



CARE International in Zambia

Strengthening Peri Urban Risk Reduction in Zambia (SPURRZ)

After Action Review Final Report

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## List of Abbreviations/Acronyms

CBE	Community Based Enterprises
DMMU	Disaster Management and Mitigation Unit
DRR	Disaster Risk Reduction
DC	District Commissioner
LCC	Lusaka City Council
LWSC	Lusaka Water and Sewerage Company
MSF	Medecins Sans Frontiers
OFDA	Office of Foreign Disaster Assistance
ToT	Training of Trainers
UNDP	United Nations Development Programme
PMC	Programme Management Coordinator
SPURRZ	Strengthening Peri-Urban Risk Reduction in Zambia
PURSS	Promoting Peri-Urban Sanitation Services

## Executive Summary

The report describes the outcomes of an After Action Review (AAR) conducted by the Monitoring, Evaluation and Learning Unit (MELU) of CARE Zambia in Lusaka. The main objective of this exercise was to assess what worked and what did not and to develop recommendations. The AAR brought together staff from key stakeholders: CARE Zambia's SPURRZ project, Lusaka City Council, Kanyama Water Trust, the District Health Management Team and the Ward Development Committee.

Key findings:

- The AAR revealed that using existing government and community structures was a critical success factor and enabled effective and sustainable delivery of information, education and communication messages to Kanyama community. For example, the Ward Development Committee (WDC) and the Disaster Risk Reduction (DRR) committees reached over 100,000 individuals (about 16,700 households).
- Integrating of disaster risk reduction and water and sanitation activities was cited to be a cost effective way of managing emergencies such as floods which often lead to disease outbreaks such as cholera. Data at Kanyama Clinic and the Lusaka District Health Management Team reveal that no cholera cases were reported in Kanyama compound during the 2010/2011 rainy season. . In 2008/2009 rainy season, over 400 cases of cholera were recorded in Kanyama alone while in the 2009/2010 rain season, Kanyama compound recorded a thousand plus (1059) cholera cases<sup>1</sup> SPURRZ was cited to have contributed to the reduced cholera cases.
- The project trained a hundred and sixty one community members in Disaster Risk Reduction. The immediate outcome of increased knowledge was evident among the After Action Review (AAR) participants, for example many participants were able to cite examples of what they learnt during the DRR trainings.
- In terms of future benefits, participants indicated that they would benefit from the tap stands currently being constructed by the project and other key partners. It is estimated that more than 100,000 persons will benefit from the tap stands
- Findings of the AAR showed that there is inadequate capacity to manage data for reporting, learning and utilization particularly at community level.

The following were identified as lessons learnt

- The utilization of existing structures and partnerships during design and implementation e.g. WDC/DRR committees was efficient and effective. However, future similar projects should plan and budget for tools and gear such as gum boats/gloves for activities like drainage cleaning. Projects with components of training focusing on behaviour change in areas of water and sanitation need to conduct Knowledge, Attitude and Practice (KAP) surveys. This would enable the project track behaviour change.
- Insufficient communication: Especially during the amendment of the proposal, changing from drainage construction to master plan drainage design, was not communicated to community members. This sometimes led to suspicion and confusion among community members thereby affecting project implementation.
- Procurement of materials need a close follow up, the project procured materials for tap stands construction towards the end of the project. This may affect quality of monitoring the on-going works and the pace at which the activity will be implemented.

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<sup>1</sup> OFDA CARE SPURRZ Proposal Amendment June 2010 P.5

## 1.0 Introduction –

This report presents findings of the After Action Review (AAR) for the SPURRZ Project which was conducted in May 2011 and was facilitated by the Monitoring, Evaluation and Learning Unit of CARE Zambia. The findings are woven around five themes which were identified at the beginning of the AAR process, namely: Coordination and partnership, Access to safe water supply and sanitation services, capacity building and emergency preparedness, monitoring and evaluation, and gender mainstreaming in issues of DRR and WASH. The report is intended for use by CARE project management, the donor and other project stakeholders.

## 2.0 Background

The Strengthening Peri-Urban Risk Reduction in Zambia (SPURRZ) project was an initiative by CARE Zambia aimed to reducing risk to flooding among the population of Kanyama Compound in Lusaka. With the Support from the Office of Foreign Disaster Assistance (OFDA), the project worked to increase Disaster Risk Reduction (DRR) awareness by sensitizing community members of Kanyama settlement in Lusaka and by providing training in DRR. The SPURRZ project was aligned with both global (i.e. UNDP and OFDA) and regional efforts (SADC) to more systematically address urban risks. It was also compatible with DMMU's and LCC's expressed needs, as well as their action plans. The main project deliverables by sector are summarized below.

### Sector 1: Natural and Technological Risks (NTR)

- Main objective was to raise awareness and disaster risk management skills in order to prevent, prepare for and respond to urban disaster.

Key Training activities under Sector 1 included:

- Community Risk Analysis (CRA)
- Disaster Risk Reduction (DRR)
- Early Warning Systems (EWS)
- Risk Information Systems (RIS)
- Disaster Preparedness/Mitigation and Management (DPMM)
- Exchange visits to Zimbabwe

### Sector 2: Water, Sanitation and Hygiene (WASH)

- Main objective was to reduce exposure to urban water borne hazards e.g. diseases

Key Implementation activities under Sector 2 included:

- Community sensitization
- Drainage cleaning
- Community clean-up and waste removal
- Water management plans
- Material/supplies distribution for non-medical emergency supplies

### 2.1 Purpose of AAR

- To review SPURRZ's operations, determine what worked well, what did not work well and provide recommendations based on actual reflections of project actors

### 3. Methodology

The After Action Review is a simple, utility driven, in-expensive and time-saving methodology.

Conceptually, *After Action Review* is a leadership and knowledge-sharing tool which brings together the team that is closest to the activity or project, when a critical milestone has been reached, to discuss successes and failures in an open and honest fashion. The project team in consultation with the Monitoring, Evaluation and Learning Unit (MELU) realized the need to conduct an After Action Review so as to capture what worked and areas of improvement.

A two-day workshop was conducted with participants from the Lusaka City Council (LCC), Ward Development Committee, Kanyama Disaster Risk Reduction Committee and the Lusaka District Health Management Team (LDMHT). The workshop was supplemented with focus group discussions in Kanyama Compound (Ward 10), key informant interviews and literature review.

#### 3.1 Development of themes

The SPURRZ project team identified thematic areas that guided the review process. The identified themes included: coordination and partnership, access to safe water supply and sanitation services, capacity building and emergency preparedness and monitoring and evaluation. Cross cutting themes included gender and advocacy.

#### 3.2 Literature Review

Prior to field visits and the workshop, the review team conducted a document review. Key documents reviewed include project documents and progress reports.

#### 3.3 Key Informant Interviews

The review team also conducted interviews with key project partners including Mulungushi University's Disaster Management Training Centre and the Lusaka District Commissioner's Office.

#### 3.4 Focused Discussions

A focused group discussion was conducted in Kanyama compound. Group participants - total of thirteen (13) participants, 5 male, 8 female – included Ward Development Committee members, Disaster Risk Reduction members and ordinary community members. A. The discussions were guided by a checklist developed by the review team with input from the SPURRZ project team.

#### 3.5 After Action Review Workshop

A two day workshop was held in Lusaka. Workshop participants included project staff, representatives of the partners Lusaka City Council (LCC), Kanyama Water Trust, Ward Development, SPURRZ project, Lusaka District Health Management and Kanyama Health Centre. Some Zone Leaders and Disaster Risk Reduction members were also present. The participants were divided in five groups each discussing a theme and answering the following questions;

- What was supposed to happen?
- What actually happened?
- What worked?
- What didn't work? Why?
- What could be done differently next time?

Preceding thematic group discussion was an orientation to the AAR approach and review process to ensure that participants understand the AAR process. Various participatory methods were applied during the workshop enabling free interaction and contributions from the participants.

#### 3.6 Data analysis

One of the key characteristics of the AAR is the on-site data analysis during the discussion of the review questions. This is achieved through the *Thematic Analysis* approach which involved systematically arranging the collected data

into themes and aligning all relevant issues to each of the themes. Data collected during the focus group discussion was equally analysed by grouping it under the key areas of what worked, what did not and areas of improvement.

Overall, the assessment was to address the following analysis areas:

- I. What the project did right
- II. Areas of improvements
- III. Lessons Learnt
- IV. Recommendations

### **3.6 Limitations of the study**

a. Scheduled key informant interviews did not take place with representatives of the Disaster Management and Mitigation Unit, District Health Management Team (Planning Unit) and Lusaka Water and Sewerage.

b. Some of the workshop participants were not present during the implementation stage and as such did not contribute much to the review. However, this did not negatively affect the outcomes of the review process

## 4. Findings

### **Theme 1: Coordination and Partnership**

In order to achieve its intended objectives, the project identified key partners to be involved in the delivery of the various project activities. The partners are the Kanyama Ward Development Committee, Kanyama Water Trust, Disaster Management and Mitigation Unit, Lusaka City Council, Lusaka Water and Sewerage Company, the Lusaka District Commissioner's Office, the Kanyama Member of Parliament among others. In terms of strengthening coordination and partnership, the project planned to hold monthly meetings, conduct joint monitoring visits as well as information sharing.

### ***Things we did right***

There was consensus among AAR participants that community mobilization was well coordinated. Further, community meetings were well organized with attendance by all key stakeholders such as the Zambia Police Service, zonal leaders, teachers, NHC, medical staff, environmental health technician, MPs office representative and even traditional healers. Attendance and participation of key stakeholders enhanced the unity among them and implicitly underlined the importance of disaster risk reduction especially at community level.

The formation of DRR committees by community volunteers enhanced coordination at the lowest level. For example, implementation of door-to-door sensitizations and mobilization activities such as road shows and community meetings were arranged by volunteers, working together with Ward Development Committee and Kanyama Water Trust office. The coordination fed into high level partners such as District Commissioner's office, Disaster Management and Mitigation Unit, Lusaka City Council, Lusaka Water and Sewerage Company and others.

Training in DRR/WASH/TOT was regarded as effective because it captured large enough numbers of volunteers from the community such that all areas were adequately represented. The participants also said that content of DRR training was relevant because it directly related to the key issues in WASH interventions that were implemented in the past. The training clearly defined partner roles and therefore helped them to know their position in the project whether at community or other levels.

The participants further appreciated the joint monitoring visits that the key partners undertook on a monthly basis to Kanyama Ward 10 area.

### ***Areas of Improvement***

In terms of things that did not work well, some members of the community were not adequately informed about the SPURRZ project from inception. Despite training the zonal leaders, WDC officers and officers from water trusts, there was no immediate information flow to the community members. This affected people's understanding of the project and may have contributed to protracted project take-off particularly regarding project visibility in the eyes of ordinary community members.

The shift from drainage construction to designing a drainage master plan was not well communicated to the stakeholders, especially the community. The After Action Review participants reiterated that the change affected target beneficiaries' expectations and therefore considerably lowered the value they had earlier placed on the project.

Though not in the project design, the AAR revealed that volunteer motivation was not considered by project management. The expectations around motivation were that members of DRR committees should have been receiving lunch and transport refund allowances during their scheduled home visits or when undertaking drainage unblocking. Others suggested that bicycles, badges/ID cards, T-shirts and provision of protective clothing could have boosted their morale.



## **Theme 2: Access to safe water supply and sanitation services**

In order to achieve the objective of reducing exposure to urban water borne hazards, the project was designed to conduct community sensitization, drainage cleaning, community clean-up and waste management plans and material/supplies for non medical emergency supplies. In addition, the project also planned to construct tap stands as sources of water. Participants present during the AAR workshop attested to the following positive results:

### ***Things we did well***

#### Sanitation Services

##### Sensitization on hygiene practices (IEC)

The trained Disaster Risk Reduction members conducted door to door sensitization on hygiene which included hand washing practices, proper use of toilet, indiscriminate disposal of waste, dangers of using shallow wells and open latrines. Other innovations such as use of drama group performances were equally appreciated.

##### Construction of Ecosystem toilets

Though this was a PPURSS<sup>2</sup> activity, FGD participants attributed reduced indiscriminate disposal of waste to construction of ecosan toilets in Kanyama's Ward 10. The SPURRZ project complemented the hardware component by focusing on the software component (hygiene promotion). Participants during the focussed group discussion and the workshop did indicate that indiscriminate disposal of human waste i.e. 'flying toilet'<sup>3</sup> is significantly reduced. This was attributed to the ecosystem toilets constructed during the PURSS project. This has also potentially reduced diarrhoea cases especially among children. In addition FGD participants reported better air quality due to decreased waste disposal.

##### Garbage Collection

Participants during the workshop appreciated the efforts by the Water Trusts and CARE in ensuring that the Community Based Enterprises collected solid waste. This significantly contributed to an improved environment in Kanyama Ward 10 area.

#### Access to clean and safe water

##### Procurement of chlorine

The project in collaboration with other key stakeholders such as OXFAM, Medicins Sans Frontiers (MSF) and the Kanyama health centre procured and distributed chlorine to some in the compound. Approximately 5,180 households benefited from the SPURRZ distributed chlorine disinfectants<sup>4</sup>. In addition, the project provided a mobile water testing kit to Kanyama health centre. The project through Kanyama health centre also did manage to treat water in the shallow wells.

##### Construction of water points

Construction of water points is underway; participants felt that this was a key activity to ensure that residents have access to clean and safe water. In addition, it was felt that engagement of residents in the construction provided some income. Discussion during the AAR revealed that about thirty (30) residents were involved in rock breaking. It

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<sup>2</sup> Promoting Peri Urban and Sanitation Services was a European Union supported project which facilitated construction of toilets in Kanyama compound-Ward 10 area.

<sup>3</sup> Usually, these are empty packets of opaque /plastic bags people use for disposing fecal matter

<sup>4</sup> Community Activity Report October-December 2010

is expected that 100,000 beneficiaries will have access to the 10 water points and that this will reduce number of households using shallow wells as their source of water.

### ***Areas of Improvement***

#### Rock breaking

Hiring of a consultant for the rock blasting exercise was not done timely. This affected negatively the pace at which pipes were laid. Community members have continued using traditional methods of rock blasting. Participation in rock blasting by some community was cited to be low. In addition, the participants felt that a thorough feasibility study should have been conducted before mapping where the water pipes were to be laid.

#### Procurement of materials

CARE's SPURRZ project did not procure the materials for construction of tap stands as planned. This was due to the fact that the required materials (taps & meters) were not locally available and could only be procured outside the country. The project managed to source materials in South Africa but the procurement process was slow. This ultimately affected construction of the planned ten (10) water points, by the end of the project, construction works had not finished.

#### Provision of tools and gear

Disaster Risk Reduction (DRR) members felt they needed tools and gear such as gum boats, gloves-shirts and/or any form of identities. Lack of identity cards literally made door to door sensitization difficult as the community members did not really know what the DRR members were supposed to be doing and who they were. Cleaning of drainages was also difficult as the DRR members expected CARE to provide gum boats and gloves for them.

#### Collection of Garbage

While it was appreciated that CBEs did collect garbage, participants during the group discussion and the two-day's workshop expressed concern on the frequency of garbage collection by the Lusaka City Council. The pace at which garbage was being collected was slow and fears for disease outbreak were expressed. Lusaka City Council indicated that collection of garbage from the containers was hindered by lack of transport facilities.

#### Feasibility study

The project, in collaboration with key partners needed to conduct a feasibility study with regard to laying of water pipes. This would have definitely informed the engineers/contractors working on constructing of tap stands. The community members are using the traditional way of rock blasting and it has proved to be a slow process in that materials (firewood) for use are not readily available. Various stakeholders such as Lusaka City Council (LCC), Lusaka Water and Sewerage Company (LWSC), CARE and community members should be involved in conducting such studies.

### **Theme 3: Capacity Building and Emergency Preparedness**

In an environment such as Kanyama compound where natural hazards are prominent i.e. floods, local actions are decisive in all stages of risk management. Commitment by community members to systematic vulnerability reduction is crucial to ensure resilience and response of communities and populations to the impact of natural disasters. The project therefore aimed at raising awareness and disaster risk management skills among community members. Activities planned towards attainment of this objective included training in the following areas Disaster Risk Reduction (DRR), Early Warning Systems (EWS), Risk Information Systems (RIS) and Disaster Preparedness/Mitigation and Management (DPMM).

### ***Things we did well***

#### Capacity building in DRR

The project trained hundred and twenty (120) community members in Disaster Risk Reduction<sup>5</sup>. An additional forty one (41) community members were trained as trainers (ToT) so that they could train other community members. Participants during the workshop and the group discussions appreciated the trainings in that skills were imparted on how to prepare and mitigate impacts of disasters. Some of the skills resulting from trainings as it related to the Kanyama situation included clearing of drainages and door to door hygiene promotion.

#### Integrating DRR and Water and Sanitation

The concept of integrating the disaster risk reduction and water and sanitation activities received positive remarks from various stakeholders. Key informant interviews conducted revealed that emergency preparedness through DRR trainings has proved to be more effective than being reactive to flood related disasters. For example, during the 2010/2011 rainy season Kanyama health centre recorded zero (0) cases of cholera. It was highly appreciated that while other factors for example reduced rainfall played a role, CARE' SPURRZ initiatives significantly contributed to the reduced cholera cases.

Workshop participants present during the AAR workshop appreciated the facilitators (trainers) approach to building capacity i.e. Mulungushi University. The approach to trainings was participatory and was sensitive to levels of literacy among participants.

#### ***Areas of Improvement***

- While capacity building was a success, it was felt that the project in collaboration with key partners such as DMMU needed to continue supporting Kanyama community with training. For example, increase number of participants to be trained as well as conduct refresher trainings for already trained members.
- It was also mentioned that while some skills resulting from trainings were evident for example, sensitization, this was not being done on a large scale as knowledge transfer was still in its infancy.
- The entire Kanyama compound is vulnerable to disasters, therefore, initial training in DRR should target beneficiaries of the entire Kanyama compound and not just confined to Ward 10. *"Floods are non selective, the Kanyama terrain is rocky and thus vulnerable to floods."* said one of the AAR participants. Participants indicated that while the trainings were conducted on time, knowledge transfer by the trained Zonal Leaders (ToT) was ineffective.
- Another area of improvement cited was the need for the project to timely provide tools and gear (boots and gloves) so that cleaning of drainages was effective thereby building community resilience in emergency preparedness.
- Another lesson worth noting is that behaviour change tends to be a long process. While knowledge has been imparted on community members on potential risks and hazards i.e. shallow wells, it was revealed that above 90% of the trained community members in DRR still have shallow wells and pit latrines at their homesteads. Shallow wells are a cheaper solution.. Urban settlements such as Kanyama compounds have limited access to safe water yet social and economic activities increase. ., Shallow wells continue to pose a risk for health as they are often just a few meters from the pit latrine. In addition, children are also vulnerable to drowning in shallow wells. To this effect, community members need to bury the wells.
- While it was recommended that water harvesting could be one of the strategies employed during rainy season, one learning point emerging from the recommendation was that the type of houses (small and flat roofs) in Kanyama compound will not support water harvesting.

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<sup>5</sup> There was no gender disaggregation for DRR training including those trained in ToT. However, the PM indicated that most of the participants were women

#### **Theme 4: Monitoring and Evaluation**

Monitoring and evaluation continue to play an important role in project management in that accurate and timely data collected, analyzed and reported at various levels contribute to real time informed decision making. As guided by the revised monitoring and evaluation plan, data was planned to flow from the community, that is the DRR members through to the project management team and ultimately to the donor.

##### ***Things we did well***

The project did manage to submit reports to the donor on time, feedback on reports from the Assistant Country Director, Regional Director and the Emergency Coordinator was highly appreciated by the project team.

Data flow from the community to other partners was fairly well coordinated. Partners acknowledged that it was easy to access data useful for planning from the community. This was mostly data on sensitization and mobilization activities.

##### ***Areas of Improvement***

- However, findings from the focus group discussions and literature review revealed that data collected was not consistent with indicator requirements. The AAR established that the project indicators were not adequately explained to DRR members that collected data, hence the discrepancy between indicator requirements and the data available. As much as community volunteers were oriented in data collection tools, they inconsistently and some never used them mostly due to low literacy.
- Related to the above was the issue of reporting and documentation. Reports forwarded to the office did not contain detailed information because some volunteers did not know how to write and only passed on data to the DRR committee secretary by word of mouth. In addition, no copies of reports compiled by the secretary were retained at community level thereby making data verification difficult. The AAR also noted the non-documentation of project success stories.
- Under utilization of computers - the WDC office has a desktop computer but they rarely use it to process reports, let alone data analysis. Reports that reach CARE office are mostly in hard copy form and they lack basic interpretation of the data collected and fail to show realistic linkages concerning the DRR/WASH overall picture on the ground.
- The project did score some successes but this was not captured by way of documenting success stories or stories of change. In addition, the officer assigned to conduct monitoring and evaluation related activities did not undergo adequate training in basic monitoring and evaluation despite the earlier intention to train the officer.
- Future projects should improve on data quality by way of localizing data collection systems through trainings in participatory data collection and analysis. This approach ensures that stakeholders at community level grasp apply and utilize the concepts of monitoring and evaluation.
- Since the project also focused on Capacity Building in DRR, it is important that knowledge, attitude and practice (KAP) surveys are undertaken. While this was an emergency project by design and implementation, semi annual surveys could have informed the project on behaviors as regards burying of shallow wells and any other potential risks or hazards.

#### **Theme 5: Gender mainstreaming in Issues of DRR and WASH**

The involvement of women and girls is crucial to effective water and sanitation projects. Women and girls in developing countries bear most of the burden of carrying, using and protecting water. They also have the most responsibility for environmental sanitation and health at home.

Participants during the group discussions and the two-day's workshop reiterated that women continue to take care of children who tend to be vulnerable to water borne diseases. Coupled with this, as they access clean and safe water women tend to be objects of abuse, for example, sexual abuse by water point managers. In addition, when

their houses are flooded, women and children normally cope by way of seeking refuge on houses on upper lands that are less vulnerable to flooding, when this happens, women and children suffer abuses in various forms.

### ***Things we did well***

Activities such as construction of ecosystem toilets leading to reduced indiscriminate disposal of waste positively impacted on women in that there are less cases of cholera or any related diseases among children, ultimately giving women more time to attend to other productive chores. In addition activities promoted by the project such as hygiene promotion also had positive effects for women.

Findings from literature review showed that more women participated in DRR/WASH activities in the community. For example, the Jan-Mar2011 Quarterly Report highlighted that 138 men compared to 838 women took part in drainage clearing and unblocking. Project management also estimates that 80% of women were involved in the door-to-door health and hygiene campaigns and chlorine distribution. It was however not clear whether more women participation in many DRR/WASH activities can be equated to gender mainstreaming

### ***Areas for improvement***

- In terms of areas of improvements, it was indicated that the project should have had deliberate efforts/interventions directed at working with women. For example it was cited that there were no sanitary supplies given to women during the 2009/2010 rain season. Sensitization efforts equally took a general approach where DRR messages were directed at everyone in the community without special focus on women, for example formation of women sanitation clubs like “cleanest house/woman” or formation of WASH demonstration houses (where others would learn from) chosen by club members.
- Distribution of chlorine was highly appreciated. However concerns were raised regarding the rising number of women using chlorine to bleach their skin. This was said to be a health hazard as it could lead to skin cancer. It was recommended that future similar projects should couple distribution of chlorine with a health talk focusing on the negative effects of chlorine if not properly used.
- Some participants (women) - though insignificant in number - indicated that said chlorinated water is bitter and tastes bad in the mouth. In future, it will be helpful to work closely with chlorine manufacturers/producers to explore possibilities of making it odorless.

## **5. Conclusion**

Through active participation both during the group discussions and the two-day workshop, the AAR was able to identify areas where the project performed well and areas for improvements. Overall, the project performed well, though some areas especially around timely procurement of materials for tap stands construction should have been done better.

One important aspect also drawn from the SPURRZ project was that of integrating DRR and WASH with regards to emergency preparedness. This model has proved to work very well through post training evaluation of assessing behavior change among Kanyama residents. The existence of community structures such as WDC, DRR committee, Water Trusts provide a platform upon which future projects/programs can build. Overall, the SPURRZ project was cited by the community members and other stakeholders to have significantly contributed to reduced cholera cases and better hygiene in Kanyama Ward 10.

As a way forward, the participants proposed some actionable recommendations for activities that have not yet been implemented as earlier planned. Therefore, the onus remains with the various key stakeholders to review the recommendations and monitor proposed activities.

## Actionable Recommendations

The following actionable recommendations were proposed by the workshop participants for the activities which had not been completed by 30<sup>th</sup> April, 2011. It was also emphasized that a task force be formed and mandated to monitor the proposed activities.

S/N	Activity	Timeframe	Responsible	Comments
1	Rock Drilling and breaking	20 <sup>th</sup> May to 4 <sup>th</sup> June,2011	Water Trust, WDC,CARE	
2	Delivery of Project Supplies	20 <sup>th</sup> to 31 <sup>st</sup> May,2011	CARE	
3	Pipe Laying	20 <sup>th</sup> May to 15 <sup>th</sup> June,2011	LCC, Community, LWSC	
4	Shallow well burying	On going	MP'Office, LCC,WDC,LWSC,WT and Police	
5	Fixing of taps pipes and other accessories	22 <sup>nd</sup> May to 15 <sup>th</sup> June,2011	Water Trust, Community Artisans	
6	Procurement of 600 PVC pipes	20 <sup>th</sup> to 31 <sup>st</sup> May,2011	CARE, Water Trust	
7	DRR/WASH sensitization	On going	DRR/WASH Commitees, NHC, Tap Attendants, WDC	
8	Supervision of works	On going	LCC, LWSC,CARE,WT	
9	Training in water quality monitoring	15 <sup>th</sup> June,2011	LCC,LWCS & CARE	
10	Commissioning of 10 water points	23 <sup>rd</sup> June,2011	CARE, DC,MP, WT,WDC	
11	Training CBO's in data management	End July	LCC, DMMU & CARE	It was discovered that there was a gap in record keeping at WDC and community level

## Annexes

### Annex 1 Scope of Work



Scope of Work.doc

### Annex 2 Focus Group Discussion Guide



SPURRZ AAR FGD  
Checklist.doc

### Annex 3 Workshop attendance list



AAR  
participants.xlsx

### Annex 4 PowerPoint presentations



FGD results.ppt