ANCP CHIVI WASH ENDLINE SURVEY REPORT

Australian Aid NGO Cooperation Programme (ANCP)

Putting Woman and Girls at the centre of improving Water, Sanitation and Hygiene (WASH) and Health Projects

Chivi District, Zimbabwe

March 2017

EXECUTIVE SUMMARY

The Chivi ANCP funded water, sanitation and Hygiene (WASH) project was implemented under the backdrop of deteriorating WASH conditions in Zimbabwe's rural communities that culminated in the 2008/9 cholera outbreak which affected both urban and rural populations. Despite significant improvements in the humanitarian conditions in the country, challenges continue to exist in the delivery of basic social services such as education, water, sanitation and health. The main shortcomings have mainly been attributed to supply / subsidy based sanitation interventions. The Chivi WASH project is in line with the Ministry of Health and Child Care National Sanitation and Hygiene Strategy that outlines key focus areas and strategic actions to ensure that Zimbabwe achieves zero open defecation through Demand –Creation based on behavior change and community managed approaches for sustained elimination of open defecation. The goal of the project is stated as: *Increased equitable and sustainable access to and use of safe water supply, improved sanitation and improved hygienic practices among the rural population of Chivi district*.

In February 2017, Care International in Zimbabwe commissioned Vibes Consultancy to conduct an end-line evaluation of the project implemented during the period 2014 to 2017 in ten Wards of Chivi District. The evaluation is expected to contribute to both strengthening accountability of Care International in Zimbabwe for its donor, key stakeholders including beneficiaries, and to learn from this experience to inform future WASH projects. Key evaluation questions have been guided by Development Assistance Committee (DAC) Criteria for development evaluations with special focus on project relevancy, efficiency, effectiveness, sustainability and impact of the project. This report therefore documents key findings of the evaluation as well as lessons learnt and recommendations useful in guiding implementation of future projects in the sector.

In carrying out this evaluation, the consultants applied participatory, qualitative and quantitative methods to collect data relevant for addressing the evaluation questions. Specific methods include; review of secondary documents, focus group discussions (FGDs), key informant interviews, administration of 396 household questionnaire interviews, field observation and inspection of water, sanitation and hygiene enabling infrastructure.

Key Findings

Context

The project commenced during a period of high food insecurity as a result poor rainfall patterns. With the project advancing a demand-led approach to delivery of sanitation, a departure from the traditional supply driven approach, the project was bound to face challenges in gaining community support. In addition, the yearly funding of project activities meant that it was not possible to set performance targets covering the whole implementation period. Funding availed each year determined what activities could be carried out and the project coverage. Consequently, 5 wards were supported since 2014 while implementation in the other 5 additional wards commenced at the end of 2015. Some activities such as drilling of new boreholes were conducted in the first five wards but not in the later 5 wards.

Relevancy

The project has been designed with due recognition given to enabling national and district level policy frameworks governing the WASH sector. This has been comprehensively articulated in project documents. Through FGDs, communities conceded that the project was quite relevant

to their circumstances. Their surrounding bushes had become impassable, unsightly and unpleasant due to open defecation. The project strategy was also appropriate as communities realized the potential that existed within their communities to transform their circumstances.

Effectiveness

The collected data indicated that the project was effective in achieving its set out objectives of ensuring that

i) *individuals, residing in school catchments have sustained and secure access to water and sanitation services and sustained hygienic behaviours*- Access to safe water was given to 50 377 people and 94% of the households reported using safe water sources. About 24 373 students in the 44school were also given access to safe water. Sanitation access was given to about 40 000 people and field data indicated that 98% of the households have access. Hygienic practices within homes were improved as evidenced by 97% and 100% having refuse pits and pot racks respectively. All 44 schools had functional hand washing tanks. The achievements were possible through making the communities responsible for their own development

ii) *Community and local institutions in 10 wards in Chivi District are responsive to women's and girls' needs and priorities and accountable in upholding their rights*- Both communities and schools ensured responsiveness and accountability through making women and girls the majority of the members in the committees that drove WASH issues. Woman made up 70% of SAGs which were driving the implementation of sanitation and hygiene programmes in their villages whilst girls made up to 75% of the club members at schools. The SDCs tasked with running the school development programmes made of 54% women and they were trained to be sensitive to girls needs in the planning and implementation of school developments resulting in construction and equipping of girl friendly latrines.

iii) *The Chivi District Water and Sanitation Sub-committee has improved capacity to deliver effective and gender-inclusive WASH services*- DWSSC was given capacity in gender inclusiveness and the gender dimensions were cascaded to the ward and village structures through which the programme was implemented.

Efficiency

The project had utilised 82% of its budget as of end of January 2017 and the expected outputs were completed. Care worked efficiently with a lean staff of 5 full time employees to deliver the outputs through use of the government staff members already employed to do WASH activities which Care was facilitating. DWSSC and WSSC members implemented the project at district and ward level respectively. At village level community volunteers through various committees lead by the village head were responsible for implementation. Both the government workers and community workers performed tasks at no direct costs to the project. Save for water supply where hardware financing was made, the project largely resourced activities related to software and the subsequent outputs were from the community members financing and use of local resources. All these factors were responsible for efficient utilisation of the project funds.

Impact

Comparison of baseline and end of project situations shows that the project had a big impact to the communities. In terms of water supply, there has been a notable increase of households accessing safe water sources from a baseline proportion of 69% of households to 94% of households having access to safe and protected sources of drinking water. The proportion is

significantly higher in Old wards (98%) compared to new wards (90%). This is attributed to new boreholes being drilled and some broken down boreholes being rehabilitated. In terms of distance travelled to safe water sources, the change has been minimal when compared to baseline data. About a third of households interviewed were still travelling more than one kilometer to the nearest safe and protected water source.

In terms of water treatment, 13% of households in the Old Wards treated their water, but at end of project the proportion of households treating water decreased to 7%.In New Wards, there has been an increase in the proportion of households treating their water from 3% at baseline to 20% of households at the end-line. This data is aligned to availability of water sources. In communities served by protected water sources there may not be need for treatment. There has been a dramatic shift from using unsafe methods of water storage at baseline to using safe methods at endline. At baseline only 7% of households used safe methods (i.e. containers with lids) and at the end of the project, over 90% of households in both Old and New wards turned to using safe methods.

Sanitation: Human excreta disposal

The project was highly successful in improving sanitation conditions in targeted communities. Open defecation was completely eradicated in Old wards while just one percent was still using the bush among households in New wards. This is against a background of 45% and 37% of households in Old and New wards respectively practising open defecation at baseline. While about 49% had own toilets at the start of the project, there was a dramatic increase to 97% of households (in Old and New Wards) having their own toilets by the end of the project. For households that built their toilets before 2014, about 29% did some modifications to their toilets (25% Old Wards and 33% in New Wards). This included adding fly screens, toilet roofs and vent pipes.

A notable improvement was also recorded in hand washing practices at critical times with most respondents (97%) washing their hands after defecation. However, the proportion of respondents washing their hands before feeding children and after changing baby nappies remained low at 10% or less before the project and at project end-line. Over 90% of respondents demonstrated correct methods of hand washing at the end of the project compared to 10% and 15% of households in Old and New wards respectively at project baseline. A phenomenal increase in hygiene enabling facilities, that include pot racks and rubbish pits, was also recorded during the end-line evaluation for both Old and New Wards. With improved sanitation diarrhoea cases reduced from a baseline of 31% in Old wards to 8% at project end-line evaluation, and from 22% of households in New wards at baseline to 2% of households at the end of the project.

Sustainability

The project was implanted through the structures of government from district to the village setting good ground for continuation of its benefits after project life span. The project's support of local leadership structures also contribute to continuity of project strategies even after the end of the Project. All the government workers were capacitated with the skills they needed to carry on with the work. However besides the presence of capacitated key personnel and leadership support the sustenance of the project benefits also depends on sustaining the following systems that brought about the positive changes in the target areas: 1) Monitoring Systems, 2) Supply of technical expertise, 3) Supply of materials, 3) Funding systems, 4)

Regarding of Good Hygiene practises as a social norm, 5) Organised competition and recognition and 6) Enforcement of local constitutions

Lessons Learnt

The project was one of the pilot programmes in putting women at the center of WASH agenda and as such provided many lessons for rural WASH programming. It is important to note that the project was successfully piloted during a period when rural communities in Chivi were experiencing high food insecurity as a result of poor rainfall patterns. These following key lessons learnt should be seriously considered for all future programming.

a) *Active multi-stakeholder participation:* The active engagement and participation of stakeholders at national, provincial, district, ward and village levels, in all stages of the project cycle (including design, implementation and M&E) is critical for the success of development interventions.
b) *Action Oriented Knowledge Dissemination*: With focused training oriented towards behavior change and direct application of lessons learnt, communities are prepared to make investments leading to improved sanitation conditions (ODF environments) with limited or no subsidy from external agencies.
c) *Participatory Project Monitoring, Accountability, Peer Review and Feedback Mechanism.* The project established/ strengthened structures that enhanced participatory project monitoring at the different levels (from village to district levels). This also ensured accountability among different stakeholders and across different levels of project management.
d) *Clear articulation and understanding of communal and individual costs and benefits is crucial for community collaboration in development interventions:* For villagers to work together to improve their communities' sanitation and hygiene conditions, an understanding of both individual and communal costs and benefits is a pre-requisite. This has resulted in community members combining resources to assist some vulnerable households (elderly, widowed or disabled) within their villages to construct household latrines.
e) Performance based rewards and recognition systems enhance the achievement of desired targets:
f) Empowerment of girls and women critical for the maintenance of WASH structures.
g) Identification of key individuals to champion the cause of the project is useful in reaching out to critical groups in society for adoption and replication of project strategies.

Recommendations

The Rural WASH sector in Zimbabwe stands to draw a lot of lessons from the ANCP Chivi WASH Project, a pilot intervention for demand led provision of sanitation and hygiene services for rural communities. It is a key recommendation by the Consultant for Care and partners to conduct a comprehensive documentation exercise for the project highlighting key structures, processes, challenges, successes and lessons learnt. This will be important in guiding future or on-going interventions in the sector. However based on information gained from the survey specific recommendations for each of the four thematic areas are discussed.

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ACRONYMS

AIDS	AIDS Acquired Immune Deficiency Syndrome
ANCP	Australian Aid Non-Governmental Cooperative Partnership
BVIP	BVIP Blair Ventilated Improved Pipe latrine
CHCs	Community Health Clubs
DA	District Administrator
DDF	District Development Fund
DEHO	District Environmental Health Officer
DWWSSC	District Water Supply and Sanitation Sub-Committee
EHT	Environmental Health Technician
GoZ	Government of Zimbabwe
HBC	Home Base Care
HH	Household
HIV	Human Immunodeficiency Virus
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MoHCC	Ministry of Health and Child Care
NGO	Non- Governmental Organization
ODF	Open Defecation Free
PHHE	Participatory Health and Hygiene Education
PPP	Public Private Partnership
SAG	Sanitation Action Group
SaFPHHE	Sanitation Focused Health and Hygiene Education
SPSS	Statistical Package for Social Sciences
RDC	Rural District Council
TOR	Terms of Reference
VHW	Village Health Worker
WASH	Water Sanitation and Hygiene

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- Care staff
- WSSC members for the wards visited
- Community members for the wards visited
- Staff members and SDC for schools visited
- Enumerators

1.0 INTRODUCTION

1.1 Background

Zimbabwe was signatory to the Millennium Development Goals (MDGs) which set out goals to be attained between 2000 and 2015. Goal 7 intended to reduce by half the number of people without access to both safe water and sanitation by the year 2015. (The MDGS have since been replaced by the Sustainable Development Goals). Zimbabwe then set its own target at 100% access for both water and sanitation. Despite the government commitment to meeting the MGDs access to WASH services deteriorated mainly due to the harsh economic environment. The regression in WASH services was evident in 2008/2009 period when about 4300 people countrywide died from the Cholera epidemic. The spread of the epidemic was related to poor WASH services. The high number of deaths signalled an urgent response to the WASH challenge to avert further loss lives.

In response to the challenge Care International in Zimbabwe, in partnership with Chivi Rural District Council (RDC) with funding from Care Australia has been implementing a WASH project termed; "*Putting Women and Girls at the center of WASH and Health in Chivi district"*. The funding which Care Australia availed to Care Zimbabwe was obtained from the Australian NGO Cooperative programme (ANCP) and other private and charitable organisations including Thank You. The project is hence commonly referred to as the *ANCP Chivi WASH Project*. The overall goal was to impact two categories of vulnerable women and children namely; (i) Rural and vulnerable girl children between the ages of 10-19 with limited choices and at high risk of early marriage, pregnancies and HIV and AIDS, and (ii) Poor rural women in female headed households unable to fully exercise their rights and residing in areas dependent on agricultural activities.

The intended outcomes were that:

- Individuals, residing in school catchments have sustained and secure access to water and sanitation services and sustained hygienic behaviours
- Community and local institutions in 10 wards in Chivi District are responsive to women's and girls' needs and priorities and accountable in upholding their rights
- The Chivi District Water and Sanitation Sub-committee has improved capacity to deliver effective and gender-inclusive WASH services.

These outcomes were to be achieved through four thematic areas as highlighted in Box 1.

Box 1: Thematic Areas for ANCP Chivi WASH Project

1) *Rehabilitation of WASH Infrastructure in 10 wards of Chivi District.*
2) *Demand Led Sanitation and Hygiene in 10 wards of Chivi District.*
3) *Public Private Partnership for Operation and Maintenance.*
4) *WASH Sector Monitoring, Gender and Governance.*

The project began in October 2013 although field activities started in January 2014. The project commenced implementation with 5 wards (2, 4, 5, 6 and 7) but these were later increased to cover 5 more wards (1, 3, 8, 10 and 15) as more funding became available. The first 5 Wards are termed the Old wards whilst the additional wards are referred to as New Wards. The thematic areas and scope across these two categories remained the same. In line with the project commitments in the 2017 Plan an End of Line Survey was commissioned through Vibes Consultancy Services. The objectives of the End Line Survey as started in the Terms of Reference (TORs) are:

- To assess the extent to which the project has contributed to broader development results at the sub-national level, and lessons learnt that will allow the replication and scaling up of the interventions.
- To draw operational recommendations and lessons learned for further improvement and enhancement of relevant sector policies, plans, strategies through analysis of the factors contributing to the success or failure of the project.
- To provide strategic guidance to CARE International In Zimbabwe WASH sector in determining its focus areas of support to relevant ministries in WASH under the current country programme in addressing critical WASH issues
- To demonstrate achievements of the Rural Wash Project
- To provide credible data to ascertain the impact of the project
- Improve institutional framework to sustain rural WASH in the long term;
- To demonstrate successful strategies

The Survey was based on Relevance, Effectiveness, Efficiency, Impact and Sustainability as given in the TORs.

1.2 Methodology

The evaluation applied a mixed method approach to data collection and synthesis. This included application of participatory, qualitative and quantitative approaches over a wide range of primary and secondary data sources. The survey was carried out through the guidance of Care Zimbabwe and Chivi DWSSC who are the key stakeholders for the project. Whilst women and children constitute the main targeted project beneficiaries, the evaluation also assessed the structures that support these from the district, ward and village levels including the households and schools serving the targeted population groups. To establish project impact a comparison is drawn between baseline, and end-line indicators. The main methods used in data collection include document review, key informant interviews, focus group discussions, personal observations and household questionnaire interviews.

Document Review

This involved collection and review of documents such as project framework, Annual Plans, Care Gender policy documents, baseline report, Mid Term Evaluation Report, progress/monthly reports and Monthly progress tracker. In addition, a review of national level documents governing the sector such as the National Water Policy, Sanitation and Hygiene Strategy and Zim Asset document has been conducted.

Key Informant Interviews

The key informants included, Care programme personnel, district level officials from Ministry of Education and Ministry of Health, Environmental Health Technicians (EHTs), School heads, Health Coordinators, Women builders and shop owners.

Focus Group Discussions

A total of 16 focus group discussions (FGDs) were conducted with stakeholders and beneficiaries at district and ward levels. These included DWSSC, Ward leadership (that included Village heads and WSSC members), Sanitation Action Groups (SAG), Water Point Committees (WPC) and artisans (Pump-minders and builders). At the school level, discussions were held with School Development Committees (SDCs) and members of school health clubs.

Personal Observations

The evaluation team conducted some observations of the WASH infrastructure at ward, school and household levels. This included household and school toilets, water points, containers for cooking and drinking water, washing facilities, refuse pits and pot racks.

Household Questionnaire

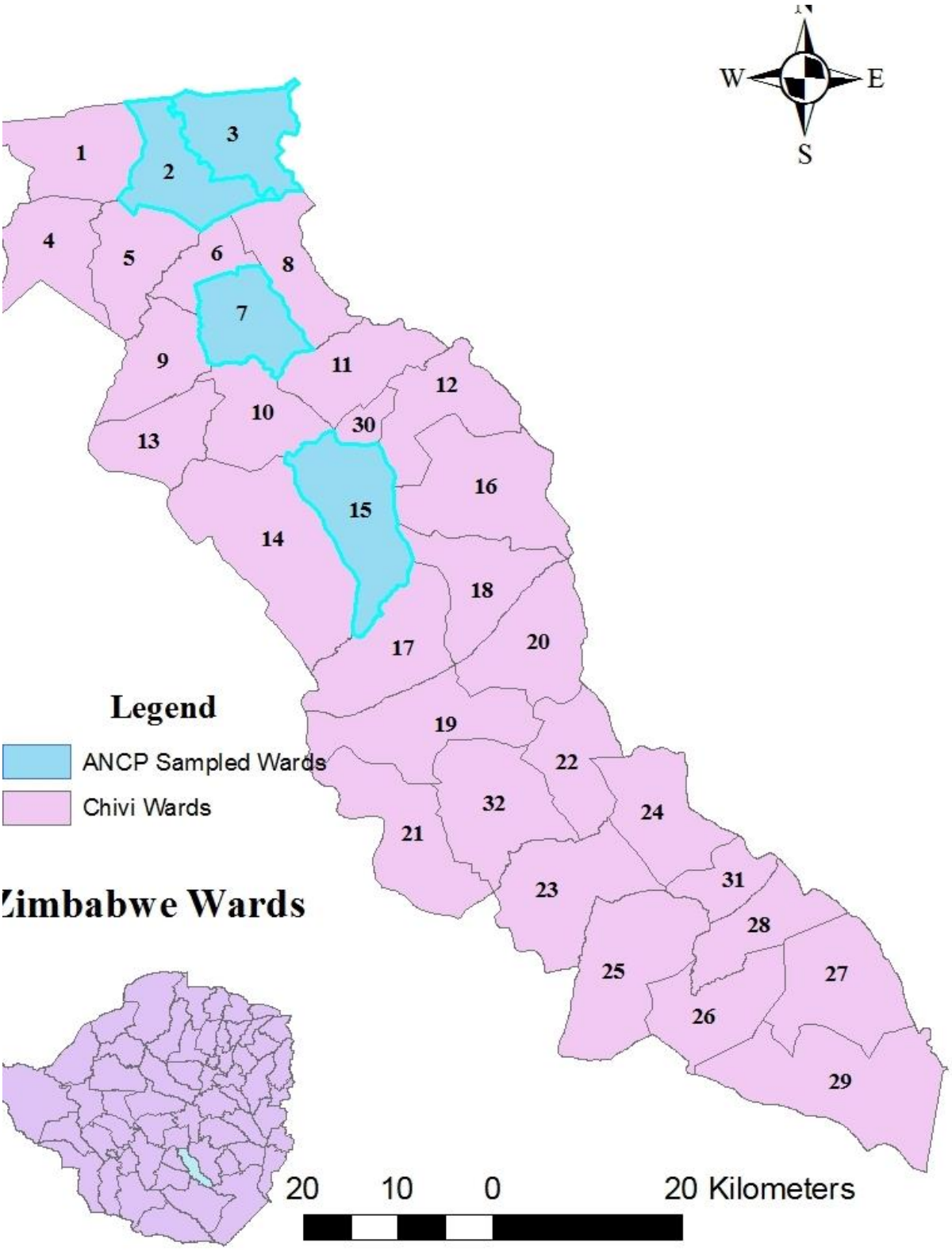
A structured household questionnaire was administered in four wards (2, 3, 7 and 15 which are highlighted in Fig 1 on the next page) by six (6) trained enumerators. Two of the wards (2 and 7) are old wards where implementation started in 2014 while the other wards (3 and 15) are new wards where implementation started in 2016. In each ward, six villages were randomly selected for the administration of the questionnaire. In each ward 96 questionnaire interviews were targeted with a total of 384 questionnaires for all the four wards. Table 1 below shows the number of respondents disaggregated by gender per ward. A total of 396 respondents (103% of target) were interviewed.

Table 1: Number of Respondents by Ward

Ward	Number of Respondents		
	Male	Female	Total
2	23 (24%)	72 (76%)	95
3	29 (29%)	72 (71%)	101
7	24 (24%)	77 (76%)	101
15	24 (24%)	75 (76%)	99
Total	**100 (25%)**	**296 (75%)**	**396**

Three quarters of the respondents (75%) where female. This was not by design but may be a reflection of the key gender group that is commonly available within rural communities. This also underscores the relevance of project targeting; women and girls as being at the centre of rural WASH activities.

Figure 1: Chivi District Map Showing Sampled Wards for End-line Evaluation

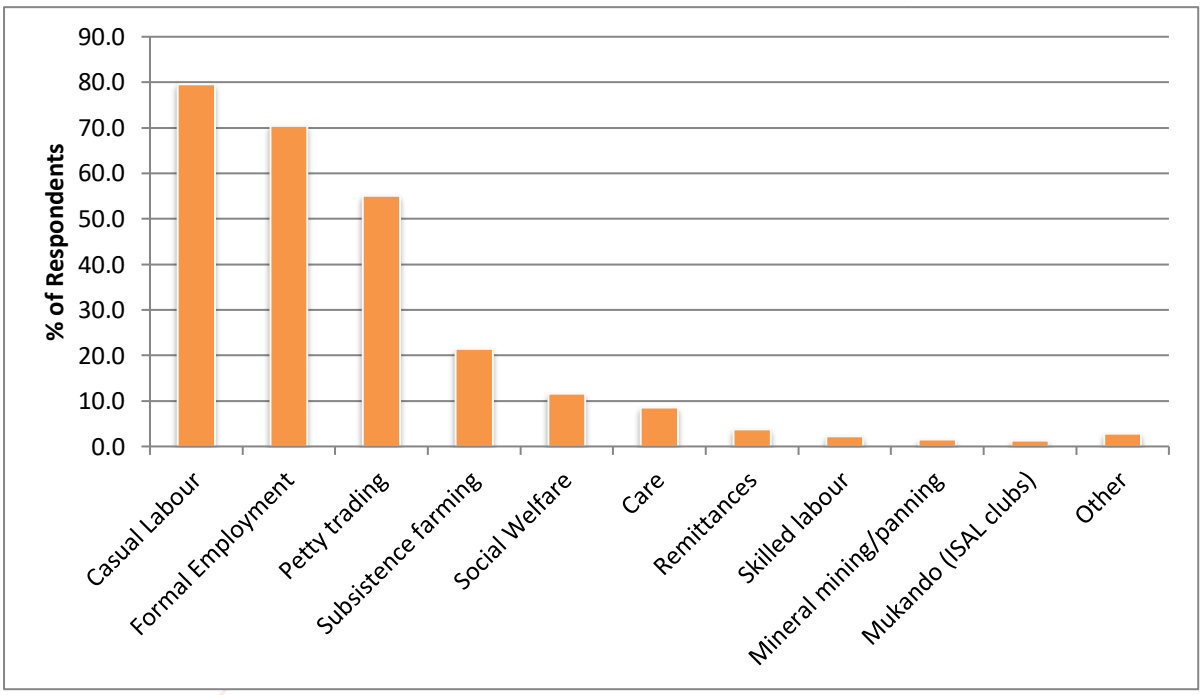


2.0 KEY FINDINGS

2.1 Context

The project commenced during a period of high food insecurity due to poor rainfall patterns. With the project advancing a demand-led approach to delivery of sanitation, a departure from the traditional supply driven approach, the project was bound to face challenges in gaining community support. Over the years, handouts from government and non-governmental organisations have played a critical role in alleviating food insecurity among rural households in Chivi district. Figure 2 shows key livelihood strategies for the households in the areas of study.

Figure 2: Livelihood Activities and Proportion of Respondents



Households are largely dependent on casual labour, formal employment, petty trading and subsistence farming. About 12% and 9% of respondents regard social welfare and Care respectively as some of their key sources of livelihoods.

The yearly funding of project activities meant that it was not possible to set performance targets in advance. Funding availed each year determined what activities could be carried out and project coverage. For instance, initial target of the project was 5 wards. With more funding having been secured, the project expanded to additional five wards with almost similar

activities but not necessarily at the same magnitude. One example being the drilling of new boreholes; drilling was provided for in the old five wards but not the new wards. This was to do with availability of funding.

2.2 Relevance

The project has been designed with due recognition given to enabling national and district level policy frameworks governing the WASH sector. Project relevance to national and district level policies, plans and objectives has been well documented during the mid-line evaluation. Focus group discussions (FGDs) at the community level further emphasised the significance of the project in improving the living conditions of rural households. While at project start up some communities had been slow in embracing the demand led strategy having been used to hand outs, participants at FGDs conceded that the project strategy was necessary as this opened their eyes on the latent capacity they have to improve their living conditions.

"When the project started, it looked as though it was not necessary. But with the passage of time, there was great appreciation of project strategies from the community". Said one FGD participant in Ward 3.

Besides realising what they are able to do with local resources, issues of restoration of personal dignity were highlighted. This was not going to be possible with rampant open defecation. This practice, besides specifically polluting water bodies, had resulted in unsightly and unpleasant environments making it difficult for one to walk freely across the bushes. All these factors meant that the project was very relevant to address pertinent issues affecting the communities, households (women and girls in particular). At one FGD, one elderly woman indicated the building of toilets also contributes to reduction in rape cases which could be exacerbated by open defecation (OD).

2.3 Effectiveness

The survey sought to establish the extent to which the project met its planned objectives as measured by the indicator defined in the monthly project tracker. The targets reported are a combination of what was done over the whole project period (up to January 2017) though the setting of targets was done annually. The setting of targets for the project has been on an incremental basis largely guided by available financial resources.

2.3.1 Objective 1: 41,889 individuals (53% women), residing in 44 school catchment areas have sustained and secure access to safe water and sanitation services and sustained hygienic behaviors.

This first objective was achieved through rehabilitation of WASH infrastructure, demand led sanitation and hygiene as well public private partnerships (ppps) and thus the extent of its achievement are discussed through achievements made in improving access to water, sanitation and hygiene and private sector involvement.

Access to Safe Water

The project has made notable contribution towards improved access to safe water for cooking and drinking. Table 2 shows progress made as measured against outcome indicators. Drilling of new boreholes (21) and rehabilitation of water points (161) contributed significantly to improved access to safe water.

Table 2: Project Performance as measured against key indicators

Key Indicators	Performance Against Targets					
	Target		Number Achieved		% Achieved	
% of people accessing safe water source in target communities	100%				94%	
% of population travelling more than 1 km to fetch water	60%				35%	
Number of water points/boreholes repaired or rehabilitated.	69		161		233%	
Number of boreholes Drilled	21		21		100%	
Number of people provided with increased access to safe water	**Target**	**Achieved**	**Male**	**Female**	**Girls**	**Boys**
	17,250	50,377	7,978	10,668	16,693	15,038

Although field data showed that a 100% target of people accessing safe water in target communities was not met, commendable progress (94%) has been made. Table 3 shows key sources of water for cooking and drinking by proportion of respondents. The data shows that

old wards (2 and 7) are comparatively better off than new wards in terms of access to safe water for cooking and drinking probably because of drillings which were done in addition to the rehabilitations.

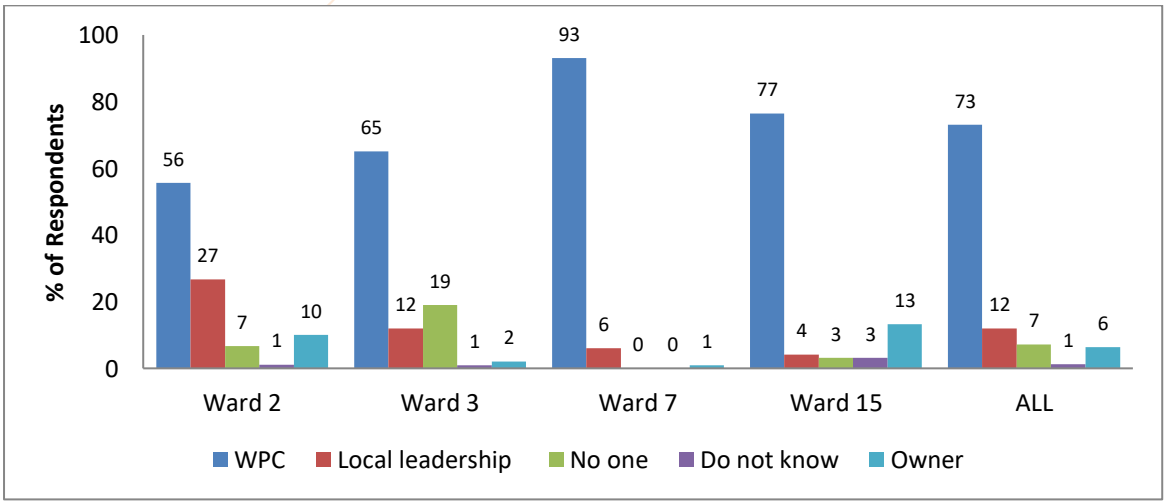
Table 3: Percentage of Respondents by Source of Water for Cooking and Drinking

Source of Water	Ward 2	Ward 3	Ward 7	Ward 15	ALL
Borehole	84.20	78.20	98.00	63.60	81.10
Protected Well (Individual)	11.60	4.00	2.00	19.20	9.10
Protected Well (Community)	0.00	0.00	0.00	12.10	3.00
Tap /Piped water at household	1.10	1.00	0.00	0.00	0.50
Protected Spring	0.00	0.00	0.00	1.00	0.30
Total (%) Accessing Safe Water	***96.90***	***83.2***	***100.00***	***95.90***	***94.00***
Unprotected well, Irrigation Canal, Pond, Dam, River	1.10	13.90	0.00	3.00	4.50
Unprotected Spring	2.10	0.00	0.00	0.00	0.50
Sand Abstraction	0.00	3.00	0.00	0.00	0.80
Other, specify	0.00	0.00	0.00	1.00	0.30

Management of the Water Sources

Good water management is important for continued access to safe drinking water by households within a given community. The endline survey noted that Water Point Committees (WPCs) is the main structure controlling access to water followed by the local leadership. Figure 5 shows the main leadership structures controlling access to water.

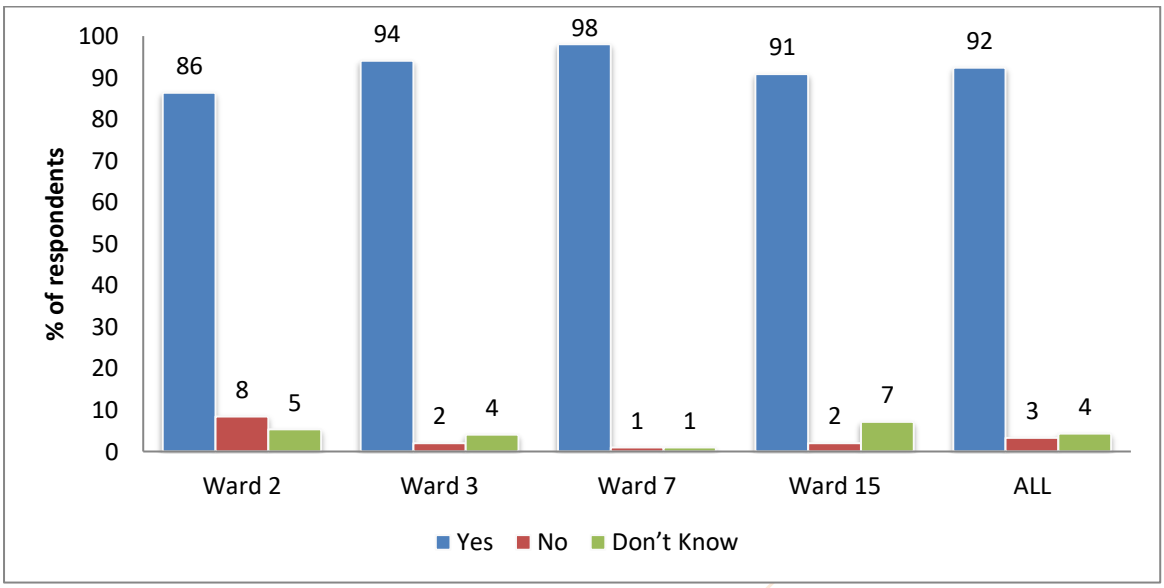
Figure 3: Who controls access to water by proportion of respondents



A significant proportion of respondents in Wards 3 (19%) and Ward 2 (7%) indicated that there was no one controlling access to water in their areas. This may have implications on the

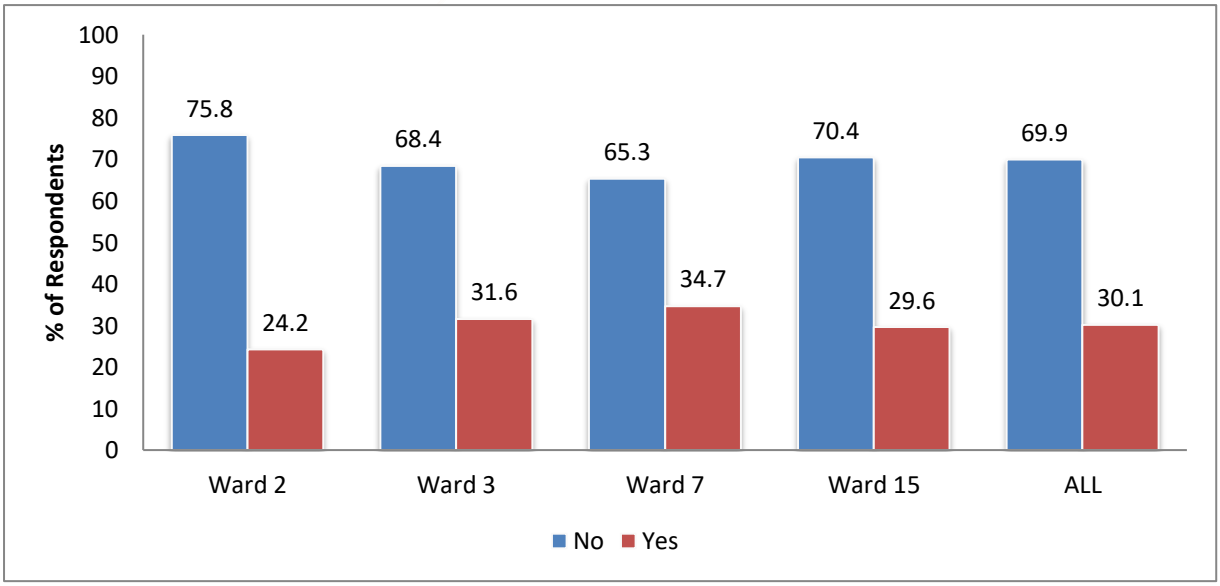
operations of established/ strengthened WPCs. In Ward 2 about 8% of respondents did not know that there was a WPC in their area (Figure 6).

Figure 4: Knowledge about the availability of WPC by proportion of respondents



Effective control of access can only take place where there are enforceable rules and regulations. The respondents were asked if they knew any water collection regulations. Figure 7 shows that almost a third (30%) of all respondents across the four wards indicated that there were no regulations.

Figure 5: Availability of water collection regulations by proportion of respondents



Schools water Supply

The project managed to drill (6) and rehabilitate (33) water points which are used by schools resulting in 24 373 students having access to safe water. The water points accessed by schools were managed by WPC with representation from the school and from communities if sharing of the water source was done.

Picture 1: Dewe Primary School Water Point (Ward 15)

Access to Sanitation

This section focuses on progress made on sanitation and hygiene at community/household and school levels. Table 4 highlights project performance on key sanitation and hygiene indicators. The project met or exceeded its targets in over 75% of the sanitation and hygiene indicators. The only exception, where at least 80% of the targets have been met, is on indicators pertaining to establishment/strengthening of Community Health Clubs and the number of people provided with basic sanitation services through hygiene promotion activities.

Table 4: Performance against key sanitation and hygiene indicators

Key Indicators	Performance Against Targets						
	Target	Achieved	Male	Female	Girls	Boys	% achieved
Number of students provided with sanitation facilities	18,314	18,511	369	463	8632	9047	101
Number of villages triggered for ODF	230	230					100
Number of villages achieved ODF status	100	133					133
Number of SAGs formed and strengthened	230	230	483	1127	0	0	100
Number of EHTs/extension workers/facilitators trained at ward/community level on SaFPHHE	30	66	39	27	0	0	220
Number of Community Health Clubs (CHCs) established/strengthened	70	65	72	1758	0	0	93*
Number of SDCs established/strengthened	44	44	138	189	0	0	100
Number of health teacher/master trained on PHHE/ODF-TOT etc.	88	88	44	44	0	0	100
Number of school clubs formed/strengthened	44	44	47	52	748	616	100
Number of people provided with basic sanitation services through self built latrines	42 613	37 710	-	-	-	-	88
Number of people provided with basic sanitation services through subsidised latrines	1388	1650					119%
Number of people provided with basic sanitation services through hygiene promotion activities.	53 111	46 227	8 783	9708	14330	134	87%

Number of people with increased knowledge of hygiene practices	53 111	46 227	8 783	9 708	14 330	134	87%
Number of people with hand washing facilities and soap or ash/other cleaning substances in their household.	53 111	46 227	8 783	9 708	14 330	13 406	87%

Household Sanitation and Hygiene

The project achieved improving access to households within its target areas. The project managed to introduce demand led sanitation and hygiene through training of 66 extension workers who in turn triggered all the 230 villages within the 10 wards. These triggering resulted in the formation of Sanitation Action Groups (SAGs) which facilitated both hygiene awareness and creation of community health clubs. As of January 2017 133 villages had been certified as ODF free and about 40 000 community members were given access to sanitary facilities self-built and subsidised facilities. Discussions with both community members and extension workers indicated that more villages were now ODF free but were still awaiting certification. About 42 613 people (representing 87% of target) from residents of the 10 wards were given access to hygiene knowledge through the village Sanitation Action groups which moved through every household in the community spreading hygiene knowledge.

Field Observations showed that 98% of households were disposing their excreta into a toilet. Furthermore 97% and 100 % had pot racks and refuse pits respectively which are all evidence of improved hygiene.

The project managed to achieve these milestones because it placed the responsibility of achievement of the communities and encouraged innovation among them to produce desired results at least cost. For example communities were introduced to the one bag model (uBVIP) which provided safety for the below ground allowing incremental development for the superstructure. Some of the innovations for superstructure included use of empty scud bottles as vent pipes and use of local available materials like grass as materials for the superstructure.

Sanitation access was also given to 1650 vulnerable members of society through cement and wire subsidies. The vulnerable members provided for the rest of the materials through their either own resources and/or from assistance from other community members. Village heads

facilitated the assistance from other community members. In the case of Gogo Chimbunde a 77 year old grandmother of ward 7, her own goat was sold to pay for the bricks. She went on to make a toilet seat using clay so that she could use the toilet with easy.

Picture 2: Well maintained toilet with tippy tape (Ward 2)

School Sanitation and Hygiene

Access to sanitation was also achieved within schools where 120 squat holes consisting of 44 disabled toilets, 44 girl friendily toilets, 12 staff squat holes and 108 for pupils. The girl friendlily toilets gave access to 8 632 girls from the 44 schools. According to DWSSC all the schools in the 10 wards have now achieved the squat to pupil ratios which are required by the ministry responsible for education.

The project also brought improved hygiene through the formation of 44 health clubs at both primary and secondary schools. The formation of the clubs was led by the 88 teachers who were trained by the project. In addition to the clubs the teachers facilitated good hygiene through leading the sewing of rumps for use by girl children within the schools. Hygiene within

schools was further enhanced by building a hand washing tank at each of the 44 schools, digging of refuse pits and installation of pot racks at the teachers' cottages. Separation of waste was encouraged within the schools by having three pits (decomposable, plastics and bottles/cans). However the visits made showed that the lining of pits was not consistently done by the schools. The club members perform poems, dramas within their club and are given opportunities to present these at either community events or at school assembly. These have been instrumental in leading keeping of hygienic environments at the school.

Observations made at each of the schools indicated that the tanks were being used to wash hands by the pupils after toilet use. However soap was not available at the washing place at 3 of the five schools visited.

Accessing Water, Sanitation and Hygiene Inputs and Services

The project intended to support access to inputs and services for water, sanitation and hygiene through Public Private Partnerships. Under this Thematic Area the project created expertise that would offer service as private practitioners and linking traders with communities.

Capacity building of local artisans

Table 5 shows that the project achieved or surpassed the planned targets for Village Pump Minders (VPMs) and latrine builders trained. These then provided services to the communities as private players through negotiation with the communities and individuals. Of particular note is the promotion of women as private players in the provision of construction and maintenance services to their communities. For both builders and VPMs more women were trained.

Table 5: Performance Against Public Private Partnerships Key Indicators

Indicator	Performance Against Targets						
	Target	Achieved	Male	Female	Boys	Girls	
Number of VPM trained	28	29	13	16	0	0	104%
Number of latrine builders trained	80	80	33	47			100%

Promotion of Linkages with Traders

Though efforts to link communities to the traders were made, there was limited success in meeting this objective. In ward 2 Mr Mordern Machaka who has business outlets at both Chivi and Madamombe (Ward 2) increased the diversity of his stock at Madamombe in September 2016 to cover pipes, mesh wire, flyscreens and cement which are key inputs into construction

Average Monthly Sales during the peak periods

Pipes – 5 @9 for 3 m -- $45, Fly screens- 15-20 @$1 - $20

Mesh Wire – 25.00 for slab - $25, Cement- 40 bags@11.00- $ 440

Total Sales from WASH = $530.00 Average Monthly Turnover = $700.00

of sanitary infrastructure.. However, his actions were not driven by any direct engagement from the project but rather from the repeated sales of the same items he had made to people from ward 2. Though the demand for the products at Madamombe outlet in ward 2 have been high probably because of the triggered demand for sanitary facilities it is unlikely that it will be continued since sanitary facilities such as toilets can last more than 10 years. According to Mr Machaka access to loans and increased space for trading will motivate him to continue servicing the community with the WASH products. However their low turn-around time outside peak demand periods may make servicing of the loan difficult.

Engagement with Wholesalers was only successful in as far as keeping bulk cement stock for the project. The project team used to purchase as much as 70-150 bags a day from Pote for the rural households and deliveries to the Chivi outlet were required every week. The demand has gone down to just a single truck every two weeks and only 12 bags of cement have been sold in the last 14 days. Whilst its is possible that the decline in demand was due to the rainy periods as it becomes risky to transport, mould bricks and even construct toilets it is also possible that some of the decline may be because the triggered demand in the 10 wards had largely been met. Other WASH products stocked by these wholesalers include pipes, BVIP toilet seats, cement, fly screens. The stocking of WASH products at both Pote and N Richards could also be in response to the residents in the nearby surburbs such as Silver city who also use Blair toilets and therefore demand the same products used in rural settings.

Though Chivi based wholesalers are diversifying their range of WASH products the response is again due to expressed demand from their customers and not necessarily from deliberate efforts from the project team. Furthermore these wholesalers have not been engaged by the

project team to decentralise their supplies to reach those in remote areas. Even if efforts for wholesalers to avail materials to rural wards were made success was unlikely because traders such as N Richards are by policy allowed to operate only from growth points and should not decentralise to outskirts so that they do not compete with the very small businesses who buy in bulk from the wholesalers. However "*If adequate engagements are made possibilities of once off planned transportation of bulk quantities as part of social responsibility are possible"* remarked Mr Kuda Ndhlezani of N Richards.

Objective 2: Community and local institutions in 10 wards in Chivi District are responsive to women's and girls' needs and priorities and are accountable in upholding their rights.

The second objective was also achieved because both the communities and local institutions are now responsive to the needs of women and girls and details on how this is being done are explained.

Community level

The best strategy for being responsive to the women and girl needs was to make them part of the structures in key decision making processes for WASH. At local level women made up at least 50% of all the 475 WASH committees strengthened/established as indicated in table 6.

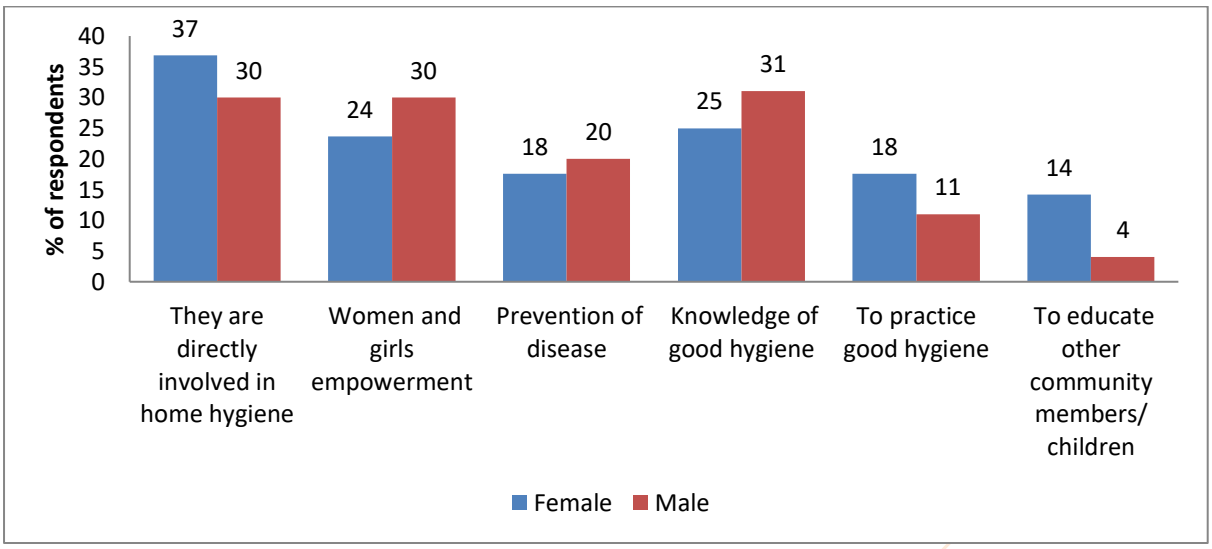
Table 6: Women representation in WASH committees

Key Indicators	Performance Against Targets						
	Target	Achieved	Male	Female	Girls	Boys	% achieved
% of WASH committees in which women are equally represented.	475	475	998	2327	0	0	100%
Number of WASH committees supported with at least 50% women	475	475	998	2327	0	0	100%

Women made 70% of the SAGs which were driving the Water, Sanitation and hygiene issues within villages. Furthermore women made 96% of the Community Health clubs.

Data collected in the field also showed that households support the placement of women in key roles for WASH for various reasons. Figure 4 shows the main reasons why women and girls should be at the centre of WASH activities. More women (37%) than men (30%) indicated that they are the ones mandated with ensuring good hygiene within the home. More men (30%) than women (24%) see it as an empowerment issue which is also a right for women.

Figure 6: Reasons why women and girls must be at the centre of WASH



Schools

SDCs are responsible for running all developmental issues for the schools. Women make up 54% of the SDC members who received training in WASH emphasizing the needs of the girl child. The trainings served as a platform for the members to receive the awareness necessary for them to prioritise girl child issues. Upholding of these rights was evident in the SDC leading the construction and equipping of girl friendliy latrines with basic girl needs (mirror, soap, lotion and pads and water). The equipping of the girl friendliy latrines varied among the schools depending on available funds. At schools like Ruminya Secondary water was in movable buckets whilst fixed water containers with a sink were provided at others such as Jenya primary.

Within schools Health coordinators are responsible for overseeing the issues of water, sanitation and hygiene. The project trained a male and female from each school to ensure that girl issues will be prioritized. The training included issues of menstrual hygiene management to ensure that both male and female teachers prioritized girl child issues. At Bwanya primary school the male health coordinator was active in sewing of Rumps. Health clubs at schools lead sanitation and hygiene issues and there is a higher proportion of girls than boys participating in school health clubs. At some schools eg Tambudzayi Secondary girls made up as much as 75% of the membership.

Objective 3: The Chivi District Water and Sanitation Sub-committee (DWSSC) have improved capacity to deliver effective and gender-inclusive WASH services.

The Chivi District Water and Sanitation Sub-Committee (DWSSC) played a critical role in driving the project towards the realization of set objectives. The Committee comprised of various government ministries at the district level was actively involved from the start of the project. At the Ward level, the Ward Water and Sanitation Sub-committee (WWSSCC), also comprised government officers from various ministries, was responsible for community mobilization and supervision of project processes. The committees received trainings at the start of the project and latter cascaded these trainings to project structures at the ward level. The trainings they received had gender components. As they cascaded the trainings these gender issues were taken down to wards who also took them to village levels. The DWSSC committees worked closely with ward councilors and local traditional leadership, particularly village heads and emphasized the importance of gender in WASH.

Periodic review meetings held at the district centre and attended by WWSSC members served as crucial platforms for performance monitoring as well as well motivating key stakeholders to meet set targets including the inclusion and prioritisation of women in their committees.

2.4 Efficiency

The efficiency of the programme was examined by looking at how the project was managed, and the inputs used to produce the outputs. The project implementation, coordination and supervisory structure involving DWSSC, WWSSC and community based structures enabled the project to reach out to many households with minimal costs.

Table 6 presents a summary of the budget and expenditure patterns. At the time of Project End-line evaluation total project expenditure was within the allocated budget at 82% of total budget.

Table 7: Summary of Project Budget and Expenditure

Budget Item	Total Budget		Expenditure	
	Actual (USD)	% of Total	Actual (USD)	% of Total

Activity Personnel	625,469	36%	440,798	31%
Activity Travel	29,614	2%	6,574	0%
Material and Equipment	54,224	3%	47,724	3%
Component 1: Rehabilitation of WASH Infrastructure	272,389	16%	299,279	21%
Component 2: Demand-Led sanitation and hygiene	190,754	11%	183,288	13%
Component 3: Public Private Partnerships for operation and maintenance	15,939	1%	10,931	1%
Component 4: WASH sector monitoring, gender and governance	105,867	6%	30,713	2%
Performance monitoring evaluation and sharing	60,349	4%	35,640	3%
Other Costs (Visibility)	13,226	1%	13,869	1%
Total Activity Support Costs	207,980	12%	214,979	15%
CARE Australia ICR (10%)	142,534	8%	116,710	8%
TOTAL	**1,718,346**	100%	**1,400,505**	100%

Over expenditure was realised on Component 1 (Rehabilitation of WASH Infrastructure) and on Activity Support Costs (that included field office running costs). Over expenditure on Component 1 was largely a result of the drilling of new boreholes and provision of school sanitation BVIP latrines. Although the project more than doubled (233%) its original target of borehole rehabilitation and repairs, this did not exceed the budgeted amounts. The project provided cement for the construction of school toilets while school development committees (SDCs) provided bricks and labour for the construction.

At the household level, the project supported not more than 15 vulnerable households per ward with cement for construction of household latrines while other community members supported with labour and bricks. For the rest of the community members, households provided all the required materials and labour for construction with the supervision of WWSSC members. The celebrations held for a village that attained ODF status was an effective motivational strategy that instilled a competitive spirit among villages and households to meet their targets. Such cost-effective strategies ensured the project met its targets within the specified timeframe.

Management

The project was implemented by Care through DWSSC and its substructures. Care had a full time assistant project manager, an M and E person and a field officer for each of the 5 wards. Though this staff compliment is quite lean compared to the number of villages (230) to be reached success was high on working with the government officers who are mandated to carry out the task such that Care officers were more of facilitators of project implementation. At District level DWSSC which is composed of all government ministries with a stake in WASH worked with both the project manager and field officers to bring the project to the wards and ultimately to the villages. "*The project was not a one person issue but it was all of us together*" remarked the members of Chivi DWSSC. Within the wards the government extension workers together with the councillor formed WSSC which propelled the project to the villages. Within the villages Sanitation Action Groups (SAGs) made of volunteers with the village head providing a supervisory and oversight role led the implementation within their communities. The support rendered from government extension officers in the project had challenges largely related to mobility. Repair of bikes for the MOHCC and fuel amounting to 20 litres per month was given to the government extension workers to assist with their mobility. However mobility remained a challenge in those wards where the officers were not motorised as the project did not have a budget to buy motor cycles for government workers.

The actual implementation of both the hardware and software was carried out by the community members themselves. The initial triggering of the villages was carried out by the WSSC members but the subsequent awareness creation within the households was the responsibility of SAG members who either volunteered (eg in ward 2) or were nominated by community members (eg in ward 7). The repair of water points and construction of toilets was done by the communities. Borehole repair was facilitated by trained artisans called Village pump mechanics whilst the community at large either provided labour and or food. Most rehabilitations and repair were done during the training of the VPMs and the water point users bore no additional finance costs. However in cases were the borehole broke down the communities through the WPC facilitated the repair process using the trained personnel. The costs for the VPMs averaged $30.00 which was considered "*a token by the community members since the VPM also benefited from the water and was trained on behalf of the community*" remarked community members during a ward meeting in Ward 7. However VPMs would at times do the work for less money or non monetary contributions like maize, chicken from the community. The household toilets were built by the trained builders at a cost ranging from $50.00-$80.00 depedning on the negotiations and when the builders were trained. The project

trained builders charged less whilst the builders who were not directly trained by the project tended to have higher fees. In cases where the household only constructed the uBVIP payment was only for the substructure whilst the household provided their own to put up the walls which were made of locally available materials bringing the labour costs down to about $30.00.

Quality of the work done

Borehole Rehabilitations and Repairs

The mechanical components for the repair were provided by the project and supervision was done by DDF. To increase the number of boreholes repaired for some boreholes only the faulty components were replaced. "*The work done was good since we obtained water from the boreholes which were no longer working*". The number of strokes at the sampled boreholes averaged 4 which indicate good functionality. Cases where water could not come out was either due to low water table or collapse of the drilled hole. However the fencing of the borehole was left to the community members to complete. About 10% of the water points visited did not have fences erected or the fence had fallen down. Further, some of the fences for example at a borehole in Ward 7 the entrance allowed larger animals to get close to the water points.

Picture 3: Borehole in Ward 2

Quality of Work at Hand Washing Tanks

The hand washing tanks within the schools were of good quality. However user friendliness depended on how much the schools were willing to invest. In some schools channels from the hand washing place was done and therefore splashes to the users were avoided whilst in others such as Ruminya minimal investments had been done in making the tank more user friendily. Accumulation of water at hand washing sites with inefficient soak-ways was observed.

Picture 4: Handwashing facility at Bwanya Primary (Ward 3)

Quality of Toilets

Household Toilets

Households were putting up high quality toilets. Table 7 below shows the presence of key quality factors such as darkness, fly screen and presence of the vent pipe across the wards sampled based on household observations made.

Table 8: Some Quality Parameters for Household sanitary infrastructure

Parameter	Ward 2	Ward 3	Ward 7	Ward 15	ALL
Darkness inside the toilet	98.3	89.2	98.1	94.6	94.8
Vent Pipe	100	89.2	98.1	94.6	95.1
Flyscreen	96.6	87.7	98.1	87.0	91.4

Picture 5: Household latrine (Ward 7)

School Toilets

All the school toilets visited were well done with darkness, vent pipes and fly screens. An exception was noted at Zvamapere secondary school where the girl friendly toilet was not roomy enough because the newly trained builders failed to read the toilet plan. However, the finishing was dependent on the particular school's affordability. In some areas for example at Tambudzai secondary school the toilets were tiled whilst in others the toilets were plastered and floored. The equipping of the girl friendly toilets was also dependent on the school. Some schools for example Ruminya Secondary placed movable water tanks within the toilet and soap whilst others such as Jenya primary placed fixed washing basins, soap, pads and lotion.

Picture 6: Jenya Primary Girl Friendly Toilet

The Quality of Other Hygiene Enabling Facilities

The pot racks and tippy tapes were largely made of locally available materials particulary wood. Whilst the quality was good the longetivity of these structures were short especially during the rainy season. Furthermore, the plastic tippy tape containers suffered from the sun/s heat and thus had a short life span. The use of concrete pot racks was gaining prominesence especially in schools such as Jenya Primary and secondary where all teachers' cottages had concrete ones. Discussions with households in all the 4 wards indicated that households also want to migrate to concrete pot racks to increase the

Picture 7: Pot rack at a homestead in Ward 15

life span. Use of materials with a short life span may reduce the gains and may not have been used long enough to make it a norm.

Discussions with both household representatives indicate that they acknowledged the importance of lining pits to reduce their collapse. However, lining of the pits was still low.

Implementation of MTR Recommendations

The recommendation for speeding up progress were made under each of the four thematic areas and their extent of implementation are discussed below.

Thematic Area	Summary of Recommendation	Extent to Which the Recommendation was implemented
New WASH Infrastructuere	Resucitation of piped Water Schemes or Small schemes	Not implemented due to inadequate funding
	Drilling of Boreholes	Not implemented due to inadequate funds
Demand Led Sanitation	Acceleration with practical steps which allows early resolution of challenges and support	Implemented and coverage increased
	SAGs to increase visits to households	Done and produced the desired results
	Funding ODF Celebrations	Done and villages were given $350.00
	Respring bikes for EHT	Done
	DEMO households	Not mentioned in communities
Public Private Partnerships	Engage private players to increase their participation	Limited implementation due to lack of national direction

WASH governance	Regular Reviews	Done
	Local leadership to encourage assistance to vulnerable households	Done
	Performance based incentives to SAGs and WSSC	Done

The recommendation for the Demand led and WASH governance were all implemented and outputs from these increased and surpassed targets. However the ones for new infrastructure could not be implemented due to unavailability of funds budgeted for that activity line. In addition the PPP recommendations were also not implemented due to lack of a national framework to overcome the challenges that interested businesses currently face.

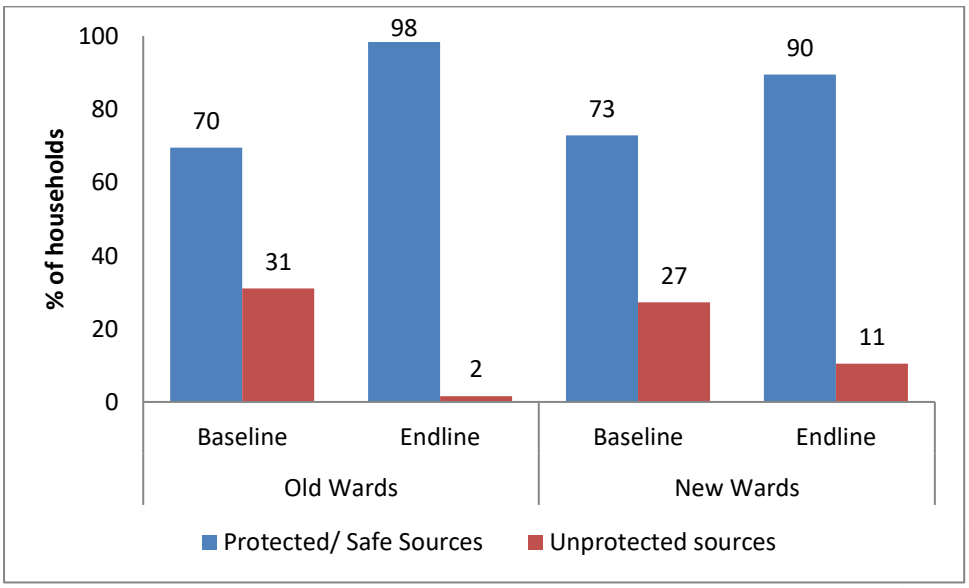
2.5 Impact

The project brought significant positive changes to women and girls as well to the systems in the environments that support them. The changes are understood by comparing the status at the end of project with the baselines. These impacts relate to access to safe water, sanitation, hygiene practices.

a) Access to Safe Water

A comparison of baseline and endline values shows improvement in access to safe water. Figure 10 shows a marked increase in the use of safe/ protected sources of water from 70% at baseline to 98% at end of project (Old wards) and from 73% to 90% in new wards.

Figure 7: Percentage of households by source of water



As the project drilled boreholes in the Old wards compared to New Wards, this has contributed to more households having access to safe water in the Old Wards than the New Wards.

Distance to Source of Water for Cooking and Drinking

About 35% of respondents in the study areas travelled more than one kilometre to the nearest source of safe water for cooking and drinking (Table 8). This is more than the baseline value for both Old and New wards.

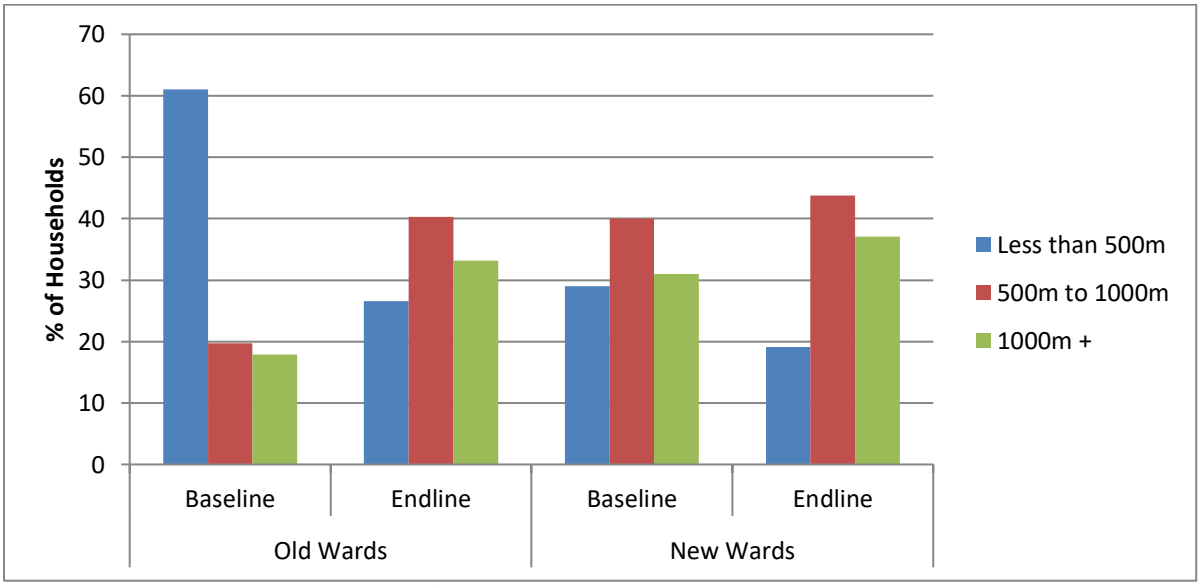
Table 9: Distance travelled to source of water by percentage of respondents

Distance	Ward 2	Ward 3	Ward 7	Ward 15	Total
Less than 500m	28.40	20.00	24.80	18.20	22.80
500-1000m	38.90	38.00	41.60	49.50	42.00
% of households travelling less than 1 km	***67.30***	***58.00***	***66.40***	***67.70***	***64.80***
1000-2000m	18.90	34.00	27.70	19.20	25.10
2000-3000m	6.30	7.00	5.90	7.10	6.60
More than 3000m	7.40	1.00	0.00	6.10	3.50

However, findings from focus group discussions indicated that there was notable improvement in access to safe water in the Old wards, particularly where new boreholes have been drilled and where broken down boreholes had been rehabilitated. All new boreholes and most of the

rehabilitated boreholes in the old wards were functional. The communities pointed out that some communities (in both Old and New wards) were still under-serviced and households were travelling more than 1km to access safe drinking water while some relied on unprotected water sources. In the new wards no new boreholes have been drilled while efforts made in rehabilitating some boreholes in Ward 3 did not yield the desired results. Figure 11 shows a comparison of distance travelled by households in the Old and New wards at baseline and end of project periods. The data shows that there has not been notable reduction in the distance travelled by households at baseline and at project end for both Old and New wards.

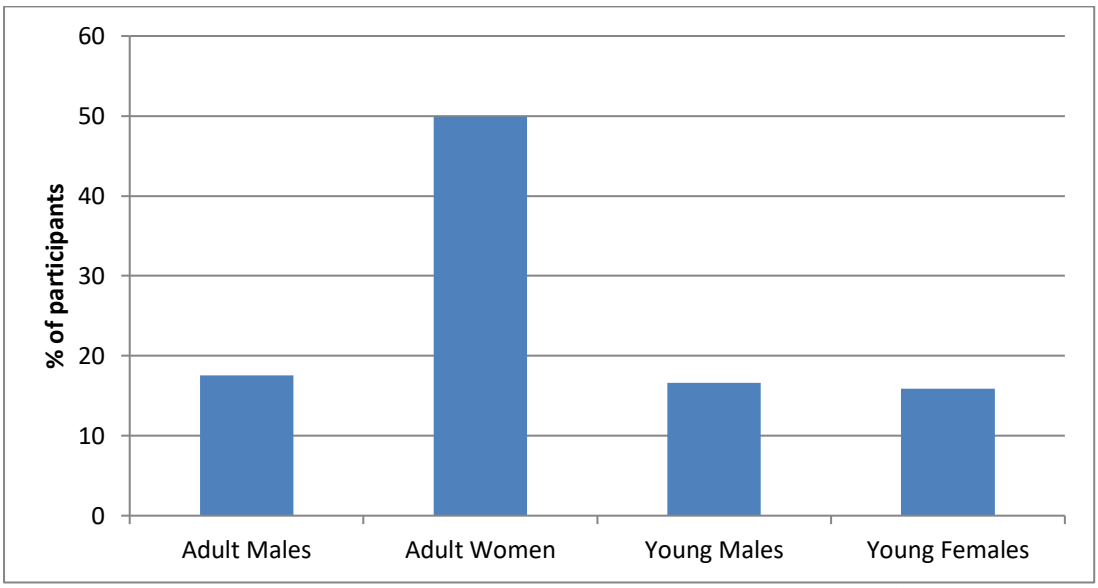
Figure 8: Distance travelled to source of water by percentage of households



Who Fetches Water for Drinking

Adult women constitute the main participants in water collection (Figure 12). At the end of the project, about 50% of participants involved in water collection are women. At baseline 80% (Old Wards) and 72% (New Wards) of adult women were involved in water collection.

Figure 9: Main participants in fetching water by gender

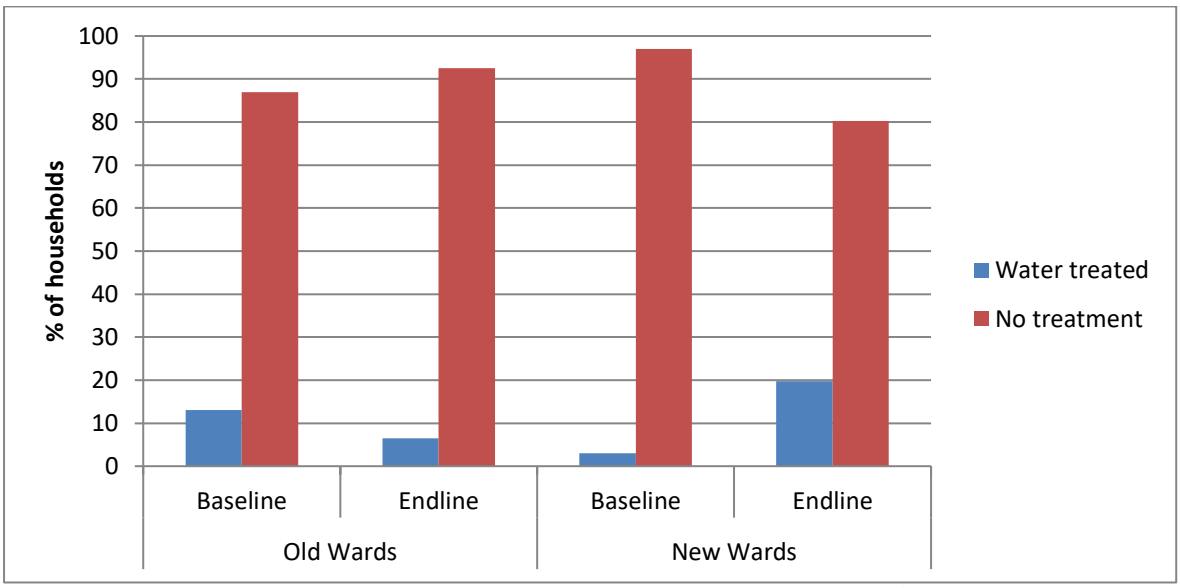


This data shows a notable progress towards shared responsibility in water collection at the household level. At baseline 9% and 10% of adult men (Old and New Wards respectively) were involved in water collection. At the end of the project, 18% of adult men are involved in water collection.

Water Treatment

Figure 13 shows measures taken by households to make water safe for drinking. At baseline, 13% of households in the Old Wards treated their water, but at end of project the proportion of households treating water has decreased to 7%. This may be due to the increase in availability of protected water sources rendering the need for treatment unnecessary. In New Wards, there has been an increase in the proportion of households treating their water from 3% at baseline to 20% of households at the end-line.

Figure 10: Percentage of households treating drinking water

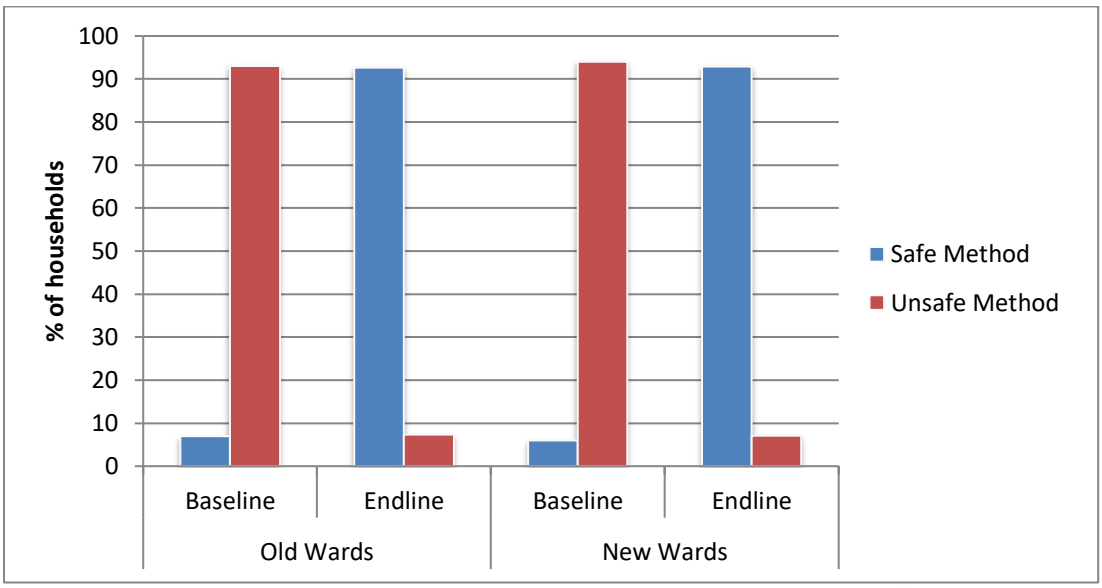


In New Wards there has been increased awareness of the need to treat drinking water. As there are relatively fewer protected water sources in New Wards, compared to Old Wards, water treatment in the former is critical.

Storage of Drinking Water

Households store their drinking water in metal or plastic containers with or without lids. Figure 14 shows the methods of water storage by proportion of households at baseline and endline periods. There has been a dramatic shift from using unsafe methods at baseline to using safe methods at endline. At baseline only 7% of households in Old Wards used safe methods and at the end of the project, 93% of the households have turned to using safe methods. A similar trend has occurred in the New Wards.

Figure 11: Methods used in Water Storage by Proportion of Households



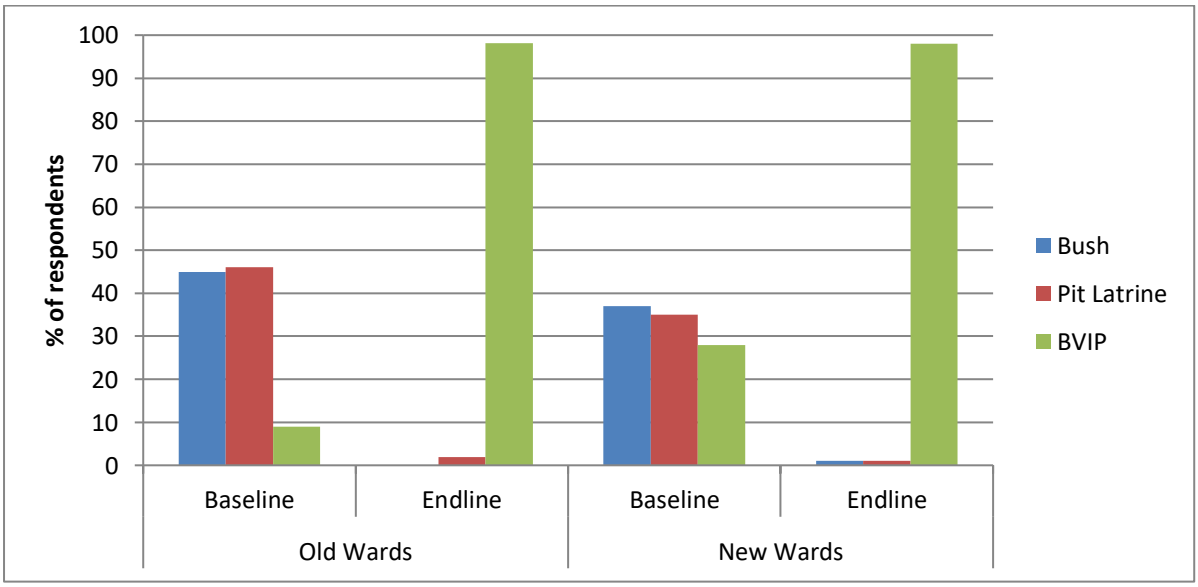
b) Access to Sanitation

Access to sanitation was improved at both households and schools.

Human Excreta Disposal within Households

The project has made notable contribution to improved sanitation through the construction of toilets at community and institution (school) levels. Figure 15 shows the methods used in excreta disposal by households at baseline and end of project periods.

Figure 12: Methods of excreta disposal by proportion of households

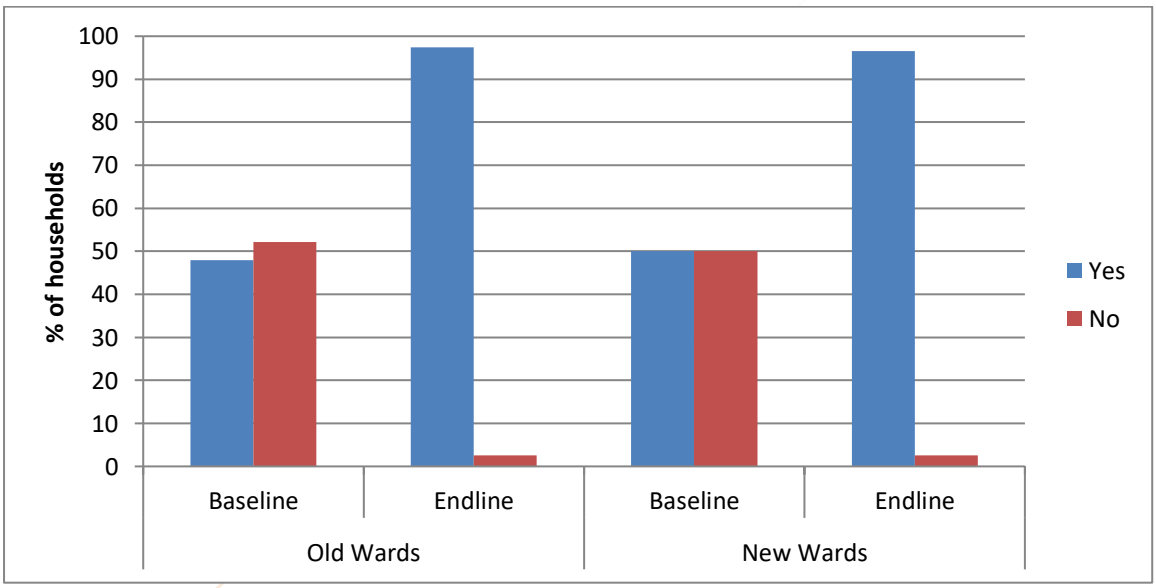


Open defecation has been completely eradicated in the Old Wards. At baseline 45% of households in the Old wards have been using the bush. For New Wards, 37% of the households were using the bush and by the end of the project just one percent of the households were using the bush.

Latrine Ownership and Sharing

At the end of the project, 10.7% of households in Old Wards were sharing toilets, while in New Wards, 10% of the households were sharing. Figure 16 shows the proportion of households with own latrines at the homestead at the start of the project and at endline. About 48% of households in Old Wards and 50% of households in New Wards had own latrines at the project inception. By the end of the project there was a dramatic increase in latrine ownership with 97% of households in both Old and New Wards having their own latrines.

Figure 13: Percentage of households with own latrine on homestead



The endline survey also noted that 60% of households in Old Wards built their toilets during the project period (2014-2017) while 50% of households in New Wards built their toilets during the same period (Table 9). For those that built their toilets before 2014, about 29% did some modifications to their toilets (25% Old Wards and 33% in New Wards).

Table 10: When Toilet was Built by Percentage of Respondents

When Toilet was Built	Old Wards	New Wards	ALL
Before 2014 (2013 or earlier)	40%	50%	45%
2014 -2017	59%	50%	55%

Table 10 shows the main modifications done by percentage of respondents. The highest proportion of households (17%) added a fly screen to their toilets. This is followed by those adding toilet roof (9%) and then vent pipe (9%).

Table 11: Modifications done by percentage of respondents

Modification	Ward 2	Ward 3	Ward 7	Ward 15	ALL
Added toilet roof	9.5	11.9	6.9	8.1	9.1
Plastered the toilet	3.2	6.9	3.0	2.0	3.8
Added a vent pipe	5.3	8.9	5.0	15.2	8.6
Added fly screen	11.6	16.8	23.8	17.2	17.4
Added toilet seat	1.1	2.0	1.0	2.0	1.5
Other (Specify)	2.1	5.9	4.0	1.0	3.3

Schools Sanitation and Menstrual and Hygiene Management

Girl friendly toilet

The menstrual hygiene awareness, availability of a gril-friendly toilet together with the accompanying pads has improved the girls attendance at all schools visited especially for the F1 girls some of whom will be first timers. At Tambudzai secondary school about 10 girls used to go back home per week before the project period but as of February 2017 only 2 had gone back. The ones that go back are those who may have spoiled their dresses or are still too shy to discuss their actual problems. The use of the pads is not only limited to F1 for the signed register at that school indicated that 3, 3, 1, 2 girls from Forms 1, 2, 3 and 4 respectively had signed for the pads. Whilst Rumps were being promoted in both primary and secondary schools their uptake was significantly lower than the disposable ones in all the schools visited. For example at Tambudzai 34 Rumps were in stock and the last uptake was 6 in 2016.

Disable friendly latrine

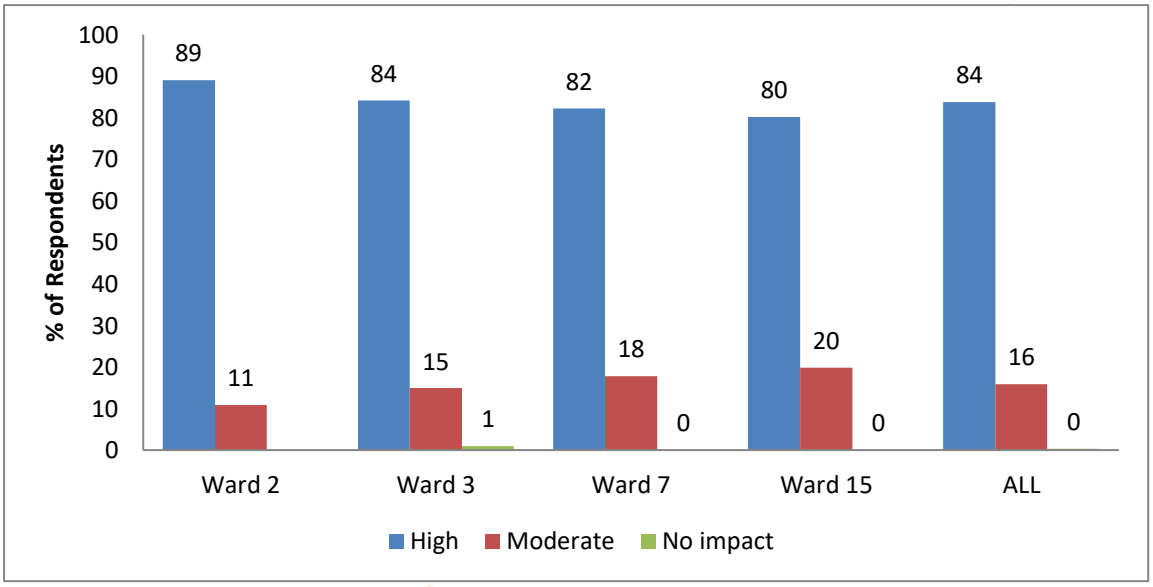
The disable friendly has not been documented because no disabled persons were using the toilet. In the schools sampled the latrine was being used by either girls or boys prefects because the pupils with disabilities that require the special toilet were not available. However "*we need the toilet to cater for the eventuality that one day someone who needs it will be enrolled in the*

school or pass through it especially during sports days" remarked the SDC persons at Bwanya primary.

c) Hygiene Practices

The hygienic improvements brought by the project was acknowledged through out all the wards as indicated in figure 17 below.

Figure 14: Perception on improvements brought by PHHE by Proportion of Respondents



"Now the children like to use the toilet unlike before the Project. Open defecation has been reduced. Community now more healthy conscious". Bwanya Primary School Official

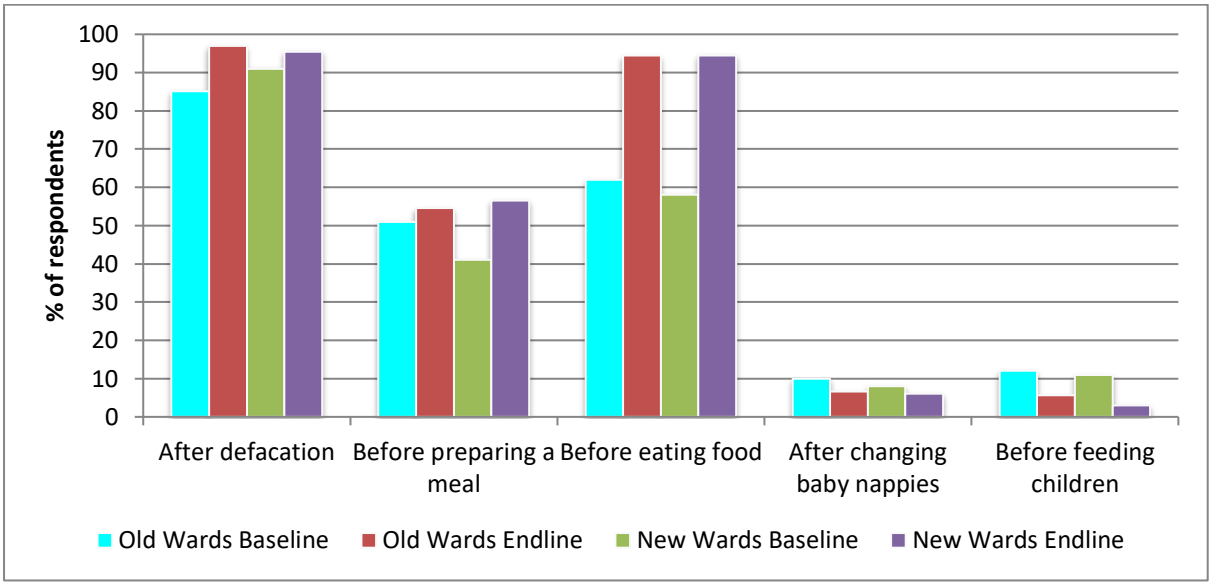
*"Before 2016 we used to bury many people due to preventable WASH related diseases. In 2012 nine people died of cholera in the Ward. Before that we didn't even know what was causing the deaths. Since the project came on board, no WASH related deaths have been recorded in the ward".*Said one participant at an FGD in Ward 3.

Hand Washing

Hand washing is often practised after defecation by over 95% of respondents in the study wards. Figure 18 shows the critical times when hand washing is practised at baseline and end

of project. There has been an increase in hand washing after defecation in both Old and New Wards (from 85% at Baseline to 97% at end of Project in Old Wards, and from 91% at Baseline to 96% at end of Project in New Wards).

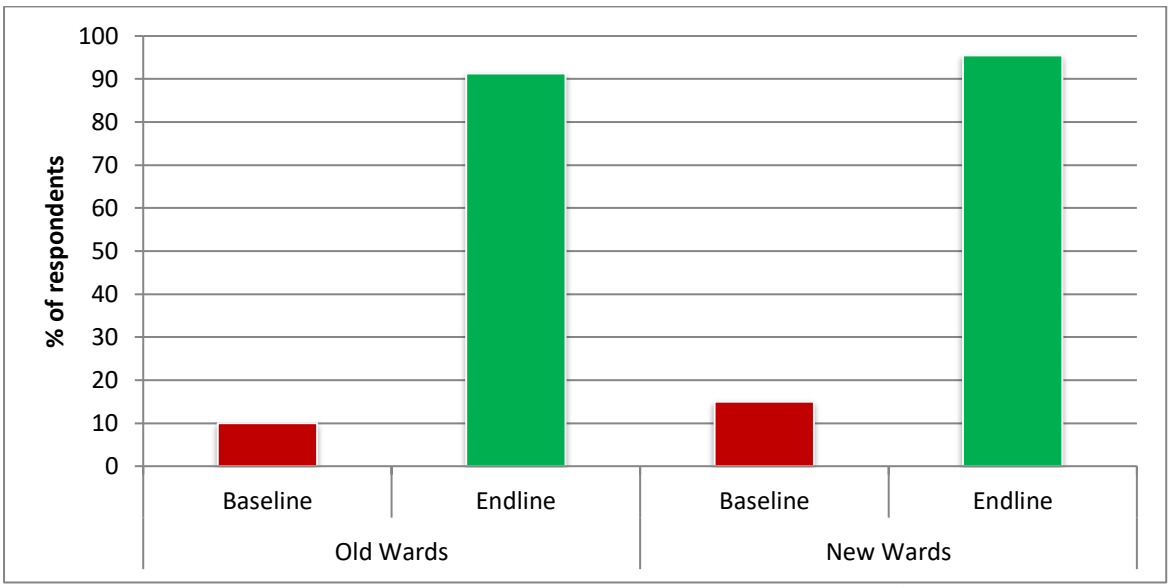
Figure 15: Critical times for hand-washing by period



Hand washing before preparing a meal is practised by about 56% of participants at end-line evaluation compared to 46% before the project. About 94% of respondents wash their hands before eating food compared to 60% of respondents before the project. The proportion of households washing hands after changing baby nappies and before feeding children at the end of the project is well below 10%.

Most respondents (96%) were aware of the drip to waste method of hand washing while the remainder were familiar with the communal dip method. Respondents were asked to demonstrate how they wash their hands. Figure 19 shows the proportion of respondents demonstrating correct methods of hand washing at baseline and end of project periods. At baseline only 10% and 15% of respondents in Old and New wards respectively, demonstrated the correct methods of hand washing. At the end of the project 91% of respondents in Old Wards and 96% in New Wards demonstrated correct methods of hand washing.

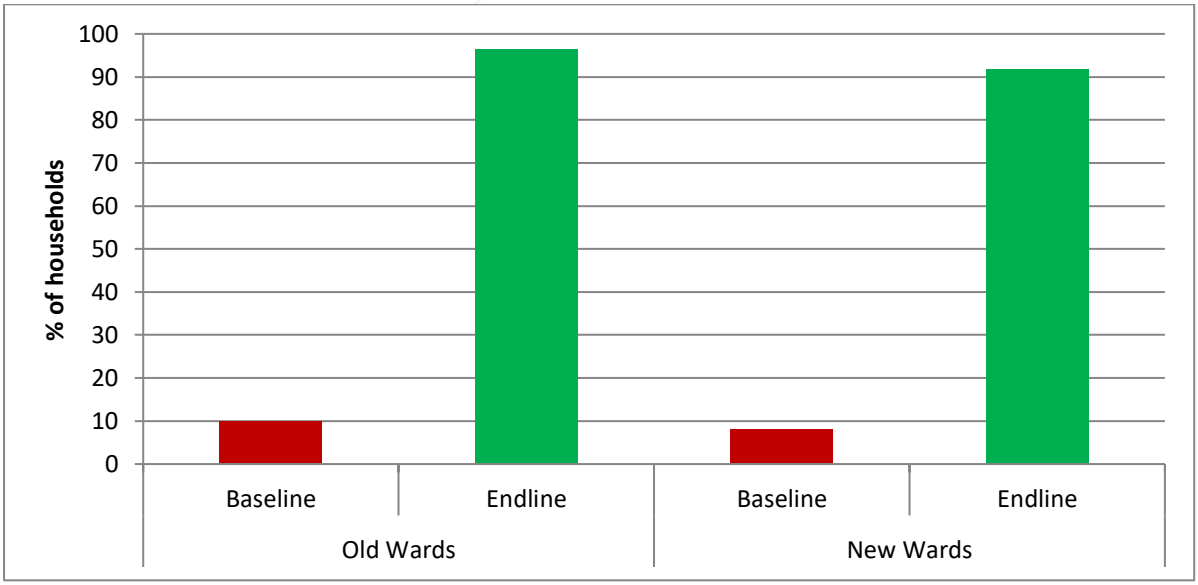
Figure 16: Percentage of respondents demonstrating correct method of hand-washing



Hand Washing Facilities

Figure 20 shows the proportion of households with appropriate hand washing facilities at baseline and end of project periods. A significant increase (from as low as 10% of households at baseline to over 90% at end of project) in hand washing facilities was recorded for both Old and New wards.

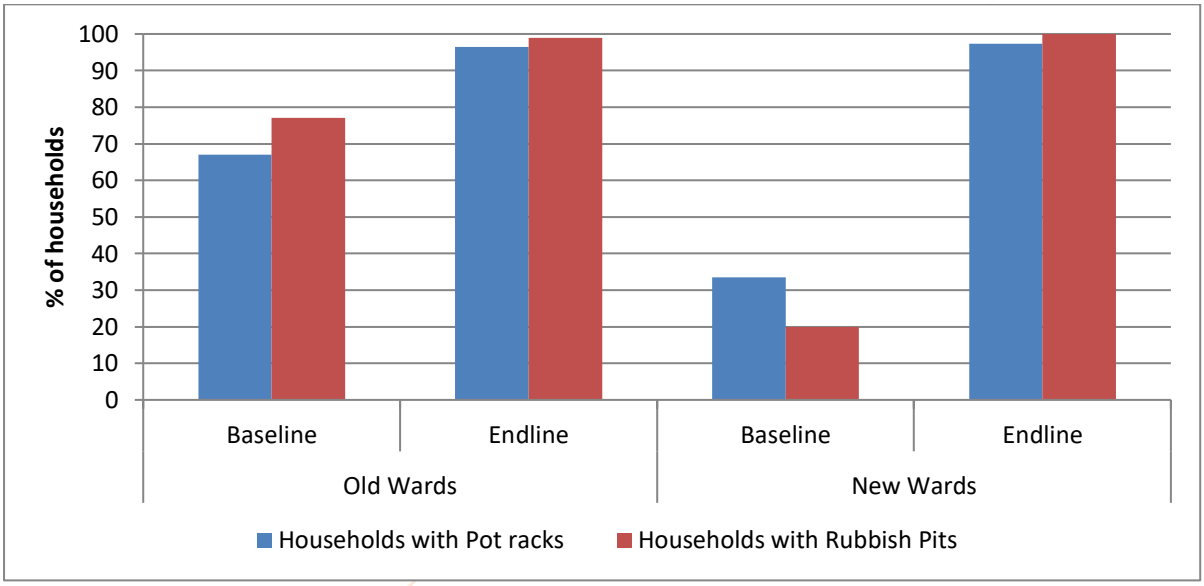
Figure 17: Proportion of households with hand-washing facility by period



Other Hygiene Enabling Facilities

The enumerators conducted spot checks and inspected availability of hygiene enabling facilities that include pot racks and rubbish pits. Figure 21 shows the proportion of households with pot racks and rubbish pits. In Old Wards the proportion of households with pot racks increased from 67% at baseline to 96% at end of project, while those with rubbish pits increased from 77% to 99%. In New Wards, there was a notable increase from 34% of households with pot racks at baseline to 97% at end of project. Households with rubbish pits in New wards increased from 20% at baseline to 100% at end of project.

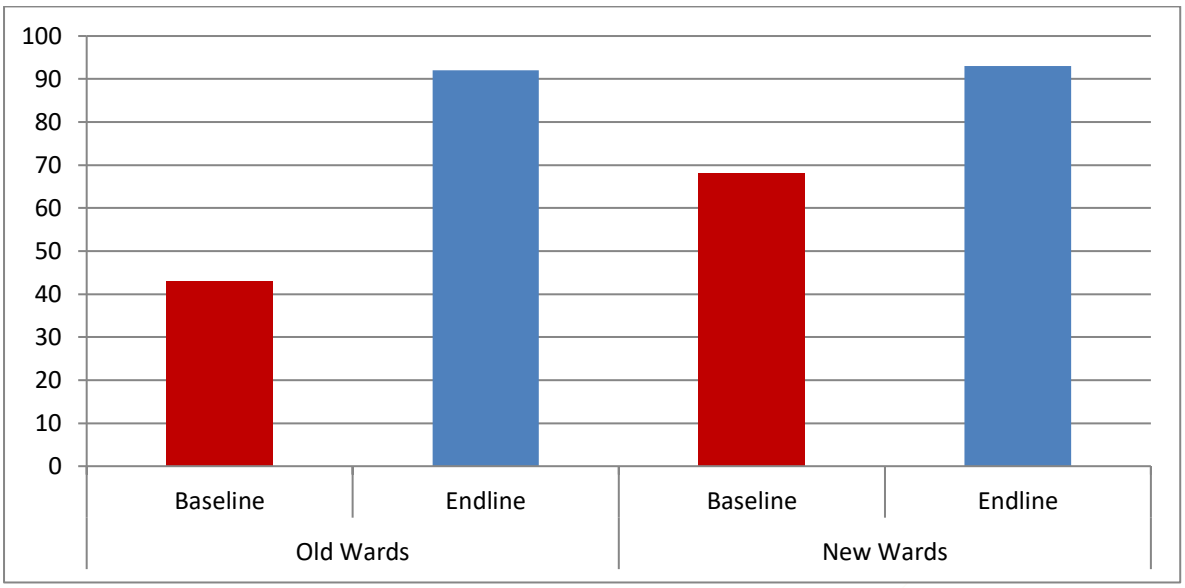
Figure 18: Percentage of households with pot racks and rubbish pits



d) WASH Governance Systems

Figure 22 shows a comparison between baseline and end of project WPC awareness levels among participants. The data shows that there has been an increase in awareness in both Old and New wards.

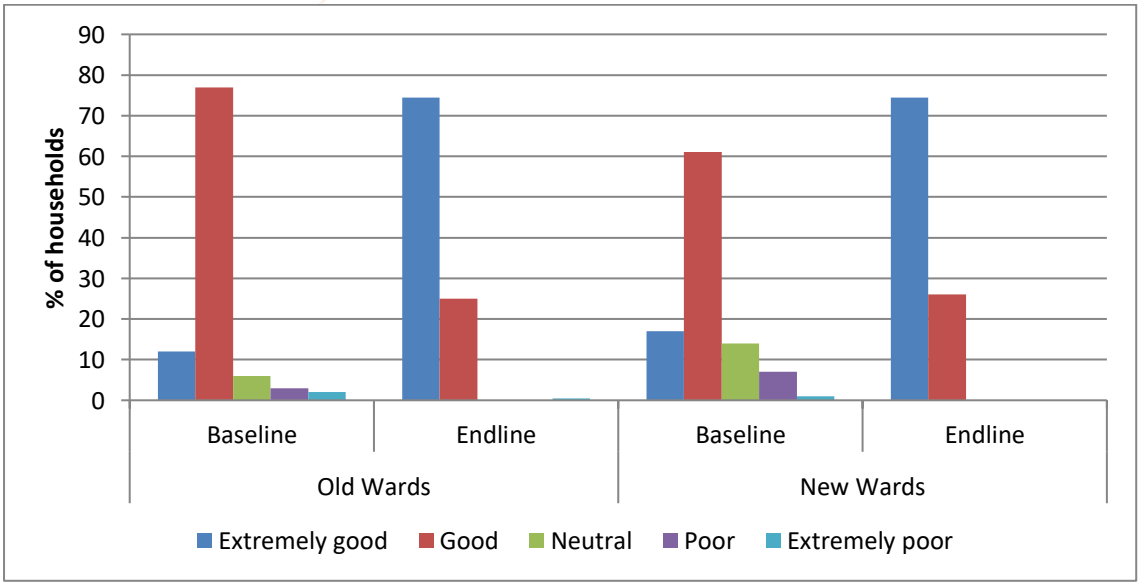
Figure 19: Knowledge about availability of WPC by proportion of respondents and period



Participation of Girls and Women in WASH Activities

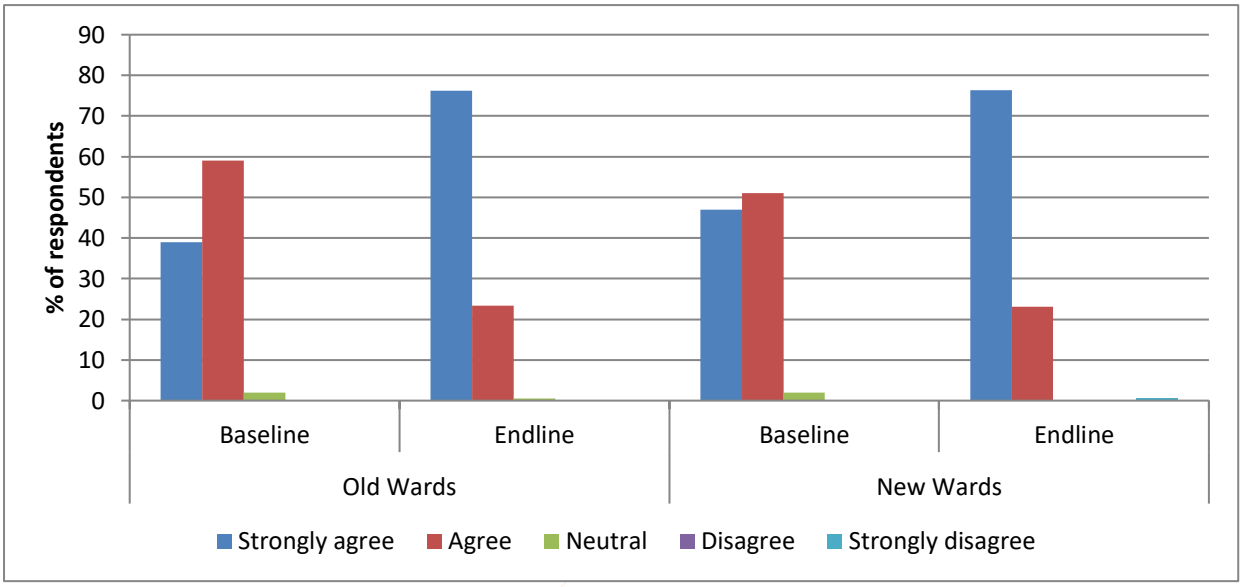
Respondents were asked to rate the participation of women and girls in WASH Projects. A comparison of responses at baseline and end of project shows notable improvement in the participation of women and girls in WASH projects. Figure 23 shows how respondents rated women and girls participation in WASH Projects. There has been an upward movement with most respondents indicating that the participation is extremely good at the end of the project.

Figure 20: Rating of women and girls participation in WASH activities by period



Similarly, respondents positively agreed that women and girls need to be given more responsibility and occupy leadership positions in WASH projects (Figure 24). There has been a shift from baseline perceptions to more positive attitudes towards the empowerment of girls and women in WASH activities.

Figure 21: Proportion of respondents who agree that women and girls should be empowered by period



The involvement of women as builders empowered them. Lorraine Munyati exemplifies the extent of the empowerment.

Case Study : Putting Women at the Center of WASH Empowers Them

Lorraine Munyati aged 32 is from Chimuti Village Ward 7 of Chivi district. She is single and is a mother to 2 boys aged 11 and 4. Both her parents are dead so she is the heads the family and lives other siblings. She completed F4 in 2001 but with no technical training she did general jobs at Edgars, Powersales before coming back to the village after her contract was not renewed. In the village she tried different activities to earn a living including maricho but life was a struggle as she failed to consistently pay fees for her children.

When the ANCP programme came to her ward in 2014 --emphasising the need for women to also be trained as builder she volunteered since she was tired of the piece work kind of life. The training was provided at Masunda to both women and man volunteers. The training which included theory and practical was given free of charge over a ten day period. After her training she was given tools that include trowel, spirirt level, fish liner, wooden float, brush, tape measure. Initially she worked with other experienced builders before she started working as the head builder training 3 other women builders to date.

Lorraine has so far built 31 toilets 29 single BVIP, 2 Double BVIP with bath places. On average she charges $45.00 per single squat hole but the amount varies depending on negotiations. She also accepts payment in kind . She has worked in her ward and also in the nearby ward 8 but has exported her labour to Shurugwi and and Mhondoro Ngezi districts. She has provided her labour for free to the vulnerable in her village as a way for facilitating it being ODF free. Her strategy for seeking employment is through introduction to the village heads of prospective work places as well word of mouth from those she will have served. Finding work has not been difficult for her because its of good quality

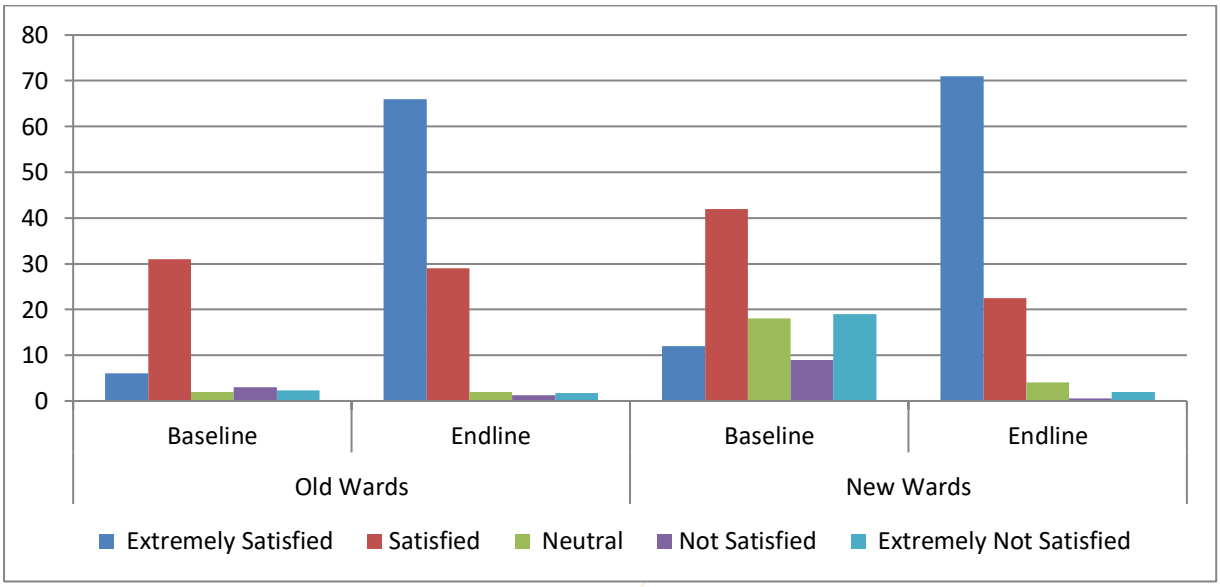
Lorraine says that it is very important for women to be trained as builders because there are less mobile and the skills will be retained in the wards. She manages the conflicting roles of looking after the family and work with no problem. If she has a task close by she works up at 4 am to do her household chores and see her children off to school and is back by 4pm. She hires labour if necessary.

Her profession has a builder has improved her life thanks to the ANCP programme which believed that woman can do it. She is now able to pay schools fees for her children and siblings, buy all the food for the family and renew her hair style anytime. From the money earned from building she has bought chickens and 10 goats and she is saving to buy cattle in the short to medium future. She plans to expand into bulidng houses as well and intends to start by constructing her own house to add to the two huts that were left by the parents

Satisfaction with WPC

There has been an increase in the proportion of households that are satisfied with the WPCs as shown in Figure 25.

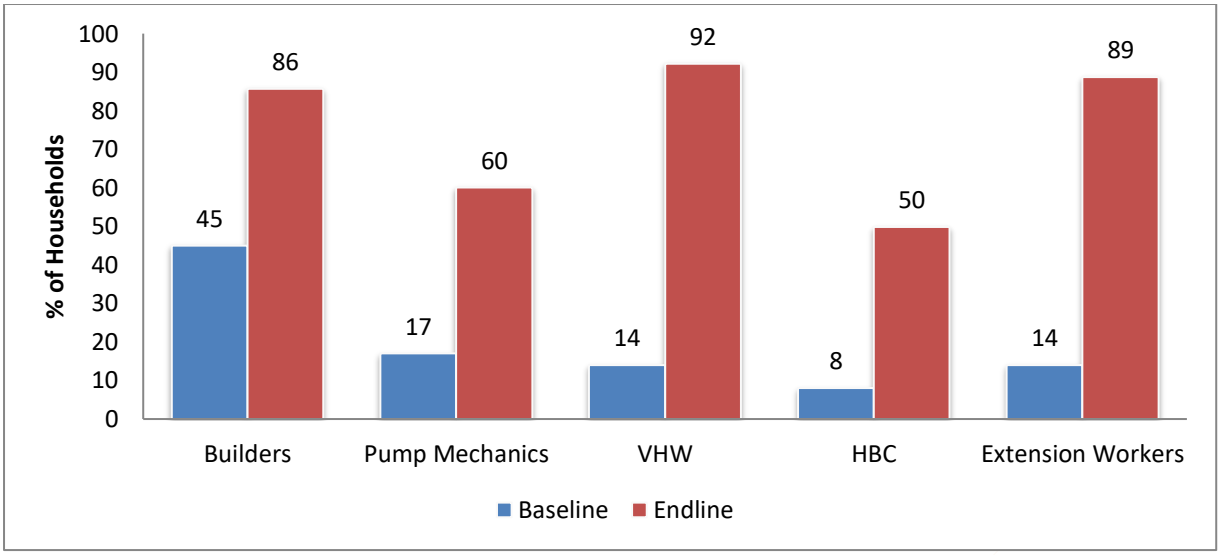
Figure 22: Satisfaction with WPC by proportion of respondents by period



Skills Present in Communities

The project has increased households access to skills as provided by the various ward level government extension officers, private artisans and community based health promoters (Figure 9).

Figure 23: Proportion of households with access to WASH Skills (Old Wards)



e) Health Issues

Diarrhoeal Diseases

The end-line survey noted a significant reduction in the proportion of households that experienced diarrhoea in the last seven days. Figure 26 shows that at baseline 31% and 22% of households in the Old and New wards respectively experienced cases of diarrhoea among their household members. But at the end of the project, only 8% of households in Old Wards and 2% in New Wards had diarrhoea cases.

Figure 24: Proportion of households that had diarrhoea cases in last seven days

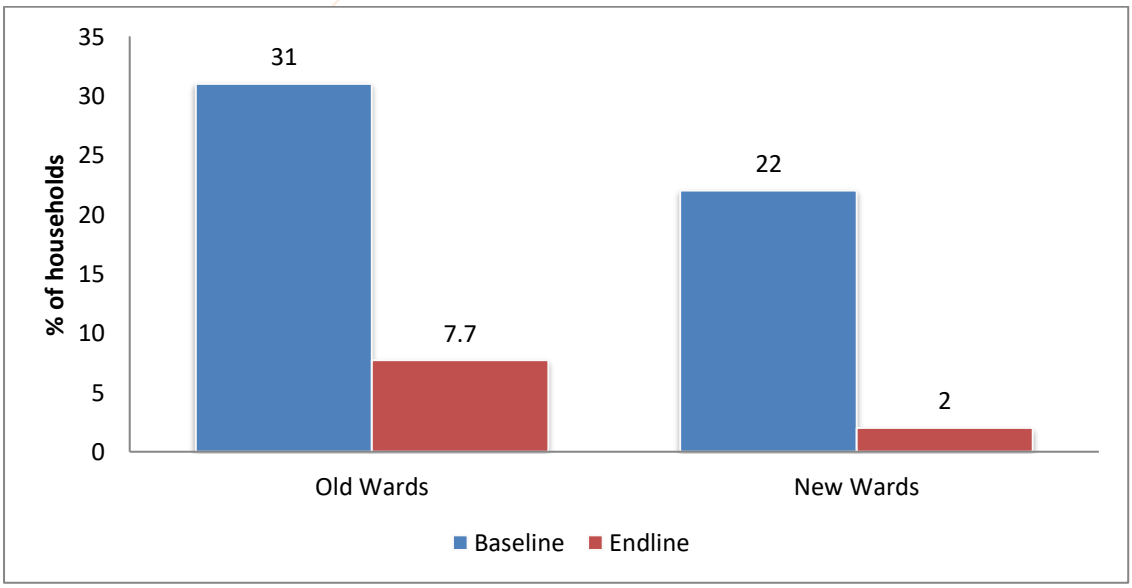
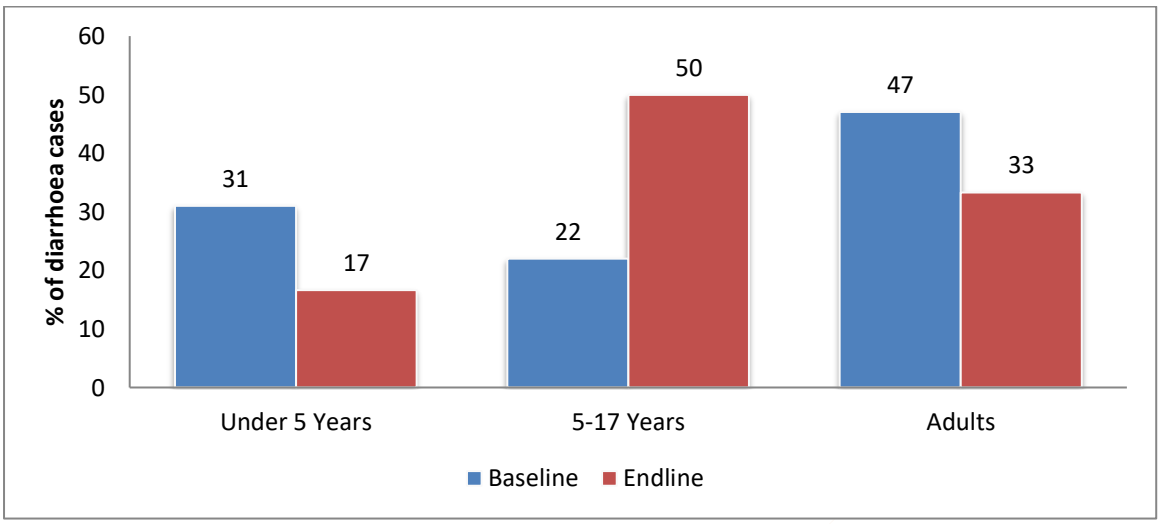


Figure 27 shows that there has been a reduction of diarrhoea cases among the under five from 31% at baseline to 17% at the end of the Project.

Figure 25: Proportion of diarrhoea cases by age category (New Wards)



NB: No numbers for Old wards Baseline

An increase was recorded among the 5-17 years' age group as 22% was recorded at baseline with the proportion increasing to 50% at the end of the project. Among the adult members, the proportion decreased from 47% at baseline to 33% at end of the project. Table 11 shows the actual numbers of people that had diarrhoea over the last week of the end-line survey.

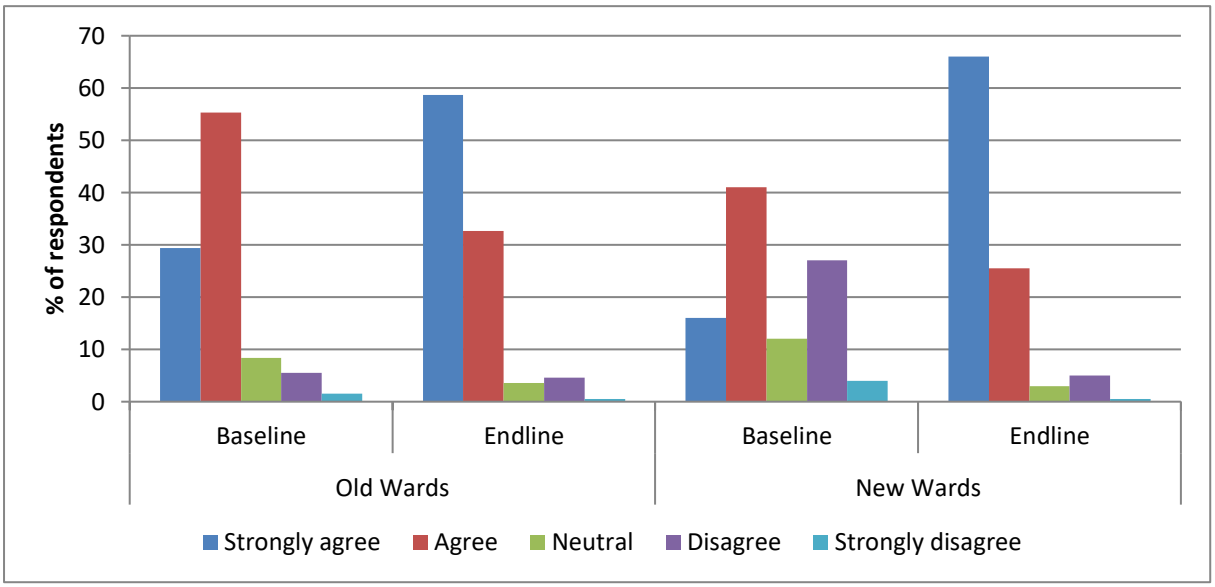
Table 12: Number of individuals with diarrhoea over the last week

Ward	Under 5 Years		5-17 Years		Adults		Total	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Ward 2		4		15		11		**30**
Ward 3		0		3		1		**4**
Ward 7		0		0		2		**2**
Ward 15		1		0		1		**2**
Total		**5**		**18**		**15**		**38**

HIV and AIDS

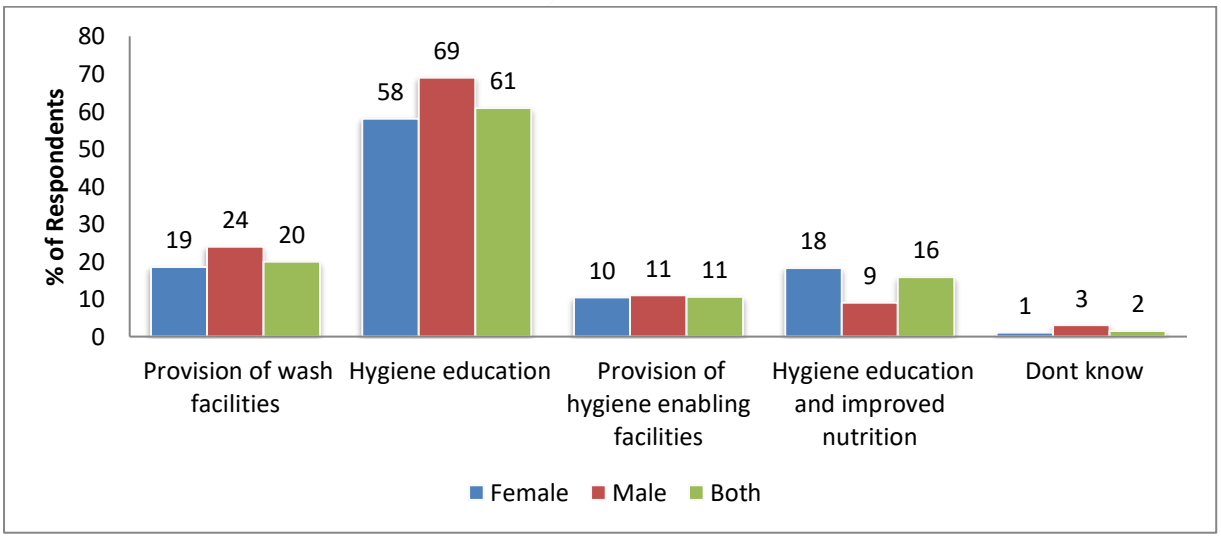
HIV and AIDs is a cross cutting issue in the project. Respondents were asked their perceptions on the role played by WASH in HIV and AIDS prevention and mitigation. Figure 28 shows that more respondents at end of project than at baseline agreed that WASH has an important role to play in prevention and mitigation of HIV and AIDS.

Figure 26: Proportion of respondents who agree that WASH has a role to play in prevention and mitigation of HIV & AIDS by period



A gender analysis shows no significant difference between the views of men and women on the role of WASH in HIV and AIDS prevention and mitigation. Figure 8 shows the perceptions of men and women.

Figure 27: Roles of WASH in prevention and mitigation of HIV and AIDS by proportion of respondents



2.6 Sustainability

The project brought significant changes to the lives of women and girls in Chivi district. The project was implanted through the structures of government from district to the village setting good ground for continuation of its benefits. The project's support of local leadership structures contribute to continuity of project strategies even after the end of the Project. All the government workers were capacitated with the skills they needed to carry on with the work. However besides the presence of capacitated key personnel and leadership support, the sustenance of these benefits also depends on sustaining the following systems that brought about the impacts already discussed:

2.6.1 Monitoring Systems

Physical monitoring of communities by DWSSC through WSSC was been influential in achievement of the results. However the monitoring was largely done through the project vehicle as well as fuel allocation which was provided by the ANCP project. These benefits will no longer be available and the monitoring from DWSSC and WSSC may weaken in time leaving the households to depend on their SAGs and mobile extension officers to carry out the physical visits. The DA is already making the village accountable for WASH in his or her village. The regular contacts between the village head and the DA are guaranteed through monthly payouts. Since accountability has already been established, strengthening it is likely to sustain the WASH benefits within households. The schools status is likely to continue because the schools inspector are already motorised to carry out their function and the schools are likely to keep the momentum. However making a fully equipped the girl and disable friendly toilets, lined refuse pits and hand washing tanks part of the standard structures within schools will assist in making them get prioritisation in funding allocations.

The health clubs and the School health clubs are key to the continued awareness of WASH within homes and schools. However discussions with all school coordinators and club highlighted the need for monitoring for their continued existence. Monitoring these clubs have been added to the ward based EHT duties but the current shortage of staff and lack of motorisation may compromise delivery.

Supply of Technical Expertise

The Builders and VPMs have been trained to provide the expertise required for either households or schools infrastructure. The financial returns which range from $30.00 to $80.00 are attractive enough for one to remain in the trade given the fact those trained are largely women who are settled in these communities. It is often the practise that the builders work with an assistant builder who in time will also learn the expertise. These defacto arrangements ensure that the skills remain resident in the communities for a long time to come. However the skills given to the newly trained VPMs have not been tested since limited boreholes need repair. The sustenance of these skills may depend on continued partnerships with the experienced ones.

Supply of Materials

While some households were sourcing their own cement, others got assistance with transportation from either government or project vehicles going their direction resulting in savings of up to $3.00 per bag. Whilst efforts were made by the project to decentralise the supply of cement and other WASH products success was limited because these are not regular consumables rural businesses with limited capital are not willing to stock them. For Water supply the low turnover of spare parts is unlikely to result in businesses stocking them so centralised storage at council or subcouncil offices maybe the way forward. Furthermore households may need subsidy for those parts which require users to pay more than $1.00 per household. Specialised tools eg the VPM tool kit are key to the repair of boreholes but the procured parts will wear out in time. Levying the VPMs for usage maybe an option

Funding Systems

The funding systems which were used by schools are well established and therefore likely to continue. Through internal saving and lending schemes, (ISAL), households were able to mould bricks and buy cement to build/mintain their own toilets. These have been turned into health clubs which help members acquire household assets and are likely to continue because of the benefits members get from them.

Good Hygiene as a Continued Norm

The current ODF status and will largely depend on these facilities being regarded as the norms of any household and community. According to community members ODF ststus will be maintained because "*Its not the Project that built toilets for us*". "*We will continue to maintain good sanitation and hygiene standards because It's part of us, it's in us"*.FGD Participant in Ward 15.*"Kudhotahakufikwakapera, naizvozvochirongwahachiperiasi kana tasoniwazasi (As people will continue to defecate, construction of toilets will never end unless we stop defecating)".* FGD participant in Ward 3. Realisation of these sentiments will continue as long as these facilities are regarded as norms in society.

Organised Competitions and Recognition

Competition between wards/villages/ schools have also been responsible for schools and households going the excreta mile. However the source of funding of the competitions needs to be localised for sustainability. Some club members contribute prize money and that could possible work but it leaves out non club members who may eventually lose interest in keeping the momentum. The criteria for assessing winning schools needs to be continued maybe through the ministry of education so that the infrastructure would be sustained. Alongside competitions recognition of the drivers of WASH need continued visible recognition thorough IEC materials such as T shirts. Furthermore the education curriculum needs to recognise the health clubs so that within schools it is given the prominence and will not be sidelined during certain periods of the year.

Enforcement of Local Constitution

Constitutions for Water Points and WASH village constitutions have been put in place and are being enforced. However reports of members not doing their allocated duties at water points indicate that enforcement needs strengthen for sustainability. Support of these local committees from the DA's office and continued mentioning of their importance during gatherings even from all centers of power will ensure continued functionality

3.0 LESSONS LEARNT

The project was one of the pilot programmes in putting women at the center of WASH agenda and as such provided many lessons for rural WASH programming. It is important to note that the project was successfully piloted during a period when rural communities in Chivi were experiencing high food insecurity as a result of poor rainfall patterns. In addition communities had been accustomed to supply driven provision of sanitation infrastructure and services as well as social assistance (for household food security) from government and development partners. Hence, the project's demand driven provision of sanitation at community and school levels was never going to be an easy task. Below are some key lessons that can be drawn from the project's experience for future programming. These lessons learnt should be seriously considered for all future programming since the project made remarkable achievements:

1. *Active multi-stakeholder participation*: The active engagement and participation of stakeholders at national, provincial, district, ward and village levels, in all stages of the project cycle (including design, implementation and M&E) is critical for the success of development interventions. Following the approval of the project concept at national and provincial levels, the participation of stakeholders at district level, as represented by DWSSC, and ward level institutions (represented by WWSSC), was paramount in fostering oneness as well as ownership of the project. At the ward and village levels, the local leaderships (chiefs, councilors and village heads) and school authorities (SDCs, headmasters and teachers) were engaged throughout all the phases. The project capitalized on the provisions of the Traditional Leadership Act to emphasise and support the role of chiefs and village heads in community. It was through the increased participation of village heads that many villages were able to achieve ODF status. And it is also through the continued enforcement of related village constitutions by village heads that the ODF status will be maintained.

2. *Action Oriented Knowledge Dissemination*: With focused training oriented towards behavior change and direct application of lessons learnt, communities are prepared to make investments leading to improved sanitation conditions (ODF environments) with limited or no subsidy from external agencies. The trainings provided at the start of the

project triggered community action towards improved household and institutional level sanitation conditions. With the project emphasizing the use of locally available resources in the construction of household latrines, it was possible for villages to attain ODF status as no individual would cite the shortage of resources as the main obstacle in household latrine construction. What is important is for a household practicing OD to construct a toilet using available resources. With the passage of time and resources permitting, the structures would then be upgraded. A number of households have been noted modifying toilets built before the project in order to meet standards recommended by the project. It is therefore important to note that within any given community, households have different capabilities; some well resourced and early adopters of new learning while others are seriously under-resourced and slow adopters. Hence, project interventions need to take into consideration the different circumstances of rural households.

3. *Participatory Project Monitoring, Accountability, Peer Review and Feedback Mechanism.* The project established/ strengthened structures that enhanced participatory project monitoring at the different levels (from village to district levels). This also ensured accountability among different stakeholders and across different levels of project management. The multi-stakeholder periodic planning and review meetings at ward and district levels served as important platforms for peer review and challenging each other towards high performance.

4. *Clear articulation and understanding of communal and individual costs and benefits is crucial for community collaboration in development interventions*: For villagers to work together to improve their communities' sanitation and hygiene conditions, an understanding of both individual and communal costs and benefits is a pre-requisite. This has resulted in community members combining resources to assist some vulnerable households (elderly, widowed or disabled) within their villages to construct household latrines.

5. *Performance based rewards and recognition systems enhance the achievement of desired targets:* The project instituted a performance based rewarding and recognition system amongst the wards and villages within the project area. This includes tokens of appreciation for best performing wards (meeting or exceeding planned targets) or

schools (excelling in WASH competitions) as well as celebrations for villages attaining ODF status. This instilled a sense of competition among villagers and schools leading to high performance levels as measured against set targets.

6. *Empowerment of girls and women critical for the maintenance of WASH structures.* For the project communities, the participation of women in traditionally male dominated sectors such as the construction industry was a key lesson learnt. The communities conceded that women builders and pump mechanics are able to perform as well as their male counterparts given appropriate resources and support. Such female empowerment was considered appropriate as women are at the centre of WASH activities within their homes and communities.

7. *Identification of key individuals to champion the cause of the project is useful in reaching out to critical groups in society for adoption and replication of project strategies.* At the inception of the ANCP project, a ward councilor was identified to reach out to fellow councilors. This proved effective as the project was able to gain full support of councilors in participating wards.

4.0 RECOMMENDATIONS

The Rural WASH sector in Zimbabwe stands to draw a lot of lessons from the ANCP Chivi WASH Project, a pilot intervention for demand led provision of sanitation and hygiene services for rural communities. It is a key recommendation by the Consultant for Care and partners to conduct a comprehensive documentation exercise for the project highlighting key structures, processes, challenges, successes and lessons learnt. This will be important in guiding future or ongoing interventions in the sector.

The Consultant also takes note of the annual funding arrangement of the project that made it impossible to come up with clear performance targets (at project inception) for the whole four year project implementation period. This has challenges in assessing project performance and particularly, efficiency in resource utilisation as the range of project activities and coverage was only determined annually upon the project receiving financial commitment from the funding partners. In order to avoid such challenges in future programming and under similar funding arrangements, the Consultant recommends that Care and partners develop comprehensive proposal at the start of the project outlining the range of activities, coverage and associated costs for the achievement of set goals and objectives. Upon receiving financial commitment from funding partners, it will be easy to prioritise activities and areas to be covered in line with available funds.

While the project achieved or exceeded targets in Old Wards that were better resourced and had a longer implementation period, there may be need to continue supporting New Wards in areas that are still lagging behind. However, the Consultant is cognisant of the phenomenal progress made in New Wards in all components of the project over a short period of project implementation. The Project needs to come up with a clear exit strategy (for both Old and New Wards) that ensures the gains recorded so far would not be eroded over time.

Below are specific recommendations organised by thematic area;

A. Rehabilitation of WASH Infrastructure

i. The Project drilled boreholes in Old Wards and conducted rehabilitation of water points in both Old and New Wards. Comparatively, more households in Old Wards than New

Wards have better access to safe and protected sources of cooking and drinking water. With availability of funding, New Wards would need to be prioritized, particularly for the provision of safe and protected water points.

ii. In both Old and New Wards some support is still required on the community based management of water points. The WPCs are at different stages of development, with some committee members still doing most of the work on their own with limited support from other water users. Environmental management of the area around water points that includes fencing is an area requiring attention.

iii. With well drilled and rehabilitated boreholes, the project implementation period does not provide ample time for establishing response rate for various community based structures (such as WPCs and VPMs) to incidence of borehole breakdown. Most of the boreholes visited during the evaluation had never broken down since being drilled or rehabilitated. Hence, this can be well catered for in ex-post evaluations.

B. Demand Led Sanitation and Hygiene

i. It is without a shed of doubt that the project has made tremendous impact in eradicating OD among many villages in the targeted wards. However, there are still some villages, particularly in New Wards that are yet to achieve ODF status. It is important that a concerted effort be made through the established project structures at district and ward levels until all households in the targeted wards have built their own latrines. Ways to expedite this process should be articulated in the exit strategy.

ii. The thrust of the project was for every household to have a latrine whilst also making use of locally available resources. Consequently, quality of the structures was not a critical delivery aspect. With the cyclone that hit the province during the period of the survey, it is most likely that a number of poorly constructed structures may have broken down. It is the view of the Consultant that some significant level of project support be provided to the most vulnerable households, most of whom are not able to construct more permanent structures. The fact that some vulnerable households have committed their meager resources to construct the weak structures shows they appreciate the need for the latrines and would need external support to construct more permanent structures. Without such support these vulnerable households forced to revert to OD.

iii. The WASH project was very much welcome by both primary and secondary schools in the project area. However, the project was introduced well after the schools had prepared their annual budgets. This resulted in some SDC planned projects being suspended in favour of the WASH intervention. It is important for future programming to take note of the school calendar when designing projects that require financial commitments from schools.

iv. The school health clubs were running quite well in most primary schools as compared to health clubs in secondary schools. It was noted that in Secondary schools the main participants were students from Form 1 and 2 with Form 3 and 4s shunning the Clubs. It is therefore recommended that the health clubs be mandatory for lower classes and optional for exam classes.

v. Utilisation of girl friendly toilets and facilities was quite low among older students particularly in secondary schools. To enhance use, it is recommended that toilets for senior girls be equipped with necessary facilities for improved menstrual hygiene. This will go a long way in reducing identification and stigmatization.

C. Public Private Partnership for Operation and Maintenance.

i. Communities with difficulties in accessing WASH materials need to be supported to organize themselves into groups and then make arrangements for traders days/fairs to rural communities. This can be an option worth considering so that communities have one or two days in a month where they are given opportunities to buy materials which are difficult to transport. This will also make it cost-effective for the trader.

ii. There is need to consider viable options for financing communally owned tools such as VPM tool kits. For instance, local private skilled force could be levied a small amount to finance the communally owned tools.

D. WASH Sector Monitoring, Gender and Governance.

i. The established/strengthened WASH structures at district and community levels should continue running and supporting communities in establishing and maintaining improved sanitation facilities. Periodic reports, that enhance accountability, should be provided at all levels. Demand for the same by higher level structures from village to provincial structures would ensure continuity of established processes and systems. Monitoring of the communities WASH activities should be made a key deliverable for village heads, government extension workers and school authorities if sustainability of the project gains is to be realised.

Overall, there is need for projects to provide for ex-post evaluations well after project completion to enable assessment of sustainability project results such as ODF status as well as the resiliency of established structures and processes. The end-line evaluation only serves to assess what the project has done to ensure sustainability.