depend on effective leadership and management.
- Sustaining the project implementation, resource mobilisation and other project management functions.
- Sustaining the project impact i.e. the project benefits and effects on the targeted beneficiaries.

As indicated in the introduction section, at any given time, 65% of the bush pumps are down mainly due to weak operation and maintenance systems.

A number of positive steps were taken to address the institutional, financial and WASH sustainability issues. Some of the notable initiatives include:

3.8.1. Institutional Sustainability

- Support to WASH sector reforms has resulted in the establishment of a rebranded NAC with clear role and responsibilities of key sector stakeholders at National, Provincial, District and local levels. Government commitment to resuscitate Provincial and District,
Ward and local level WASH structures is ongoing as the government has increased its financial allocation to the sector through the Public Sector Investment Programme (PSIP).

- The PHHE strategy through the use of Health Clubs ensures continued cost effective health and hygiene education. Furthermore, experience has demonstrated that Health Clubs can self-sustain well after project completion.
- At local level, the training of a critical mass of artisans (latrine builders and village pump mechanics) will ensure continued delivery of WASH services. To date field findings show that 91.4% of the respondents indicated that the WPC are responsible when the water points break down. Only 2% reported that they report to DDF. This explains why the down time of water facilities has been reduced to less than one week as illustrated in Figure 1.

3.8.2. Financial Sustainability

There is an increased RDC realisation for the need to make meaningful and substantial resource provision for WASH in their annual budgets. For example Zaka RDC as reported by the CEO and Council Chairperson during the KIs, made a council resolution to plough back 8% of the development levy for WASH facilities operation and maintenance costs. The Council has also made a commitment of establishing a US$13 000 WASH fund. Discussions are also underway to channel rental fees from WASH supported council buildings to WASH services (Zaka). Bulilima RDC is lobbying to increase by 30% allocation of development levies to WASH activities. At local levels, communities through institutions such as WPCs have established mechanisms to raise funds for maintenance of water facilities as and when need arises. Mechanisms to deal with defaulters are also in place. These include arbitration by local traditional leadership. In Chipinge district, there is co-funding of water facilities operation and maintenance as the CRDC is buying spares from money collected as development levy and the community pay for the VPM fee, which on average is US$20 per repair. The RDCs has also decentralised the spares distribution system by establishing two collection points, i.e. Chipinge town and Checheche sub-office. Interviews with VPMs did confirm that the communities are mobilising themselves and collecting the required repair fee.

All districts developed sustainability plans that spell out strategies on how they will sustain the WASH services and benefits brought by the ZIMWASH and the district in general. This positive development is however anchored on the availability of adequate financial resources which is still weak in all the project districts. Revival of District Learning Alliances, community level civil society structures, training of local artisans and increased RDC commitment to WASH issues are strong indications of sustainability.
Part 4: Lessons Learnt, Best Practices, Conclusions and Recommendations

Lessons learnt, best practices, conclusions and recommendations were arrived at in line with the evaluation purpose, which was “to inform future planning, implementation and management of UNICEF and GoZ WASH programmes. In addition lessons learnt and best practices and recommendations will be useful to other WASH sector stakeholder.

4.1. Lessons Learnt

Some of the key lessons learnt from ZIMWASH project implementation are that:

- Empowering communities and other project stakeholders with the appropriate information creates the necessary demand and commitment making implementation of hardware activities easy. In the implementation of ZIMWASH project community demand for WASH services “rose astronomically after community members had gone through hygiene promotion sessions”.

- It is more effective to adopt a comprehensive organisational capacity strategy that covers all the capacity development components i.e. human, financial and institutional capacities. ZIMWASH project capacity development was largely focused on human resources at the expense of other issues such as the provision of vehicles and office information communication technology (ICT) to RDCs.

- If empowered with correct information on the associated benefits from development programmes, the vulnerable can make effective contribution in addressing their vulnerability status. In the ZIMWASH project, the vulnerable contributed all the local available materials including paying builders fees, contrary to the general perception that such people require always 100% subsidy.

- Given clear guidelines, local government and civil society organisations can effectively coordinate local development processes. With the appropriate information and guidelines local and community based civic society organisations that include the ward and village development committees linked to the ZIMWASH project managed to facilitate project implementation.

4.2. ZIMWASH Project Best Practices

Some of the key ZIMWASH Project best practices that have the potential of being promoted and replicated are that:

- Partnering of Non-State actors with Government through the consortium approach - where partners operate on equal level, have clear complimentary roles and responsibilities, work as a team and mutually respect each other is an effective way of implementing development programmes.

- Process documentation: Documenting project process from inception through to planning, implementation, monitoring and evaluation created a rich reservoir of information from which major lessons and best practices were adopted to influence programming.

- The school block grants system as an innovation that converts WASH facilities given to schools into school fees grant addresses community failure to raise school fees that negatively impacts on child rights to education especially for orphans and vulnerable children.

- The use of local government and civil society structures in the selection of project beneficiaries using local vulnerability indicators and locally available documents (OVC register, village heads registers and Home Based Care (HBC) Programme records) proved to be effective in targeting the most vulnerable under the ZIMWASH project.

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27 Mvuramanzi Trust Report to UNICEF, 1ST January to 30th November 2011
4.3. Conclusions

In the context of the evaluation findings, the following conclusions and recommendations are made:

The ZIMWASH project was to a large extent successful in achieving the project expected results which in turn positively contributed towards the overall objectives and project purpose as:

- The project influenced putting in motion WASH sector reforms (policy review and strategy formulation) that have to date resulted in the adoption of new WASH sector coordination mechanisms.
- Functional DWSSC (Learning Alliances) were resuscitated.
- Capacity was created at National, Provincial, District and community levels in managing WASH programmes.
- Access to safe water was improved through rehabilitation, drilling, upgrading of existing wells and construction of rain water harvester.
- Access to safe sanitation was improved through construction of household and school sanitation facilities.
- There is an increase in hygiene knowledge and improved adoption of positive hygiene behaviours and practices within the targeted communities.

In line with the evaluation criteria of relevance, efficiency, effectiveness, impact and sustainability the following conclusion are made:

- **Relevance**: the project was to a larger extent relevant as it was in line with the national WASH sector priorities i.e. improving access to safe water, sanitation and hygiene practices among communities. It is also complimenting the national effort to address international WASH commitments such as the MDGs. The project was in line with EU policies on improving access to safe water and sanitation and improved hygiene practices among African countries.

- **Effectiveness**: the project managed to achieve most of the set targets within the project planned period.

- **Efficiency**: to an extent the project managed to achieve set outputs within the overall project budget framework. It also made savings that where reinvested into the project.

- **Impact**: proxy impact indicators such as the increasing number of project beneficiaries practicing positive hygiene behaviours and increased community involvement on management of water facilities show that to an extent the project has the potential to make high impacts.

- **Sustainability**: there is potential for sustainability of project benefits considering efforts made in strengthening district and community based WASH structures and training of local artisans. There is a paradigm shift as RDC are now making moves to allocate more financial resources to O&M of WASH facilities.

The project performance rating matrix (Table 14) summarises the overall project performance in terms of the evaluation criteria using the provided performance rating scale (Box 2).

### Box 4: Project Performance Rating Scale

a. Highly satisfactory (fully according to plan or better);

b. Satisfactory (on balance according to plan, positive aspects outweighing negative aspects);

c. Less than satisfactory (not sufficiently according to plan, taking account of the evolving context; a few positive aspects, but outweighed by negative aspects);

d. Highly unsatisfactory (seriously deficient, very few or no positive aspects). Each rating should be stated as part of the conclusions for each of the five criteria.

Source: Project Evaluation TORs
Table 13: Overall Project Performance Rating Matrix

<table>
<thead>
<tr>
<th></th>
<th>Policy</th>
<th>Capacity at district level</th>
<th>Capacity at community level</th>
<th>Access to water supply services</th>
<th>Access to sanitation services</th>
<th>Hygiene behaviour and practices</th>
<th>Gender Mainstreaming</th>
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<tbody>
<tr>
<td>Relevance</td>
<td>Highly satisfactory</td>
<td>Highly satisfactory</td>
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<td>Efficiency</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>Highly satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Impact</td>
<td>Highly satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Sustainability</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
</tr>
</tbody>
</table>

The evaluation team felt that the project performance rating matrix scale is too wide and there is need for intermediate ratings between the current ones. For example, there is need for a rating that lies between highly satisfactory and satisfactory. This could be say “moderately satisfactory”. This applies to difference between all the ratings.

4.4. Recommendations

In the context of the lessons learnt and best practices, the evaluation team makes the following recommendations focusing at national and district levels.

At national level it is recommended that the NAC in collaboration with UNICEF should:

- Adopt and promote the consortium approach as one of the strategies of implementing WASH programmes in Zimbabwe.
- Support WASH sector research and development through the establishment of a WASH Research Fund.
- Specifically, adopt, develop guidelines, promote and build sector capacity in process documentation.
- Adopt, consolidate guidelines, promote and build WASH sector capacity to implement the school block grant approach.
- Carry out research to document lessons, best practices and develop implementation guidelines on linking WASH and livelihoods projects.
- Future capacity development efforts should address all capacity development components (human, financial and institutional) at all levels.
- Should establish a WASH sector capacity development fund.
- The NAC should support the implementation of the sustainability strategies developed by the six project district with the view of documenting lessons learnt and best practices that will inform scaling up of the process.

At district levels it is recommended that:

- RDCs should prioritise funding of the operation and maintenance particularly the procurement of CBM tool kits and spares in line with the sustainability strategies developed by the respective districts.
- Districts should systematically capture statistics on self-initiated and funded WASH facilities so that they feed into national statistics.
- RDC with the support of the DWSSC should have updated project assets registers especially the CBM tool kits.
- RDC with support from the DWSSC should take stock of all incomplete structures and ensure that they are duly completed.
- RDCs should support the completion of Research Projects supported by the ZIMWASH project.
- Districts that completed the research should make effort to implement the research findings for future WASH programming.
Part 5: Annexes

5.1. ZIMWASH End-Term Evaluation Terms of References (TOR)

FINAL EVALUATION OF ZIMWASH project

**Project title:** Addressing the Water and Sanitation Needs of the Rural Poor in the Context of HIV&AIDS in Zimbabwe

**Section:** Water Sanitation and Hygiene (WASH)

**Key partners:** Mvuramanzi Trust, Institute of Water and Sanitation Development, IRC International Water and Sanitation Centre (Netherlands)

**Location:** The project was implemented in the six (6) rural districts of Bulilima and Mangwe (Matebeleland South province), Chegutu (Mashonaland West province), Hwange (Matebeleland North province), Chipinge (Manicaland province) and Zaka (Masvingo province)

**Duration:** 5 years (July 2006 – July 2011)

**Start date for the project:** 22 August 2006

**Reporting to:** Chief of WASH

**Background and justification**

The Zimbabwe Water, Sanitation and Hygiene (ZIMWASH) Project was funded under the 9th European Development Fund (EDF) as part of the African Caribbean and Pacific (ACP)-European Union (EU) Water Facility that was launched in 2004. After the launch of ACP-EU Water facility fund a project was then developed to address the challenges the country was facing. At the time of project inception Zimbabwe had one of the highest HIV prevalence rates in the world, with an estimated 15.3% of its adult population aged 15-49 years living with HIV or AIDS (2005/06 Zimbabwe Demographic and Health Survey – ZDHS). One of the outcomes of the HIV&AIDS epidemic had been an increased number of orphans (1.3 million in the whole country) and children whose social and economic vulnerability had been worsened.

In the preceding decade, the country experienced a decline in basic social services delivery in the areas of health, education, water and sanitation and social protection, due to a plethora of factors, including the rapid economic meltdown, increased poverty levels, political instability, eroded institutional, community and household capacity, persistent droughts and the effects of the HIV&AIDS pandemic. The situation was compounded by a weak policy environment that had reversed Zimbabwe's social and economic gains and undermined the achievement of the Millennium Development Goals.

According to the 2009 Multiple Indicator Monitoring Survey (MIMS) the proportion of people in rural areas with access to safe drinking water declined from 70% in 1999 to 61% in 2009. Furthermore, according to field estimates, more than 60% of water points were not functional. For sanitation, the 2005/06 ZDHS revealed that only 30.5% of rural households used improved facilities as opposed to 60% in 1999. The 2009 MIMS survey also showed a strong disparity between urban and rural areas for access to water, sanitation and hygiene (WASH) services, with the latter being severely underserved. The inability of vulnerable populations to access safe water and basic sanitation, poor hygiene behaviour and practices and a collapsed health care system resulted in an unprecedented cholera epidemic in 2008/09, which hit almost all rural districts countrywide. Diarrhoea also remains one of the top ten diseases affecting under-fives in Zimbabwe (2009 MIMS).

The need for orphans to have water, sanitation and hygiene services close to the homestead became paramount. With the increase in poverty and malnutrition came the increasing need for small-scale livelihood interventions.
at the household, such as community vegetable gardens which are important for people infected by HIV&AIDS. Water supply needed to be geared not only towards the provision of water for domestic purposes but also for small-scale productive activities and livestock rearing.

The weak financial and operational capacity of central and local government, the increasing poverty and the HIV&AIDS pandemic brought with it inherent challenges to water and sanitation services that required a focus not only on health, but a broader social perspective. It also posed new challenges for NGOs as they became the main implementers and therefore required more capacity to fill some of the gaps that central and local government had created. Rural District Councils needed to improve the planning, management, coordination and monitoring of the water and sanitation programmes in their respective districts.


The project implementation started in November 2006 and ended in July 2011. Being at the end of the project’s implementation period, a final project evaluation is being undertaken in order to review and evaluate the impact that the intervention had so far had in the targeted communities.

PROJECT OBJECTIVE AND EXPECTED RESULTS

Project Specific objective

Strengthen capacity of civil society and local government in the six pilot districts in planning, implementation, management, and support of sustainable integrated water, sanitation and hygiene services that address the needs of rural men, women and children, especially those people infected and affected by HIV&AIDS.

Expected results

- Improved enabling environment (consisting of policies and training, research and information services) for civil society and local government to provide WASH services to the rural poor.
- Improved planning mechanisms and project management practices among district level organizations for WASH services delivery.
- Sufficient enhanced skills available among civil society organizations and local authorities in the 6 pilot districts to coordinate, plan, provide and support the community management of water service.
- Sufficient enhanced skills and practices among community-based organizations and individuals (men and women) to manage water supply and sanitation services.
- Improved access to and use of safe and sustainable water supply services which are responsive to the livelihoods needs of rural men, women and children.
- Improved access to and use of safe and sustainable sanitation services at household and schools.
- Improved hygiene practices among rural men, women and children, especially those infected and affected by HIV&AIDS.

Purpose of the evaluation

The evaluation is a requirement in the contract between the European Union and UNICEF. It will assist the EU and consortium of partners to determine to what extent the project was successful in meeting the project objectives. The evaluation will inform planning, implementation and management of future UNICEF and Government of Zimbabwe WASH programmes. In addition the lessons learned and best practices will be useful to all other sector stakeholders.

Goal

To assess the achievement of the project objective and project expected results.

Specific Objectives of the assignment
Specifically the evaluation will assess:

- The degree of improvement in the enabling environment (consisting of policies and training, research and information services) for civil society and local government to provide WASH services to the rural poor
- The extent to which sufficient skills have been enhanced amongst civil society organizations and local authorities in the 6 pilot districts to coordinate, plan, provide and support the community management of water services
- Improvements in planning mechanisms and project management practices among district level organizations for WASH services delivery.
- Improvements in access to and use of safe and sustainable sanitation services at households and schools
- Improvements in access to and use of safe and sustainable water supply services which are responsive to the livelihoods needs of rural men, women and children
- The extent to which skills and practices among community-based organizations and individuals (men and women) to manage water supply and sanitation services have been enhanced
- The extent to which hygiene practices among rural men, women and children, especially those infected and affected by HIV&AIDS have been improved and
- To document lessons learnt, best practices and make recommendations for improved implementation of future projects.
- The extent to which EU is visible in the project.

Scope of Work

The evaluation shall be carried out in sampled wards in each of the 6 project districts and shall assess the extent to which the project specific objectives and the expected results have been achieved, document lessons learned and best practices and make recommendations for improved implementation of future projects. Other relevant cross cutting issues such as gender, HIV&AIDS, and issues of collaboration with partners and other NGO’s or authorities shall be analysed.

Evaluation Criteria

The following are the key criteria to be used during the evaluation:

Relevance

Appropriateness of the project objectives in the overall problem context, needs and priorities of the target groups and beneficiaries of the project and context within the country

Efficiency

Project efficiency refers to the extent to which the various activities transformed the available resources into the intended outputs in terms of quantity, quality and timeliness. A key question asked is “were things done right?” and thereby also addresses value-for-money, that is whether similar results could have been achieved more by other means at lower cost in the same time

Effectiveness

Analysis of the achievement of the project results versus the project purpose and how far the project’s results were used or their potential benefits were realized. The key question is what difference the project made in practice, as measured by how far the intended beneficiaries really benefited from the products or services it made available.

Impact

Effect of the project on its wider environment; improvements and changes and how far did they enhance economic and social development beyond the level of their immediate user
Sustainability

Flow of benefits for beneficiaries and a bigger context (if feasible) likely to continue after the project end, and also whether its longer-term impact on the wider development process can also be sustained at the level of the sector, province or country.

The criteria should particularly be applied to the strategic result areas as indicated in the matrix below:

<table>
<thead>
<tr>
<th>Performance Areas</th>
<th>Policy</th>
<th>Capacity at district level</th>
<th>Capacity at community level</th>
<th>Access to water supply services</th>
<th>Access to sanitation services</th>
<th>Hygiene behaviour and practices</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevance</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Efficiency</td>
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<td>Effectiveness</td>
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<td>Impact</td>
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<tr>
<td>Sustainability</td>
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</tbody>
</table>

Performance Ratings

The evaluation shall include an overall performance rating for each of the above five evaluation criteria, on the basis of the following scale:

- Highly satisfactory (fully according to plan or better);
- Satisfactory (on balance according to plan, positive aspects outweighing negative aspects);
- Less than satisfactory (not sufficiently according to plan, taking account of the evolving context; a few positive aspects, but outweighed by negative aspects);
- Highly unsatisfactory (seriously deficient, very few or no positive aspects). Each rating should be stated as part of the conclusions for each of the five criteria.

The scope of work shall also include but not limited to:

- Assess the impact of the project on the beneficiary communities
- Assess the assumptions made in the project intervention and review its relevance
- To assess strategies and implementation policy and procedures
- To assess the gender sensitivity of the programme and whether women equally benefited from the programme as men.
- Assess the targeting and vulnerability criteria for project inputs and to what extent they have been applied.
- To assess the level of participation of the community in planning and implementing activities that affects them.
- To assess the effectiveness and efficiency of project management at district and national levels with respect to organizational and institutional settings.
- Assess the management, implementation and monitoring system of the project.
- Determine the level of sustainability of the programme as well as lessons learned for potential future projects.
- Assess the level of EU visibility.
- Analysis of data and preliminary presentation and discussion of findings with UNICEF and consortium of partners.
- Finalization and presentation of draft and final evaluation report, including recommendations to UNICEF.

Methodology

The evaluation shall be carried out in a convenient sample of the 9 project wards in each of the 6 project districts through:
• Review of available literature consisting of all project related documents including those developed by the project as part of process documentation
• Document the progress and achievements of the project
• Conduct meetings and interviews with the consortium of partners (UNICEF, Mvuramanzi Trust, Institute of Water and Sanitation Development, IRC Water and Sanitation Centre, National Coordination Unit) program and project staff, Rural District Councils, District Water and Sanitation Sub Committees and communities.
• Field visits to the project sites in Hwange, Mangwe, Chegutu, Zaka and Chipinge districts and collection of quantitative and qualitative data using standard checklist/tools
  • Key informant interviews (beneficiaries, volunteers, partners)
  • Key informant interviews with District Water and Sanitation Sub-Committee members.
  • Key informant interviews with national officers from the consortium partners.
  • Observations
  • Visits to beneficiary households, contact and anecdotal feedback)
  • Focus Group Discussions (FDG) with District Water and Sanitation Sub- Committees and Water Point Committees

REFERENCE DOCUMENTS

The following documents, among others should be used as reference material for the evaluation.

- Detailed project proposal;
- Logframe;
- KABP Baseline Study report
- Capacity assessment reports
- Original Budget;
- Narrative and financial progress reports;
- Monthly progress reports from the field – for implementing partner;
- Government Rural Water and Sanitation Policies; and
- Mid-term evaluation report
- Road travelled document
- EU Results Oriented Monitoring Reports
- National guideline documents
- District end of project review and sustainability planning reports
- Any other relevant documents

Consultant Skills and Qualifications

The assignment should be carried out by a team comprising individuals with a higher degree or equivalent in Civil Engineering, Public Health, Development Studies or other related field with extensive experience in Programme/project development, appraisal and evaluation a must.

- Proven extensive experience in working with government agencies, parastatals, local authorities at national and international levels as well as international organizations.
- Excellent research and analytical skills a prerequisite.
- Knowledge and experience in the field of rural water supply and sanitation in developing countries is a pre-requisite.
- Good communication skills both oral and written are essential.
- Computer skills especially in micro soft words, Excel, Power-point and PSS.

Dissemination Plans

The final evaluation report will be shared with the European Commission, consortium partners in the project, Rural District Councils (RDC), District Water and Sanitation Sub-Committees (DWSSC) and National Action Committee for the WASH sector,

Time Frame

48
The evaluation is planned to take place between November and December 2011 for a period of 35 days including preparation, field work, debriefing and report writing.

<table>
<thead>
<tr>
<th>Expected Result</th>
<th>Deliverable</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation</td>
<td>Inception report shared and agreed with UNICEF</td>
<td>28 days</td>
</tr>
<tr>
<td></td>
<td>Data analysis plan developed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Database designed</td>
<td></td>
</tr>
<tr>
<td>Data collection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data accurately and completely</td>
<td>100% forms entered</td>
<td></td>
</tr>
<tr>
<td>entered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Draft report presented to</td>
<td>Draft evaluation report</td>
<td>5 days</td>
</tr>
<tr>
<td>stakeholders</td>
<td>Power Point presentation</td>
<td></td>
</tr>
<tr>
<td>Final report developed according</td>
<td>Final report</td>
<td>2 days</td>
</tr>
<tr>
<td>to recommendations</td>
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<td></td>
</tr>
<tr>
<td><strong>Total: 35 days</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Estimated budget**

To be negotiated.

**KEY RESULTS**

**Evaluation report**

The first draft of the evaluation report should be produced within one (1) week of the completion of the field and a PowerPoint presentation made to UNICEF and the consortium of partners.

The Evaluation Report which shall be compliant with the UNICEF - Adapted UNEG standards (to be provided to successful consultants) should include - but is not limited to - the following components:

- Table of Contents
- Executive Summary.
- Background
- Terms of Reference
- Methodology including source of data, data collection, people and places visited
- Quality and reliability of data
- Findings
- Conclusions
- Recommendations
- Appendices at the discretion of the report writer

A tightly-drafted, to-the-point and free-standing Executive Summary is an essential component. It should be short and not more than five pages. It should focus mainly on the key purpose or issues of the evaluation, outline the main analytical points, and clearly indicate the main conclusions, lessons learned and specific recommendations. The Executive Summary shall include the Performance Rating of the main 5 evaluation criteria. Cross-references should be made to the corresponding page or paragraph numbers in the main text that follows.

The Recommendations should be the subject of a separate final chapter. Wherever possible, for each key conclusion there should be a corresponding recommendation. The key points of the conclusions will vary in nature but will often cover aspects of the key evaluation criteria (including performance ratings).

The ultimate value of the evaluation depends on the quality and credibility of the recommendations offered. Recommendations should therefore be as realistic, operational and pragmatic as possible.
They should take careful account of the circumstances currently prevailing in the context of the project.

**DELMIVERABLES**

The final evaluation report shall be submitted to UNICEF as original copy (x2) plus an electronic version on CD Rom. The draft and the final report shall be approved by UNICEF and the consortium partners before conclusion of the assignment and the final payment being effected.
5.2. Evaluation Team Members

Dr. Sholto Cross

Dr Sholto Cross, the team leader, is a Consultant and Senior Research Fellow of the International Development Group of the University of East Anglia, Norwich, UK (currently he is based in Cape Town). He has undertaken extensive work in water and sanitation in Africa over the past two decades. This includes acting as the lead consultant in country water sector surveys for Madagascar, Mali, Djibouti, Sierra Leone, Liberia and South Sudan (UNDP GoALWaSH). Most recently he has been the sole consultant for a mid-term evaluation of the EU-funded UCLGA/ICLEI project providing water and sanitation support to LGAs in 14 African countries, with a special focus on Cameroon, Ghana, Rwanda, Mali and Zimbabwe.

Mr Lovemore Mujuru

Mr. Mujuru is a renowned expert within the Water, Sanitation and Hygiene (WASH) sector with 24 years worth of experience with a special focus on Financing of WASH services, Capacity Development, Programme/Project Planning and Management, Programme/Project Reviews and Evaluations, Community Based Management Issues, Use and Application of Participatory Approaches, Gender Mainstreaming in WASH and Human Rights Based Approaches to Programming. He has carried out work locally and regionally within the WASH Sector.

Mr. Solomon Makanga

Mr. Solomon Makanga is a Research, Monitoring and Evaluation Specialist with wider experience in the use of different research, monitoring and evaluation methods including participatory approaches. He has carried out work in the research domain locally and regionally covering the rural development sector in general, and the WASH sector in particular.

Mr. Sakios Muduma

Mr Muduma has a wide experience in data analysis using a variety of statistical packages including SPSS. Sakios has worked in government, NGOs and consultants companies. He has carried out a number of similar exercises at national and regional level for reputable institutions and funding agencies notably UNICEF, WHO and the UNDP.
### 5.3. Sample of Frequency Tables

#### q19 Main source of drinking water * Name of District Crosstabulation

<table>
<thead>
<tr>
<th>Borehole</th>
<th>Count</th>
<th>Bullima</th>
<th>Chegutu</th>
<th>Chipinge</th>
<th>Hwange</th>
<th>Mangwe</th>
<th>Zaka</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borehole</td>
<td></td>
<td>33</td>
<td>20</td>
<td>28</td>
<td>26</td>
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<table>
<thead>
<tr>
<th>Surface water (river, dam, pond)</th>
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<th>Chipinge</th>
<th>Hwange</th>
<th>Mangwe</th>
<th>Zaka</th>
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<th>Chegutu</th>
<th>Chipinge</th>
<th>Hwange</th>
<th>Mangwe</th>
<th>Zaka</th>
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<td>.0%</td>
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<td>1.5%</td>
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<tr>
<td>% of Total</td>
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<td>.0%</td>
<td>.5%</td>
<td>.0%</td>
<td>.0%</td>
<td>.5%</td>
<td>1.5%</td>
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</table>

<table>
<thead>
<tr>
<th>Protected dug well</th>
<th>Count</th>
<th>Bullima</th>
<th>Chegutu</th>
<th>Chipinge</th>
<th>Hwange</th>
<th>Mangwe</th>
<th>Zaka</th>
<th>Total</th>
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#### Sc_container*District Crosstabulation

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<th>Water collection container*</th>
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<th>Bullima</th>
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<th>Chipinge</th>
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<th>Mangwe</th>
<th>Zaka</th>
<th>Total</th>
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<tbody>
<tr>
<td>q26.1 collect in 20 - 25 plastic wide mouthed with lid</td>
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| q26.2 collect in 20 - 25 plastic Narrow with lid | Count | 9       | 9       | 3        | 3      | 5      | 29   | 29    |
| % within Name of District   |       | 20.0%   | 28.1%   | 7.0%     | 10.3%  | .0%    | 14.7%| 13.2% |
| % of Total                  |       | 4.1%    | 4.1%    | 1.4%     | 1.4%   | .0%    | 2.3% | 13.2% |

| q26.3 collect in 20 - 25 plastic wide mouthed without lid | Count | 1       | 1       | 2        | 1      | 0      | 1    | 6     |
| % within Name of District   |       | 2.2%    | 3.1%    | 4.7%     | 3.4%   | .0%    | 2.9% | 2.7%  |
| % of Total                  |       | .5%     | .5%     | .9%      | .5%    | .0%    | .5%  | 2.7%  |

| q26.4 collect in 20 - 25 plastic wide Narrow without lid | Count | 1       | 0       | 0        | 0      | 0      | 1    | 2     |
| % within Name of District   |       | 2.2%    | .0%     | .0%      | .0%    | .0%    | 2.9% | .0%   |
| % of Total                  |       | .5%     | .0%     | .0%      | .0%    | .0%    | .5%  | .9%   |

| q26.7 collect in 20 - 25 metal wide mouthed without lid | Count | 0       | 1       | 0        | 1      | 0      | 0    | 2     |
| % within Name of District   |       | .0%     | 3.1%    | .0%      | 3.4%   | .0%    | .0%  | .0%   |
| % of Total                  |       | .0%     | .5%     | .0%      | .5%    | .0%    | .0%  | .9%   |

| Total                        | Count | 45      | 32      | 43       | 29     | 37     | 34   | 220   |
| % of Total                   |       | 20.5%   | 14.5%   | 19.5%    | 13.2%  | 16.8%  | 15.5%| 100.0%|
### District Crosstabulation

<table>
<thead>
<tr>
<th>q29.1 store in 20 - 25 plastic wide mouthed with lid</th>
<th>Name of District</th>
<th>Bulilima</th>
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Percentages and totals are based on responses.

a. Dichotomy group tabulated at value 1.

### q41 How do you normally wash hands * Name of District Crosstabulation

<table>
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<th>Run to waste without soap/ash</th>
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<td>63.5%</td>
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</table>

| Count                              | 12                            | 9                 | 5        | 8       | 14      | 1      | 49    |
| % within Name of District          | 30.8%                         | 33.3%             | 12.5%    | 30.8%   | 36.8%   | 3.0%   |       |
| % of Total                         | 5.9%                          | 4.4%              | 2.5%     | 3.9%    | 6.9%    | .5%    | 24.1% |

| Count                              | 3                             | 2                 | 0        | 3       | 5       | 1      | 14    |
| % within Name of District          | 7.7%                          | 7.4%              | 0.0%     | 11.5%   | 13.2%   | 3.0%   |       |
| % of Total                         | 1.5%                          | 1.0%              | 0.0%     | 1.5%    | 2.5%    | .5%    | 6.9%  |

| Count                              | 2                             | 1                 | 0        | 3       | 1       | 1      | 8     |
| % within Name of District          | 5.1%                          | 3.7%              | 0.0%     | 11.5%   | 2.6%    | 3.0%   |       |
| % of Total                         | 1.0%                          | .5%               | 0.0%     | 1.5%    | .5%     | .5%    | 3.9%  |

| Count                              | 1                             | 0                 | 0        | 0       | 0       | 0      | 1     |

| Father uses                        | Count | 1                 | 0        | 0       | 0       | 0      | 1     |
### q29.1 store in 20-25 plastic wide mouthed with lid
<table>
<thead>
<tr>
<th>Name of District</th>
<th>Bulilima</th>
<th>Chegutu</th>
<th>Chipinge</th>
<th>Hwange</th>
<th>Mangwe</th>
<th>Zaka</th>
<th>Total</th>
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<td>Count</td>
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<td>% within District</td>
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<td>17.5%</td>
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### q29.2 store in 20-25 plastic Narrow with lid
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### q29.3 store in 20-25 plastic wide mouthed without lid
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### q29.5 store in 20-25 metal wide mouthed with lid
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### q29.6 store in 20-25 metal wide mouthed without lid
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### Father uses own dish, the rest share with soap/ash
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<th></th>
<th>Bulilima</th>
<th>Chegutu</th>
<th>Chipinge</th>
<th>Hwange</th>
<th>Mangwe</th>
<th>Zaka</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>39</td>
<td>27</td>
<td>40</td>
<td>26</td>
<td>38</td>
<td>33</td>
<td>203</td>
</tr>
<tr>
<td>% of Total</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### q57 What do you do when your water point breaks down * Name of District Crosstabulation

#### Committee responsible
<table>
<thead>
<tr>
<th>Name of District</th>
<th>Bulilima</th>
<th>Chegutu</th>
<th>Chipinge</th>
<th>Hwange</th>
<th>Mangwe</th>
<th>Zaka</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>35</td>
<td>23</td>
<td>37</td>
<td>25</td>
<td>31</td>
<td>30</td>
<td>181</td>
</tr>
<tr>
<td>% within Name of District</td>
<td>89.7%</td>
<td>82.1%</td>
<td>92.5%</td>
<td>100.0%</td>
<td>93.9%</td>
<td>90.9%</td>
<td>91.4%</td>
</tr>
<tr>
<td>% of Total</td>
<td>17.7%</td>
<td>11.6%</td>
<td>18.7%</td>
<td>12.6%</td>
<td>15.7%</td>
<td>15.2%</td>
<td>91.4%</td>
</tr>
</tbody>
</table>

#### Report to RDC
<table>
<thead>
<tr>
<th>Name of District</th>
<th>Bulilima</th>
<th>Chegutu</th>
<th>Chipinge</th>
<th>Hwange</th>
<th>Mangwe</th>
<th>Zaka</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>% within Name of District</td>
<td>0%</td>
<td>7.1%</td>
<td>2.5%</td>
<td>.0%</td>
<td>.0%</td>
<td>6.1%</td>
<td>2.5%</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
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<td>1.0%</td>
<td>.5%</td>
<td>.0%</td>
<td>.0%</td>
<td>1.0%</td>
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<td>----------------</td>
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<td>-----</td>
<td>-----</td>
<td>------</td>
</tr>
<tr>
<td>Report to DDF</td>
<td>Count</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>% within Name of District</td>
<td>5.1%</td>
<td>7.1%</td>
<td>.0%</td>
<td>.0%</td>
<td>.0%</td>
<td>.0%</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>1.0%</td>
<td>1.0%</td>
<td>.0%</td>
<td>.0%</td>
<td>.0%</td>
<td>.0%</td>
</tr>
<tr>
<td>Other</td>
<td>Count</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>% within Name of District</td>
<td>5.1%</td>
<td>.0%</td>
<td>5.0%</td>
<td>.0%</td>
<td>6.1%</td>
<td>.0%</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>1.0%</td>
<td>.0%</td>
<td>1.0%</td>
<td>.0%</td>
<td>1.0%</td>
<td>.0%</td>
</tr>
<tr>
<td>Don't know</td>
<td>Count</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>% within Name of District</td>
<td>.0%</td>
<td>3.6%</td>
<td>.0%</td>
<td>.0%</td>
<td>.0%</td>
<td>3.0%</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>.0%</td>
<td>.5%</td>
<td>.0%</td>
<td>.0%</td>
<td>.0%</td>
<td>.5%</td>
</tr>
<tr>
<td>Total</td>
<td>Count</td>
<td>39</td>
<td>28</td>
<td>40</td>
<td>25</td>
<td>33</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>% within Name of District</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>19.7%</td>
<td>14.1%</td>
<td>20.2%</td>
<td>12.6%</td>
<td>16.7%</td>
<td>16.7%</td>
</tr>
</tbody>
</table>
5.4. Data Collection Tools

ZimWASH FINAL Evaluation

Household Interview Questionnaire

Consent

Hello. My name is ___________ and I am working for Bresmo Business Consultants. We are conducting a Final Evaluation of the ZIMWASH project. The questionnaire usually takes about 60 minutes to complete. As part of the evaluation we would first like to ask some questions about your household. All the answers you give will be confidential. Participation in the survey is completely voluntary. However, we hope you will participate in the evaluation since your views are important for the successful evaluation of the ZimWASH project in this area.

Signature of the interviewer:______________________  Date:_________________

1. Interviewer’s Name ………………………………………………………………
2. District ……………………………..   3. Ward…………………………
4. Village ……………………………….   5. Respondent………………………
6. Age………………….   7. Sex       Male /Female
8. Interviewer Result (please circle number)  9. Completed  1. Yes   2. No
10. Partially completed (Explain)…………………………………………………………

Demographic Information

What level of education did you attain?

Pre-school  Tertiary
Primary  Non Standard Curriculum
Secondary  None

What are you doing for a living?

None  Student
General work  Farming
Handcraft  Other (specify)………………
Farm Worker

Who provides for the family?

Father  Siblings
Mother  Uncle/Aunt
Both parents  Other (specify________
Grand parents

How many people live with you? ..................................................

How many people usually eat with you?_____________________________

Of the people mentioned in 15 & 16 above how many are.

Children under 5 yrs   M.………..  F.………..
Children-6 yrs to 17 yrs  M.………..  F.………..
Adults from 18 yrs and above  M.………..  F.………..

Of the children in this household.
<table>
<thead>
<tr>
<th>Question</th>
<th>M.</th>
<th>F.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many have a mother deceased?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many have a father deceased?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many have both parents deceased?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many have ill parents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many are physically challenged?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of the children in this household how many are going to School?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of the children going to school how many are orphans?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many children of school going age in your household are not going to school?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What is the main reason for those who are not attending school?** (Multiple Answers)
- Lack of money for school fees.
- Caring for sick parents/other adults.
- Caring for other children.
- Have special needs.
- Failed school.
- Do not want to.
- Project Beneficiary Selection Criteria
- Child headed families
- OVCs
- Elderly
- Physically challenged

**Has your household benefitted from the project/s since 2006?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**If yes, how did you benefit?**
- Latrine
- Protected Well
- Community Borehole
- Health and hygiene education
- Other (Specify)

**What has the household contributed to the project?**

<table>
<thead>
<tr>
<th>If no why?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If you have orphans in your household, what type of support did you receive from ZimWASH in the past?** (Multiple choice)
- Medical support during project life span
- Psychosocial support during project life span
- Material support during project life span
- School-related assistance during project life span

**Child headed household**

<table>
<thead>
<tr>
<th>Are there any child headed households in this village?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>If no, go to No. 19.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**How many are headed by;**

<table>
<thead>
<tr>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**According to your view, what is the most serious problem faced by child headed households?** (single choice)

<table>
<thead>
<tr>
<th>Lack of food</th>
<th>Lack of medical support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lack of clothing</th>
<th>Had their inheritance taken away</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lack of school fees</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.7</td>
<td></td>
</tr>
</tbody>
</table>

**Who provides support for child headed households in this village/area?** (Multiple answers)
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>What help did the ZimWASH project provide to child headed households?</td>
<td>(single choice)</td>
</tr>
<tr>
<td>Money</td>
<td>Money</td>
</tr>
<tr>
<td>Psychosocial care</td>
<td>Shelter</td>
</tr>
<tr>
<td>School fees</td>
<td>None</td>
</tr>
<tr>
<td>School uniform</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Medical support</td>
<td>Others (specify)</td>
</tr>
<tr>
<td>Water Supply, O&amp;M and Livelihoods</td>
<td></td>
</tr>
<tr>
<td>What is the main source of drinking water for members of your household?</td>
<td></td>
</tr>
<tr>
<td>Borehole</td>
<td>Protected Spring</td>
</tr>
<tr>
<td>Protected Dug well</td>
<td>Unprotected Spring</td>
</tr>
<tr>
<td>Unprotected Dug well</td>
<td>Surface Water (River/dam/pond)</td>
</tr>
<tr>
<td>Medical support</td>
<td>Other (specify)</td>
</tr>
<tr>
<td>How reliable is the main water source?</td>
<td></td>
</tr>
<tr>
<td>Perennial</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Seasonal</td>
<td>Other (specify)</td>
</tr>
<tr>
<td>Frequently breaks down</td>
<td></td>
</tr>
<tr>
<td>What is the main source of water used by your household for bathing and laundry?</td>
<td></td>
</tr>
<tr>
<td>Borehole</td>
<td>Protected Spring</td>
</tr>
<tr>
<td>Dug Well</td>
<td>Unprotected Spring</td>
</tr>
<tr>
<td>Protected Dug well</td>
<td>Surface Water (River/dam/pond)</td>
</tr>
<tr>
<td>Unprotected Dug well</td>
<td>Other (specify)</td>
</tr>
<tr>
<td>Water From Spring</td>
<td></td>
</tr>
<tr>
<td>Besides drinking, laundry and bathing, what else do you use water for? (Multiple answers)</td>
<td></td>
</tr>
<tr>
<td>Gardening &amp; Poultry</td>
<td>Home-based enterprises (brick making)</td>
</tr>
<tr>
<td>Piggery</td>
<td>None</td>
</tr>
<tr>
<td>Livestock watering</td>
<td>Others (specify)</td>
</tr>
<tr>
<td>Which livelihood projects were introduced and supported by the ZIMWASH project in your village?</td>
<td></td>
</tr>
<tr>
<td>Gardening</td>
<td>Home-based enterprises (brick making etc)</td>
</tr>
<tr>
<td>Poultry</td>
<td>None</td>
</tr>
<tr>
<td>Piggery</td>
<td>Others (specify)</td>
</tr>
<tr>
<td>Livestock watering</td>
<td></td>
</tr>
<tr>
<td>How far is the main water point from your household?</td>
<td></td>
</tr>
<tr>
<td>In household</td>
<td>Between 500m and less than 1km</td>
</tr>
<tr>
<td>Within 100m</td>
<td>More than 1km</td>
</tr>
<tr>
<td>Between 100m and less than 500m</td>
<td></td>
</tr>
<tr>
<td>Who usually goes to fetch the water for your household (where source is 100m or more from the homestead)?</td>
<td></td>
</tr>
<tr>
<td>(Multiple response)</td>
<td></td>
</tr>
<tr>
<td>Adult woman</td>
<td>Female child (under 16 years)</td>
</tr>
<tr>
<td>Adult man</td>
<td>Male child (under 16 years)</td>
</tr>
</tbody>
</table>
What type of container do you use to collect drinking water from the water point? Multiple choice:

- 20-25 lt plastic wide-mouthed container with lid
- 20-25lt plastic narrow-mouthed container with lid
- 20-25 lt plastic wide-mouthed container without lid
- 20-25lt plastic narrow mouthed container without lid
- 20-25 lt metal wide-mouthed container with lid
- 20-25lt metal narrow-mouthed container with lid
- 20-25 lt metal wide-mouthed container without lid
- 20-25lt metal narrow-mouthed container without lid
- Other (specify) …………………

Note type of container-By observation: ……………………………………………………

How many such containers do you collect on a daily basis? …………………

How is this water transported to the household?
- Head
- Wheel barrow
- Scotch/water cart.
- Other Specify …………………

How do you store water for cooking and drinking in your home? (Multiple choice)

- 20-25 lt plastic wide-mouthed container with lid
- 20-25lt plastic narrow-mouthed container with lid
- 20-25 lt plastic wide-mouthed container without lid
- 20-25lt plastic narrow mouthed container without lid
- 20-25 lt metal wide-mouthed container with lid
- 20-25lt metal narrow-mouthed container with lid
- 20-25 lt metal wide-mouthed container without lid
- 20-25lt metal narrow-mouthed container without lid
- Other (specify) …………………

Note type of storage container-By observation: ……………………………………………………

How do you withdraw water from your storage container when you want to drink?
- Single cup.
- Ladle.
- Calabash.
- Double cup.
- Pour from container.
- Other (specify) …………………

Note type of storage container-By observation: ……………………………………………………

Do you do anything to the water before you drink?  1. Yes   2. No
If yes, proceed with the next question, if no go to No. 32.
If yes –what do you do? (Single choice)
- Boil
- Add bleach/chlorine
- Strain through a cloth.
- Use water filter.
- Solar disinfection
- Let it stand and settle
- Don’t know.
- Other (specify) …………………

Sanitation and Hygiene
Where do you dispose of your excreta? (Single choice)
- Bush
- Pit latrine
- Cat method
- Flush toilet.
- BVIP latrine
- Ecological sanitation toilet.
- Other (specify) …………………

Note by observation: ……………………………………………………

Do you have a toilet at your household?  1. Yes   2. No
If yes, proceed with the next question, if no go to NO. 37.
If yes what type? (Single choice)
- Pit Latrine
- BVIP latrine
- Ecological sanitation latrine
- Flush toilet
- Other (specify) …………………
Do you share this toilet facility with other households? 1 Yes 2 No

Who maintains sanitary facilities at the household?
- Mother
- Father
- Boys
- Girls
- Other, specify

How many households use this toilet facility?
- Less than 5
- More than 5 but less than 10
- More than 10
- Not applicable

(Only for the household with under fives) How do you dispose stools for young children (0-5)? Multiple choice
- Thrown into toilet/latrine
- Thrown outside the dwelling
- Thrown into the rubbish pit
- Thrown outside the yard
- Buried outside the yard
- Buried inside the yard

Why do you think it is necessary to have latrines in your household? (Multiple answers)
- To prevent the spread of diseases
- To prevent environmental pollution
- For aesthetic reasons
- it's hygienic

When do you usually wash your hands? (Multiple Answers)
- Before eating
- After using the toilet
- Before preparing food
- After eating
- After handling children’s faeces

Why do you wash your hands? (Single choice)
- To clean hands
- To avoid diseases
- To remove smell

How do you normally wash your hands in this household? (Single choice)
- Run to waste method without soap/ash
- Run to waste with soap/ash
- Communal dish without soap/ash
- Communal dish with soap/ash
- Father uses own dish and the rest share one dish
- Father uses own dish and the rest share one dish

Has any member of your family suffered from diarrhoea in the last two weeks? 1 Yes 2 No

If yes, proceed with the next question, if no go to NO. 45.

How many of those who had diarrhoea were children under 5 years? _____________

How did you overcome this problem for the under 5 years? Multiple choice
- Visited the clinic/health providers
- Gave SSS
- Visited the traditional healer/faith healer
- Used home remedies
- Prepared home fluids
- Did nothing

Note by observation:.............
Other (Specify)…………………… Not applicable.

Did any of your family members ever suffer from cholera?  1    Yes   2 No
If Yes, when and how many? Number _____     When _____

Participation in WASH Activities
Did children in your household participate in ZimWASH project?
1 Yes   2 No   3 Don’t know.
If yes, how did they participate? (Multiple choice)
As members of water committees. Taking part in training for livelihood
By attending WASH meetings. Don’t know
Contributing labour/materials. Taking part in the constructions
By forming child forums. Other (specify)…………………
By forming school health clubs. Not applicable
As part of an committee?

If not why?
Too young to make decisions Other (specify) …………………
May not know what is good for them Not applicable
Have no role to play

Did women participate in any WASH projects in your community?
1 Yes   2 No   3 Don’t know
48b If yes why are they participating?

48c How did they participate? (Multiple answers)
As members of water committees Taking part in the constructions
By attending WASH meetings Other (specify) …………………
By forming community seedling centre Not applicable
By forming health clubs

If no, why? ______________________________________________________________________________

HIV/AIDS
Do you think HIV/AIDS is a problem in your village?
1 Yes.   2 No   3 Don’t know.

Do you think ZimWASH project played a role in the prevention and mitigation of HIV/AIDS?
If yes, proceed with the next question, if no go to NO. 51.
If Yes- How? (Multiple Choice)
Provision of WASH facilities. Improved nutrition
Hygiene education Don’t know
Provision of hygiene enabling facilities Other (specify)…………………

Do you have a home based care support group in your area?
1 Yes.   2 No   3 Not sure
If yes what activities did they carry out? (Multiple choice)
Assist in treatment of those infected with HIV and AIDS
Assist in cleaning the environment where patients on home based care stay
Advice on nutritious food
Don’t know.

Capacity at Community Level
Do you have people who were trained in the following in this village since 2006?

- Construction of BVIPs: Y N
- Family well Construction: Y N
- Borehole O&M: Y N
- Health and Hygiene Education: Y N
- Village Pump Mechanics (VPM): Y N
- Latrine Builders: Y N
- Who looks after your communal water point? Y N
- Water Point Committee: DDF
- VP Minder: Other
- Pump Caretaker: DDF
- What is the composition of the Water Point Committee?
  - Men only: Y N
  - Women only: Y N
  - Men and Women: Y N
- Are these people trained? 1 Y 2. N
  - If yes, proceed with the next question, if no go to NO. 57.
  - If yes, who trained them?
    - RDC: Y N
    - MMT: Y N
    - UNICEF: Y N
    - Govt: Y N
    - DDF: Y N
    - Don’t Know: Y N
- What do you do if your water point breaks down?
  - Committee is responsible: Y N
  - Report to RDC: Y N
  - Report to DDF: Y N
  - Other (specify): Y N
- How long does it take for the borehole to be repaired if it breaks down?
  - Less than 1 week: Y N
  - 1 month: Y N
  - >1 month: Y N
- Who were the ZimWASH donors/Funders?
  - Government: Y N
  - RDC: Y N
  - EU: Y N
  - MMT: Y N
  - UNICEF: Y N
  - IWSD: Y N
  - DDF: Y N
  - Don’t Know: Y N
  - Other (specify): Y N

Lessons Learnt
For the identified project, what could you say were the lessons learnt?
Specify

What can you say are the ZimWASH project successes?

What can you say are ZimWASH project challenges?

What could have been done differently?
Key Informant Interview: (District Administrator & CEO)

Consent

Hello. My name is ___________ and I am working for Bresmo Business Consultants. We are conducting a Final Evaluation for the ZIMWASH project that focuses on assessing project achievement of its set objectives and outcomes. The questionnaire usually takes a few minutes to complete.

As part of the evaluation we would first like to ask some questions about your organization. All the answers you give will be confidential. Participation in the survey is completely voluntary. However, we hope you will participate in the evaluation since your views are important for the successful evaluation of the ZimWASH project.

Interview Details
Interviewer’s Name ……………
Name of Respondent……………
Name of Organization …………
Designation……………………
Sex:         Male    Female
Inteview Result (please circle number)  Completed
Partially completed (Explain)………………………………………………………
Signature of the interviewer:______________________  Date:_________________

What were your institutional roles in the ZimWASH Project?
_____________________________________________________________________________

What was your major achievement in fulfilling your roles?

What were the major challenges in fulfilling your roles

What are your comments/views on the ZimWASH project performance in terms of the planned result?

Improvement in the enabling environment (consisting of policies and training, research and information services) for civil society and local government to provide WASH services to the rural poor.
Enhancing sufficient skills amongst civil society organizations and local authorities to coordinate, plan, provide and support the community management of water services.
Improvements in planning mechanisms and project management practices among district level organizations for WASH services delivery.
Improvements in access to and use of safe and sustainable sanitation services at households and schools.
Improvements in access to and use of safe and sustainable water supply services which are responsive to the livelihoods needs of rural men, women and children.

_____________________________________________________________________________
The extent to which skills and practices among community-based organizations and individuals (men and women) to manage water supply and sanitation services have been enhanced.

The extent to which hygiene practices among rural men, women and children, especially those infected and affected by HIV/AIDS have been improved.

What are the lessons learnt, best practices and make recommendations for improved implementation of future projects.

The extent to which EU is visible in the project.

What are your views and comments on the following project issues?

Project management and coordination approach? (strengths, weaknesses and impact on project performance)

Project financial management system (adequacy of budget allocation, disbursement systems etc)

Field implementation of project activities. Monitoring and evaluation systems?

Process documentation

Learning alliances

Research and knowledge management

Sustainability issues

What are the strategies for scaling up of lessons learnt and best practices.

In your opinion what could have been done differently under the ZIMWASH project?
ZimWASH FINAL Evaluation

Key Informant Interview: PWSSC

Consent

Hello. My name is ___________ and I am working for Bresmo Business Consultants. We are conducting a Final Evaluation for the ZIMWASH project that focuses on assessing project achievement of its set objectives and outcomes. The questionnaire usually takes a few minutes to complete.

As part of the evaluation we would first like to ask some questions about your organization. All the answers you give will be confidential. Participation in the survey is completely voluntary. However, we hope you will participate in the evaluation since your views are important for the successful evaluation of the ZimWASH project.

Interview Details

Interviewer’s Name ________________________________________________________________
Name of Organization ______________________________________________________________
Name_____________________________________________________________________________
Designation___________________________________  Age_________________________
Sex                    Male    Female
Interviewer Result (please circle number)
Completed
Partially completed Explain)_________________________________________________________________
Signature of the interviewer: ______________________   Date:_________________

What were your institutional roles in the ZimWASH Project?

What was your major achievement in fulfilling your roles?

__________________________________________________________________________________

What were the major challenges in fulfilling your roles

__________________________________________________________________________________

What are your comments/views on the ZimWASH project performance in terms of the planned result?

Improvement in the enabling environment (consisting of policies and training, research and information services) for civil society and local government to provide WASH services to the rural poor.

__________________________________________________________________________________

Enhancing sufficient skills amongst civil society organizations and local authorities to coordinate, plan, provide and support the community management of water services.

__________________________________________________________________________________
Improvements in planning mechanisms and project management practices among district level organizations for WASH services delivery.

Improvements in access to and use of safe and sustainable sanitation services at households and schools.

Improvements in access to and use of safe and sustainable water supply services which are responsive to the livelihoods needs of rural men, women and children.

The extent to which skills and practices among community-based organizations and individuals (men and women) to manage water supply and sanitation services have been enhanced.

The extent to which hygiene practices among rural men, women and children, especially those infected and affected by HIV/AIDS have been improved.

To document lessons learnt, best practices and make recommendations for improved implementation of future projects.

The extent to which EU is visible in the project.

What are your views and comments on the following project issues?

Project management and coordination approach? (strengths, weaknesses and impact on project performance)

Project financial management system (adequacy of budget allocation, disbursement systems etc)

Field implementation of project activities.

Monitoring and evaluation systems?

Process documentation

Learning alliances

Research and knowledge management
What have been the lessons learnt.

__________________________________________________________________________________

What are the best practices?

__________________________________________________________________________________

Sustainability issues

__________________________________________________________________________________

What are the strategies for scaling up of lessons learnt and best practices.

__________________________________________________________________________________

In your opinion what could have been done differently under the ZIMWASH project?

__________________________________________________________________________________
Hello. My name is ___________ and I am working for Bresmo Business Consultants. We are conducting a Final Evaluation for the ZIMWASH project that focuses on assessing project achievement of its set objectives and outcomes. The questionnaire usually takes a few minutes to complete.

As part of the evaluation we would first like to ask some questions about your organization. All the answers you give will be confidential. Participation in the survey is completely voluntary. However, we hope you will participate in the evaluation since your views are important for the successful evaluation of the ZimWASH project.

**Interview Details**

Interviewer’s Name ……………
Name of Respondent……………
Name of Organization …………
Designation……………………

Sex: Male Female

Interviewer Result (please circle number) Completed
Partially completed (Explain)………………………………………………………

Signature of the interviewer:______________________  Date:_________________

What were your institutional roles in the ZimWASH Project?
_____________________________________________________________________________

What was your major achievement in fulfilling your roles?
_____________________________________________________________________________

What were the major challenges in fulfilling your roles
_____________________________________________________________________________

What are your comments/views on the ZimWASH project performance in terms of the planned result?
_____________________________________________________________________________

**Improvements in access to and use of safe and sustainable sanitation services at households and schools.**
_____________________________________________________________________________

**Improvements in access to and use of safe and sustainable water supply services which are responsive to the livelihoods needs of rural men, women and children.**
_____________________________________________________________________________

The extent to which skills and practices among community-based organizations and individuals (men and women) to manage water supply and sanitation services have been enhanced.
_____________________________________________________________________________
The extent to which hygiene practices among rural men, women and children, especially those infected and affected by HIV/AIDS have been improved.

What are the lessons learnt best practices and recommendations for improved implementation of future projects.

The extent to which EU is visible in the project.

What are your views and comments on the following project issues?

Project management and coordination approach? (strengths, weaknesses and impact on project performance)

Field implementation of project activities.

Monitoring and evaluation systems?

Sustainability issues

What are the strategies for scaling up of lessons learnt and best practices.

In your opinion what could have been done differently under the ZIMWASH project?
Observation Checklist: Water Point Project Site

Province: ___________________ District ___________________

Ward: ___________________ Village: ___________________

Date: ___________________ Observer: ___________________

Water Point Name: ______________________________________

**Operation and Maintenance Indicators**

Greasing of moving parts: Y N

Tightening of bolts and nuts: Y N

Cleanliness around the water point: Y N

**Quality of Head works**

Evidence of cracks that needs repairs: Y N

Evidence of use: Y N

Availability of the fence: Y N

Condition of the fence: Poor Good Fair Excellent

Condition of the apron: Poor Good Fair Excellent

**Existence of Livelihood project/activities**

Type of Livelihood activity.

____________________________________________________________________________

Observer’s Comments

____________________________________________________________________________
ZimWASH Final Evaluation

Focus Group Discussion: Water Point Committees

Consent

Hello. My name is ___________ and I am working for Bresmo Business Consultants. We are conducting a Final Evaluation for the ZIMWASH project that focuses on assessing project achievement of its set objectives and outcomes. The discussion usually takes a few minutes. Participation in the survey is completely voluntary. However, we hope you will participate in the evaluation since your views are important for the successful evaluation of the ZimWASH project.

1. Gender Compositions of the WPC.
2. Member’s selection/election procedures.
3. Committee Membership knowledge and appreciation of their responsibilities including the availability of a constitution.
4. Evidence of Committee functionality e.g. record of meetings.
5. Evidence of capacity building efforts received including the provision of tools for O&M.
6. Systems establishment for the management of the water facility e.g. operation and maintenance.
7. Challenges being faced by the committee (availability of spares, defaulting members, lack of technical capacity to carry out maintenance works etc).
8. How the issues and interests of the vulnerable are addressed e.g., elderly, children, chronically ill, physically challenged etc.
9. Availability and reliability of the backup/support services from other higher levels.
10. Any other comments they would want to make.

Don’t forget to thank them for their time and information.
ZimWASH FINAL Evaluation

Focus Group Discussion: Community (Community Leadership, Men, Women and Children Groups)

Consent

Hello. My name is ___________ and I am working for Bresmo Business Consultants. We are conducting a Final Evaluation for the ZIMWASH project that focuses on assessing project achievement of its set objectives and outcomes. The discussion usually takes a few minutes. Participation in the survey is completely voluntary. However, we hope you will participate in the evaluation since your views are important for the successful evaluation of the ZimWASH project.

What were the ZimWASH Project Inception processes?

What were the project beneficiary selection/election procedures?

What were the project implementation processes?

What are the perceived project benefits to the community, men, women and children respectively?

Community based systems for continued project benefits and sustainability including issues of operation and maintenance of facilities, sustenance of the community based structures etc.

Perceived challenges, lessons learnt and best practices?

In given another chance what would be done differently?

Any other comments they would want to make.

Don’t forget to thank them for their time and information.
5.5. District Demographics for the ZimWASH Project

Zaka district\(^{28}\) is one of the seven districts of Masvingo Province. It lies largely in agricultural region V, which receives an average annual rainfall of less than 350mm (semi-arid). However, like the rest of the country agriculture still remains the backbone of the economic activities of the people of Zaka. A large area of the district is underlain by granite rock formations marked by a shallow water table. Groundwater is a major source of drinking water supply. The district is divided into 21 wards. Most of these are communal lands, with a few being new resettlement schemes/commercial farms and small scale farms and towns. ZimWASH is located in the communal areas.

The key development problems are a weak agricultural base, affected by persistent droughts; the insecurity of water supply including rainfall; the low capacity of the implementing institutions, an ever increasing staff turnover which has caused a poor state of morale, not helped by scarce public funding, and shortages of consumer goods and cement.

In the 2002 census, the district of Zaka constituted 1.59% of national population of Zimbabwe (11 634 663 persons) or 29.95% of the Masvingo Provincial population of 618 009 persons. The total number of households as at 2002 was 37 324 and the natural growth rate for the district was 0.71%. The national literacy level for Zimbabwe is estimated to be 97%, while that of Zaka is 95% (the provincial average for Masvingo is also 96%). Some 83% of households depend on farming for their livelihood. In 5% of cases respondents depended on handcraft. This is usually mat-making or wood- and stone-carving. A small proportion (3%) either did nothing or did some general working.

Child-headed households constituted some 6%, their major problem being access to food, and lack of funds for school fees. Vulnerable children constitute 61.5% of the child population, support coming mainly from relatives (50%) and community (10%) which entrenches vulnerability. While there is limited support by churches and NGOs, the government is not a source of support.

Around 96% of households have access to safe drinking water supplies with a less than 50% assurance of reliability as 33.3% of water supply sources are seasonal. The most common type of collecting, transporting and storing water is the narrow mouthed plastic 20-25 litre containers with lid. In 42.40% water storage was considered unhygienic. Per capita consumption ranges from 9 to 12 litres per capita per day which is low and at least 24% walk more than 500m to a water point.

Chegutu district\(^{29}\) is one of the seven districts of Mashonaland West. The administrative district includes the town of Chegutu, while the rest constitutes either communal, small scale or commercial farming. Geologically the Zimbabwe Great Dyke dissects the district, making it one of the largest mineral producing areas in the country. Of significance is the platinum deposits at Selous and Ngezi. In the communal lands the major source of livelihood is peasant agriculture, although the commercial sector produces a number of irrigated crops. No significant manufacturing occurs in the town of Chegutu, known in the past for its strong textile industrial base. The district is divided into 30 wards. Most of these fall in communal lands, where the ZimWASH project is located.

The key development problems are similar to those in Zaka. In the 2002 census, the district of Chegutu constituted 1.9% of national population of Zimbabwe (11 634 663 persons), with Chegutu Rural having a population of 181,733 persons. The total number of households in the Chegutu Rural as at 2002 was 42 494 and the natural growth rate for the district was 1.2%.

Chegutu has a similar national literacy level as the national one at 97%, yet 11% of respondents in the KBAP study had not been to school. This is a fairly high number given the distribution of the respondents’ age groups, and the high national and provincial literacy levels. This may indicate that this particular community is quite marginalised.


\(^{29}\) ACP EU Water Facility Project: Knowledge, Attitude, Behaviour and Practices Study: Chegutu District (2007)
Chipinge district\textsuperscript{30} is one of the seven districts of Manicaland. The district lies partly in the eastern highlands and partly in the lowveld of the Save river valley. The district has a dry leeward side (west) along the Save river valley and a relatively wet, mountainous area to the east. Chipinge district benefits from horticulture and other produce such as tea and dairy production. It is also a tourist area, including such scenic sites as the eastern highlands. The Save river is the major source of water for agriculture and livestock; irrigation predominates in the Chisumbanje area. The alluvial soils in the Save valley create deep water tables, which are however affected by high evaporation rates.

The district is divided into 24 wards. A significant proportion of these fall under National Parks and Plantations. ZimWASH is located in the communal lands. As with Zaka and Chegutu, the key development problems are low institutional capacity, morale, staff turnover, public sector funding, to which may be added persistent drought. The major activity is farming (72.3%) and the most serious problem faced by child headed households is shortage of food (53.4%). Vulnerable children constitute 31.87% of child population. Support to child headed households comes mainly from relatives (19.7%) and NGOs (18.0%) which entrenches vulnerability although it enhances sustainable support. Government support is recorded in only 3.3% cases. About 77.7% of respondents see HIV and AIDS as a problem in their community. Some 69% thought Watsan has a role in through provision of facilities and health and hygiene education. Coverage for safe sanitation was 24.7%. About 72.3% of households have access to safe drinking water supplies. Per capita consumption ranges from 12 to 15 litres per capita per day which is low, and at least 52% walk more than 500m to a water point.

Hwange district\textsuperscript{31} is one of seven districts in Matabeleland North, lying wholly in agricultural region V, which receives an average annual rainfall of less than 350mm. Mining and tourism are the major income earning activities. Hwange district is the home of the Victoria Falls, the Hwange National Park and the largest coal mining field in the country. The bulk of the district is underlain by sandy soils of the aelolian Kalahari type, characterised by deep water tables. There are no perennial rivers flowing in the district, and groundwater is a major source of water for both drinking and irrigation (where this is applicable). A major surface water source is the Zambezi which at its peak discharges 400 billion cubic metres of water at the Victoria Falls. The sandy soils make brick-making and toilet building difficult. Owing to its closeness to the border with both Botswana and South Africa, most men leave to work there as miGrant workers, sending back part of their remuneration to sustain their families.

While the key development problems resemble those of the previous districts, this a largely semi-arid area, and access to water depends on the viability of wells and boreholes. In the 2002 census, Hwange rural constituted 0.53% of the national population, with 12 905 households. 100% of the households use protected water sources for drinking water and most other purposes (mainly livestock watering). The major activity is farming (34%). The most serious problem faced by child headed households is shortage of food (86%).

Bulilima district\textsuperscript{32} is one of the seven districts of Matabeleland South. The district lies wholly in agricultural region V, which receives an average annual rainfall of less than 350mm. Livestock production is the most significant form of agriculture. There are no perennial rivers flowing in the district, and groundwater is a major source of water for both drinking and irrigation (where this is applicable). Sand abstraction of water from dry river beds is becoming a technology of choice in addition to the construction of boreholes and wells. The district is divided into 21 wards. Of these 12 fall in communal lands, while the remainder either constitute the new resettlement schemes/commercial farms and small scale farms and towns. ZimWASH is located in nine wards in the communal lands.

The key development problems are very similar to those in Hwange.

\textsuperscript{32} ACP EU Water Facility Project: Knowledge, Attitude, Behaviour and Practices Study: Bulilima District: Bulilima District (2007)
## 5.6. List of People and Officials Met

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Institution</th>
</tr>
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<tbody>
<tr>
<td>Bakukeni Ncube</td>
<td></td>
<td>Bulilima – Dombodema Ward</td>
</tr>
<tr>
<td>Jabulani Khupe</td>
<td></td>
<td>Bulilima – Dombodema Ward</td>
</tr>
<tr>
<td>Joseph Nleya</td>
<td></td>
<td>Bulilima – Dombodema Ward</td>
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<tr>
<td>Lebani Nleya</td>
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<tr>
<td>Luckson Ndhlolvu</td>
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<td>Melusi Dube</td>
<td></td>
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<tr>
<td>Michael Maphosa</td>
<td></td>
<td>Bulilima – Dombodema Ward</td>
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<tr>
<td>Samson Gonde</td>
<td></td>
<td>Bulilima – Dombodema Ward</td>
</tr>
<tr>
<td>Enerst Ndhlolvu</td>
<td></td>
<td>Bulilima – Gwambe 2 Ward</td>
</tr>
<tr>
<td>George Sibanda</td>
<td></td>
<td>Bulilima – Gwambe 2 Ward</td>
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<tr>
<td>Jangane Dube</td>
<td></td>
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<tr>
<td>Johani Nyathi</td>
<td></td>
<td>Bulilima – Gwambe 2 Ward</td>
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<tr>
<td>Moses Mphosa</td>
<td></td>
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<tr>
<td>Petros Ndhlolvu</td>
<td></td>
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<tr>
<td>Soumoyo</td>
<td></td>
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</tr>
<tr>
<td>Virginia Ngwenya</td>
<td></td>
<td>Bulilima – Gwambe 2 Ward</td>
</tr>
<tr>
<td>Womasi Ncube</td>
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<td>Bulilima – Gwambe 2 Ward</td>
</tr>
<tr>
<td>Chipio Kandenga</td>
<td></td>
<td>Bulilima – Male Village</td>
</tr>
<tr>
<td>Lumbidzani Ncube</td>
<td></td>
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</tr>
<tr>
<td>Nsizizo Dube</td>
<td></td>
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</tr>
<tr>
<td>Rosemary Khupe</td>
<td></td>
<td>Bulilima – Male Village</td>
</tr>
<tr>
<td>Senzile Ndhlolvu</td>
<td></td>
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</tr>
<tr>
<td>Sithulisiwe Dube</td>
<td></td>
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</tr>
<tr>
<td>Adenia Moyo</td>
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<td>Bulilima</td>
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<tr>
<td>Beauty Chabata</td>
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<td>Bulilima</td>
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<tr>
<td>Galdwin Soqhola</td>
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<td>Bulilima</td>
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<tr>
<td>Pauline D. Ncube</td>
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<tr>
<td>Sihle Ngwenya</td>
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<tr>
<td>Thenjiwe Ncube</td>
<td></td>
<td>Bulilima</td>
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<tr>
<td>Violet Nkomo</td>
<td></td>
<td>Bulilima</td>
</tr>
<tr>
<td>Sithabile Ngope</td>
<td>Councillor – Ward 21</td>
<td>Bulilima - Ndiweni Ward 21</td>
</tr>
<tr>
<td>Sylvester Nkomo</td>
<td>Councilor Ward 27 WASH committee</td>
<td>Chegutu Ward 27 Chegutu Rural District Council</td>
</tr>
<tr>
<td>Mrs Mandeya</td>
<td>Chairperson Ward 27 WASH committee</td>
<td>Chegutu Ward 27 Chegutu Rural District Council</td>
</tr>
<tr>
<td>Mr Chikamanga</td>
<td>Treasurer WPC</td>
<td>Chegutu</td>
</tr>
<tr>
<td>Mr J Nongera</td>
<td>Headman VIDCO Chairperson</td>
<td>Chegutu</td>
</tr>
<tr>
<td>Mr Mupamombe</td>
<td>Headman</td>
<td>Chegutu</td>
</tr>
<tr>
<td>Mr Makiwa</td>
<td>Deputy Headmaster</td>
<td>Chegutu Chavorzvi Secondary School.</td>
</tr>
<tr>
<td>Mr Shoko</td>
<td>Headmaster</td>
<td>Chegutu Chavorzvi Secondary School.</td>
</tr>
<tr>
<td>Mr Jhechehe</td>
<td>DA Chegutu</td>
<td>Chegutu District Administrator.</td>
</tr>
<tr>
<td>Mr Mungerezi</td>
<td>Teacher</td>
<td>Chegutu Kawara Primary School</td>
</tr>
<tr>
<td>Mr Chindundundu</td>
<td>Deputy Headmaster</td>
<td>Chegutu Mbaa Secondary School.</td>
</tr>
<tr>
<td>Mr Karasambudzi</td>
<td>PEHT – Chegutu District</td>
<td>Chegutu Ministry of Health and Child Welfare</td>
</tr>
<tr>
<td>Mrs Dube</td>
<td>Councillor Ward 20</td>
<td>Chegutu Rural District Council</td>
</tr>
<tr>
<td>Mrs Mhlauri</td>
<td>Councilor Ward 27</td>
<td>Chegutu Rural District Council</td>
</tr>
<tr>
<td>Mrs Vangana</td>
<td>Village Head</td>
<td>Chegutu Village 8. Chegutu District</td>
</tr>
<tr>
<td>Mr I Ziwengere</td>
<td>Councilor Ward 1</td>
<td>Chegutu Ward 27 Chegutu Rural District Council</td>
</tr>
<tr>
<td>Mr Muzavazi</td>
<td>Secretary Ward 27 WASH committee</td>
<td>Chegutu Ward 27 Chegutu Rural District Council</td>
</tr>
<tr>
<td>Mr Chimbambo</td>
<td>Deputy Headmaster</td>
<td>Chegutu Watyoka Primary School.</td>
</tr>
<tr>
<td>Mr Ndolela</td>
<td>Headmaster</td>
<td>Chegutu Watyoka Primary School.</td>
</tr>
<tr>
<td>S Kundishora</td>
<td>Wash Supervisor</td>
<td>Chipinge ACF</td>
</tr>
<tr>
<td>M Muyambo</td>
<td>CBO</td>
<td>Chipinge ACF, Chipinge</td>
</tr>
<tr>
<td>C Mhandu</td>
<td>AES</td>
<td>Chipinge Agritex</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Organization</td>
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<tr>
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</tr>
<tr>
<td>Mr R Mangweva</td>
<td>Nurse In Charge</td>
<td>Chipinge Chibuwe Clinic, Corner Village Ward 20</td>
</tr>
<tr>
<td>Mr A Dube</td>
<td>Pump minder</td>
<td>Chipinge Chitwara Village Ward 20</td>
</tr>
<tr>
<td>C Muhlahlumbi</td>
<td>Project Assistant</td>
<td>Chipinge Christian Care</td>
</tr>
<tr>
<td>R Mudzokora</td>
<td>Project Assistant</td>
<td>Chipinge Christian Care</td>
</tr>
<tr>
<td>C Kazembe</td>
<td>DWT</td>
<td>Chipinge DDF</td>
</tr>
<tr>
<td>L. Chasinda</td>
<td>Programme Officer</td>
<td>Chipinge Mercy Corp</td>
</tr>
<tr>
<td>O. Maunga</td>
<td>SEHT</td>
<td>Chipinge MOH</td>
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<tr>
<td>Mr C Maunganidze</td>
<td>Village Head</td>
<td>Chipinge Ngaone Village Ward 1</td>
</tr>
<tr>
<td>Mrs E Maunganidze</td>
<td>VCW</td>
<td>Chipinge Ngaone Village Ward 1</td>
</tr>
<tr>
<td>A. Nyanhete</td>
<td>Assistant SSO</td>
<td>Chipinge Rural District Council</td>
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<tr>
<td>Mr Zaba</td>
<td>Councillor Ward 20</td>
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<tr>
<td>C. Kunaka</td>
<td>CDO</td>
<td>Chipinge Women’s Affairs</td>
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<tr>
<td>W. Murewa</td>
<td>Programme Officer</td>
<td>Chipinge World Vision</td>
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<tr>
<td>A. Mutambudini</td>
<td>YDO</td>
<td>Chipinge Youth Development</td>
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<tr>
<td>J. Sithole</td>
<td>DPC</td>
<td>Chipinge Zimbabwe Red Cross Society</td>
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<tr>
<td>Grace Mpala</td>
<td></td>
<td>Hwange – Lupote Ward</td>
</tr>
<tr>
<td>Lizzy Ncube</td>
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<tr>
<td>Lucy Ntlouvi</td>
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<tr>
<td>Mrs P. Chioka</td>
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<tr>
<td>Qhubeka Mulilo</td>
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<tr>
<td>Aron Mudimba</td>
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<td>Hwange – Tamuka Village – Jambezi Ward</td>
</tr>
<tr>
<td>Caliata Dhlowi</td>
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<td>Catherine Siyameja</td>
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<tr>
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