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

Mid-Term Evaluation Report
2010
Contents

Executive summary ...................................................................................................................... 3
1. Introduction: ............................................................................................................................ 4
   1.2. The Project Background .................................................................................................. 9
2.2. Project Operating Environment ......................................................................................... 10
3. Mid-Term Evaluation Methodology ....................................................................................... 11
   3.1. Evaluation Objectives ..................................................................................................... 11
   3.2. Evaluation Process .......................................................................................................... 12
      3.2.1. Sampling Procedures ................................................................................................. 12
      3.2.2. Data Collection and Analysis ..................................................................................... 12
4. Mid Term Evaluation Findings .............................................................................................. 13
   4.1. Demographic Characteristics of the Project Target Group .............................................. 13
      4.1.1. Household Livelihoods .............................................................................................. 14
      4.1.2. Orphans and vulnerable children ................................................................................ 15
      4.1.3. Access to education .................................................................................................. 17
5. Project Achievement against Planned Targets ..................................................................... 18
   5.1. Achievement of Project Outputs/Activities ..................................................................... 18
   5.2. Achievement of Project Results/Activities ..................................................................... 21
      5. Achieved Results ............................................................................................................. 36
      6. Challenges ...................................................................................................................... 45
3. Project Evaluation .................................................................................................................. 37
   3.1. Project Relevance .......................................................................................................... 37
   3.2. Project Effectiveness ..................................................................................................... 38
   3.3. Project Efficiency .......................................................................................................... 41
   3.4. Project Impact ............................................................................................................... 41
   3.5. Project Sustainability ..................................................................................................... 44
4. Project Constraints ................................................................................................................ 44
5. Lessons learnt, best practices and recommendations .......................................................... 46
   5.1. Lessons learnt ............................................................................................................... 46
   5.2. Best practices ............................................................................................................... 47
   5.3. Recommendations ........................................................................................................ 47
1. Conclusion ............................................................................................................................. 48
Bibliography ............................................................................................................................... 49
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
<td>Demographic Health Survey</td>
</tr>
<tr>
<td>DWSSC</td>
<td>District Water and Sanitation Sub Committee</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Governmental Organisation</td>
</tr>
<tr>
<td>IRC</td>
<td>International Water and Sanitation Center</td>
</tr>
<tr>
<td>IWSD</td>
<td>Institute of Water and Sanitation Development</td>
</tr>
<tr>
<td>IYS</td>
<td>International Year of Sanitation</td>
</tr>
<tr>
<td>KABP</td>
<td>Knowledge, Attitudes, Behaviour and Practices</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>NAC</td>
<td>National Action Committee</td>
</tr>
<tr>
<td>NCU</td>
<td>National Coordination Unit</td>
</tr>
<tr>
<td>PHHE</td>
<td>Participatory Health and Hygiene Education</td>
</tr>
<tr>
<td>PWSSC</td>
<td>Provincial Water and Sanitation Sub Committee</td>
</tr>
<tr>
<td>WASH</td>
<td>Water Sanitation and Hygiene</td>
</tr>
<tr>
<td>ZIMWASH</td>
<td>Zimbabwe Water Sanitation and Hygiene</td>
</tr>
</tbody>
</table>
Executive summary

This Mid-Term Evaluation Report is aimed at providing a presentation, discussion and analysis of the Mid-Term Evaluation findings to all project stakeholders. It is expected that the findings and recommendations from this evaluation will help project stakeholders in improving project implementation, monitoring and evaluation for the remaining project period. It is also the intention of this project that its experiences, lessons learnt and best practices will also inform and cascade into national WATSAN sector policy and implementation strategies review and development. It also aims to brief the European Commission with information on how UNICEF is utilizing its contribution to the “Addressing the Water and Sanitation Needs of the Rural Poor in the Context of HIV and AIDS in Zimbabwe” project and how this is benefiting the vulnerable population.

The Mid-Term Evaluation objective was to evaluate specific activities under ZIMWASH and consider the objectives, results and indicators as outlined in the log frame of the project. It is a follow up to the 2007 KABP Baseline findings, capacity assessments of the project implementation partners, progress in achieving hardware and software activities of the ZIMWASH project. In a way the objective was to examine the standard and quality of goods and services generated by the project in the opinion of the beneficiaries and other key stakeholders. Some broader areas of focus were:

- To determine whether the objectives, outcomes as stated in the logical framework and periodic plans e.g. quarterly plans were achieved.
- To document project success, gaps, and identify lessons learnt
- To provide recommendations for future operations so as to show how to sustain the efforts towards increased water supply, sanitation and hygiene in Zimbabwe
- Assess the ZimWASH consortium’s role and performance as implementing partners taking into account coordination, effectiveness and efficiency.
- To measure and state progress in attaining the goals of the project.

Specifically the evaluation focused on examinations of the following project aspects:

- Changes in project context and implementing environment.
- Qualitative and quantitative outputs achieved in relation to the inputs.
- Measurement of the extent to which an activity achieved its purpose
- Investigate the level of involvement of and accountability to beneficiaries
- Coverage
- Sustainability:
- Lessons learned and extent to which past lessons or recommendations have been fulfilled.

The Evaluation process covered a random sample of two wards per district. Two sampled wards in Zaka and Hwange had just started implementing the project. Four villages in each of the two wards were selected using the systematic random sampling technique. Availability or convenience sampling was employed to select participating households. Enumerators started from the centre of the village moving outwards in 5 directions, selecting one out of every three homesteads. Enumerators were drawn from the respective DWSSC members and Extension Workers with supervision from provincial and national level officers. In each village a team of 5 enumerators were assigned to administer the six (6) respective data collection tools i.e.

- Household Interview Guide
- National Project Management Team Members Key Informant Interview Guide
- RDC Chief Executive Officer Key Informant Interview Guide
- Community Focus Group Guide.
- DWSSC Focus Group Guide.
• DWSSC Members Self Administered Questionnaire.

Data analysis was done using the SPSS.

Although project implementation encountered challenges such as the political and economic challenges and the 2008 cholera outbreak, in terms of project achievements of set targets, the project is on course. This is irrespective of the fact that there are some activities that are lagging behind. Critical first line activities such as community sensitisation and mobilisation have been completed. It is expected that this will provide a strong base for accelerated project implementation. Table 1 summarises project achievements to date.

Project achievement of planned Results is also on course with the following having been achieved to date.

- In areas where project sensitization and leadership meetings have been conducted there is increased awareness on the project. Communities have developed plans for the implementation of the project at ward level and are following the plans in project implementation. This has enhanced community participation in WASH programming.
- The project has created demand for WASH services at community level in the 6 project districts with a number of households constructing latrines through self help. Significant improvements in access to safe sanitation have been realized in the project wards.
- Orphans and other vulnerable children and those infected and affected by HIV and AIDS are benefitting from the project through improved access to water, sanitation and hygiene facilities at households and institutions such as schools and health centres. In other Districts livelihoods projects that include nutrition gardens are being promote. Benefits from such interventions are slowly being felt as the nutrition conditions improve at least in those areas where they are available.
- In the three districts of Chegutu, Chipinge and Zaka which were affected by the cholera outbreak, the project contributed to the control of the epidemic thereby averting morbidity and mortality amongst communities.
- Districts continue to improve their capacity to plan for water and sanitation development, and independently analyze their own situation and develop annual operational plans.
- Major strides have been made in policy advocacy that has seen a major milestone in harmonizing sector leadership, coordination and roles and responsibilities amongst the key sector Ministries. The project continues to contribute to the improvement of an enabling environment through training and the development/review of national guidelines and strategy documents, and ensuring their availability and use at district level.
<table>
<thead>
<tr>
<th>Project Activity</th>
<th>Total Project Target</th>
<th>Cumulative Achievement May 2010</th>
<th>Project Balances</th>
<th>% completion</th>
<th>Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward Sensitization and Mobilisation Workshops (6 Districts)</td>
<td>54</td>
<td>54</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Latrine builder training</td>
<td>1080</td>
<td>1267</td>
<td>0</td>
<td>0</td>
<td>117.3</td>
</tr>
<tr>
<td>Village Pump Mechanics training</td>
<td>270</td>
<td>99</td>
<td>0</td>
<td>171</td>
<td>36.7</td>
</tr>
<tr>
<td>Water Point Committees (WPC)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hygiene Education Sessions</td>
<td>54</td>
<td>16</td>
<td>15</td>
<td>23</td>
<td>29.6</td>
</tr>
<tr>
<td>Household latrine construction</td>
<td>6750</td>
<td>2950</td>
<td>940</td>
<td>2860</td>
<td>43.7</td>
</tr>
<tr>
<td>School latrines</td>
<td>540</td>
<td>301</td>
<td>257</td>
<td>0</td>
<td>55.7</td>
</tr>
<tr>
<td>School hand washing tank construction</td>
<td>54</td>
<td>21</td>
<td>1</td>
<td>32</td>
<td>38.9</td>
</tr>
<tr>
<td>Well upgrading (windlass and bucket)</td>
<td>300</td>
<td>172</td>
<td>38</td>
<td>90</td>
<td>57.3</td>
</tr>
<tr>
<td>Rope pump fitting</td>
<td>300</td>
<td>18</td>
<td>13</td>
<td>269</td>
<td>6</td>
</tr>
<tr>
<td>Borehole repair</td>
<td>341</td>
<td>293</td>
<td>21</td>
<td>27</td>
<td>85.9</td>
</tr>
<tr>
<td>Borehole drilling</td>
<td>24</td>
<td>24</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Cattle trough construction</td>
<td>162</td>
<td>6</td>
<td>9</td>
<td>147</td>
<td>3.7</td>
</tr>
<tr>
<td>Rain Water Harvesters</td>
<td>54</td>
<td>5</td>
<td>1</td>
<td>48</td>
<td>9.3</td>
</tr>
<tr>
<td>Equipping Nutrition Gardens</td>
<td>108</td>
<td>17</td>
<td>25</td>
<td>66</td>
<td>15.7</td>
</tr>
<tr>
<td>Community Based Management (CBM) Training</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Strategic and Operational Planning</td>
<td>452</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Livelihoods Based Planning Workshops (sessions)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>School Block Grants</td>
<td>540 pupils (OVC)</td>
<td>301 (OVC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHHE</td>
<td>77</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Methodology Training</td>
<td>85</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid Cholera Assessment</td>
<td>473</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In addition 6 squat holes were constructed at 3 health centres (2 in Chegutu and 4 in Chipinge) in response to the cholera outbreak.

---

1 Project Achievement Report, May 2010, Mvuramanzi Trust
2 This is for three District only i.e. Zaka, Bulilima and Mangwe
3 This is for Zaka, Chipinge and Chegutu Districts only.
Key lessons have also been learnt since project inception and they include:

- While water and sanitation disease related outbreaks such as the 2008/09 cholera outbreaks are emergencies which in most cases derail project implementation strategies and plans, with proper coordination, experience documentation and sharing, their severity can create important lessons, opportunities and increased interagency coordination. Opportunities for creating sustainable demand for WASH services at all levels can be derived from such emergencies. In Zimbabwe the cholera outbreak has given a rude awaken call to political leadership resulting in WASH being one of the top priorities of central Government. The challenges is for the WASH sector stakeholders to take quick advantage of this political will and ensure sustained prioritization of WASH issues at all levels, including resource mobilisation.

- Although it is traditionally agreed that the software component of the project is equally important in triggering demand at community level and therefore should be prioritized, the emerging lesson is that mobilisation and community education need to adopt approaches that created community based demand for WASH services. Demand driven as opposed to supply driven approach has a higher potential to generate community initiatives and sustainability of sanitation services delivery. Where demand has been created there is evidence of self help initiatives in provision of sanitation at household level. The increased proportion of households that have provided “some form of own sanitation facilities” (Chart 12) though not meeting national standard is a demonstration of the strengths of a demand driven approach.

- Although project rules, regulations, protocols and agreements are important for safeguarding project assets, goods and services, they should not be viewed as “cast in stone”. They must be flexible and responsive to the dictates of the project operating environment. Project flexibility in procurement procedures that allowed offshore purchase of project inputs, assisted in ensuring project implementation during times when most development focused programmes and projects were folding.

- Where there is will there is a way. Improved coordination between government and NGOs has worked and enabled project implementation under circumstances that could otherwise be viewed as impossible. At District level, coordination between poorly resourced Government Departments, communities and better resourced NGOs through the Learning Alliances have managed to register remarkable project outputs under difficulty socio-economic conditions. This is more so when there is strong and frequent technical and moral support from national level. This provides an opportunity for sharing national experiences for improved project implementation. Regular external monitoring and support especially from EU motivated both the national and district teams to improve project management and implementation through sharing of expertise and international experiences. Programmes can therefore gain from employing multi-disciplinary team approaches where various organizations with different comparative advantages pool their expertise and experiences for enhanced programming and implementation.

- Stakeholder sensitisation and mobilisation is an important lead activity in most programming. However, the process and strategy of carrying out the mobilisation for its sustained impacts is equally important. The hierarchical approach that involved ward leadership who in turn mobilised their own communities appears to have effectively worked for the ZIMWASH project.

- Behaviour change can be induced through sustained health and hygiene education as evidenced by the proportions of people adopting proper hand washing methods and the increase in the proportion of households with hygiene enabling facilities.

- With proper awareness and mobilisation, WASH can go beyond the mere provision of WATSAN services but can impact on social relationships. With increased knowledge, communities have begun sharing WATSAN services. The project has raised community awareness and social responsibility for
vulnerable members of community. This implies community preparedness to cope with the needs of the vulnerable groups. There is increased community concern and joint programming of action to solve problems related to the vulnerable through identification of beneficiaries and providing labour for construction of facilities at OVC homes.

Within the context of the project achievement to date, lessons learnt and the challenges experienced, it is recommend that:

- The project should prioritize livelihoods focused project in the context that one of the major challenges in all project districts is food insecurity and children, including OVCs, cannot go to school as they or their guardians cannot raise enough fees.
- In order to improve district support to project implementation, monitoring, supervision and evaluation, the Project Management Team need to explore possibilities of capacitating DWSSC through provision of vehicles, office equipment and continued capacity building through training and education. Efforts can also be made to repair the old vehicles that are available.
- The Project Management Team need to avail all the relevant project guidelines and documents at district level. Some of these documents could be made available on IWSD website so that they are readily and freely available.
- In the context of the challenges at district level, the project must consider capacitating community based structures such as health clubs and traditional leadership in monitoring community projects. Training and resources can be made available for that purpose.
- The concept and modalities of the school grant being equalled to support for one pupil per squat hole need to be reviewed with the idea of ensuring that more pupils benefit.
- Implementation of project activities needs to be synchronised so that activities that have a linear cause-effect relationship are carried out logically and consistently. Delayed in PHHE at community level may be too late for a smooth take off of other activities.
- It is recommended that the following activities be prioritised:
  - Livelihoods based projects.
  - Community PHHE sessions.
  - Village Pump Mechanic Training.
  - Household latrine construction.
  - Rope pumps fitting.
  - Release of funds to carry out field work on district Research areas/topics.
  - Inter-district Learning Alliances for exchange and sharing of information and experiences.
- The project needs to explore strategies for private sector participation especially in provision of spares at local levels.
- Research into technical options for providing stronger building materials in areas where soils are poor in brick moulding.
1. **Introduction:**

1.1. **Project Background**

Addressing the water and sanitation needs of the rural poor in the context of HIV/AIDS in Zimbabwe (Zimbabwe Water, Sanitation and Hygiene - ZIMWASH) Project is funded under the 9th European Development Fund, as part of the African Caribbean and Pacific (ACP) - European Union (EU) Water Facility that was launched in 2004. The project is in response to the decline in access to safe water supply, basic sanitation and hygiene in the six project Districts which arose as a result of a variety of factors that include the general economic decline, occasional floods and persistent droughts in Zimbabwe. These factors eroded institutional and community capacity to cope with some of these extreme events.

The overall project objectives are three-fold i.e.

- Improved health of rural men, women and children, especially those infected and affected by HIV/AIDS
- Enhanced water-based livelihoods of rural men, women and children, especially those people infected and affected by HIV/AIDS
- Improved life expectancy for rural men, women and children
- Improved nutritional status for children

Specifically, the project objective is to strengthen the capacity of civil society and local government in Zimbabwe to provide sustainable integrated Water, Sanitation and Hygiene services that address the needs of the rural poor, especially those of people infected and affected by HIV/AIDS.

The project has seven (7) related outputs i.e.

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.
2. Improved planning mechanisms and project management practices among district level organizations for WASH services delivery.
3. Sufficient enhanced skills available among civil society organisations and local authorities in the 6 pilot districts (*Figure 1: Project Map*) to coordinate, plan, provide and support the community management of water service.
4. Sufficient enhanced skills and practices among community-based organisations and individuals (men and women) to manage water supply and sanitation services.
5. 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.
6. Improved access to and use of safe and sustainable sanitation services at household and schools.
7. Improved hygiene practices among rural men, women and children, especially those infected and affected by HIV/AIDS.
Project implementation began in 2006 and is covering six districts in five Provinces, namely Hwange (Matabeleland North Province); Bulilima and Mangwe (Matabeleland South Province); Chegutu (Mashonaland West Province); Chipinge (Manicaland Province) and Zaka (Masvingo Province). Nine wards are covered in each of the respective Project Districts as detailed in Table 1.

Project implementation is managed by a consortium of partners that include Mvuramanzi Trust (MMT), Institute of Water and Sanitation Development (IWSD), United Nations Children’s Fund (UNICEF), National Coordination Unit (NCU), IRC International Water and Sanitation Centre (Netherlands). Project implementing is coordinated and managed by a National Project Management Committee in collaboration with the respective Provincial Water Supply and Sanitation Sub-Committees (PWSSC) of the participating provinces and six hosting Rural District Councils (RDC) shown in Figure 1. Project implementing is through the respective District and Field Officers of the respective District Water Supply and Sanitation Sub-Committees (DWSSC) members and Non Governmental Organisations (NGOs) operating in each respective District.

Table 2: Project Coverage by District and Ward

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

Project prioritization of the six Districts was based on their comparatively low coverage of water and sanitation services. The 2004 National Water, Sanitation and Hygiene Inventory indicated that the districts’ water and sanitation services coverage was low as summarised in Table 1. National coverage was by then relatively higher than all districts as the 2005/6 Zimbabwe Demographic Health Survey (ZDH) revealed national access levels of 67% water and 30.5% sanitation in rural areas.

Table 3 Rural Water Supply and Sanitation Coverage 2004

<table>
<thead>
<tr>
<th>District name</th>
<th>% Theoretical water coverage</th>
<th>% Sanitation coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulilima</td>
<td>71%</td>
<td>35%</td>
</tr>
<tr>
<td>Mangwe</td>
<td>80%</td>
<td>44%</td>
</tr>
<tr>
<td>Hwange</td>
<td>70%</td>
<td>17%</td>
</tr>
<tr>
<td>Chegutu</td>
<td>69%</td>
<td>19%</td>
</tr>
<tr>
<td>Zaka</td>
<td>62%</td>
<td>10%</td>
</tr>
<tr>
<td>Chipinge</td>
<td>68%</td>
<td>12%</td>
</tr>
</tbody>
</table>

1.2. Project Operating Environment

During the course of project implementation the socio-economic and political operating environment has been characterised by a number of challenges that affected smooth project implementation in different

---

ways. The project operating environment was characterised by a time when the Zimbabwe health delivery systems faced a near total collapsed, a turbulent political environment, a precipitous economic meltdown. For example by July 2008, the last reported official inflation rate had reached an alarming 231 million %, resulting in the local currency becoming worthless. The major negative impact of this hyperinflationary environment included the collapse of the Government service delivery mechanism whose outcome was the rampant breakdown of water and sanitation facilities. The continued stagnation of physical infrastructure development, the inability of the public sector to deliver basic social services, and the severe impact of the HIV/AIDS pandemic continued to exert pressure on the overall health and well-being of the population. The erosion of livelihoods, food insecurity, rising malnutrition and disease outbreaks put the already vulnerable population including those in the project areas under further distress. The climax of the deterioration of service delivery systems was the outbreak of an unprecedented cholera epidemic that rapidly spread in both rural and urban areas of the country between August 2008 and June 2009. The epidemic affected 55 of the then 62 rural districts (89%) including the project districts of Chegutu, Chipinge and Zaka. The national Cholera outbreak report of 24th June 2009 reported a cumulative figure of “98,702 cases overall with 4,287 deaths – a case fatality rate of 4.3%”5, since the outbreak surfaced in August 2008. The outbreak necessitated the project to put more emphasis on WASH-related cholera response in order to mitigate morbidity and mortality in the three project districts.

On a positive note, political changes over the past two years i.e. the formation of the Inclusive Government in February 2009 following the signing of a Global Political Agreement (GPA) between the Zimbabwe National African Union – Patriotic Party (ZANU-PF) and the two formations of the Movement for Democratic Change (MDC) in September 2008, the socio-economic and political operating environment has improved. These political developments have enhanced accessibility of project areas as policy developments that support economic recovery and stability e.g. the official introduction of the multiple currencies in January 2009 have served to reduce inflation and stabilise the economy, increase availability of project inputs etc.

However, it is important to note that although the economic situation in Zimbabwe has improved significantly, a large proportion of the rural population in the project areas still find it difficult to access the US$, which is deepening their vulnerability.6

2. **Mid-Term Evaluation Methodology**

2.1. **Evaluation Objectives**

The Mid-Term Evaluation (MTE) was initiated after consultations were made with the participating six (6) Rural District Councils and the respective DWSSC and its broad objective was:

- To evaluate specific activities under ZIMWASH and consider the objectives, results and indicators as outlined in the log frame of the project. It is a follow up to the 2007 KABP Baseline findings, capacity assessments of the project implementation partners, progress in achieving hardware and software activities of the ZIMWASH project. In a way the objective was to examine the standard and quality of goods and services generated by the project in the opinion of the beneficiaries and other key stakeholders. Some broader areas of focus were:

---

5 Zimbabwe 2010 Consolidated Appeal Process
• To determine whether the objectives, outcomes as stated in the logical framework and periodic plans e.g. quarterly plans were achieved.
• To document project success, gaps, and identify lessons learnt
• To provide recommendations for future operations so as to show how to sustain the efforts towards increased water supply, sanitation and hygiene in Zimbabwe
• Assess the ZimWASH consortium’s role and performance as implementing partners taking into account coordination, effectiveness and efficiency.
• To measure and state progress in attaining the goals of the project.

Specifically the evaluation focused on examinations of the following aspects:
• Changes in project context and implementing environment.
• Qualitative and quantitative outputs achieved in relation to the inputs.
• Measurement of the extent to which an activity achieved its purpose
• Investigate the level of involvement of and accountability to beneficiaries
• Coverage
• Sustainability:
• Lessons learned and extent to which past lessons or recommendations have been fulfilled.

2.2. Evaluation Process

2.2.1. Sampling Procedures
A unilateral decision was made that the representative sample of two wards per district were to be covered by the evaluation. The two participating wards were randomly sampled in each of the six districts. Two wards in Zaka and Hwange that were covered by the survey had just started implementing the project and this has implications on some of the findings. A list of all villages in the sampled wards was drawn up. Four villages in each of the six wards were selected using the systematic random sampling technique. Table 2 summarizes the evaluation coverage by ward and village per District.

<table>
<thead>
<tr>
<th>District</th>
<th>Ward</th>
<th>Village</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulilima</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Mangwe</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Hwange</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Chegutu</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Zaka</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Chipinge</td>
<td>• 1</td>
<td>•</td>
</tr>
<tr>
<td></td>
<td>• 20</td>
<td></td>
</tr>
</tbody>
</table>

Table 4: Sample Coverage by Ward and Village.

Availability or convenience sampling was employed to select participating households. Enumerators started from the centre of the village moving outwards in 5 directions, selecting one out of every three homesteads.

2.2.2. Data Collection and Analysis
Enumerators were drawn from the respective DWSSC members and Extension Workers with supervision from provincial and national level officers. In each village a team of 5 enumerators were assigned to administer the six (6) respective data collection tools i.e.

- Household Interview Guide
- National Project Management Team Members Key Informant Interview Guide
- RDC Chief Executive Officer Key Informant Interview Guide
- Community Focus Group Guide.
- DWSSC Focus Group Guide.
- DWSSC Members Self Administered Questionnaire.

Table 5 summarizes the demographic details of the respondents.

<table>
<thead>
<tr>
<th>District</th>
<th>0 - 9</th>
<th>10 - 19</th>
<th>20 - 29</th>
<th>30 - 39</th>
<th>40 - 49</th>
<th>50 - 59</th>
<th>60 - 69</th>
<th>70 - 79</th>
<th>80 - 89</th>
<th>Total</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulilima</td>
<td>2</td>
<td>20</td>
<td>21</td>
<td>30</td>
<td>34</td>
<td>36</td>
<td>28</td>
<td>16</td>
<td>10</td>
<td>197</td>
<td>28.3%</td>
</tr>
<tr>
<td>Chegutu</td>
<td>0</td>
<td>2</td>
<td>30</td>
<td>14</td>
<td>16</td>
<td>11</td>
<td>16</td>
<td>6</td>
<td>10</td>
<td>5</td>
<td>15%</td>
</tr>
<tr>
<td>Chipinge</td>
<td>1</td>
<td>5</td>
<td>26</td>
<td>19</td>
<td>16</td>
<td>11</td>
<td>16</td>
<td>4</td>
<td>0</td>
<td>98</td>
<td>14.1%</td>
</tr>
<tr>
<td>Hwange</td>
<td>0</td>
<td>2</td>
<td>11</td>
<td>19</td>
<td>24</td>
<td>20</td>
<td>16</td>
<td>7</td>
<td>1</td>
<td>100</td>
<td>14.3%</td>
</tr>
<tr>
<td>Mangwe</td>
<td>0</td>
<td>5</td>
<td>21</td>
<td>9</td>
<td>19</td>
<td>17</td>
<td>16</td>
<td>9</td>
<td>4</td>
<td>100</td>
<td>14.3%</td>
</tr>
<tr>
<td>Zaka</td>
<td>0</td>
<td>6</td>
<td>18</td>
<td>29</td>
<td>9</td>
<td>17</td>
<td>14</td>
<td>5</td>
<td>2</td>
<td>100</td>
<td>14.3%</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>40</td>
<td>127</td>
<td>120</td>
<td>118</td>
<td>120</td>
<td>96</td>
<td>51</td>
<td>22</td>
<td>697</td>
<td>100%</td>
</tr>
</tbody>
</table>

A total of 600 household questionnaires, thirty six (36) focus group discussions with female and male community members and school children, four (4) National Project Management Team Key Informant Interviews, six (6) FGDs with DWSSC members and thirty (30) self-administered key informant interview questionnaires were administered. Each enumerator aimed at covering at least four households per village, bringing to an average of an average of 20 households in each village.

Data collection also included a desk review of project documents and reports mainly through a comparative analysis of the 2007 Knowledge, Attitudes, Behaviour and Practices (KABP) Baseline Survey findings with those of this 2010 Mid-Term Evaluation findings. This was designed to assess changes in trends of key indicators such as changes in knowledge, attitudes, behaviour and practices in the programme area during the period under review. All comparisons made in this report are therefore based on the results of the 2007 KABP baseline survey and this 2010 Mid-Term evaluation.

Data analysis was done using the SPSS package.

3. Mid Term Evaluation Findings
3.1. Demographic Characteristics of the Project Target Group
3.1.1. Household Livelihoods

A number of proxy indicators are used to provide a descriptive analysis of the demographic characteristics of the project target population. These descriptive indicators points to the fact that the project target population is still susceptible to vulnerability, for example, they are predominantly dependent on one livelihood i.e. agriculture as illustrated in Chart 1.

![Chart 1: Major Livelihoods Options for the Project Target Groups](image)

High depends on agriculture as the basic livelihood option in the project areas that are predominantly in Agro-ecological regions 4 and 5 characterized by persistent droughts hence food insecurity implies that the people will be forced to look for other survival strategies that may include risk options such commercial sex, illegal gold panning etc. The need for the project to intensify its focus on the livelihood component cannot be overemphasized.

Table 5 indicates that the average household size has been generally on the increase. While the mid-term evaluation did not focus on probing the possible explanations for the general increase of household sizes, what is noteworthy is the fact that the number of project target population is increasing. This implies the need to scale up project investment and the implementation process as more people require assistance.

### Table 6: Percentage Increase/Decrease in Average Household Size in the Project Districts.

<table>
<thead>
<tr>
<th>Year</th>
<th>Bulilima</th>
<th>Chegutu</th>
<th>Chipinge</th>
<th>Hwange</th>
<th>Mangwe</th>
<th>Zaka</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>5.13</td>
<td>4.27</td>
<td>4.55</td>
<td>4.68</td>
<td>7.12</td>
<td>5.98</td>
</tr>
<tr>
<td>2010</td>
<td>6.01</td>
<td>5.63</td>
<td>6.53</td>
<td>5.70</td>
<td>5.70</td>
<td>6.30</td>
</tr>
</tbody>
</table>
3.1.2. Orphans and vulnerable children

Orphans and vulnerable children who required targeted assistance still exist in the project areas. Table 3 presents the proportional percentage of vulnerable children by district in terms of three indicators i.e. orphan hood, children with ill parents and children with physically challenged parents.

Table 7: Proportion of vulnerable children by district as proportion of child population

<table>
<thead>
<tr>
<th>District</th>
<th>% child Population</th>
<th>% orphans</th>
<th>% children with ill parents</th>
<th>% children with physically challenged parents.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulilima</td>
<td>60.73</td>
<td>16.44</td>
<td>5.21</td>
<td>1.10</td>
</tr>
<tr>
<td>Chegutu</td>
<td>48.83</td>
<td>26.10</td>
<td>0.74</td>
<td>0.37</td>
</tr>
<tr>
<td>Chipinge</td>
<td>59.04</td>
<td>22.22</td>
<td>4.61</td>
<td>5.69</td>
</tr>
<tr>
<td>Hwange</td>
<td>49.68</td>
<td>21.04</td>
<td>2.59</td>
<td>1.62</td>
</tr>
<tr>
<td>Mangwe</td>
<td>60.04</td>
<td>18.64</td>
<td>4.14</td>
<td>1.48</td>
</tr>
<tr>
<td>Zaka</td>
<td>50.31</td>
<td>21.23</td>
<td>3.08</td>
<td>1.23</td>
</tr>
</tbody>
</table>

These results in terms of the prevalence of orphan hood compare very well with the ZimWASH District Summary Fact Sheets which estimated the prevalence of orphan hood for the respective District at: Bulilima (17%), Chegutu (21%), Chipinge (19%), Hwange (16%), Mangwe (17%) and Zaka (19%)\(^7\). The fact that children constitute the highest population percentages means that the need for child related project interventions must be prioritised. This is imperative in the context that most respondents reported lack or no form of orphans focused interventions/support in current programming i.e.: Bulilima: (61%), Chegutu (87%), Chipinge (65%), Hwange (56%), Mangwe (58%) and Zaka (44%). However this does not imply the absence of orphaned targeted support in the project areas. The table below presents other forms of support the project target group have receiving to date. It is also important to note that a large percentage of the child headed households, majority of whom being orphans, has not received any form of assistance in all project Districts, points to the urgent need for increased support targeted to orphans and child headed households.

Table 8: Other Existing Forms of Support to Orphans/Child Headed Households

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical support in past year</td>
<td>Chegutu</td>
</tr>
<tr>
<td>Social support in past 3 months</td>
<td>0</td>
</tr>
<tr>
<td>Material support in past 3 months</td>
<td>0</td>
</tr>
<tr>
<td>School related assistance in past year</td>
<td>13%</td>
</tr>
<tr>
<td>All types of support</td>
<td>0</td>
</tr>
<tr>
<td>None</td>
<td>87%</td>
</tr>
</tbody>
</table>

The ongoing support has been coming from different sources, i.e. partners and institutions that include family networks and relatives, faith based organizations, NGOs, Government of Zimbabwe, and

\(^7\) ZimWASH District Summary Fact Sheets March 2008
community based initiatives. The most dominant support to orphans came from relatives followed by NGOs and most of it is in form of school related assistance as shown in Table 8.

Table 9: Sources of support for orphans

<table>
<thead>
<tr>
<th>Sources of support for orphans</th>
<th>District Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bulilima</td>
</tr>
<tr>
<td>Relatives</td>
<td>20%</td>
</tr>
<tr>
<td>Churches</td>
<td>5%</td>
</tr>
<tr>
<td>NGOs</td>
<td>36%</td>
</tr>
<tr>
<td>Min Social Welfare</td>
<td>2%</td>
</tr>
<tr>
<td>Community support</td>
<td>14%</td>
</tr>
<tr>
<td>None</td>
<td>23%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

Furthermore, orphans face a myriad of other challenges including lack of food, clothing, school fees and psycho-social support as shown in Table 9.

Table 10: Most serious problems faced by orphans

<table>
<thead>
<tr>
<th>Most serious problem</th>
<th>District Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bulilima</td>
</tr>
<tr>
<td>Lack of food</td>
<td>91%</td>
</tr>
<tr>
<td>Lack of clothing</td>
<td>0%</td>
</tr>
<tr>
<td>Lack of school fees</td>
<td>9%</td>
</tr>
<tr>
<td>Lack of psycho -social support</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

ZimWASH project support in form of school block grants therefore is well placed to address a felt need. However, more support need to be targeted towards other felt needs. The importance of livelihoods focused interventions that address the food insecurity need to be prioritized. Recommendations from the informants’ further support the need for increased livelihoods intervention. The need for food security focused support featured most in comparison with other options: Bulilima (65.6%), Chegutu (52.6%), Chipinge (60.5%), Mangwe (59.3%) and Zaka (44.4%) while money was reported in Hwange (62.5%). Chart 2 presents the most prioritized type of assistance required at project level, with food assistance topping the list.
3.1.3. Access to education

Although access to education is one of the basic children’s rights, results show that there are children who are still not accessing education due to a variety of reasons as shown in Chart 3.
Major cause for children not being in school is lack of money for school fees (76%). The other reasons worth noting are that 5% are not in school because they do not want to and another 5% because the school is far away. This could affect mostly children in the lower grades who cannot walk long distances. The fact that 2% of the school going age are out of school as they are working for an income is a potential disastrous local coping strategy that may result in child labour. Child labour is illegal in Zimbabwe. This may also effectively means these children will either never go to school or will go to school at a late age. Although the reported cases appear to be few, the project needs to closely follow up and address such incidences as their negative impacts can be irreversible.

Project intervention need to prioritize community mobilization for increased child enrolment in school as well as livelihoods projects that improved household income that can be used for school fees. The need for a comprehensive integrated approach in addressing child headed households and orphan requirements need to be adopted. The project need to focus more on livelihoods based interventions. The need to review the current operational modalities of the School Grants with the idea of increasing beneficiaries per squat hole needs to be pursued.

4. Project Achievement against Planned Targets
An assessment of project achievement against planned targets is done and presented in two ways i.e.
- A statistical snapshot of the project achievements in terms of planned outputs and activities.
- A largely qualitative description of project achievements in relation to planned results and activities.

4.1. Project Achievement of Outputs and Activities
The project has to date made marked performance in terms of achieving some of the planned activities especially in community sensitization and mobilisation, borehole drilling and repair as shown in the snapshot in Table 10. The theoretical understanding and assumption is that completion of community sensitization and mobilisation activities will trigger accelerated implementation of other project activities such as household latrine construction and increased community contribution in implementation of other project activities.

Early completion of latrine builder training also implies an increased latrine construction process assuming that other requirements such as provision of cement are also timely addressed.

Although this may provide a sound foundational base for sustained project implementation, the fact that other important and critical activities such as Participation Health and Hygiene Education (PHHE) that are expected to trigger positive health seeking behaviour on the target group and hence increase demand for improved WASH services and facilities is lagging behind. A synergy/logical sequencing in such critically related activities that have a potential strong casual relationship need to be maintained.

some of the major challenges in the project area relate to food insecurity (Figure 4) and children not going to school because they or their parents/guardians cannot raise school fees (Table 9). This implies that the project needs to prioritize livelihoods projects. Livelihoods project have the potential to address food requirements as well as income generation for the target population, yet potential interventions such as nutrition gardens have a 15.7% completion rate. Most of the project areas are in agro ecological regions 4 and 5 where surface water mainly for livestock is inadequate especially during the dry season. It is
assumed that the need for cattle troughs for watering livestock is critical. The project low rate of success in this regard is therefore an issue of concern.

It is recommended that project implementation be focused on those activities that are lagging behind including:

- Village pump mechanic training.
- Household latrine construction.
- School hand washing tanks construction.
- Rope pump fitting etc.

However it is important to note that achievements in activities such as the current latrine construction were done in a relative 18 months period. This confirms the assumption that with an accelerated implementation of PHHE activities, planned targets can be met within relative shorter period than currently anticipated.
<table>
<thead>
<tr>
<th>Project Activity</th>
<th>Total Project Target</th>
<th>Cumulative Achievement May 2010</th>
<th>Project Balances</th>
<th>% completion</th>
<th>Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward Sensitization and Mobilisation Workshops (6 Districts)</td>
<td>54</td>
<td>54</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Latrine builder training</td>
<td>1080</td>
<td>1267</td>
<td>0</td>
<td>0</td>
<td>117.3</td>
</tr>
<tr>
<td>Village Pump Mechanics training</td>
<td>270</td>
<td>99</td>
<td>0</td>
<td>171</td>
<td>36.7</td>
</tr>
<tr>
<td>Water Point Committees (WPC)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hygiene Education Sessions</td>
<td>54</td>
<td>16</td>
<td>15</td>
<td>23</td>
<td>29.6</td>
</tr>
<tr>
<td>Household latrine construction</td>
<td>6750</td>
<td>2950</td>
<td>940</td>
<td>2860</td>
<td>43.7</td>
</tr>
<tr>
<td>School latrines</td>
<td>540</td>
<td>301</td>
<td>257</td>
<td>0</td>
<td>55.7</td>
</tr>
<tr>
<td>School hand washing tank construction</td>
<td>54</td>
<td>21</td>
<td>1</td>
<td>32</td>
<td>38.9</td>
</tr>
<tr>
<td>Well upgrading (windlass and bucket)</td>
<td>300</td>
<td>172</td>
<td>38</td>
<td>90</td>
<td>57.3</td>
</tr>
<tr>
<td>Rope pump fitting</td>
<td>300</td>
<td>18</td>
<td>13</td>
<td>269</td>
<td>6</td>
</tr>
<tr>
<td>Borehole repair</td>
<td>341</td>
<td>293</td>
<td>21</td>
<td>27</td>
<td>85.9</td>
</tr>
<tr>
<td>Borehole drilling</td>
<td>24</td>
<td>24</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Cattle trough construction</td>
<td>162</td>
<td>6</td>
<td>9</td>
<td>147</td>
<td>3.7</td>
</tr>
<tr>
<td>Rain Water Harvesters</td>
<td>54</td>
<td>5</td>
<td>1</td>
<td>48</td>
<td>9.3</td>
</tr>
<tr>
<td>Equipping Nutrition Gardens</td>
<td>108</td>
<td>17</td>
<td>25</td>
<td>66</td>
<td>15.7</td>
</tr>
<tr>
<td>Community Based Management (CBM) Training</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Strategic and Operational Planning</td>
<td>459</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Livelihoods Based Planning Workshops (sessions)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>School Block Grants</td>
<td>540 pupils (OVC)</td>
<td>301 (OVC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHHE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Methodology Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid Cholera Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In addition 6 squat holes were constructed at 3 health centres (2 in Chegutu and 4 in Chipinge) in response to the cholera outbreak.

---

8 Project Achievement Report, May 2010, Mvuramanzi Trust
9 This is for three District only i.e. Zaka, Bulilima and Mangwe
10 This is for Zaka, Chipinge and Chegutu Districts only.
4.2. Achievement of Project Results/Activities

The project has three interrelated overall objectives, one specific objective and seven key results area. Assessment of project achievement in this regards is done by each respective results

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.

1.1 Setting up national learning platforms

A National Learning Alliance has been set up and is operational at National level. Indicators of its functionality include the participation of the National Learning Alliance Team members at the 10th Water Net/WARFSA/GWP-SA Symposium in Uganda in October, 2009 where a scientific paper titled ‘Capacity at decentralized level – key to sustainable WASH services delivery in Zimbabwe’ was presented. Local and international experiences and sharing is therefore being fostered. Operational research is also being promoted that has seen project findings used to inform National Water and Sanitation and Hygiene policy development and programming in Zimbabwe. District based research findings from Chegutu and Zaka Districts on Community Based Management are being used to inform the national policy review process on the operations of the Community Based Management system. Based on the research findings training of District and community based WATSAN structures has been intensified and more focused. The detailed research findings are detailed in third Project Interim Report (Activity 1.1 in log frame). Other research activities are ongoing in other Districts.

In addition ZimWASH supported a government delegation to attend the International Year of Sanitation Conference held in Durban in 2008. This conference exposed the Zimbabwean delegation to the international dialogue on sanitation issues that would guide the WASH sector locally.

District Learning Alliances have also been formed through the revitalisation of the District Water Supply and Sanitation Sub-Committees (DWSSC) that had become dormant for a long time. These Committees meet regularly and are now inclusive of all Districts based WATSAN stakeholders’ including NGOs based and operating in the respective Districts.

1.2 Carry out policy advocacy on water and livelihoods to civil society organisations and national government

Since inception the project has made critical contributions to WATSAN sector policy advocacy and review. the ZIMWASH project has supported the review of the 2004 Draft National Rural Domestic Water Supply and Sanitation policy from which a number of important issues that include “unclear sector leadership, weak coordination, and unclear roles and responsibilities of different government ministries were brought to the fore.”11 The initiative has seen a high level political attention to the WATSAN issues as the four critical Government Ministries responsible for water, sanitation and hygiene resultantly convened a Ministers’ Retreat under the overall guidance of the Deputy Prime Minister who has oversight on the Infrastructure Cluster of Government. The retreat defined and clarified the roles and responsibilities of key sector ministries, clarified sector leadership and co-ordination mechanisms and proposed a re-branded new structured National Action Committee (NAC). The new proposed NAC will have oversight on the rural and urban WASH sector including the entire Water Resources Management

sector. A Cabinet Memorandum on the new sector coordination mechanism has since been endorsed by Cabinet and efforts are now on the modalities of operationalising the new arrangement.

The project is also contributing actively into the efforts and preparation of the national launching of the new NAC. Furthermore, the stakeholders’ workshop recommended the establishment of a National Sanitation and Hygiene Task Force to spearhead the promotion of hygiene, behaviour change and eradication of open defecation.

The project has also been very instrumental in supporting national and local WATSAN advocacy efforts to raise the profile of sanitation and hygiene in the national development agenda. The project supported the commemoration of the 2009 National Sanitation and Hygiene Week whose theme was ‘Community Led Total Sanitation – key to Cholera free environment.’ The commemoration was in the context of the cholera outbreak that hit Zimbabwe in 2008-2009 and it sought inter-alia, to garner political support and government buy-in on embracing new technologies and approaches to accelerate sanitation and hygiene development and create demand for WASH services amongst communities. More than 600 participants including school children, community members, district, provincial and national members attended the commemorations.

In addition to the annual support to Sanitation & Hygiene Week Commemorations, the project supported the Global Hand Washing Day which is commemorated every 15th October annually. This sought to raise public awareness and build their life skills in hand washing since hand washing is one of the most important barriers to transmission of diarrhoeal diseases. A variety of IEC materials were developed and distributed nationwide during the two events. (Activity 1.2 in log frame). At the time this report was prepared, the project was contributing to the preparation for the 2010 National Sanitation Week Commemoration to be held in Beitbridge in September 2010.

One important milestone in policy advocacy was the project support towards the commemoration of the International Year of Sanitation and eventually the Sanitation Fair held in Harare in November 2008. The Fair was attended by over 500 people from all walks of life including senior government officials, stakeholders, school children and the general public. This national event helped articulate the importance of sanitation on the national development agenda. In preparation for the commemoration, a media workshop was held to create sanitation and hygiene awareness among media practitioners. This contributed to improved media coverage on WASH issues.

The project has also facilitated the review, printing and distribution of some key sector management and advocacy documents that include:

- The District Project Management Handbook.
- Review and printing of the Participatory, Health and Hygiene Education (PHHE) Field Guide.
- Printing and distribution of the District Knowledge, Attitudes, Behaviour and Practice Baseline Survey Reports.
- Development, printing and distribution of various Fact Sheets, Pamphlets and Fliers.

The project is also in the process of developing a Livelihoods Field Guide.
1.3 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

A pamphlet on Productive Uses of Water and Livelihoods has been developed and a WASH and Livelihoods Guideline has been developed, pre-tested and finalized and the document will assist districts and communities in livelihood based planning in water and sanitation services. However this document has not been distributed to Districts. In the context that, this Mid-Term Evaluation has identified that food insecurity is one of the major challenges faced by the project target group including orphans, the delayed distribution of the pamphlet to district and communities is unfortunate.

It is recommended that the pamphlet be distributed to communities and the finalisation and printing and distribution of the WASH and Livelihoods Guideline Document be prioritised for printing and distribution to the targeted users.

A concept note that will be finalised into a hygiene promotion strategy has been initiated. The process will lead to the development of a working paper. The existing national PHHE field guide was reviewed, re-packaged, re-produced and distributed for use in all the 6 project districts. (Activity 1. 3 & 7.1 in log frame).

1.4 Providing research support to district level

Research methodology training workshops were conducted in all project Districts. At total of 85 District and Provincial project staff was trained from the six project districts as shown in Chart 4 below.

Research topics covering a number of areas were identified in the respective districts as shown in Table 12 below and field data collection has commenced in Chipinge District. Other Districts are waiting for the release of funds to carry out field data collection. (Activity 1. 4, 3.4 & 3.6 in log frame).
In all the Districts, there was a general request for Provincial and National technical oversight and support to Districts teams during the data collection process. District Teams also requested for further training in Data Analysis and Report writing. There is need to ensure that the time lag between training and the actual field work (data collection) is minimised. It is therefore, recommended that funds for data collection be released timely for other district to carry out field data collection.

Table 12: Research Topics identified by the Project District Teams

<table>
<thead>
<tr>
<th>District</th>
<th>Research Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulilima</td>
<td>• Failure by some Community within Bulilima District to cope in the absence of external support for the provision of safe water</td>
</tr>
<tr>
<td>Hwange</td>
<td>• An Assessment of the Causes of slow household latrine construction (this is in the context that beneficiaries are provided with all the required materials.)</td>
</tr>
</tbody>
</table>
| Zaka | • High incidences of diarrhoeal diseases  
• Non functionality of CBM structures - The Non functionality of CBM structures in the 34 wards in ZAKA district |
| Chipinge | • An investigation of factors contributing to unhygienic water handling, storage and use practices in Chipinge District  
• Risk factors in transmission of water and sanitation related diseases |
| Chegutu | • An investigation to the causes of Cholera epidemic in wards 20 and 25 of Chegutu District since August 2007 to 30th April 2009  
• An Investigation of the causes of long down time of Water Pumps in Chegutu Rural District - Mashonaland West Province |
| Mangwe | • People not changing behaviour despite the various WASH interventions introduced in the Districts |

The National Project management team also provided technical and oversight services to Chegutu, Chipinge and Zaka districts in carrying out the respective districts’ Cholera Response Assessments.
1.5 Process documentation of change process at national level
This is an on-going process that aims to capture project processes, lessons learned and best practices with the subsequent strategic objective of feeding into sector-wide policy and strategy development. In this regard, activities that have been carried out include training of district and field staff in process documentation, documentation of findings from Zaka and Chegutu research activities, minutes of project management meetings, training workshops, mid-term evaluation, ward planning and sensitization meetings, strategic planning workshops for all project Districts, hygiene promoters training, monitoring visits and project progress. The climax of the process documentation activity is the production of The Road We Travelled document. (Activity 1. 5 in log frame). The Road We Travelled Document highlights the major landmarks in the project rollout process to date. Some of the important issues captured in the

Box 1. ZIMWASH Project Lessons Learnt through the Road it has travelled.
- The ZimWASH project operating in a volatile economy managed to make savings that could see both water and sanitation targets for the project being increased by more than half. Lessons were learnt on budgeting in a high inflationary environment when all odds were against any positive development.
- The ZIMWASH project also responded to challenges facing the nation hence it made strides to accelerate hardware activities in response to cholera and through health promotion activities.
- Refocus of the project in response to the cholera outbreak was a clear deviation from rigid projects which disregarded immediate needs of beneficiaries. In this journey we learnt that projects and funding agencies should respond to the needs of the intended beneficiaries to make meaningful impact and get stakeholder by-in.
- In community implementation, community structures should be given responsibility for their WASH facilities and services, but guidance should come from their district structures to ensure equity and that the vulnerable are not taken advantage of.
- District structures acknowledged transparency in the ZimWASH project as a major driver to ensure they take ownership of the benefits (WASH facilities).
- There are times when challenges can be turned into opportunities. The cholera outbreak assisted in reinforcing amongst authorities and communities, the importance of WASH and elevated it to higher levels in the national development agenda. The 2008 and 2010 cholera outbreaks have further triggered political will and made the water and sanitation sector a high national priority.
- In a situation faced with hyper–staff attrition at district level, it is more prudent to give more emphasis on capacity development at community level in order to accrue sustainability in the programme.
- The supply driven approach to sanitation destroys community initiatives and sustainability of sanitation service delivery. Where demand has been created there is evidence of self help initiatives in provision of sanitation at household level. Inversely, where a purely supply driven approach was promoted, households waited for half a bag of cement for several months to complete the BVIP structure.
- Districts continue to be motivated to perform better by frequent and structured monitoring and support visits from the funding agency and national level. This provides an opportunity for sharing experiences for improved project implementation.
- WASH programmes get more mileage in employing a multi-disciplinary approach where various organizations with different comparative advantages pool their expertise and experiences for enhanced programming and implementation.

document are the lessons learnt so far summarised in Box 1.

1.6. Carry out targeted information sharing and dissemination activities, including website, brochure, working paper series, research papers, guidelines, a video and a seminar
Most information generated from the project was widely shared with stakeholders at national and sub-national levels. Members of the consortium of partners continue to provide technical support to various national committees and technical task forces and the WASH Cluster in areas such as; PHHE, CBM, Social Mobilisation, Water and Sanitation technologies as well as sharing information with the Water Supply and Sanitation Collaborative Council National Steering Committee. Project documents are regularly posted on the project website (www.iwsd.co.zw). All the documents developed from various
trainings were shared with the districts and participants were provided with reference material. In addition, targeted information is shared and disseminated through the development, production and distribution of a variety of project materials such as trainers’ guides, posters and leaflets, (Activity 1.6 in log frame).

To date the project website has been encountering challenges to function properly and the project management has been proactive by resolving that IRC as one of the consortium partners temporarily host the website.

Result 2: Improved planning mechanisms and project management practices among district level organisations for WASH services delivery

2.1 Set up district learning platforms in the 6 pilot districts
6 District Learning Platforms have been established through the resuscitation and retraining of District Water Supply and Sanitation Sub-Committee in the entire six project district. Regular monthly district level meetings with project stakeholders and other partners to share experiences, best practices and lessons learnt are being carried out. There is evidence of synergies amongst the different projects in the districts where projects replicate approaches, best practices and lessons learnt from each other. (Activity 2.1 in log frame). However it is important to note that inter-district sharing of information and experiences has not yet commenced. The needs for inter-district learning alliances need to be pursued vigorously.

2.2 Develop project and planning coordination mechanisms in the 6 pilot districts.
Coordination of project planning has tremendously improved at District level as all districts have developed 5 Year Strategic Plans from which Annual Operational Plans are subsequently and periodically drawn from. A Planning Methodology and Facilitators’ Note was developed during the 2nd year of project implementation and is being used to develop strategic and annual operational plans. The note provides guidelines on integrating cross cutting issues such as HIV & AIDS, Gender, Livelihoods, and multiple uses of water. In all the six project districts ward operational plans have been developed including another additional 30 wards. As part of the Monitoring and Evaluation framework, the reporting format is being finalized. (Activity 2.2 & 2.3 in the log frame). DWSSC are now meeting monthly to deliberate on project and other WATSAN issues within the respective Districts.

District teams still encounter challenges such as transport supplies as most of the vehicles from previous project are in state of disrepair. However, due to improved project coordination District level project teams including Non Governmental Organisation (NGOs) regularly share locally scarce project inputs such as transport, office supplies etc.
2.3 Develop integrated district WASH plans with civil society and local government, which follow a livelihoods approach.

As discussed in 2.2. 5 Year Strategic Plans that inform the development of Annual Operational Plans have been development at Districts level. The delayed finalisation of the WASH and Livelihoods Guide is affecting the smooth integration and incorporation of Livelihoods interventions into the project activities.

The need to urgently complete, print, distribute the guide cannot be overemphasised.

2.4 Develop and implement project support programmes, consisting of monitoring and technical advice, to the communities.

Regular and consistent National level monitoring, support and technical backup visits to districts in form of joint field monitoring visits and training programmes on planning, research and hygiene promotion are being held. Several national level technical support visits to the six project districts were carried out by the consortium of partners regularly. In addition, 7 joint monitoring visits were carried out by the National Project Management Team in the six project districts. Results from the monitoring and support visits have identified a number of support areas that include:

- Strengths and weaknesses in project implementation at District level.
- The need to address management and monitoring at district and sub-district levels.
- The need for continued support to district based activities.

However, there is substantial evidence of improvement in district planning, management and monitoring of the water and sanitation programmes as DWSSCs have actively monitored and supported sub-district level structures through field visits, irrespective of the challenges they are encountering. More frequent visits for technical support from the district-based Mvuramanzi Trust Project Officers are made for quality assurance and progress monitoring. This has accelerated project implementation at community level resulting in improved access to safe water and dignified sanitation facilities for the most vulnerable men, women and children. The project has created increased demand for WASH facilities.

Community level monitoring mechanisms has also improved through project support to locally based institutions that such as Community Health Clubs, Water Point Committees, Ward and Village Water Supply and Sanitation sub-committees.

Progress continues to be hampered by a critical shortage of transport, high staff attrition and low morale amongst district and extension workers. Efforts are being made to raise project staff morale through timely payment of their Travelling and Subsistence allowances.

At national level, regular quarterly, and whenever necessary, extra ordinary Project Management meetings are held to plan, review, update and re-schedule project implementation plans and discuss project related issues. These have proved to be very productive in guiding project implementation and monitoring. (Activity 2.4 in log frame).
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

3.1 Analysis of capacity gaps in planning and project management approaches and setting capacity building agenda
Activities to identify capacity gaps were included in the 2007 District Baseline Surveys. Identified gaps include the need to build Districts’ capacity in research; strategic planning and PHHE. The project supports process documentation to capture the project implementation processes, lessons learnt and best practices that will help inform national sector policy and strategy development. Training in process documentation has been carried out but evaluations findings indicates a serious shortage of data management and processing equipment at District levels particularly computers for data processing.

Furthermore the proportion of staff trained in data capture and processing is conclusively low. More investment in equipment and staff training is required to improve the situation.

Training in the identified areas has been ongoing. Training in Research Methodology was carried out in all project Districts to enhance skills of local government and extension staff in operational research. Research areas were identified (Table 11), proposals developed and the districts are now finalizing their research tools.

Strategic and Operational Planning workshops have been carried out in all Districts with a total of 22 district officers having been reached. The training assisted in developing and finalizing 5-year strategic plans and operational plans.

3.2 Carry out training of local civil society organisations and local government according to the identified gaps
DWSSC training on PHHE for improved hygiene behaviour and practices and stimulating demand for WASH services was carried out with a view to capacitating district and sub-district structures for cholera emergency response and preparedness. Following the PHHE training of trainers at national level, training of district and extension staff in all the six project districts was carried out. A total of 190 extension workers and district staff were trained in the six project districts and these have now become instrumental in the on-going training of Community Hygiene Promoters. (Activity 3.2, 3.3, 3.5 & 7.2 in log frame)

The following are some of the specific capacity building interventions at District levels.

- Review, development and adaption of existing Programme Management and Implementation Guidelines and Strategy documents for ZIMWASH project. Copies were circulated to all the six districts. However some of the documents are no longer available at district level. This can be attributed to high staff attrition rate as leaving staff carry with them programme reference documents when they vacate office.
- In response to findings of Capacity assessments of 2006, Sector Orientation Workshops were held in all the six project districts. The objective was to familiarize the districts with the policies, strategies, guidelines and other operational modalities of the WATSAN sector in general and the ZIMWASH project in particular. These workshops’ focus was on re-orienting project staff on programme aims and objectives, organizational and institutional structures, institutional roles and responsibilities, WATSAN policies, guidelines and strategies and technology options.
- KABP Surveys were done for all districts and the results are guiding the respective districts in project implementation, management, monitoring and evaluation. The results are being used to benchmark progress in improving hygiene behaviours and practices. Results from the current evaluation already show some changes in behaviour and practices that have been targeted for change.

- The Pamphlet on Productive Uses of Water and Livelihoods was developed with the objective of enhancing implementation of livelihoods based projects. However the Pamphlet is still to cascade to the districts.

- Two training manuals were developed and printed for use in training and retraining of local community artisans. Already 1267 builders out of the project target of 1080 have been trained; 99 of the proposed 270 Village pump Mechanics have been trained.

- The national Participatory Health and Hygiene Education (PHHE) Field guide was reviewed and 500 copies have been reproduced and distributed to all the districts. Sixty (60) provincial and district trainers have been trained and it is anticipated that these will cascade training to sub district extension workers and the communities.

- In response to the cholera outbreak of 2008/2009, ZimWASH project developed and distributed Cholera Rapid Assessment tools for training and use in the three districts of Chegutu, Chipinge and Zaka. In addition, the Ministry of Health and Child Welfare Cholera training package for hygiene promoters was adopted for use by the ZimWASH programme. Cholera Prevention and Control focused PHHE tools were also identified and used for training provincial trainers. At the time of evaluation, three districts of Chegutu, Chipinge and Zaka had received training.

It is of concern that although the project is half way its implementation period, training in important courses such Linking HIV&AIDS with WATSAN (Chipinge and Hwange), PHHE (Hwange) have not been carried out. It is recommended that these outstanding trainings be prioritised.

Irrespective of the project investment in capacity building, there is a general concern that there is no consistency in attendance to WATSAN business by some DWSSC members and agencies in the respective districts (Chart 5). Furthermore, the capacity building component is way behind schedule irrespective of its critical importance in project buy-in by the sub-district project stakeholders. The need to pay particular attention to it in the remaining period of the project is critical.
Chart 5: DWSSC Membership Performance Rating
3.3 Developing a research agenda at district level/Carry out training on research and analysis skills/ Joint research on identified gaps (3.4 & 3.5 in the Log Frame)
As discussed earlier, all district teams have been trained in Research Methodology and research topics have been identified. However, only one District has managed to carry out the field research work. It is recommended that project resources be urgently released for districts to carry out the field work. The timing is also critical as the rain season is fast approaching.

Result 4: Sufficient enhanced skills and practices among community-based organisations and individuals (men and women) to manage water supply and sanitation services

4.1 Carry out capacity building of WATSAN committees and operators. (4.2 & 4.3.)
A participatory assessment on community management skills for WATSAN projects was covered during the 2007 Baseline survey. Gaps in community management skills were identified in terms of community capacity to provide operation and maintenance services to water facilities, WATSAN facilities construction and maintenance etc. In turn, the project has provided capacity building interventions in areas that include BVIP construction, shallow well construction, borehole repairs and water point committee management. Field evidence confirms that project guidelines in terms of the need for gender mainstream in the formation and training of community based WATSAN management systems is making impact as there is an increase in Water Point Committees that are constituted by men and women. Chart 6 demonstrates the gender distribution in WPC.

As a result of the training interventions, in all project wards and villages were WPCs were trained, they are now responsible for water point management: Bulilima (78.6%), Chegutu (58.1%), Chipinge (87.1%), Hwange (82.2%) Mangwe (84.3%) and Zaka (63.3%). The down time of water points in some District e.g. in Hwange has been reduced to less than a week. However, technical follow up and support is still necessary as 50% of the respondents reported that WPC do not have written constitutions, although they collect money for borehole maintenance and repair.

As shown in Table 12, above a number of training interventions have been undertaken targeting DWSSC members. However as a result of high staff turnover, there is need for training of new staff and refresher
courses for the other staff. Training was also target at community based structures and critical personnel. A total of 1267 latrine builder out of the planned target of 1080 were trained. Of the planned 270 Village Pump Mechanics (VPM) 99 have been trained and are operational at community level.

**Result 5: 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**

5.1 **Construction of new water supply infrastructure considering multiple uses of water, especially targeting those infected and affected by HIV/AIDS**

Project focus on hardware facilities at community level has witnessed the drilling of 24 new boreholes benefiting approximately 6,000 men, women and children. The completion of the boreholes brings to 100% achievement of the overall project target. In addition, 172 family shallow wells were upgraded benefiting approximately 4,775 people. An additional 22 shallow wells fitted with rope pumps were upgraded at selected households in Zaka district benefiting a total of 1,001 people of whom 115 are female orphans and 95 are male orphans. A total of 5 rainwater harvesters were constructed in Chipinge, Bulilima, Zaka and Hwange. 4 of these were constructed at schools benefiting a total 1,823 school pupils of whom 210 are female orphans and 172 are male orphans. The 5th rainwater harvester was constructed at a clinic in Hwange District and has brought relief to the both the patients visiting the clinic and the clinic staff. The rainwater harvester component is behind schedule and strategies are being put in place to ensure the overall project target of 54 is met by the end of the final year of project implementation. (Activity 5.1 in log frame)

5.2 **Rehabilitate existing community water supply systems and consider multiple uses of water**

A total of 293 boreholes were repaired during the reporting period in all the six project districts, thereby restoring safe water supplies to 73,250 men, women and children of whom 5,659 are female orphans and 4,993 are male orphans.

5.3 **Support the development of community and household livelihood initiatives, especially targeting those infected and affected by HIV/AIDS**

During the reporting period a total of 17 nutrition gardens were equipped with drip irrigation kits. Vegetable seeds were also procured and distributed in all the 6 project districts for supporting the nutrition gardens. To date this project component has benefited 3,537 people being 82 female orphans, 67 male orphans, 256 adult males and 3,132 adult females among them those infected and affected by HIV and AIDS.

Cattle trough construction was also carried out during the reporting period to ease drinking water woes for livestock in dry regions. A total of 6 cattle troughs were constructed in the six project districts, benefitting a total of 243 households. However, this project component is behind schedule due to the fact that in some districts demand for cattle troughs is low hence there is need for careful identification of suitable and needy areas and possibly replacing some with borehole aprons where cattle troughs are not needed. However, there is optimism that the outstanding ones will be completed during the final year. (Activity 5.3 in log frame)
Expected Result: 6: Improved access to and use of safe and sustainable sanitation services at household and schools

6.1 Building sanitation facilities at the household and schools, especially targeting those infected and affected by HIV/AIDS

To date the project has supported the construction of 2,950 household latrines in all the six project districts to benefit a total of 23,081 men, women and children primarily those affected and infected by HIV & AIDS. Amongst the household latrine beneficiaries 2,751 are female orphans and 2,514 are male orphans. This gives the total achievement to date of 3,313 against a total project target of 6,750. A total of 940 latrines are at various stages of construction. Although this component may appear behind schedule, the current achievement has been achieved within a period of not more than 18 months. At the current momentum attainment of planned project targets is realistic, given that all the ground work like community mobilisation and latrine builder training has been done in all the 54 project wards.

A total of 301 of the planned 540 school latrines have been completed with 257 being works in progress. Completion of the works in progress means the provision of safe sanitation to the targeted 15,000 school going children. In a quest to promote hygiene through hand washing, a total of 21 school hand washing tanks were constructed at 21 schools that were assisted with latrines. The concept of school block grant was introduced at all benefitting schools and has brought school fees relief to more than 130 disadvantaged school pupils, mainly orphans.

A total of 15 squat holes were also constructed at Rural Health Centres in Chegutu, Chipinge and Hwange in response to the cholera outbreak. (Activity 6.1 in log frame)

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

7.1 Baseline study of existing hygiene practices

Baseline studies of existing hygiene practices were carried out in all project districts in 2007. Reports were produced and distributed to all district. They are currently used to inform project planning, implementation, monitoring and evaluation in all districts. Results from the 2007 and 2010 baselines show no major difference as “the adult woman still collect water in more cases than any other family member. The most commonly used means of collecting, transporting and storing water is in a 20-25 litre narrow mouthed plastic container with lid: and the proportion who further treat water after collection has marginally increased as a results of water treatment tablets distributed under the humanitarian response to the cholera outbreak: The use of toilet to dispose of children (under five years) faeces has relatively
increased from 2007 in all district (Chart 7): However, while the practice of hand washing is significant after use of toilet, this is not so after handling children faeces.”

1.1 Carrying out life-skills based health and hygiene education linking with HIV/AIDS issues targeted differentially to men, women and children, and other relevant groups in the community

PHHE training of 190 district and extension staff (89 females and 101 males) was conducted in all the six project districts with a focus on cholera prevention. These have now become instrumental in the on-going training of Community Hygiene Promoters. To date a total of 627 hygiene promoters have been trained in Chegutu, Chipinge and Zaka and of these 296 are females and 331 are males. Training of hygiene promoters for Bulilima, Mangwe and Hwange is on-going. Home based care givers, village health workers, government extension workers, school health masters and other community opinion leaders are among those that were trained as community hygiene promoters. These are now rolling out PHHE to community members through the formation of health clubs and door-to-door hygiene promotion campaigns. (Activity 7.1 in log frame

5. **Financial Management**

UNICEF, as the principal recipient of donor funds, continues to have the overall mandate of efficient/effective financial management and provision of technical support and advice to partners within the ZIMWASH project. Assurance activities on Mvuramanzi Trust and Institute of Water and Sanitation Development are carried out by UNICEF to monitor utilization of project funds as and when they are necessary. There is significant improvement in financial management as partners get more familiar with the project financial management systems and guidelines.

6. **Project Visibility Actions**

Visibility actions continue to be strengthened in order to make the funding agency visible at all levels. The ZIMWASH project has been collaborating with other partners on national and local level programmes and events that have enhanced project visibility, including the sharing of information and experiences. Examples include project participation in national events such as the commemoration of the National Sanitation Week in which promotional materials have been produced and distributed to other stakeholders annually. The European Commission logo has been inserted on hygiene promotion posters and pamphlets which were distributed country wide during the 2008/2009 cholera outbreak and the National Sanitation Week. Distribution is still ongoing as the demand for the health and hygiene information grows. The districts and communities continue to be reminded of the most valuable support from EU during all district meetings and workshops as well as during community mobilisation meetings.

The project website (www.iwsd.co.zw) continues to be used to highlight and communicate European Commission support to the project as all project documents posted on the website bear the EC logo. (Activity 1.6 in log frame).

Other specific visibility project activities include:

- **District Summary/Fact Sheets** that were developed for all the six project districts. These provide information necessary for WASH programming in the project districts.
- **IEC Materials** that were developed and distributed throughout the country. These bear the ZimWASH logo.
- **Global Hand Washing Day**: ZimWASH supported the hosting of the event throughout the country with posters and T-shirts. The posters bear the ZimWASH logo demonstrating proper hand washing method.
- At national level the ZimWASH programme is visible with the development and use of the ZimWASH logo on all project vehicles and official correspondence. Efforts were made at provincial and district levels highlighting that project support was coming from EU.

7. **Achieved Results**

The following are some of the notable results achieved since project inception.

- In areas where project sensitization and leadership meetings have been conducted there is increased awareness on the project. Communities have developed plans for the implementation of the project at ward level and are following the plans in project implementation. This has enhanced community participation in WASH programming.
- The project has created demand for WASH services at community level in the 6 project districts with a number of households constructing latrines through self help. Significant improvements in access to safe sanitation have been realized in the project wards.
Orphans and other vulnerable children and those infected and affected by HIV and AIDS are benefiting from the project through improved access to water, sanitation and hygiene facilities at households and institutions such as schools and health centres. In other Districts livelihoods projects that include nutrition gardens are being promote. Benefits from such interventions are slowly being felt as the nutrition conditions improve at least in those areas where they are available.

In the three districts of Chegutu, Chipinge and Zaka which were affected by the cholera outbreak, the project contributed to the control of the epidemic thereby averting morbidity and mortality amongst communities.

Districts continue to improve their capacity to plan for water and sanitation development, and independently analyze their own situation and develop annual operational plans.

Major strides have been made in policy advocacy that has seen a major milestone in harmonizing sector leadership, coordination and roles and responsibilities amongst the key sector Ministries. The project continues to contribute to the improvement of an enabling environment through training and the development/review of national guidelines and strategy documents, and ensuring their availability and use at district level.

5. Project Evaluation
5.1. Project Relevance
Project relevance is an issue of vital importance in programming as it focuses on assessing whether the project rationale is in keep with the priorities of the local community or project target group i.e. project direction in relation to its purpose. It involves assessing changes to the project operating socio-economic environment and asking to what degree the changes can alter the project justification.

As discussed in other sections, the project has made some remarkable impacts to date e.g. there have been an increased percentage of locally repaired boreholes (Chart 9). This is an indicator of community capacity building efforts from the project that have a bearing on sustainability considerations. There has also been an increase in the number of households that have adopted positive health seeking behaviours as demonstrated by the increased number of households that have constructed standard BVIP (Chart 12)

However, demand for project services is still very high. The project still has low performance rates on critical performance areas such as:

- A low 43% achievement rate for provision of household BVIPs.
- Low Capacity building intervention on critical community based lower level structures such as the Water Point Management Committees.
- Community Based Management (CBM) training has reached the District level but has not been cascaded to lower levels including reaching community based management structures.

Furthermore there are proportions of households that cannot access safe water from safe protected sources in all districts as illustrated in Chart 8 below. Project services are still needed as the project has not achieved all its planned targets and the demand for improved WATSAN
services generated by the project are not yet fully met. Project relevance can therefore not be denied.

All district level respondents confirmed that HIV and AIDS was a problem and that Home Based Care Support Groups were available and operational. They provided psychosocial support to the infected and affected but their services are still inadequate.

5.2. Project Effectiveness

Generic measures of project efficiency focus on assessing project attainment of its set outputs and purpose. The project purpose being “To strengthen capacity of civil society and local government in the 6 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,” proxy indicators demonstrate project potential to attain its purpose.

In all districts, local level staff received training in a number of planned capacity building interventions. Evidence also positively confirm that the intervention have had some effect on the ground. Some locally based capacity enhancement intervention includes training of BVIP and well construction, borehole rehabilitation and PHHE.

13 In Zimbabwe relevant civil society organisations include: NGOs, CBOs (water point committees, self-help groups, women groups, cooperatives, youth groups, home-based care groups, etc) and fora where CBOs and local government meet, such as district water and sanitation sub-committees. This proposal will target all these sub-categories of civil society at the different levels.

14 Logical Framework matrix: Addressing the water and sanitation needs of the rural poor in the context of HIV/AIDS in Zimbabwe (reviewed December 2007)
In districts where Village Pump Mechanics have been trained, water point operations and maintenance is increasingly being carried out by these cadres as shown in Figure below. Furthermore the need for gender consideration in the composition of WATSAN management systems is being realised as women are becoming more active in water supplies and sanitation management issues.

There is also an increased number of Water Management Structures that are core staffed by both men and women. For example, in Bulilima District in 81.1% cases water point management committees are staffed by both men and women with the other districts as follows: Chegutu (61.2%), Chipinge (64.4%), Hwange (81.6%), Mangwe (74.1%) and Zaka (65.5%).

The increased local management of water supplies has also seen a reduction in water points down time although it varies from one district to the other. In Chegutu, Chipinge, and Hwange Districts, since the training of the local Village Pump Mechanics, it now takes less than a week for water points to be repaired.

![Chart 9: % of Water supplies breakdowns attended by VPM](image)

However it was reported in more ±50% of the cases that WPCs do not have written constitutions, although they are collecting money for borehole maintenance and repair.

The need for more training and promotion of WPCs to develop stronger management practices through development and enforcement of written constitutions and minutes needs to be attended to.
One of the guiding project principles is the need for children participation in issues that affect them. As such the project aimed at increasing children involvement in WATSAN issues. Field evidence indicates that there is general acceptance for children to participate in WATSAN activities. Although there is a general fear that children participation may result in activities such as child labour and abuse, it is gratifying that children are participating to gain knowledge and undergo livelihood training. They also participate through non-risk means such as forming school health clubs and by attending WASH meetings.

The following comparison of data from the 2007 baseline survey and the 2010 Evaluation shows that there is an increased general awareness and approval for children participation in WATSAN activities.

Improved and satisfactory drinking water storage practices in the homes are other indicators of project effectiveness as signs of behaviour change are already manifesting. With the exception of Hwange District the other five districts have positive percentage changes in terms of respondents who are now practicing satisfactory water storage practices in the home. I.e. Bulilima (29.4% increase to 83%), Chegutu (51% increase to 68.7%), Chipinge (40% increase to 75.3%), Hwange (40% decline to 9.7%) Mangwe (85% decline to 69%) and Zaka (57.6% increase to 67.7%). The positive practice change can be attributed to project interventions that include the health and hygiene messages targeted at households. More than 50% of the focus group discussions confirmed having received training in home hygiene in which water hygiene is a component.

Furthermore there is a general positive trend in the proportion of households treating water before drinking i.e. Bulilima (8.2% to 71.4%), Chegutu (13% to 42%), Chipinge (12.2% to 62.5%), Hwange (12% to 22%) Mangwe (7.2% to 62.5%) and Zaka (8% to 52%). This is calculated as a proportion of
households using unprotected water sources only. Water treatment comprised of adding bleach or chlorine and is a response to health and hygiene education and availability of water treatment tablets aimed to control Cholera.

The percentage of household with health enabling facilities is also on the increase as shown in the Chart 11. Although the reasons for the increased uptake of health enabling facilities can be various project contributions through interventions such as PHHE sessions at community level cannot be overruled.

![Chart 11: Percentage Adoption of Health Enabling Facilities 2007 - 2010 per District](chart)

5.3. Project Efficiency

Project inception and the greater part of implementation period were during the time Zimbabwe was under immense economic challenges that made availability of project inputs such as cement for latrines construction a major challenge. The hyper inflationary situation made budgeting almost impossible as prices could change more than twice in a day. There was thereby, a general shortage of construction materials and spares on the local market. In response, the consortium through the Project Management Team was very proactive and procured all construction materials and spares for the programme offshore. While this was the only plausible way, delays in deliveries were inevitable due to the external procurement processes. Materials took longer to reach the beneficiaries. The delays in deliveries led to time lag between sensitization and materials delivery resulting in reduced project momentum during the initial phases.

However as a result of offshore procurement of project inputs the project managed a 100% achievement in borehole drilling during these difficult times.

5.4. Project Impact

Assessment of project impact focuses at higher levels project objectives i.e. purpose and goal. A general approach to assessing project impact takes cognisance of the understanding that impact “is broad, as it
includes both positive and negative consequences; whether these are foreseen and expected or not.”

Project impact assessment is a huge challenge as its causes are complex and cause-effect analysis of variables can be very difficult to perform.

The ZIMWASH project has been under implementation since 2006, hence its direct impact can be difficult to assess accurately and attribute either positive or negative changes directly to project intervention. Furthermore two of the sampled wards had just commenced project implementation at the time of data collection. However proxy indicators can be used to provide lead information on the project potential to make impact on the target group.

Evaluation results show that more households in the sampled wards have access to some form of toilets compared to the 2007 status and use of safe sanitation facilities has increased in the project wards as shown in figure 12 below. At least the household need for “some form of a toilet” even if it does not meet the standard is an impact indicator of the increased community realisation of the importance of the toilet. Since the survey was contacted in wards that had directly benefited from the project and there were no other meaningful similar interventions from other partners during the period under investigation, positive changes in the number of households with access to “some form of toilet” and standard BVIP since project inception can be directly attributed to the ZIMWASH project. The project is therefore making an impact in most Districts with the exception of Chipinge, Hwange and Zaka (use of BVIP).
While reasons for a negative drop in the use of BVIP in Chipinge may be difficult to establish, the inclusion of new wards in Hwange and Zaka Districts could be the reasons for lower uses of the BVIP.

The percentage of households’ still practicing open defecation is generally on the decline as shown in the Chart 13. This is a proxy indicator of the project potential to make long term impacts on the target groups. The inclusion of a new ward where project implementation had not commenced in earnest at the time of data collection could have negatively influenced the results for Hwange District.

Women as major user of WATSAN facilities are also very active in project activities. The evaluation established that the major reasons for women participation include but is not limited to:

- Forming community seedling centres (Bulilima)
- Attending WASH meetings.
- As members of water committees.
- To collect and use water.
- To gain knowledge.
- Enhance hygiene in the home.
- They are the major users.
- Men are in the Diaspora (Mangwe).
- To learn about health and hygiene.

It is encouraging to note that a high proportion of women attend WATSAN business to gain knowledge on hygiene and to improve home hygiene. Internalisation of positive health knowledge is expected to have a long term impact on community health behaviour, attitudes and practices.
5.5. Project Sustainability

DWSSCs continue to function at different levels of effectiveness across districts. Most of the Government Departments and Ministries are very active, particularly Ministry of Health and Child Welfare, Ministry of Local Government, Rural District Councils, Ministry of Lands, Ministry of Agriculture, Environmental Management Agency, Ministry of Education, Sports and Culture, Ministry of Women’s Affairs and Community Development, The District Development Fund and the Ministry of Social Welfare and NGOs also attend the DWSSC meetings. However, in some Districts DDF, Department of Social Welfare and other NGOs attendance to DWSSC business is reported erratic as shown by institutional peer rating in Chart 5.

Regular attendance and more pronounced involvement of the Rural District Council is an indicator of potential sustainability as the RDC is a critical institution with the mandate for overall development coordination and management in the respective Districts. Furthermore, the higher rating of critical departments can be used as proxy indicator that institutional capacity building is taking place. Community structures are already increasingly becoming functional, e.g. there is increased local capacity to operate, maintain and perform repairs to water supplies (Chart 9). This is a strong development for longer term sustainability provided the level of external technical and general support is maintained.

External support to District capacity building efforts must be continued. Erratic attendance or lack of active participation by critical institutions such as the District Development Fund (DFD) puts the sustainability efforts under threats.

6. Project Constraints

Although the project has made some remarkable progress in achieving planned targets a number of challenges have been encountered and these include:

- **Transport shortage** which is a major problem in all districts as Rural District Council fleets are almost repairable. Most vehicles from pre-2000 WATSAN projects are old and are costly to bring back to use. The possibly of procuring project vehicles for Districts need to be pursued. NGOs operating in the respective Districts and are better resourced have been very helpful as they sometimes provide the District Teams with transport.

- **Staff shortage** has been a problem since project inception. Like any other economic sector in Zimbabwe the WATSAN has also been affected by high staff turnover at all levels. This has negatively affected institutional memory and increases the cost of human resources development as projects keep on training staff that leave the organisation too early before they adequately compensate for the investment.

- **Late release of funds/resources** for project activities at all levels has delayed implementation of key project activities.
Some district teams feel that project management and decision making process is too centralised at National level. This hampers innovativeness at District and other lower levels.

Majority of the District project team members are Government employees who are already lowly remunerated, including very low rates of travelling and subsistence allowances. This has been detrimental to project staff morale and motivation.

**Lack of monitoring skills** for example 100% of respondents in Chegutu, 66.7% in Chipinge and 55.6% in Mangwe indicated that monitoring of field activities is usually done by NGO partners because Government Departments and Ministries do not have vehicles and financial resources. The different monitoring mechanisms employed by the different DWSSC are coping mechanisms to the difficult operating environment of resource shortages. It is expected that the DWSSC core team are assigned to monitor the program. Efforts should be directed to ensure standard procedures are followed in programme implementation, monitoring and evaluation.

Although local artisans have been trained, the major challenge is the unavailability of spare parts and tools for builders and Village Pump Mechanics. The need for ensuring local availability of spares through opportunities such as the support to local enterprise to stock spare needs to be pursued.

Most district have dilapidated office equipment including computers and printers. This makes data management and report writing problematic resulting in late or non submission of project reports to provincial and national levels.

With the challenging economic operating environment the project is operating under, most men have left the rural communities to go and fend for their families within and outside Zimbabwe. This has resulted in shortage of manpower in project works that need more energy. Furthermore, women are even overburdened as they play more central roles in project implementation.

There is growing concern that meeting projects target within the remaining time frame may not be feasible. The project management team need to explore viable strategies of meeting the targets within the project time frame or else the need for an extension of the project period may not be out of question.

There has been a general concern for late disbursement of project funds to implementing partners. Although there may be compounding reasons to the delays the ultimate result has been delays in project implementation. Furthermore, the existing funding arrangements that do not allow for direct funding to government partners are problematic.

One challenge has been the problem of unsuitable soils for brick moulding in some project areas especially in Chipinge and Hwange Districts. The project need to research on other options.

### 7. Challenges

During the first years of implementation the political and economic operating environment was hostiles. However the introduction of multi-currency has witnessed political and economic stabilization although a large proportion of the populations, particularly in rural areas, still face difficulties in accessing the United States Dollar and South African Rand. As a result community coping mechanisms remain weak whilst suppliers of basic project inputs find it difficult to recapitalize and deliver products on time.

RDCs also continue to struggle in developing their capacity with regard to human resources, repair, maintenance and replacement of transport. This has adversely affected project implementation.
The harmonized elections of 2008 brought in new teams of councillors in most RDCs who are mainly inexperienced and this has negatively affected project planning, organisation and implementation at community level.

The slow improvements in access to safe water, sanitation and hygiene service in the country continues to pose a health threat to water related diseases. The country continues to experience other cholera outbreaks which started in February 2010.

Capacity Development efforts by the project at district level continue to face challenges owing to the continued high staff turnover that has seen trained project staff leaving for greener pastures. This has also affected capacity development at sub-district level where the expected cascading of training has often taken long to roll out. The situation is compounded by high attrition of extension staff and community based artisans.

8. Lessons learnt, best practices and recommendations

8.1. Lessons learnt
Since project inception in 2006 a number of lessons have been learnt from within and outside the project. Some of the lessons learnt include:

- While water and sanitation disease related outbreaks such as the 2008/09 cholera outbreaks are emergencies which in most cases derail project implementation strategies and plans, with proper coordination, experience documentation and sharing, their severity can create important lessons, opportunities and increased interagency coordination. Opportunities for creating sustainable demand for WASH services at all levels can be derived from such emergencies. In Zimbabwe the cholera outbreak has given a rude awaken call to political leadership resulting in WASH being one of the top priorities of central Government. The challenges is for the WASH sector stakeholders to take quick advantage of this political will and ensure sustained prioritization of WASH issues at all levels, including resource mobilisation.

- Although it is traditionally agreed that the software component of the project is equally important in triggering demand at community level and therefore should be prioritized, the emerging lesson is that mobilisation and community education need to adopt approaches that created community based demand for WASH services. Demand driven as opposed to supply driven approach has a higher potential to generate community initiatives and sustainability of sanitation services delivery. Where demand has been created there is evidence of self help initiatives in provision of sanitation at household level. The increased proportion of households that have provided “some form of own sanitation facilities” (Chart 12) though not meeting national standard is a demonstration of the strengths of a demand driven approach.

- Although project rules, regulations, protocols and agreements are important for safeguarding project assets, goods and services, they should not be viewed as “cast in stone”. They must be flexible and responsive to the dictates of the project operating environment. Project flexibility in procurement procedures that allowed offshore purchase of project inputs, assisted in ensuring project implementation during times when most development focused programmes and projects were folding.

- Where there is will there is a way. Improved coordination between government and NGOs has worked and enabled project implementation under circumstances that could otherwise be viewed as impossible. At District level, coordination between poorly resourced Government Departments, communities and better resourced NGOs through the Learning Alliances have managed to register
remarkable project outputs under difficulty socio-economic conditions. This is more so when there is strong and frequent technical and moral support from national level. This provides an opportunity for sharing national experiences for improved project implementation. Regular external monitoring and support especially from EU motivated both the national and district teams to improve project management and implementation through sharing of expertise and international experiences. Programmes can therefore gain from employing multi-disciplinary team approaches where various organizations with different comparative advantages pool their expertise and experiences for enhanced programming and implementation.

- Stakeholder sensitisation and mobilisation is an important lead activity in most programming. However, the process and strategy of carrying out the mobilisation for its sustained impacts is equally important. The hierarchical approach that involved ward leadership who in turn mobilised their own communities appears to have effectively worked for the ZIMWASH project.
- Behaviour change can be induced through sustained health and hygiene education as evidenced by the proportions of people adopting proper hand washing methods and the increase in the proportion of households with hygiene enabling facilities.
- With proper awareness and mobilisation, WASH can go beyond the mere provision of WATSAN services but can impact on social relationships. With increased knowledge, communities have begun sharing WATSAN services. The project has raised community awareness and social responsibility for vulnerable members of community. This implies community preparedness to cope with the needs of the vulnerable groups. There is increased community concern and joint programming of action to solve problems related to the vulnerable through identification of beneficiaries and providing labour for construction of facilities at OVC homes.

8.2. Best practices
Although ZIMWASH project best practices are numerous, it is important to note that most of them are generic to any other project. However a couple of them are noteworthy. These include:
- Community participation in beneficiary selection that has improved local identification with the project as they are responsible for selection of trainees, committee members and project beneficiaries. The processes also ensure skills transfer at community level through participation in problem analysis and solving.
- Targeted health and hygiene education on specific health behaviours and practices on hand washing, water hygiene and hygiene enabling facilities can produced sustained impacts as the number of households that treat water before use has increased. Water treatment before drinking is recorded to have increased. This has also increased the number of people using improved sanitation facilities through local innovations such as sharing of toilets.

8.3. Recommendations
In the context of the forgoing evaluation findings and their discussions, the following recommendations are made:
- The project should prioritize livelihoods focused project in the context that one of the major challenges in all project districts is food insecurity and children, including OVCs, cannot go to school as they or their guardians cannot raise enough fees.
- In order to improve district support to project implementation, monitoring, supervision and evaluation, the Project Management Team need to explore possibilities of capacitating DWSSC through provision of vehicles, office equipment and continued capacity building through training and education. Efforts can also be made to repair the old vehicles that are available.
• The Project Management Team need to avail all the relevant project guidelines and documents at district level. Some of these documents could be made available on IWSD website so that they are readily and freely available.

• In the context of the challenges at district level, the project must consider capacitating community based structures such as health clubs and traditional leadership in monitoring community projects. Training and resources can be made available for that purpose.

• The concept and modalities of the school grant being equalled to support for one pupil per squat hole need to be reviewed with the idea of ensuring that more pupils benefit.

• Implementation of project activities needs to be synchronised so that activities that have a linear cause-effect relationship are carried out logically and consistently. Delayed in PHHE at community level may be too late for a smooth take off of other activities.

• It is recommended that the following activities be prioritised:
  ▪ Livelihoods based projects.
  ▪ Community PHHE sessions.
  ▪ Village Pump Mechanic Training.
  ▪ Household latrine construction.
  ▪ Rope pumps fitting.
  ▪ Release of funds to carry out field work on district Research areas/topics.
  ▪ Inter-district Learning Alliances for exchange and sharing of information and experiences.

• The project needs to explore strategies for private sector participation especially in provision of spares at local levels.

• Research into technical options for providing stronger building materials in areas where soils are poor in brick moulding.

9. Conclusion
It can be concluded that although project implementation is not on schedule, progress has been made project set targets are achievable with a possibility of short extension of the project period. The need for Project Management to seriously consider the recommendation herein made cannot be overemphasised.
Bibliography

a. ACP-EU WATER FACILITY ACTIONS IN ACP COUNTRIES. Detailed Grant Application Form for Non-State Actors. 9th European development Fund. UNICEF Harare September 2005


e. BULILIMA DISTRICT SUMMARY FACT SHEET ZimWASH March 2008

f. CHEGUTU DISTRICT SUMMARY FACT SHEET ZimWASH March 2008

g. CHIPINGE DISTRICT SUMMARY FACT SHEET ZimWASH March 2008

h. HWANGE DISTRICT SUMMARY FACT SHEET ZimWASH March 2008

i. MANGWE DISTRICT SUMMARY FACT SHEET ZimWASH March 2008

j. ZAKA DISTRICT SUMMARY FACT SHEET ZimWASH March 2008


m. ACP EU Water Facility Project Knowledge, Attitude, Behaviour and Practise Study Report Chipinge District UNICEF Harare 2007


r. Mvuramanzi Trust Annual Report 2009

s. Mvuramanzi Trust Annual Report 2008

49
Annex 1: Mid-Term Evaluation Terms of Reference

TOR for ZimWASH Mid Term Evaluation

Terms of Reference for Evaluation, Consultant/Consultant Team
(Duration: 4 Weeks)

1. Background of the ZimWASH Project

Goal of the project
“To strengthen the capacity of civil society and local government in Zimbabwe to provide sustainable integrated Water, Sanitation and Hygiene services that address the needs of the rural poor, especially those of people infected and affected by HIV/AIDS”.

Objectives

1. To directly improve the health and livelihoods of 1 000 000 disadvantaged people, particularly people infected and affected by HIV/AIDS and Orphans and other Vulnerable Children (OVC), through sustainable infrastructure provision for improved multiple use water services, sanitation facilities and hygiene education.

2. To generate and share information on appropriate technologies and methodologies, including guidelines and tools, that will allow sector agencies, especially civil society and local government, to better develop and support the management of sustainable multiple use water services, sanitation and hygiene in the context of HIV/AIDS.

3. To develop the capacity of civil society, local government institutions, community based organizations and households in the planning, implementation, management of and support to rural multiple use of water, sanitation and hygiene services.

Project implementation
This project follows a phased approach. In first instance a establishment of national level learning alliance to get buy-in of all national stakeholders. Then, in all the districts, local level learning alliances established between the NGOs in districts and the Rural District Councils and communities using existing development structures. action research also takes place, which feeds into the learning alliance at both levels.

Target group for the Project
The project targets 6 priority districts selected on the basis of Basic Social Services (BSS) classification and child and adolescent population according to the Poverty Assessment Study Survey (PASS) of 1995 and projected district populations based on the 1992 National Census. These districts are part of the 18 UNICEF convergence districts for impact selected on the basis of indicators such as access to water and sanitation, health, nutrition, and literacy and access to education.

Specific target groups

- Poor women, men and children in communities in the 6 districts.
- Civil society organizations
- Rural District Councils (RDCs)

2.0 AIM OF THE EVALUATION

Objectives of the evaluation

To evaluate specific activities under ZIMWASH and should consider the objectives, results and indicators as outlined in the logframe of the project. It should be undertaken as an examination of the Baseline KABP
assessments. Capacity assessments, hardware and software activities employed by the ZIMWASH project. The evaluation should examine the standard and quality of goods and services generated by the project in the opinion of the beneficiaries and other key stakeholders.

(i) Determine whether the objectives, outcomes as stated in the logical framework were achieved as planned in quarterly plans;
(ii) To document the success, gaps, and identify lessons learnt
(iii) To provide recommendations for future operations so as to show how to sustain the efforts towards increased water supply, sanitation and hygiene in Zimbabwe
(iv) Assess the ZimWASH consortium’s role and performance as implementing partners. This will take into account coordination, effectiveness and efficiency.
(v) To measure and state progress in attaining the goals of the project.

Specifically examination of the following aspects should be done:
1. Changes in context and implementing environment.
2. Qualitative and quantitative outputs achieved in relation to the inputs.
3. Measure the extent to which an activity achieved its purpose
4. Investigate the level of involvement of and accountability to beneficiaries
5. Coverage
6. Sustainability:
7. Lessons learned and extent to which past lessons or recommendations have been fulfilled

3.0 Suggested Methodology
- Review of project documentation
- Field visits
- Interviews
- Data Collection

5.0 Expected output and timeframe

It is estimated that the consultancy will be completed in 6 weeks, including preparation and report writing. The final report will be disseminated to stakeholders in the 6 districts in written form as well as through the final lessons-learnt.

Deliverables:

The consultant is expected to produce the following:
- Align and review the tools to the TORs.
- Assist in data collection where appropriate.
- Supervise data entry and cleaning.
- Lead in data analysis.
- Produce an evaluation report.

Reporting:

Draft report should be submitted not latter than……days before the end as agreed by the contract……

The report shall have a maximum length of 50 pages including the executive summary, findings, conclusions and recommendations.
Profile of evaluator or evaluators.

6.0 Consultant’s Proposal

Proposals should include:

- Proposed detailed methodology of evaluation and tentative work-plan
- Description of outputs
- Detailed financial proposal (travelling and accommodation costs will be covered separately by IWSD)

Key person specification

The evaluation will be conducted by one professional (or a team including international and local staff) with the following experience and skills:

- Fluency in English
- Relevant work experience in humanitarian relief
- Relevant evaluation experience of humanitarian aid programmes, including with participatory evaluation methods with beneficiaries
- Ability to work respectfully with national NGO partners

Desirable:

- Experience of working with rural communities and national NGOs
- Experience, knowledge and clear understanding of Zimbabwe’s water and sanitation needs