Government of the Republic of Zambia/
United Nations Children's Fund

unicef

Report on the

Mid Term Review of the DCI/Ireland AID Funded Community WASHE and SSHE in Four Pilot Districts of Southern Province

Compiled by

Riverine Development Associates
Lusaka, ZAMBIA

September 2005

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF PHOTOGRAPHS

LIST OF TABLES

ABBREVIATIONS

CAG	Cash Advancement to Government
CHW	Community Health Worker
DCI	Development Cooperation Ireland
DAPP	Development Aid from People to People
DDCC	District Development Coordinating Committee
DHMT	District Health Management Team
DISS	Department of Infrastructure and Support Services
DPO	District Planning Office
D-WASHE	District Water Sanitation and Hygiene Education
EHT	Environmental Health Technicians/Technologists
FDCL	Food and Drug Control Laboratory
FGD	Focus Group Discussion
GRZ	Government of the Republic of Zambia
MLGH	Ministry of Local Government and Housing
NGO	Non Governmental Organisation
NHC	Neighbourhood Health Committee
PHAST	Participatory Hygiene and Sanitation Transformation
PRA	Participatory Rural Appraisal
PTA	Parents Teachers Association
RHC	Rural Health Centre
RWSSU	Rural Water Supply and Sanitation Unit
SHN	School Health and Nutrition
SSHE	School Sanitation and Hygiene Education
SWSC	Southern Water and Sewage Company
ToR	Terms of Reference
UHC	Urban Health Centre
UNICEF	United Nations Children's Emergency Funds
VAP	Village Action Plan
V-WASHE	Village Water Sanitation and Hygiene Education
WASHE	Water Sanitation and Hygiene Education
WVI	World Vision International
WQMSS	Water Quality Monitoring and Surveillance System

EXECUTIVE SUMMARY

The Community Water, Sanitation and Hygiene Education (WASHE) and School Sanitation and Hygiene Education (SSHE) programmes have been implemented in the four pilot districts of Mazabuka, Monze, Sinazongwe and Kalomo since 2002. The pilot projects are being implemented as part of the UNICEF Country WASHE Programme Second Project Cycle 2002-2006. The focus of these programmes has been the eradication of outbreaks of water-related, water-based, water-washed and hygiene related diseases. The project focuses on the promotion of water and sanitation facilities that enable families to improve their health status. As part of the project, the United Nations Children's Emergency Fund (UNICEF) has build capacity of Government and the four (4) District Water, Sanitation and Hygiene Education (D-WASHEs) Committees and Non Governmental Organisations (NGOs) operating in the 4 districts to enable them provide support to 240 Village Water, Sanitation and Hygiene Education (V-WASHEs) and 120 schools to use Participatory Hygiene and Sanitation Transformation (PHAST) and life skills based hygiene education methods to identify their needs, prepare their (school, household and village) action plans plan, implement and monitor the implementation of action plans to improve their WASHE situation at household and school levels.

A Mid term evaluation of the DCI/Ireland Aid funded UNICEF Community WASHE and SSHE was undertaken from April 4th 2005 to May 7th 2005 by Riverine Development Associates primarily to assess the achievements of the project activities in the four pilot areas. This evaluation was also intended to document the progress achieved and lessons learnt to date as well as providing insights on the adjustments and corrections to be made generally in the implementation of different WASHE and SSHE activities. The methodology employed in this mid term evaluation included the collection of relevant data which was done through documents review and field work. A total of 61 interviews were conducted. Out of these 61 interviews, 49 interviews were through key informants and 12 were through focus group discussions. Furthermore, of these 61 interviews 37 respondents came from Community WASHE, 19 respondents were from SSHE and 5 respondents covered both Community WASHE and SSHE.

Key Findings and Observations

Some of the findings and observations made by the Evaluation team indicate that the development of new water sources (boreholes fitted with India Mark II hand pumps) has generally significantly shortened the distances covered by the communities to the nearest water points, although there are some areas were the communities are still covering considerable distance to the nearest water points. The other notable benefit resulting from development of additional water points and the rehabilitation of old water points is the reduction in the time the communities spend on collecting water from these water points. The project also supported the building of latrines (sanplat type of pit latrines) at household levels and at schools. Despite building more pit latrines at schools and household levels, on the average the ratio of number of pupils to a toilet for both girl and boy child is still high while the majority of households still do not have pit latrines and are still using the bush. Therefore, more pit latrines have to be built at both the household and schools levels.

Hygiene education is on-going. The impacts of hygiene education to the local communities have been extremely positive. The local communities have embraced good hygiene practices like washing hands from running water, unlike the old practice of washing hands from a communal basin and or container, washing hands

after the use of the toilet. This practice has been greatly accepted by the local communities to such an extent that they have even nicknamed it 'WASHE hand washing method'. The projects promoted this hand washing practices by supporting the building of hand washing facilities at schools and distributing the 5 l plastic containers to the households with a view of using them as hand-washing facilities.

Life long skills have been imparted into the local communities. The project has very strong capacity building components in the various components of the Community WASHE and SSHE programmes. The project has built capacity in the local communities in technical, management, planning and monitoring fields. In the technical field, each catchment has trained latrine builders, masons, pump menders and pump minders. This group of local technical experts are core to the long term sustainability of the project. However, relocation of some of the train local experts in search of livelihood and in some cases the loss of trained local skilled labour through death is robbing the local communities with this skilled labour and consequently exerting pressure on the remaining skilled labour. This suggests therefore that training of local communities in various life long skills should be continuous.

The evaluation also identified that the change in funding policy by UNICEF midway the implementation period unsettled all the WASHE and SSHE activities in all the four pilot districts. The reasons for the change of funding policy were the large indebtedness of the D-WASHEs which arose from their failure to account for and or retire the CAG. Despite UNICEF organising the workshop to explain the change in funding policy and introduce the new funding policy of reimbursement to the D-WASHEs, this new funding policy has been deeply misunderstood and has never been appreciated. This consequently led to the demise of WASHE and SSHE activities in 2003 in all the four pilot districts. In 2004 the situation was not any different in the three districts of the four pilot districts namely Mazabuka, Monze and Sinazongwe districts as only Kalomo district had managed to implement most of their planned WASHE and SSHE activities in 2004. The planned WASHE and SSHE activities could not be implemented in the three districts in 2004 primarily because the D-WASHEs failed to access finances from UNICEF. Nonetheless, they were millions of Kwacha tied-up in materials and spare parts in D-WASHE outlets which they would have sold so as to implement some of the activities and consequently seek reimbursement from UNICEF, the opportunity they never exploited.

Delays in the implementation of WASHE and SSHE activities in the four pilot districts have been experienced from time to time since the inception of the project. These delays have been as the result of the late delivery of materials. The materials are delivered as late as in the last quarter of the respective implementation year. Worse still, the materials are delivered in parts. Cement is usually delivered first and then concrete enforcement wire and iron rods. What this entail is that despite the delivery of cement sanplats can not be produced until the concrete enforcement wires and iron rods are delivered.

On the other hand, one component of the project that seems not to have fully been implemented is the water quality monitoring and surveillance system (WQMSS). Out of all the EHTs from the four pilot districts, only EHTs from Sinazongwe and Kalomo were trained in water quality monitoring and surveillance system. EHTs from Mazabuka and Monze were not trained in WQMSS under the projects. Nonetheless, despite the training in WQMSS, monitoring of water quality is rarely undertaken. Furthermore, when monitoring is done it takes a long time for analytical results of water samples suspected to have high loads of biological and or chemical contaminants to be sent from FDCL to the communities. This has proved to be a major deterrent to the development of an effective WQMSS.

Strategies to guarantee the expected long-term maintenance of benefits continue were identified. Amongst the identified strategies were the knowledge, attitudes and practices of the communities in the four pilot districts being pro-WASHE. The capacity built in the communities in long-term life skills coupled with the developed community-based technical support have been fundamental to the transformation of knowledge, attitude and practices in the local communities. This in itself has ensured continued community sensitisation on WASHE activities.

Lessons Learnt

The implementation of the Community WASHE and SSHE on a pilot basis in the four districts in Southern Province has been a continuous learning experience. Various experiences have been encountered over the period the projects have been implemented (from 2002 to date). D-WASHEs, to date, have failed to raise finances to support their annual WASHE and SSHE activities outside UNICEF despite being principal in the provision of water and sanitation services to the rural communities. Many critics have attributed this failure by D-WASHEs to raise finances outside UNICEF to the genesis of the WASHE Programme itself, as it was absolutely reliant on the financiers, UNICEF. The WASHE Programme is viewed by the majority of the people as UNICEF (WASHE = UNICEF). Therefore, any failure by D-WASHEs to access finances from UNICEF brings about the grounding to a halt of the WASHE Programme. Other lessons learnt from the implementation of the Community WASHE and SSHE Programmes in the four pilot districts to date are:

i. The provision of half a bag of cement per household per sanplat is not adequate as all pit latrines in unconsolidated sand soils need to be lined from the bottom, in order to present them from collapsing.

ii. Training in latrine building is not exclusive to males alone. D-WASHEs have also trained a good number of female latrine builders and or masons and these have been very active in constructing latrines in various villages. These masons have also become trainers of trainers.

iii. The WASHE concept has improved donor coordination and collaboration in water and sanitation in the four pilot districts. The entry point of any NGO, donor organisation or development agency wishing to undertake any project in water and sanitation are the D-WASHEs. Areas for new projects in water and sanitation are identified in collaboration with D-WASHEs and interested NGOs, donor organisation or development agency. This system has lessened possibilities of duplication of activities in one area by multiple development agencies and has enhanced the even distribution of water and sanitation in areas of need.

iv. Nearly all the local communities are aware of the water user fees but they are not willing to contribute. Various reasons have been advanced to justify why they are not willing to contribute towards the use of water. These have ranged from the common excuse of being poor and thereby unable to raise the finances to pay for the use of water to simple dictates arising from experience – because according to experience the water pumps rarely breakdown and they take long to develop any sort of mechanical problems. As the result it is only deemed necessary to contribute whenever there is a breakdown.

v. Hygiene education and or awareness conducted in almost all catchments does not include and or emphasize on the need for the local communities to contribute towards the provision of water in their areas in order to ensure sustainability of the supply of water and improvement in the service delivery.

vi. The use of refuse pits as a basic solid waste management practice at a household level has been intensified since the introduction of the WASHE Programme in the four pilot districts. This has been achieved through community sensitisation and advocacy.

vii. The majority of the local communities are planting citrus fruit trees on these filled-up refuse pits. These have proved to have better soil nourishments as plants from these pits generally look healthier than those ordinary soils.

viii. The organisation of the local communities and consequent building of capacity in the local communities (i.e. masons, V-WASHE, ACOs, pump minders, pump menders, etc.) is principal and should precede the commencement of provision of WASHE basic needs in a new area. This has proved key in the sustainability of WASHE activities in the four pilot districts.

ix. Indigenous knowledge presents a wealth of alternatives to seemingly complex challenges without necessarily compromising the quality of the products and or services, and are readily accepted by the local communities. The use of ash as a hand washing detergent is one point in case.

x. The current school's design of the hand washing facilities presents some technical problems. The taps wears down quickly and has to be replaced on a regular basis. However, the problem with the current design is that the piping for the supply of water to the faucet is embedded into the concrete block work of the hand washing superstructure. This makes repair and replacement very difficult. The other problem is that there is always residue water remaining in the tank and this provides a base for unclean water which could contaminate any freshwater pumped into the tank. The design of the concrete base in the tank should be modified to allow for efficient runoff of water.

Follow Up Actions

The Mid Term Evaluation identified a number of issues which require to be addressed in order to achieve the set project goals. The following points arise from the discussion on findings as presented in the main report:

1. The actual causes of the delays in the procurement of materials need to be examined and permanent solution(s) established and effected. In examining the root causes of the delays in delivery of materials to project areas, it may be worthwhile to also look at the whole procurement process – starting from the procurement of materials (cement, concrete enforcement wires, iron rods, iron roofing sheets, etc) to the procurement of services (transporters);

2. Develop workable solutions on the funding of project implementing agents (especially the D-WASHEs) without compromising the new reimbursement system;

3. Facilitate the graduation of D-WASHEs from over dependency on full support from UNICEF for implementation of their annual work plans;

4. Making the D-WASHEs more visible at the village level and reinforcement of the links between the D-WASHEs and grassroots structures;

5. Institutionalising the D-WASHEs so as to make them more credible and able to attract members that would enhance its status;

6. Formalise and regularise water user fees for water points and strengthen the capacities of water point minders;

7. Redesign the school hand washing facilities so as to improve overall performance and redress some technological challenges encountered when replacing the tap as well as the residue water that permanently remain at the base of the tank;

8. Concrete roofs – a new roofing design is required and this can be based on a simple timber purlins and rafters structure capable of taking either asbestos or galvanised iron sheets. The same mono-pitch roof design can be employed on the VIP buildings;

9. The promotion of hand washing facilities at household levels should be encouraged. However, possibilities of providing alternative facilities to 5 litre plastic containers should be examined since the majority of households prefer using these 5 litre plastic containers meant for hand washing for other purposes.

1.0 BACKGROUND

In December 2002, UNICEF obtained financial assistance from the Development Cooperation Ireland (DCI), formerly known as Ireland Aid, to continue with the implementation of the project aimed at improvement of community health through promotion of community-based Water Sanitation and Hygiene Education (WASHE) and School Sanitation and Hygiene Education (SSHE) activities countrywide. The funds were also meant to implement a sustainable community-based water quality monitoring system. The support from DCI represents its continued demonstration of its sectoral focus on water and sanitation. DCI has previously financially supported the WASHE Programme in Southern Province (Mazabuka and Choma Districts). This support was mainly directed at provision of good quality water in the two (2) districts. However since 2002, the DCI support has been directed at the promotion of SSHE activities in Mazabuka, Monze, Sinazongwe and Kalomo Districts in Southern Province.

Development Cooperation Ireland has contributed to the Water Sanitation and Hygiene Education (WASHE) Programme since 1998. However, the contribution from DCI to the Programme from 2002 has enabled the focusing of more attention towards the promotion of the School Sanitation and Hygiene Education (SSHE) in four pilot districts (Mazabuka, Monze, Sinazongwe and Kalomo) in Southern Province.

The four (4) districts where the project is being implemented on a pilot basis are namely Mazabuka, Monze, Sinazongwe and Kalomo. The project focuses on the promotion of water and sanitation facilities that enable families to improve their health status. As part of the project, the United Nations Children's Emergency Funds (UNICEF) has build capacity of Government and the four (4) District Water, Sanitation and Hygiene Education (D-WASHEs) Committees and Non Governmental Organisations (NGOs) operating in the 4 districts to enable them provide support to 240 Village Water, Sanitation and Hygiene Education (V-WASHEs) and 120 schools to use Participatory Hygiene and Sanitation Transformation (PHAST) and life skills based hygiene education methods to identify their needs, prepare their (school, household and village) action plans plan, implement and monitor the implementation of action plans to improve their WASHE situation at household and school levels.

In these four districts, D-WASHE Committees have been established and trained in planning, implementation and monitoring of their own WASHE programmes. To date, the four D-WASHE Committees have gained sufficient experience to plan, implement and monitor their own WASHE programmes. The project therefore has been tailored reduction of poverty and improvement in the quality of life at a household level.

1.1 Project rationale

The overall goal of the WASHE Programme, which begun during the 1997-2001 cycle of the Government of the Republic of Zambia (GRZ)/United Nations Children's Emergency Fund (UNICEF) Country Programme and has continued in the 2002-2006 cycle, is to support Government efforts to achieve the progressive realisation of the right to good health, by increasing the availability of safe and sustainable water supplies, improved sanitation facilities, hygiene practices and nutrition in rural and peri-urban. The project has been playing a significant role through advocacy and by

increasing access to WASHE Basic Needs in a manner that promotes self-reliance and sustainability. The WASHE Basic Needs include:

1. Hand washing and hand washing facilities
2. Construction, maintenance and use of pit latrines
3. Adequate, convenient and safe access to water
4. Safe water collection, transportation, storage and use
5. Dish racks, storage of utensils, and use of pit latrines
6. Protect the environment; plant trees, clean premises, drainage
7. Use of impregnated (treated) bed nets

This project has formed an integral part of the WASHE programme. The WASHE programme has been able to promote the concept of integrated delivery of water supply with improved sanitation and hygiene education; achieve hand-pump standardization, and promote the concept of School Health and Nutrition (SHN) in Zambia. WASHE justifies its efforts through research indicating that increasing access to safe water sources and improving sanitation can reduce water-related diseases by 95%, that washing hands reduces diarrhoea episodes by 33 %, improvements in Sanitation by 27%, increasing water quantity by 20%, improving water quality by 15%.

Some improvement and consolidation activities, such as participatory planning at village level, have already been initiated.

1.2 Project formulation

D-WASHEs committees along with Environmental Health Technicians/Technologists (EHTs) and trained Community Health Workers (CHW) use Participatory Rural Appraisal (PRA) tools to facilitate planning at the village level in a two-day process, thus:

- Holding a village meeting where the PRA tools are utilised in the discussion on community health, WASHE-related problems and identification of possible solutions. Following this discussion, each household plan interventions on a Household Card; and the household plans are then consolidated into a Village Action Plan (VAP), and

- Preparation of consolidated annual work plans for the selected schools and the school's five-catchment villages. The Parents Teachers Association (PTA) work together with V-WASHE committees in their catchment area. The consolidated village and school work plans focus on combined activities on hygiene education including demonstrations of specific hygiene practices, and on improving the quality of construction of existing facilities. Emphasis is placed on hand washing, proper use and proper maintenance of facilities and making school more girl-friendly by ensuring adequacy of facilities for girls. Quality improvement of school latrines including roofing and plastering of walls.

- Funds for the project to be sought from DCI while the implementation of the project to be through the D-WASHEs or in some instances NGOs such as Development Aid from People to People (DAPP). While, on the part of water quality monitoring, the Food and Drug Control Laboratory (FDCL) is the implementing agency who are expected in turn to train EHTs for onsite water quality monitoring and testing.

1.3 Objectives and scope at design

The specific objectives therefore are as follows:

1. To build capacity of Government at national, one (1) provincial and four (4) district level to an improved water quality management and surveillance system that is effective and sustainable and responsive to the community's needs; and empowers user community to monitor its water quality and undertake remedial measures with minimum external support.

2. To build capacity of Government and the four (4) D-WASHEs and NGOs operating there to enable them provide support to 240 V-WASHEs and 120 schools to use Participatory Hygiene and Sanitation Transformation (PHAST) and life skills based hygiene education methods to identify their needs, prepare their action plans, implement and monitor the implementation to improve their WASHE situation at household and school levels.

3. To establish water point inventories and ChildInfor data banks in four districts and update the data banks with information on water point status, WASHE Basic Needs[1] and other child Info Indicators at least annually.

1.4 Financing arrangements for the project

Prior to April, 2003 UNICEF provided the project implementers (D-WASHE and DAPP) with cash advancement, commonly known as Cash Advancement to Government (CAG). However, after April 2003 the CAG system was replaced by a cash reimbursable system. The changing from the CAG to the cash reimbursement system was prompted by an audit that revealed the large indebtedness of the D-WASHEs in terms of non-retirement of the CAG. Under this new system, project implementers were required to finance the various activities and programmes before claiming reimbursements on these financed activities and programmes from UNICEF.

Additionally, the procurement and sourcing of all materials and services were undertaken by UNICEF Lusaka. All materials and services were procured and sourced through the Central Procurement Unit of UNICEF Lusaka. These procured and sourced materials were then transported from Lusaka by a transporter commissioned by UNICEF to the project areas in the four pilot districts.

1.5 Mid term evaluation of the pilot project

The primary objective of the mid term evaluation is to examine the actual achievements of the project with a view to ascertain and document the progress, experiences and lessons learnt and identifying key issues and challenges for the project. The specific objectives are:

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

1. To determine whether or not there has been any change in the time and energy spent on water collection through establishment of any changes of distance to source, number of consumers to each water point, terrain/geology for each water point, the number of people carrying water and method of transportation;

2. To evaluate the competence of the EHTs in the use of field kits and assess the need, if any, for capacity building in the implementation of an improved water quality monitoring and surveillance programme(s);

3. To evaluate whether there has been enough routine water quality monitoring to give early warning of any diarrhoeal disease outbreak or identifying and confirming the source of an outbreak;

4. To assess any improvements and changes in knowledge, attitude and practices at schools and household level, and

5. To evaluate the capacity of Local Authorities to manage WASHE programmes.

The Terms of Reference (ToR) for the mid term evaluation are presented as appendix 1.

2.0 INTRODUCTION

The Mid term evaluation of the DCI/Ireland Aid funded UNICEF Community WASHE and SSHE in the four Pilot Districts of Mazabuka, Monze, Sinazongwe and Kalomo in Southern Province was undertaken from April 4th 2005 to May 7th 2005. The pilot projects are being implemented as part of the UNICEF Country WASHE Programme Second Project Cycle 2002-2006.

The evaluation was aimed at assessing the mid-term achievements of the project in relation to meeting the project long term goals and objectives. This evaluation was also intended to document the progress achieved and lessons learnt to date. The rationale behind documenting the progress achieved and lessons learnt to date was fundamentally for the purposes of programme enrichment and/ or course correction.

DCI/Ireland Aid has been supporting the WASHE Programme for the last eight years. The initial support to the WASHE Programme by DCI/Ireland Aid in Southern Province was 1998, and was directed at increasing access to water supply, and building and strengthening the capacity of the communities and D-WASHE in the districts of Mazabuka and Choma. The subsequent funding in 1999 was targeted at the promotion of SSHE Programme in two districts namely Mazabuka and Monze on a pilot basis. In 2002, two other districts, Sinazongwe District and Kalomo District, were included in the SSHE Programme. The project thus expanded to cover a total of four districts. The Community Water Sanitation and Hygiene Education and School Sanitation and Hygiene Education pilot projects have now been in operation for over two years in the four pilot districts.

This report presents the findings of this mid term evaluation of the DCI/Ireland Aid funded Community WASHE and SSHE Projects in the four pilot districts of Southern Province. The report presents the achievements and illustrates lessons learnt to date through the implementation of these projects. Furthermore, the report makes recommendations on actions which may be necessary to strengthen project activities and long term impacts, and guarantees for sustainability.

2.1 Methodology

The methodology employed in this mid term evaluation included the collection of relevant data. This was done through documents review and field work. Essentially, two types of data were gathered, namely primary data and secondary data. Primary data was collected through interviews.

Two types of semi structured questionnaires were developed. One questionnaire was for Community WASHE while the other questionnaire was for SSHE. These two questionnaires solicited for primary data. Secondary data, on the other hand, was collected through reviewing of the various project source documents and reports. Pictorial data was collected using a digital camera. Digital photographs of the different locations and developments were taken from the project areas. These photographs gave the state of the number of Community WASHE and SSHE facilities from the four districts. Sample questionnaires are attached as appendix 2 and 3.

Generally, the principal method used by in the mid term evaluation was the Participatory Rural Appraisal (PRA) method. The application of this method meant

the usage of several facilitation principles drawn from the wider collection of tools available under this methodology. Some of the tools used in this exercise include:

2.1.1 Desk review of relevant documentation

Information and data was collected through the review of various relevant project source documents and reports. The reviewing and synthesizing of the information contained in the project source documents and reports provided the salient information that assisted in guiding the evaluation. This information further broadened the appreciation of the intended outcomes of the project and also flagged probable challenges of the projects.

2.1.2 Institutional mapping

Key institutions and stakeholders associated to the projects were identified. Cardinal to the identification of these key institutions and stakeholders was the outlining of their roles and responsibilities with regards to Community WASHE and SSHE Programmes. Furthermore, the main institutional issues relating to the programmes (WASHE and SSHE) were also established.

2.1.3 SWOT analysis

The Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis was performed on the DAPP, D-WASHE and District Health Management Team (DHMT) institutional arrangements. Of interest under the DHMT structure was the current functional structure at Rural Health Centres (RHC). The results from this analysis provided critical information on the institutional capacity of the three institutions.

2.1.4 Focus group discussions

At some schools and Community WASHE level, Focus Group Discussions (FGD) were held. At other schools and identified key institutions and stakeholder, information was gathered through interviews with key informants. The information collected through focus group discussions and interviews with key informants were vital in measuring the effectiveness, relevance and sustainability of the projects. The use of the ‘Situation Before’ and the ‘Situation After’ analyses on the communities resulted in the identification of ‘positive and negative, expected and unexpected changes’ ensuing from the implemented interventions.

Interviews with key informants provided significant Information pertaining to fundamental management issues, major lessons learnt to date; project effectiveness and overall sustainability issues.

In all a total of 61 interviews were conducted. Out of these 61 interviews, 49 respondents were through key informants and 12 were through focus group discussions. Furthermore, of these 61 interviews 37 respondents came from Community WASHE, 19 respondents were from SSHE and 5 respondents covered both Community WASHE and SSHE. Appendix 4 gives the list of people interviewed during this exercise.

2.2 Study assumptions

The major assumption of the study was that the structures D-WASHEs in the four pilot districts are functional and, routinely monitor project activities and have up-to-date reports and data patterning to project activities. The other assumption was that UNICEF had valid baseline data to be released before the commencement of the project.

2.3 Study constraints

A number of constraints where encountered during the study. These included:

1. Poor record keeping and or documentation by the D-WASHE Committees

   The Evaluation Team had difficulties accessing various documents from the D-WASHEs. In most cases, it was not clear where the custodianship of documents, reports, and plans lay, while in some instances, incomplete documents and reports were available. This made it difficult for the team to assess primary data available on the project.

2. Unwillingness by line government ministries and partners in sharing information and data

   Government line ministries such as the Ministry of Health through the District Health Management Teams are custodians of vital information and statistics and some of this would have added value to the evaluation. However, there were instances when the team failed to obtain necessary information from government line ministries and departments such as the Food and Drugs Control Laboratory, mainly on account of unwillingness on the part of the public officials at these institutions.

3. Time

   The four pilot districts cover a large geographical area and since the evaluation was based on a representative sample of 15%, it required adequate time to obtain information from various catchment areas. It equally required more personnel in order to work within the stipulated time frame. Additionally, given the constraints in obtaining secondary data mainly from documentation from the D-WASHEs and UNICEF, more time was required for the exercise.

3.0 PROJECT IMPLEMENTATION PERFORMANCE

The project outputs and/ or results are largely influenced by the way in which it has been implemented. Implementation in the broadest sense could therefore be regarded as the translation of the project design into practical results which have the net effect of making qualitative changes to the lives of the beneficiary community. Therefore, the project expected and unexpected changes both negative and positive are linked to project implementation.

This evaluation of the project implementation performance would therefore highlight factors that contributed to or detracted from efficiency.

The following are the results of the evaluation of the project implementation performance:

3.1 Design

Through the Country Programme Strategy, UNICEF sources for finances from its bilateral and multilateral collaborating partners to support various activities and projects in WASHE and SSHE Programmes. The activities and projects are then implemented by the D-WASHE and Local Cooperating Partners of UNICEF (Local Cooperating Partners) who include NGOs like DAPP. Finances are then released to D-WASHE and Local Cooperating Partners as per approved project proposals and budget lines by UNICEF.

The D-WASHE and Local Cooperating Partners (NGOs, DAPP and World Vision International (WVI)) and the government department, Food and Drug Control Laboratory (FDCL)) have been implementing the various aspects of the projects. The D-WASHE and DAPP have been implementing the Community WASHE and SSHE programmes in the four pilot districts while Food and Drug Control Laboratory has been implementing the Water Quality Monitoring and Surveillance System (WQMSS).

In terms of project design, the evaluation identified that the projects are being implemented as originally envisaged and designed. D-WASHE and Local Cooperating Partners are still key in the implementation of the various aspects of the project in the pilot project areas. However, problems have arisen with regards to the identity of the WASHE Programme has it is viewed as UNICEF (WASHE = UNICEF). This problem could be traced to the conception of the WASHE Programme and consequent inception in the Southern Province, particularly the four pilot districts. Since its inception in the Southern Province, UNICEF has been the main financier of the WASHE Programme, and thus the local people and D-WASHE refer to this WASHE Programme as the UNICEF Programme. This assumed identity has created a negative impact on the perception of the local people, and particularly the D-WASHE and Local Cooperating Partners. The WASHE Programme in all the four districts suffers from the lack of creativity and innovation from the implementers since they are convinced that by and large this is a UNICEF Programme which other funding agencies like DCI supplement.

3.2 Management and institutional issues

The D-WASHE Committee comprises representatives of sector-wide line ministries, government departments and NGOs. The Chairpersons of the D-WASHE Committees were elected from among its members but this changed in March 2002 when the Ministry of Local Government and Housing (MLGH) issued a directive that made Council Secretaries and/ or Town Clerks substantive Chairpersons of the D-WASHE Committees. The D-WASHE Committee is recognised as one of the committees under the District Development Coordinating Committee (DDCC).

The diversity in terms of membership composition of the D-WASHE Committees makes the committees seem uncoordinated particularly when it comes to reporting on results. The Head of Departments other than the D-WASHEs are expected to report to their respective organisations. The mandate of the D-WASHE is limited, despite the diversity of its membership composition. The D-WASHE has no power of censure or sanction of members for non-performance as members are represented on the committees to primarily represent their institution's views and plans. This is largely because involvement in D-WASHE is through 'representation' and not 'secondment' and as such 'employer' and 'employee' relationship is non-existent. Therefore, due to this fluid arrangement D-WASHE activities become secondary and are only performed as and when time allows. This is attested by the fact that the supposedly monthly meetings of D-WASHE Committees are now held at very irregular intervals and 'only as and when need arise'. For example, between January 2005 and May 2005, D-WASHE Committees in their respective districts have only held one meeting each. In addition, attendances to these meetings have been very poor, and at most 60% of members, on the average, attend these meetings.

3.2.1 Activity planning

D-WASHE Committees distinguish themselves as facilitators in the water sanitation and hygiene education who have to source finances for the implementation of the various activities and projects under the programme and build capacity in their local communities. This is fairly true as the activities and projects are implemented at the Village level. Ideally, annual activity work plans should be developed at the village level and these subsequently feed into the D-WASHE annual activity work plan. This planning system is effective and ensures the bottom up planning and full community participation. The same could be said about the grassroots structures (core staff through to V-WASHE), although their performance could be maximised.

Although the grassroots structures compare very well with those of DAPP and RHC, results show that there is a strong community involvement in activity planning in the DAPP and RHC setups while the D-WASHE have minimal involvement of community in the four pilot districts. Whereas the full community participation is evident in both the RHC and the DAPP setups, this is presently minimal in the D-WASHE setup. Some activities have been implemented in some villages without prior knowledge of the EHT, ACO and V-WASHE. The case in point is the recent borehole siting mission in Monze's Lubaya Catchment and Kalomo's Siachitema Catchment areas. Whilst the Core Staff directed the borehole siting mission to the pre-selected areas, EHTs and ACOs in these catchment areas had different preferences to the sites selected by the D-WASHE Committee.

3.2.2 Record keeping

Record keeping that effectively reflects institutional memory is clearly lacking in most of all D-WASHE Committees. The records were scattered in different offices and/ or were reportedly missing. It was also difficult to find an office housing D-WASHE although in most districts the District Planning Office (DPO) housed the WASHE Programme. However, this could have been for sheer convenience or purely being forced on by virtue of the responsibilities of the planning office. As such it became difficult to relate D-WASHE to an institution.

3.3 Costs and financing

The cost of the projects in 2003 was US$ 100,916.30 and in 2004 was US$ 192,480.44. Financing of these projects was through approved project proposals and budget lines from implementing agents. In 2003 and 2004 a total of US$ 81,553.61 and US$ 44,108.90 were utilised, respectively. The percent utilisation of the programmable amounts in 2003 and 2004 is 81% and 23%, respectively.

Each year Local Cooperating Partners send project proposals to UNICEF for financial support. Upon approval, UNICEF then disburses cash advances on a quarterly to Local Cooperating Partners for the implementation of the projects. However, about April 2003 the internal audit of UNICEF's activities revealed very high indebtedness or non-retirement of the CAG and this resulted into the suspension of the CAG system. The CAG system was nonetheless replaced by a reimbursement system. In this new financing system, projects implementing agents have to fund their initial activities but subsequently redeem all such costs from UNICEF. Like in the CAG system, the project and budget lines have to be approved by UNICEF prior to the commencement of the implementation.

Equally critical to the overall success of the projects is the effectiveness of the new funding system. If the projects have to be implemented on time by the implementing agents, reimbursing the costs incurred during implementation of approved activities should not take too long. It was observed that the effectiveness of the new funding system is being compromised by the time it is taking for UNICEF to reimburse the costs incurred during the implementation of approved activities. On the average, it is taking close to a month for UNICEF to effect the reimbursements. This is not only delaying projects' implementation but also frustrating the efforts of implementing agents. Furthermore, these long delays in effecting the reimbursements are negatively affecting the cash flows of implementing agents.

3.4 Performance monitoring

As part of the project design, performance monitoring is done at the village level by the Area Community Organisers (ACO) and the Community Health Workers (CHW). The ACOs and CHWs monitor both the implementation and performance of the projects in their respective areas on almost a daily basis. Each ACO and CHW is responsible for a number of villages in a Catchment. Thus, on the average there are about 12 ACOs in one catchment. However, at a higher level (catchment level) monitoring is done by the D-WASHE Core Staff.

Performance monitoring in all the D-WASHE supported catchment has literally come to a standstill. The last actual monitoring by the D-WASHE Core Staff was done in the last quarter of 2003. D-WASHEs attribute their failure to monitor the projects' implementation and performance to lack of financial resources which primarily has resulted from the changes in the funding regimes. The main contention of D-WASHE Committees is that since the suspension of the CAG system, they can no longer find finances to monitor project activities. It is clear that D-WASHE Committees have failed to comprehend and later on appreciate the new funding system. This is obviously conclusive from the sentiment of one D-WASHE core staff and project officer "…you retire what you were never given!"[2]. The consequence of this seemingly lack of appreciation of the new funding system is the killing off critical D-WASHE support activities. It is important to equally note that all participating government departments and agencies have peculiar financing regulations with budgetary allocation constraints which are seemingly used as excuses for not making the available resources for D-WASHE.

It is interesting to note that D-WASHE Committees usually have a lot of money although tied in materials. For example, Monze D-WASHE alone had over ZMK 40,000,000 worth of materials which it has yet to be disposed of. Therefore, regular disposal of these materials would raise the needed liquidity to enable the core staff monitor performance of the projects. This would rekindle the momentum of monitoring project implementation and performance by the D-WASHE that has been lost thus far.

Therefore, what is clearly lacking in the D-WASHE Committees is simply the basic initiative. The lack of this basic initiative has resulted in the failure by the D-WASHE to monitor performance of the projects activities. This could also explain why D-WASHE Committees are finding it difficult to mobilise additional resources in order to fund complementary activities. The conclusion from this state of affairs is that D-WASHE Committees are only strong when regular financial support is provided by UNICEF.

3.4.1 Procurement of materials

Another key aspect that is affecting the performance of the projects is the centralized procurement system. Materials and services for the projects are procured through the centralized procurement system and then delivered to the projects' areas. It was observed that the materials have mostly been delivered late to all the projects' areas. In addition to delivering the materials late, materials are delivered in parts. This also contributes to the overall delay in the implementation of the projects. For example, cement for the implementation of the projects in 2004 was only delivered in the last quarter of 2004. Furthermore, although the cement has been delivered, and delivered very late, reinforcement wires (brick force) and iron bars are yet to be delivered. The D-WASHE Committees are still waiting for iron bars and reinforcement wires to be delivered before commencing implementation of the projects.

On the whole, the centralised procurement system which is fundamental to the successful implementation of the projects and ensuring attainment of desired goals has been observed to be ineffective and has contributed to the delays in the implementation of the projects by a minimum of about 3-4 months on average.

[2] Observations from Mr. Kanini Moonga – D-WASHE Project Officer and Core Staff, Mazabuka

3.5 Technical assistance and training

It was generally noted that a lot of capacity building activities have been conducted in the local communities. A lot of capacity has been built in the local communities around WASHE and SSHE Programmes. A number of trainings in various life skills have been undertaken in the four districts since the inception of the projects. Notable among those trained are the latrine builders, masons and pump menders. On the average, there about 10 masons and 4 pump menders in each catchment.

Other trainings have been in planning, advocacy and hygiene education. However, the effective training programmes by D-WASHE Committees were conducted in 2003 when funds were available from UNICEF. Unlike D-WASHE Committees, DAPP has hitherto been carrying out training on a regular basis in the catchments it is working.

Therefore, D-WASHE Committees should regard training of the local communities on a regular basis a priority. It was evident that capacity building of local communities which is essential in ensuring real ownership and sustainability of the projects was presently limited. Worse more, it was also learnt that there was generally a high turnover of trained local communities like masons and pump menders. About 60% of these trained local communities have either relocated and are now in gainful employment i.e. working in farms or have just passed on.

4.0 PROJECT RESULTS

Project outcomes and impacts are dependent on the project implementation. The approach to project implementation in a large measure can be attributed to the results achieved at specific periods.

This section outlines the projects' outcomes and impacts and further identifies the main factors affecting performance and outcome sustainability.

4.1 Operation performance

There has been a general increase in the number of WASHE and SSHE facilities (water points, latrines and hand washing facilities) and activities (community sensitization of WASHE issues through community education) in all the four districts. Despite this improvement in the number of WASHE facilities, some family's still cover long distances to the nearest safe water points and other families are still without latrines and are still using the bushes.

4.1.1 WASHE facilities database

At commencement of these projects, data on the number of water points and latrines in these project areas were non-existent and it was difficult to effectively support the communities and schools in developing water and sanitation facilities. This time, however, each district has a database of water points, latrines, dish racks and refuse pits. The latest data on the number of latrines and water points per district are presented in table 1.

Table 1: Number of water points and latrines in the four pilot districts

District	Population	% urban population	Water points		Latrines	
			In use	Not in use	In use	Not in use
Mazabuka	232,000	22	811	267	5,449	1,563
Monze	98,274	26	515	86	3,527	2,010
Sinazongwe	97,000	20	351	53	2,506	616
Kalomo	204,650	10	765	78	9,840	1,874

It is a known fact that the urban population use waterborne toilet facilities and are connected to the central water reticulation network managed by Southern Water and Sewage Company (SWSC), a commercial water utility company although in some districts like Sinazongwe, the water supply is still being managed by the local authority. Therefore, the water points and latrines presented in table 1 are located in rural communities of the four districts.

4.1.2 Coverage of water points and sanitation facilities

Table 2 presents the percent coverage of the water points and latrines in the project areas of the four pilot districts.

Table 2: Percent coverage of water and sanitation facilities in the rural parts of the four pilot districts

District	Rural population	Water points in use	Percent coverage[§]	Latrines in use	Percent coverage[*]
Mazabuka	180,960	811	112	5,449	18
Monze	72,703	429	148	1,517	13
Sinazongwe	77,600	351	113	2,506	19
Kalomo	184,185	765	104	9,840	32

[§]The percent coverage of water points have been calculated by dividing the population with 250, the recommended number of people per water point
[*]Similarly, the percent coverage of latrines have been calculated by dividing the population with 6, the average members of a household

From table 2, it seems that the current water point coverage is adequate for the rural populations of all the four pilot districts. However, it should be realised that the analyses in table 2 do not incorporate variables such as the actual location of these water points in relation to the geographical locations of the various villages. The opposite can be said about the coverage of latrines in the four districts. The highest coverage of latrines is in Kalomo districts with 32% coverage while Mazabuka, Monze and Sinazongwe have less than 20% coverage.

Box 1

Chikwala V-WASHE is one community WASHE organisation in the Munungu Catchment of Monze. Chikwala village has a population of approximately 200 people. There are about 33 households in this village. The whole village has only 3 traditional dug and pole pit latrines. The community use the bush for disposal of their faeces, and they have to walk some considerable distance to find a suitable bush. This problem aggravates in the dry season as the bush is literary cleared by bushfire. At night, on the other hand, the community defecate in their back yards! The community are aware about the problems associated with using the bush for faecal disposal. Their biggest worries are the cross-contamination of their foods, kitchen utensils and water by animals feeding on these faeces as well as the lack of privacy. The community is also aware that their actions (use of the bush for disposal of their faeces) are a root cause of diarrhoeal outbreaks in their village. As such, the community have constructed dish racks at their households so as to prevent the animals from contaminating their kitchen utensils. Furthermore, each household has dug a pit and are awaiting sanplats for completion of construction of pit latrines. The pits were dug in the last quarter of 2003.

4.1.3 Distance to nearest water points

What is abundantly clear however is that the majority of the people still walk long distances to the nearest water point. The estimated 24% of the population in these communities walk 500 m to the nearest water point while an additional 30% cover distances of between 500 m and 1,500 m to the nearest water point. Furthermore, over 46% of the population cover over 1,500 m to the nearest water points. The furthest distance to the nearest water point was found to be 8 km. Table 3 gives the water points, latrines and the distances covered by the respective communities to the nearest water points in the sampled areas of the four pilot districts.

One reason that could be attributed to close to half the population of the communities in the four pilot districts (46%) still walking over 1,500 m to the nearest water points despite the increase in the number of water points over the years, is the lack of full community involvement in the selection of actual areas of need. This has resulted in the apparent clustering of water points in certain geographical locations, and has

almost nullified the efforts made thus far to improve delivery of good quality water to all within reachable distances.

4.1.4 Storage and transportation of water

Communities in the four pilot districts collect and store water mainly in 20 litre containers. The water is transported to the households using different means. Women and girls carry the 20 litre containers on their heads, while men and boys use simple machines like wheelbarrows, oxcarts and bicycles to transport water to their households (see photograph 1).

(a) A girl carrying water on her head **(b) Water transportation by wheelbarrow**

Photo 1: Some methods used in transporting water from water points to households

4.1.5 Time spent on collecting water

Time spent by the communities on collection of water at various water points is reasonable. On all water points visited, it took on the average 20 minutes for one to approach the water point, queue up, pump water, fill the 20 l container(s) and finally leave the water point. However, in certain circumstances communities spend as much as more than an hour on the queue at some water points. This is attributed to the congestion, and it is worsened especially if the pump is malfunctioning i.e. leaking inside and thus losing pressure and efficiency. Congestion at water points (hand pumps) is mainly experienced at peak times of the day. The peak times of the day are mornings between 06:00 hours and 08:00 hours, late mornings and early afternoons between 11:00 hours and 13:00 hours and between 16:00 hours and 18:00 hours, in the late afternoons and early evenings.

Table 3: Summary of water points, latrines and distances covered by respective communities to the nearest water point in sampled project areas

Organisation name	Catchment name	District	Population	Number of villages	Number of water points		Number of latrines			People accessing water points at various distances (%)		
					Hand pump	Deep well	VIP	Sanplat	Traditional	Up to 500 m	Between 500 m and 1,500 m	Over 1,500 m
Chikwala V-WASHE	Mununguu	Monze	200	1	1				3	10	30	60
Luyaba Health Centre	Luyaba/Nteme	Monze	7,909	40	30	10		368		30	25	45
Sigubbu C-WASHE	Hamwimbu	Monze	2,000	9	3	5		89		20	40	40
Luyaba C-WASHE	Luyaba/Nteme	Monze	2,000	11	6	3	20	130	100	15	50	35
Kaumba C-WASHE	Kaumba/Mujika	Monze	2,100	10	7	5	3	165	10	20	30	50
Munenga V-WASHE	Munenga	Mazabuka	1,500	6	9			100		25	30	45
Lubombo Health Centre	Lubombo/Magobbo	Mazabuka	7,000	17	8			315		20	40	40
Kapuku V-WASHE	Lubombo/Magobbo	Mazabuka	400	1	7			14		10	30	60
Kaleya UHC	Mukuyu	Mazabuka	10,500	30	19	5		272		15	30	55
Lwiindi Mupapa V-WASHE	Mukuyu	Mazabuka	360	1	7			40		25	20	55
Buleya-Mulima RHC	Nang'ombe	Sinazongwe	2,012	6	6			83		30	35	35
Sinazeze V-WASHE	Sinazeze/Nkandabwe	Sinazongwe	952	3	5			89		50	20	30
Sinankumbi V-WASHE	Sinankumbi	Sinazongwe	921	3	4			22		30	15	55
Nang'ombe V-WASHE	Nang'ombe	Sinazongwe	425	1	1			20		20	30	50
Sinazongwe V-WASHE	Sinazongwe	Sinazongwe	1,245	3	4			63		15	25	60
Mukwela RHC	Mukwela	Kalomo	6,140	10	19	1		187		45	15	40
Siachitema Mission RHC	Siachitema	Kalomo	12,721	60	38	11		1,371	421	35	30	35
Nameeto RHC	Nameeto	Kalomo	10,350	25	30			320		20	40	40
Chikuyu Village	Simwatachela	Kalomo	543	1	2			21		15	30	55
Siachitema DAPP Operation Area	Siachitema	Kalomo	6,400	20	10	4		120	40	35	30	35
		Total	**75,678**	**258**	**216**	**44**	**23**	**3,789**	**574**	**24**	**30**	**46**

4.1.6 Water user fees

In nearly all the four pilot districts, the communities are generally reluctant to contribute towards the maintenance of the water points. Water user fees are not formalised and regular. What is clear however is that V-WASHE Committees have tried to introduce water user fees at water points over the years. Nonetheless, it was pleasing to note that at least each water point that was visited had at one time introduced water user fees. While some communities have come to accept the paying of water user fees, other communities still do not see any purposes for paying such fees. Different reasons have been advanced for their failure to pay water user fees. On the other hand, what has become clear is that the communities have actually contributed money towards the repair of the hand pump in circumstances where the pump has broken down.

While efforts are being made to formalize and regularize the levying of water user fees at communal water points, very little is being done at water points located at schools in terms of moving towards charging of water user fees. Although the water points at schools also cater for an average of five villages, the communities benefiting from these water points are not contributing towards their maintenance. In nearly all the cases when these hand pumps break down, the schools repair these pumps from their own money. What was striking about these school hand pumps is the type of mechanical problems experienced. At least three quarters of these water points (19 school hand pumps) visited had some form of mechanical problems or others and needed repairing. These problems have been attributed to wear and tear resulting from overuse. A lot more people take advantage of the free water services offered by school water points resulting into what apparently could be overloading of the pumps and hence the problems being experienced.

4.1.7 Water quality monitoring

Some Environmental Health Technologists and Technicians were trained in water quality monitoring and analysis by officers from the Food and Drugs Control Laboratory. Although the training was to cover all the four pilot districts, only EHTs in Sinazongwe and Kalomo were trained. The training covered both the biological and chemical analysis techniques for water quality monitoring and was aimed at establishing routine water quality monitoring for the purposes of early warning in events of outbreaks of diarrhoeal diseases.

Selected on-site field testing kits (biological and chemical) were left with the trained EHTs with instructions of reporting and sending water samples detected to have high concentrations of faecal colliform, iron (Fe), nitrate (NO_3^-), and fluorine (Fl). Kalomo received arsenic (As), Fe, Fl, NO_3^- and biological on-site field testing kits while Sinazongwe also received As, Fe, Fl, NO_3^- on-site field testing kits. Furthermore, the trained EHTs were supposed to develop a monitoring plan and report to FDCL on a regular basis.

Water quality monitoring is not regularly done. The monitoring of the quality of water is selective and is seldom undertaken. The lack of trained professionals in water quality monitoring coupled with high turn over of trained EHTs and the vastness of the catchments further constrains the regular monitoring of the water quality in the four pilot districts. In addition, the water quality monitoring protocol that primarily describes among others the procedures and frequency of monitoring is non-existent. Nonetheless, water samples, especially those with high concentrations of faecal

colliform, as and when detected, are sent to Lusaka for further investigations and analysis at the FDCL. However, it takes a minimum of three weeks for the results to be communicated back from FDCL. The delays in communicating the results to EHTs not only compromise the effectiveness of the established water quality monitoring and surveillance system but are equally putting the communities at high risks of illness due to outbreaks of diseases, as preventive action cannot be initiated in good time.

Despite the irregular monitoring of the quality of water, there is very little treatment of water at the household level. Water from the borehole is considered to be of the good quality and the families do not see any reasons for treating this water. However, about 10% of families that draw water from wells (both deep and shallow) mainly treat this water with chlorine (commercial clorin) while about 40% of families that cannot afford the commercial clorin boil the water.

4.1.8 Community sensitization on WASHE Programme

Community sensitisation on issues concerning WASHE is on-going. Considerable successes have been achieved in hygiene education. The increased awareness raising and hygiene education has resulted in positive changes in the general behaviour and attitude of at least 80% of the community. What the projects have accomplished in terms of community sensitisation on issues concerning WASHE and hygiene education include:

1. Changes to a more hygienic hand washing practices which is commonly known by the communities as the 'WASHE hand washing'. The project has promoted washing hands with running water rather than still water from the communal basin. This hygienic hand washing practice promoted by the project has been fully accepted by the communities in all the four districts and is in use in all the areas visited.

2. Washing of hands after the use of the toilets. About 90% of the households with latrines have hand washing facilities at their toilets. Although the project promote washing hands with soap after use of toilets, the socio-economic status of the majority of the communities renders it difficult to afford soap on a regular basis. Instead at least 90% of the community are using ash as a replacement for soap.

3. Use of dish racks. Construction of dish racks at every household has been another WASHE Basic Need promoted by the project. The construction of dish racks has been promoted in all the four pilot districts as an intervention in the improved kitchen hygiene and has been very successful. It has been estimated that between 65% and 80% of the households have dish racks. This is evidenced by the comments of Mr. Gontry Hibuka[3] "…there has been an outbreak of dish racks!".

[3] Mr. Gontry Hibuka is the DAPP Project Leader for Choma and Kalomo districts in charge of day to day management of the projects and monitoring implementation

4. Promotion of the use of refuse pits for disposal of solid waste generated at a household level. The projects have succeeded in establishing minimum but acceptable solid waste management practices in the four pilot districts. Each household has at least a refuse pit for disposal of solid waste generated within the household. Although this practice is not entirely new to most households, it took on new meaning with the advent of the project in the areas and this increased the acceptance of refuse pits as a means of solid waste management at household level. It is also important to mention that some households, constituting approximately 5%, compost some of the waste which is later used as soil nourishment in vegetable gardens.

5. Protection of water points from animals. The communities in all the four pilot districts have fenced off the water points in order to prevent the possible contaminations which may emanate from animals accessing these water points. The fencings range from trees planted around the confines of the water points to brick walls built around the boundaries of the water points. However, some of the fences have collapsed and there is need for continuous maintenances of these structures.

6. General cleanliness of the surrounding household environment. The projects have extensively contributed to the promotion of the general cleanliness of the surrounding household environment. The yards and houses are swept each morning and the sweepings (waste) disposed in refuse pits while toilets are also cleaned once every day. In addition, the availability of water has warranted the community to take baths at least once on a daily basis.

7. Self monitoring at the household level. The projects promoted self monitoring at a household level through the WASHE Household Cards. The cards have been designed to illustrate improvements or otherwise in attaining WASHE Basic Needs at household level. At present however, these cards are not being used by respective households as in almost all cases are being kept by ACOs.

4.1.9 Disease patterns in communities

Since the inception of the project, there has been a general reduction in the outbreak of diarrhoeal diseases in the four pilot districts. The high incidences of diarrhoeal diseases previously in many communities in the project areas were attributed to poor water quality and poor sanitation practices. For example, cholera outbreaks in the peri-urban part of Mukuyu Catchment around the Kaleya Urban Health Centre in Mazabuka District had been attributed to the contamination of the groundwater due to poor sanitation practices. The water table in this part of the catchment is very high (around 3 m below ground level) and as such pit latrines have to be lined to prevent the contamination of groundwater by faecal matter. Cholera outbreaks after commencement of the project are almost non-existent in the area. There have been no cholera outbreaks since 1999, and this is being attributed to the interventions brought about by the WASHE Programme. Figures 1 to 4 show the trends in the bloody diarrhoeal disease outbreaks between 1999 and 2004 in areas visited in Mazabuka district.

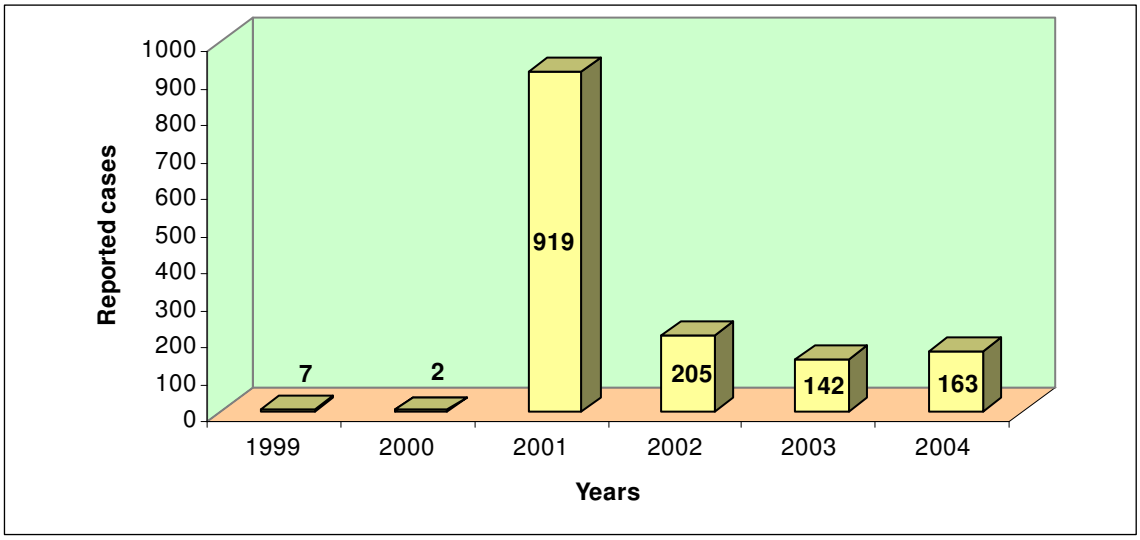

Figure 1: Bloody diarrhoea incidences at Kaleya UHC, Mazabuka District

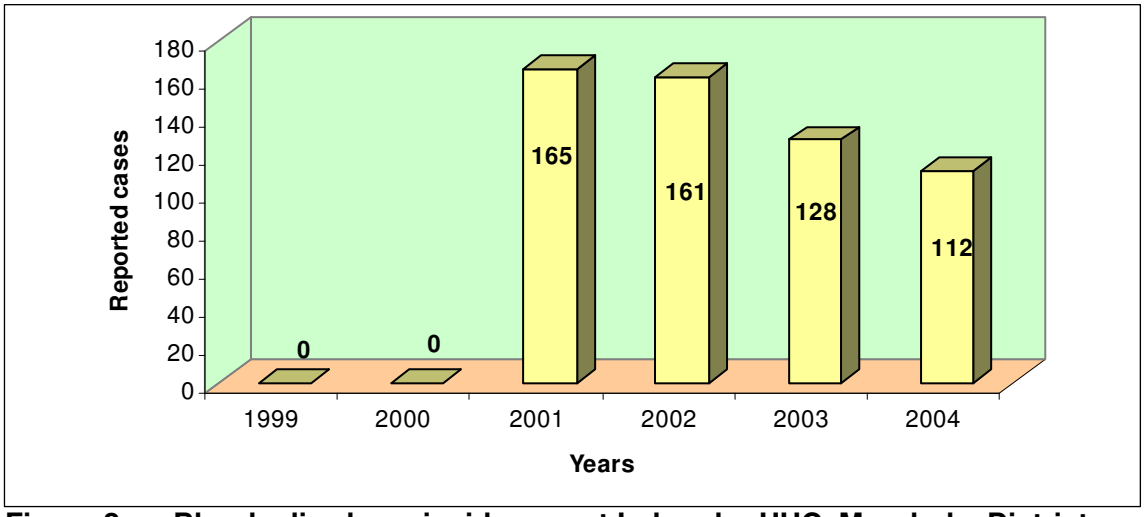

Figure 2: Bloody diarrhoea incidences at Lubombo UHC, Mazabuka District

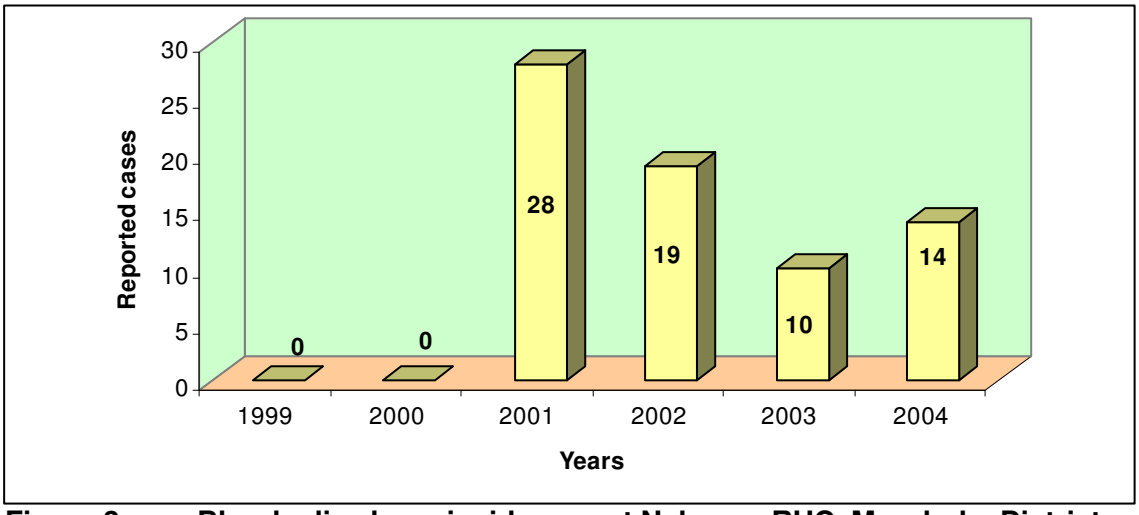

Figure 3: Bloody diarrhoea incidences at Naluama RHC, Mazabuka District

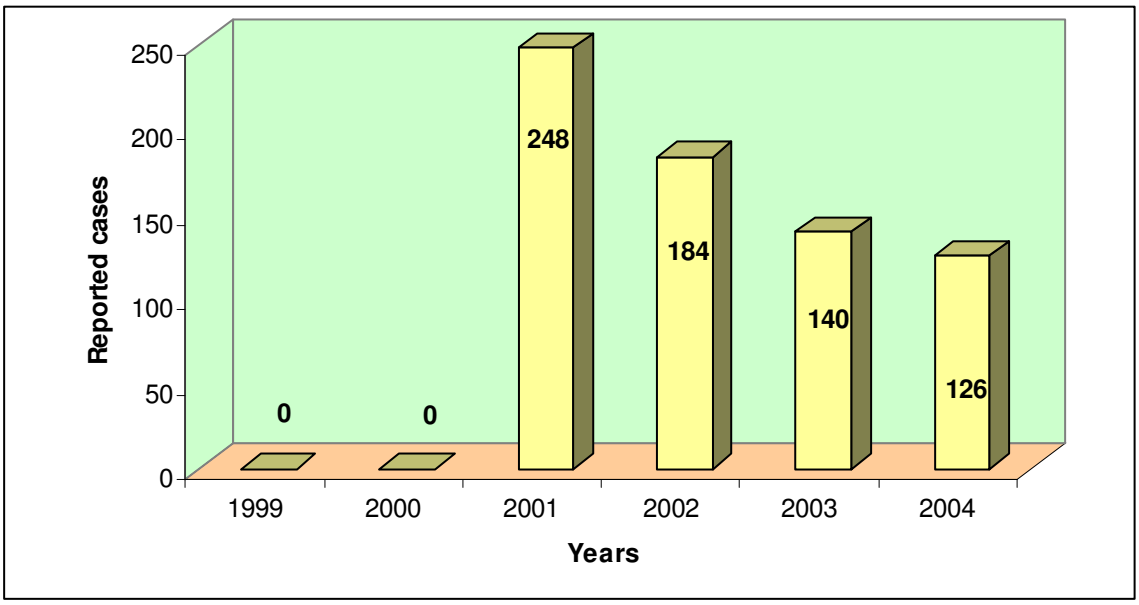

Figure 4: Bloody diarrhoea incidences at Magoye UHC, Mazabuka District

Five (5) health centres were visited in four (4) D-WASHE catchment areas in Mazabuka District. These health centres included Munenga RHC Area and Magoye Urban Health Centre (UHC) in the Munenga Catchment, Naluama RHC in the Naluama Catchment Area, Kaleya UHC in the Mukuyu Catchment Area and the Lubombo UHC in the Lubombo Catchment Area. Munenga RHC was the only health centre that did not have up-to-date clinical records, despite it being one of the oldest health centres in the district. Magoye UHC, on the other hand, is a relatively new health centre and its construction was only completed in 2000. Thus, Magoye UHC became fully operational in later 2001.

Nonetheless, as can be seen from figures 1 to 4, diarrhoeal diseases in the four catchments have generally been on the decrease since 2002. The four catchments have experienced reduction of between 20% and 31% in the cases of diarrhoeal diseases from 2002 to 2004.

Out of the eight (8) catchment areas that have benefited from WASHE Programmes in Kalomo, five catchment areas were visited by the team. The five catchment areas visited included Mukwela, Siachitema, Kalonda, Nameto and Simwatachela. Kalomo D-WASHE operational catchment areas are based on RHC catchment areas. As such, five RHCs were also visited by the team with a view of assessing the impacts of the WASHE Programme. The RHCs provided information on the status of water and hygiene related diseases in their respective catchment areas. Figures 5 to 10 give the trend of bloody diarrhoea in these five catchments.

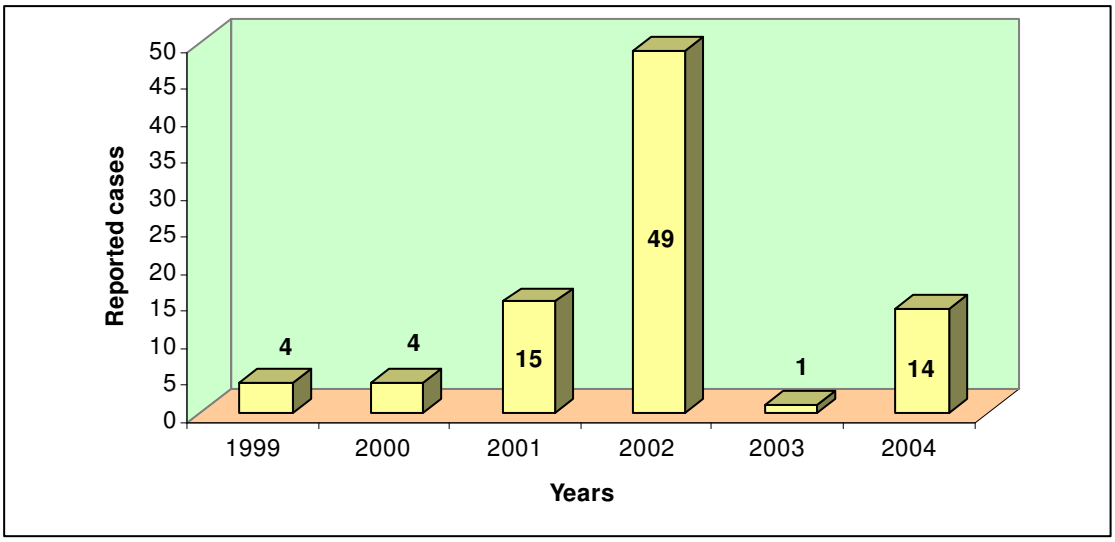

Figure 5: Bloody diarrhoea incidences at Siachitema RHC, Kalomo District

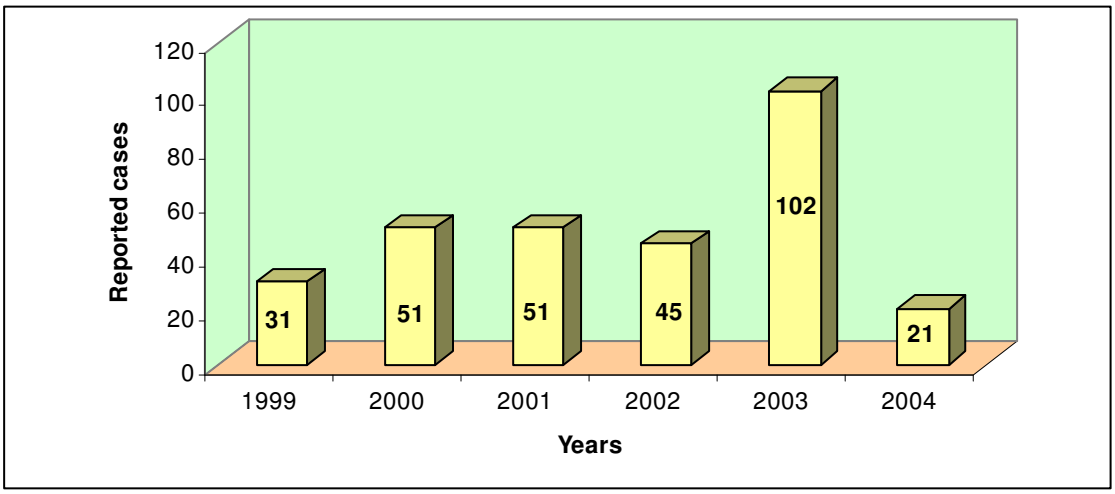

Figure 6: Bloody diarrhoea incidences at Mukwela RHC, Kalomo District

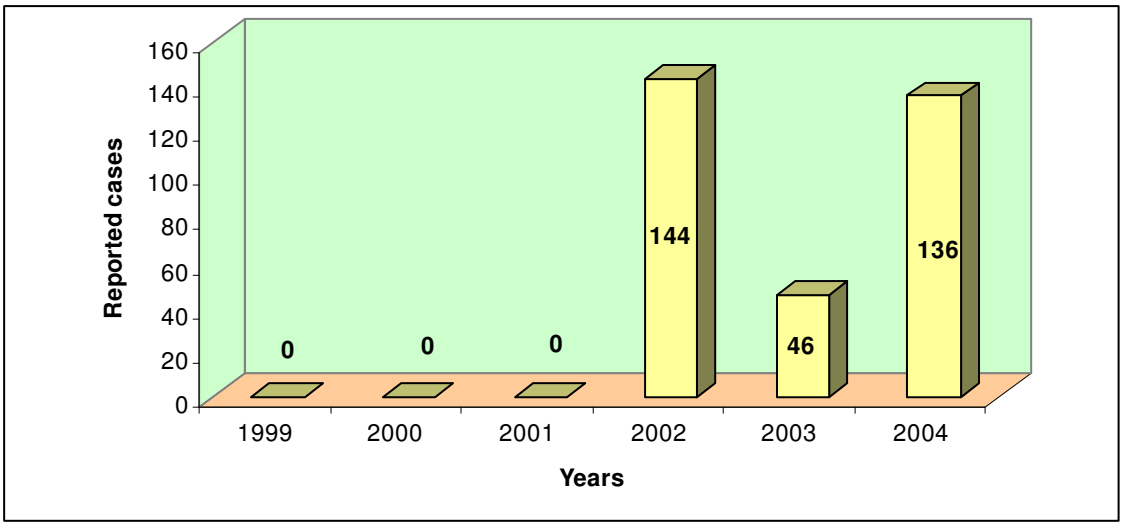

Figure 7: Bloody diarrhoea incidences at Nameto RHC, Kalomo District

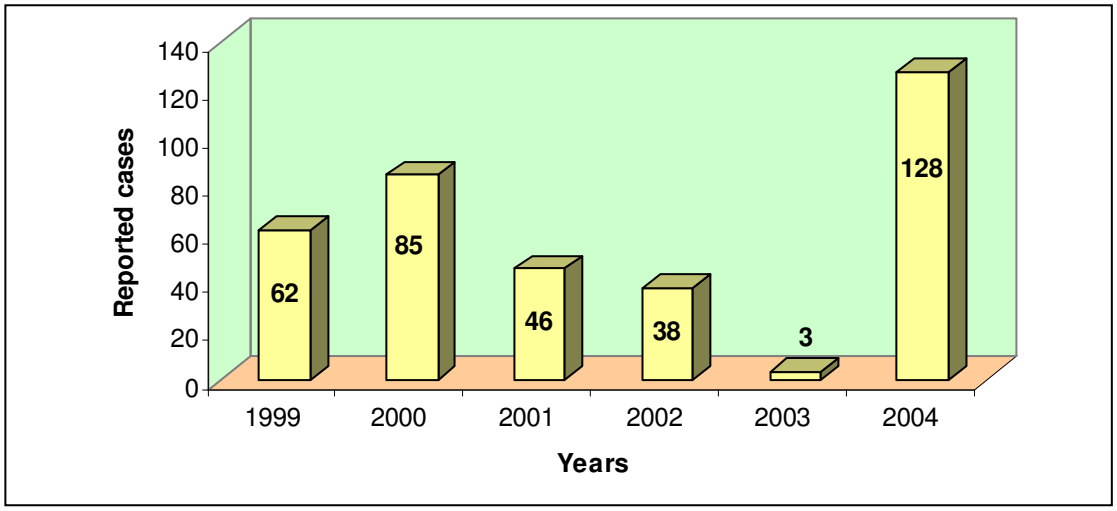

Figure 8: Bloody diarrhoea at Simwatachela RHC, Kalomo District

As can be seen from figures 5 to 8, apart from Simwatachela Catchment Area there has been a general decrease in the cases of diarrhoea (bloody) diseases in the catchment areas between the years 2002 and 2004. The percentage decline in the diarrhoea (bloody) case ranged from 6% in Nameto Catchment Area to 71% in Siachitema Catchment Area over the period of 3 years (2002 to 2004). Furthermore, Mukwela Catchment Area recorded a reduction of 53% in the bloody diarrhoea cases while an increase of up to 237% cases of bloody diarrhoea was recorded in Simwatachela Catchment Area over the same period (2002 to 2004). The high incidences of diarrhoea cases in Simwatachela Catchment Area are linked to the absence of sufficient toilets and the use of water from shallow wells (see photograph 2 for typical shallow well in Simwatachela Catchment Area). Simwatachela Catchment Area has a population of approximately 10,233 in the 23 villages constituting this catchment. According to the EHT[4], the area has 23 boreholes, a lot of shallow wells and very few latrines. For example, an inventory of water points and latrines in Chikuyu village, a village in Simwatachela Catchment Area, showed that the village has 21 latrines, 2 hand pumps and 10 unprotected shallow wells. The population of Chikuyu village is 543 people.

[4] Mr. Joel Simabwachi, EHT, Simwatachela RHC

Photo 2: A typical shallow well found near Chalimongela Basic School in Simwatachela Cathment Area

4.1.20 Project activities in schools

Under the SSHE component, a number of sanitary facilities (latrines and hand washing facilities) have been constructed. In addition to the construction of toilets and hand washing facilities, another fundamental component of the project has been the promotion of hygiene education at participating schools.

The schools in addition have a WASHE contact teacher. WASHE contact teachers are trained in WASHE activities and are therefore a wealth source of information and a quick reference for peer educators. The WASHE contact teachers guarantee the continuation of the WASHE activities at respective schools through regular training of peer educators.

Nineteen (19) schools, in all, from the four (4) pilot districts were visited (cf. table 4).

4.1.20.1 Hygiene education

Although hygiene education is not part of the main curriculum of the schools and is mostly undertaken at an extra-curricular level, a number of topics are cross-referred to when teaching subjects like environmental science and home economics. Interestingly, focus on school preventive and maintenance is still more on 'values and attitudes'. Schools should rethink the focus and redirect it from this conventional thinking of 'values and attitudes' as being the prime product of school preventive and maintenance on pupils to being practical lessons in hygiene education.

The noticeable contribution of the project is the general change in mannerisms and hygiene practices of the pupils. Amongst the measurable successes of the project have been the general improvement in sanitation disposal at school level, increased use of latrines at school level and good hygiene practices like washing hands after use of toilets, general body cleanliness as well as the general cleanliness of the school environments.

4.1.20.2 School's health clubs

The project encouraged the formation of health and hygiene clubs at schools. At least each participating school has trained peer educators who not only educate their fellow pupils on issues relating to good hygiene practices but also undertake outreach programmes in the villages. All the schools visited had health clubs and peer educators.

4.1.20.3 Latrines and hand washing facilities

A number of latrines and hand washing facilities have been built at various schools and this has helped in reducing the congestions at these facilities, at the same time reducing the number of pupils going into the bush to defecate.

At the 10 schools in Kalomo District where toilets were constructed in 2003, these toilets are not being used as they have not been roofed (see photograph 3). To date, the schools are still waiting for the delivery of iron roofing sheets before the toilets could be commissioned. In other districts however, the constructed toilets have simply replaced the old ones which have since been decommissioned.

Apart from constructing latrines for pupils, latrines have also been built for teachers. Prior to the commencement, while schools had teachers' houses some of these houses never had latrines. In these schools, therefore, teachers and their families depended on pupils' latrines. This meant the repossessing of more latrines from the already inadequate pupils' latrines making the situation even more desperate. One such example is Simwaba Basic School in the Munenga Catchment of Mazabuka District. The findings at Simwaba Basic School reflect the desperate situations many of the schools were in prior to the commencement of the project in the pilot districts (see box 2).

Table 4 gives the summary of toilets and hand washing facilities at the schools visited by the team during this exercise and photographs 3 to 5 show the different sanitary facilities constructed at some of these schools.

4.1.20.4 Ratio of pupils to toilets

While considerable efforts have been made in constructing additional latrines at a number of schools in the four pilot districts, the targets set are yet to be achieved. The project has targeted the reduction in the numbers of girls per toilet from 70 to 25 and that of boys from 90 to 40.

Photo 3: Constructed toilets yet to be roofed at Chalimongela Basic School in Kalomo District

(a) Iron-roofed VIP latrine **(b) Concrete-roofed VIP latrines**

Photo 4: Some of VIP latrines constructed under SSHE Programme

Table 4: Ratio of pupil to toilet facilities in the four pilot districts

Name of school	District	Number of pupils		Number of toilets in use		Ratio		Number of hand washing facilities
		Girls	Boys	Girls	Boys	Girls	Boys	
St. Mary's Basic School	Monze	489	400	11	10	1:44	1:40	3
Chalimongela Basic School	Kalomo	201	356	4	4	1:50	1:89	2
Kaumba Basic School	Monze	412	446	3	3	1:137	1:149	1
Luyaba Middle Basic School	Monze	236	210	8	7	1:30	1:30	1
Sigubbu Middle Basic School	Monze	166	159	2	2	1:83	1:80	1
Mugoto Basic School	Sinazongwe	437	487	8	4	1:55	1:122	Dishes and cups
Mbiya Basic School	Mazabuka	372	381	2	2	1:186	1:191	2
Magobbo Basic School	Mazabuka	229	238	2	2	1:115	1:119	1
Simwaba Basic School	Mazabuka	340	347	2	1	1:170	1:347	2
Nang'ombe Basic School	Sinazongwe	457	400	6	3	1:76	1:133	3
Sinazeze Basic School	Sinazongwe	407	450	8	7	1:51	1:64	3
Sinankumbi Middle Basic School	Sinazongwe	193	232	6	6	1:32	1:39	Plastic containers
Sinazongwe Basic School	Sinazongwe	403	367	2	2	1:202	1:184	2
Kalonda Upper Basic School	Kalomo	348	352	5	5	1:70	1:70	2
Nameeto Basic School	Kalomo	208	196	3	3	1:69	1:65	None
Sikalaye Middle Basic School	Kalomo	142	150	3	3	1:47	1:50	3
Kasizi Primary School	Kalomo	164	190	3	2	1:55	1:95	None (Not working)
Tara Middle Basic School	Kalomo	203	252	4	4	1:51	1:63	2 but not yet in use
Mwata Day High School	Kalomo	400	400	8	5	1:50	1:80	2

Photo 5: The different types of school hand washing facilities

Box 2

Simwaba Basic School is located in the Munenga Catchment of Mazabuka District. The school has an enrolment of 687 pupils of which 340 are girls and 347 are boys. There are 10 teachers (6 of them male and 4 of them female) teaching at the school, and one (male) support staff. A present, the school has four VIP latrines. Out of these four latrines, one latrine has is used by boy child and two latrines are used by girl child while the teachers and support staff use one latrine. The school also has 2 hand washing facilities and one hand pump that caters for four villages. On the average there are about 300 people drawing water from the hand pump every day. However, whenever the pump breaks down, as it had done on two occasions in the last seven year (1998 to date), the school always scouts for money to repair the pump. There is absolutely no community contribution towards the repair of the pump.

An interview with Mrs. Lucy P. Simooya gave an insight on the general performance of the WASHE and SSHE Programmes in the catchment. Mrs. Lucy P. Simooya is a deputy head master at Simwaba Basic School and a contact teacher/ focal person for the WASHE and SSHE Programmes in the Manenga Catchment Area. Mrs. Lucy P. Simoonga is in her late 50's and summed up WASHE and SSHE Programmes as very good programmes with unmatched wealth to the life, health and wellbeing of the general community and the schools.

Interviewer: For how long have you been teaching here at Simwaba Basic School?
Mrs. Simoonga: Since 2000.
Interviewer: Are you aware of the WASHE and SSHE Programmes?
Mrs. Simoonga: Yes, I am aware about the programmes. In fact I am a focal point person of the WASHE and SSHE Programmes in this area. All the publicity materials, inputs and needs are left here at the school with me for distribution and sell as then cases may be!
Interviewer: Have you as an individual benefited from the programmes?
Mrs. Simoonga: Of course yes. I can confess that I have benefited from the programmes from two sides - firstly from the school's side and secondly at my household level.
Interviewer: Could you be kind enough as to share with us your benefits from the programmes?
Mrs. Simoonga: The four VIP toilets and one sanplat latrine you are seeing outside the school were constructed through the support from D-WASHE. The sanplat latrine is used as a wash room and change room for the girl child when menstruating. You see before the construction of these new latrines, this school had two traditional pole and dug latrines and were a health hazard! The eight teachers' houses had no latrines. The only house that had a latrine was the Headmaster's house! Almost all of us and our families depended on the pupil's latrines at the school. The situation was very bad and extremely shameful. We literary queued for toilets with pupils! Luckily, the D-WASHE Committee approved and funded the construction of the teachers' latrines at our respective houses.
Interviewer: How has the construction of the latrines helped ease your sanitation problems?
Mrs. Simoonga: Can you imagine the situation before the teachers had our own latrines at our houses? During the day time and when the school was in session we and our families had to compete for the same latrines with pupils and at night we still continued competing for the same facilities amongst ourselves! Apart from the distance from our houses to these latrines, now imagine the shame of queuing for the toilet waiting for your chance…and next door your neighbour's husband is also queuing…!? At night situations got worse has our children could not walk this distance to the school's latrines and had to defecate any how and any where. The school grounds in those days just became a very latrine as faeces were being deposited everywhere not only by our families but also by pupils! Our health and the health of the school were at risk. At least now our dignity has been restored with the construction of these eight teachers' toilets!
Interviewer: What about from the school's point of view, has the construction of the latrines helped ease the sanitation problems?
Mrs. Simoonga: Firstly, the latrines are far from adequate. However, there have been some marked improvements. Congestion in has reduced and interruptions of lessons by pupils seeking permission to go and use the latrines as they had failed doing so during break time because of congestion have also reduced. Perhaps, the biggest achievement is the decrease in absenteeism rates by girl child since the introduction of the washing and change room (latrine) at the school. The wash room for girl child has made a difference!

4.2 Institutional development

WASHE Programme has been primarily moulded around the principles of devolution of powers and full community participation. The inception of the WASHE Programme in the four pilot districts fundamentally brought about the emergence of new institutions at district and village levels namely the D-WASHEs and V-WASHEs, respectively. WASHE as a concept is based on a holistic approach to the delivery of waster and sanitation services and hygiene education is accomplished through the V-WASHEs who are the principal in the implementation of water, sanitation and hygiene education programmes in their respective areas and or villages (see figure 9).

D-WASHE offers the community the total technical support package which includes training, planning and monitoring, resource mobilisation, technical and managerial backstopping, materials' supply as well as standards and specifications (i.e. available technological options). A lot of capacity has been built in the community and huge reservoir of community-based technical support (pump menders, masons) has also been established. This huge reservoir of community-based technical support offers timely expertise on various technical aspects to the community and guarantees sustained operation of facilities. There are a minimum of five (5) latrine builders/ masons in each village and at least three pump menders in a catchment.

Use of the service is regulated at the user committee level. For example, the water user committee comes up with rules on fees to be levied for the various uses of water like animal and stock watering, watering of gardens as well as charges for the domestic use and other uses of water like moulding of bricks. However, what seemed to be deficient was the operationalization of the rules through local enforcement.

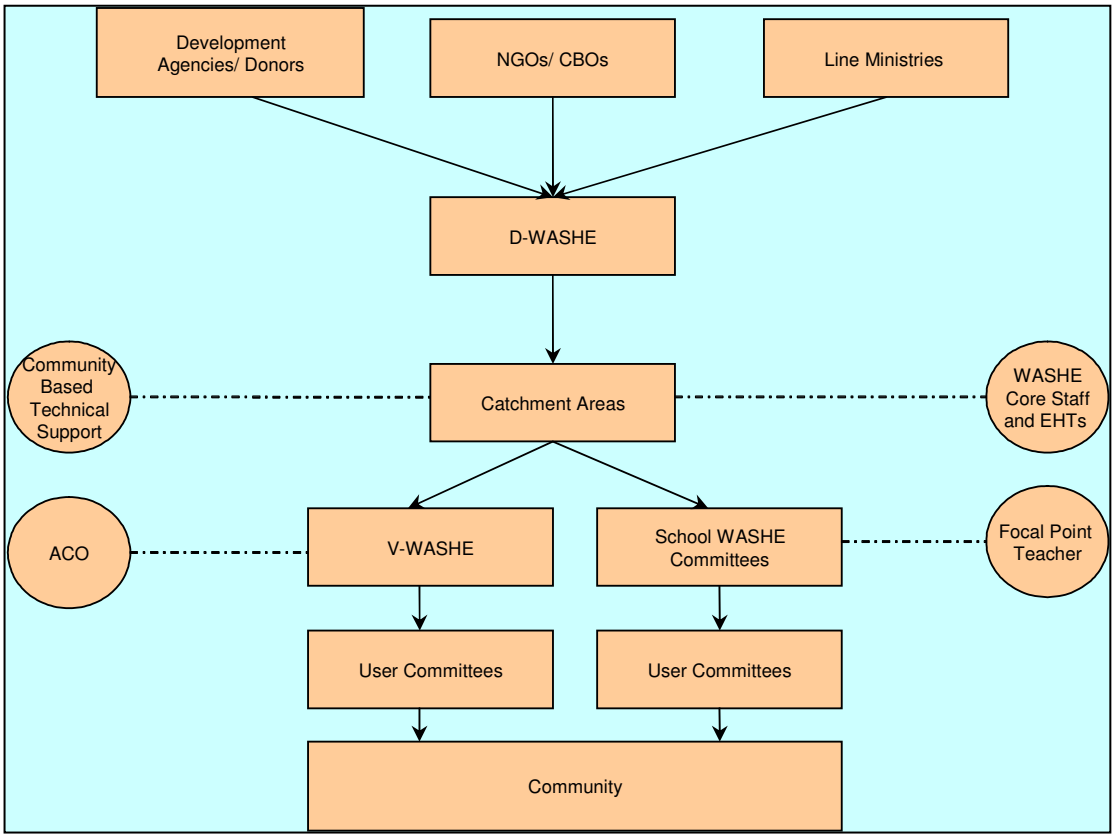

Figure 9: Conceptualised WASHE structure

For example, each water point has a pump minder who among other duties has to make sure that the pump is working perfectly and the laid down rules are adhered to. Pump minders are critical in providing needed feedback to V-WASHE on the status of the water point and any other issues related to the water point. However in nearly all the water points visited, there was never a single pump minder found on site (water points).

On the whole, the linkages between D-WASHE and EHTs as well as the linkages between D-WASHE and V-WASHE are weak and extremely remote. EHTs seem to be working outside the ambits of the D-WASHE and the current linkage and or relationship is more like a marriage of convenience than anything else. As a result, it is unavoidable to presume that EHTs involvement in the WASHE programmes is by accident – apparently because the catchments are created around the health centres. Presently, there is no evidence to prove the close linkage between the D-WASHE, V-WASHEs and EHTs, neither is there any evidence to support that the D-WASHE Annual Plan are developed at village level by the communities. Consequently, more efforts should be made in involving the EHTs fully in D-WASHE as they could prove to be invaluable. Experience gained by EHTs from working with communities through Neighbourhood Health Committee (NHC) would ultimately improve the delivery of the project. Furthermore, the presence of the D-WASHE at the V-WASHE and community level should be enhanced. This can be achieved through the increased levels of involvement in WASHE activities by WASHE Core Staff members at the village level.

Besides, what is emerging to have contributed to the inability of the D-WASHEs to perform effectively is the lack of integrated district planning. The districts have failed to take advantage of the presence of WASHE activities in their districts to achieve some of their planned goals. Nevertheless, although the performance of the D-WASHEs has not been very effective, the developed structures have the potential of improving the efficiency of performance. The presence of WASHE could be effectively used as a conduit for accomplishing forecasted targets in the district. Since the D-WASHE plans are supposed to be developed at the village level by the communities themselves, therefore these plans inherently reflect the actual needs in terms hardware (water points, hand washing facilities, pit latrines) and software (hygiene education) in their respective areas. This information is not only crucial input to the district strategic plans but equally key to the overall economic and socio-cultural development of the districts. On the contrary, D-WASHE plans are treated separately and are seemingly independent of the overall district strategic plans.

The critical choice of ideal technology on hand pumps and latrines has been made. All areas are using India Mark II hand pumps and full back up support and service is provided at the local level. In additional, warehouses and or storerooms have been established in all the four pilot districts for materials and spare parts and these are being sold to the communities at subsidised prices. The standardisation of the type of hand pump for all the four pilot districts has lessened the eventual prospects of the communities being faced with a variety of technological options which could prove costly in future. The communities in all the four pilot districts generally desire boreholes than deep wells and the sanplat type of latrines. The sanplat is the ‘must own facility’ by all community.

The demand for more WASHE facilities and services by communities continues to grow. This is very encouraging as the demand will ultimately assist in strengthening the local structures and make them more effective. Nonetheless, the failure to deliver and or satisfy the demand would lead into loss of confidence in the institution and this would culminate in the community withdrawing their participation in the WASHE activities.

4.3 Impacts on poverty reduction

The inception of the project in the four pilot districts has generally brought about noticeable improvements in the general welfare and health of the communities. The project has not only managed to bring water of good quality closer to the households but has also initiated good hygiene practices in the communities and schools. In addition to bringing water of good quality close to households and initiation of good hygiene practices in the communities and schools, the project have also built capacity in the communities with life long skills covering among others technical, managerial and planning. In short, the communities are much better-off than they were prior to the commencement of the projects in their respective areas.

A lot of time is being saved on fetching for water. Presently, the communities are covering considerable shorter distances to water points. In all, 54% of the communities are covering distance of less than 1,500 m to the nearest water point while 46% of the communities are covering distances of over 1,500 m to the nearest water point (cf. table 3). In additional to the shorter distances the majority of the communities are walking to the nearest water points, the time spent at the water point waiting for the turn to draw water has considerable improved (20 minutes on the average). The time saved on collecting water for the household chores is thus being directed to more economic and income generating activities like gardening, farming, etc., as well as other core activities such as fetching firewood, cleaning the household and surrounding.

At the moment, there are more gardens in the communities than they were before the project. The project has been encouraging communities and schools to establish vegetable gardens around the water points. Gardens are providing the much needed vegetable proteins to the communities and this is enhancing the general health of the communities. This has contributed to the general improvement in the quality of life of the communities.

Another factor that has contributed to the general improvement in the quality of life of the communities is the reduction in the outbreaks of water-based and water-related diseases (cf. section 4.1.9). Ill health costs a lot of money as one has to pay medical user fees (towards diagnosis of the illness and towards medicines). The decrease in the number of water-based and water-related disease outbreaks has been linked to water of good quality and the provision of good sanitation facilities coupled with consistent hygiene education. As the result, the communities are now spending less time in nurturing their patients as there is reduction in incidents of disease outbreaks. The communities are therefore making savings on the number of visits to health centres both in terms of time and money. Like wise, the saved time is being directed to activities of economic significance while the saved money is being directed to other needy areas.

4.4 Financial performance

The financial support from UNICEF to project implementers is in two types. The first type is the actual cash support to project implementing institutions while the second type of the support is in terms of provision of materials to project implementing institutions.

Prior to April of 2003, UNICEF advanced cash payment to project implementers which, was commonly known as the CAG. However, due to heavy indebtedness of the project implementers, mainly the D-WASHE Committees in the four pilot districts, UNICEF suspended the CAG system and introduced a new financing system which was based on 'actual reimbursement of expenditure'. The primary difference between these two systems, even though the two financing systems are all based on reimbursements, is that the CAG system did not require the project implementers to raise cash upfront for implementation of the planned activities before retiring expenditure and consequently being reimbursed on actual expenditure incurred. UNICEF advanced about 30% of the approved budget to project implementers and the remaining 70% or so was released upon accounting for this 30% and consequent cash advancements. Therefore, the new system requires project implementers to raise cash upfront and consequently implement some of the planned activities before being reimbursed on actual expenditure.

The support to project implementers in terms of materials remains unchanged. UNICEF Lusaka Office remains central in the procurement of materials and engagement of contractors for provision of various services to augment the project performance in the four pilot districts. The materials and services are procured by UNICEF Procurement Unit and then distributed to the project areas. Procured materials include pockets of cement, iron rods, concrete enforcement (conforce) wires, iron roofing sheets, hand pumps (India Mark II) and accessories while services procured include drilling of borehole, consultancy as well as transportation of materials to project areas.

The disbursement towards the implementation of the project in the four pilot districts is summarised in table 5. The detailed breakdowns of disbursements are presented as appendix 5.

The two budget lines, capacity building and service delivery budget lines, account for all the direct support (cash disbursements and service provision) to the projects in the four pilot districts. The budget allocation for 2003 was US$ 100,916.30 and that for 2004 was US$ 192,480.44. Although the 2004 budget was 52% higher than the 2003 budget, only 23% of the planned activities were implemented in 2004.

In 2003, the capacity building component accounted for 9% or US$ 7,400.00 while the service delivery component accounted for 62% or US$ 50,745.28. A total of US$ 81,553.61 was spent in 2003. Similarly, in 2004 3% or US$ 1,193.13 was spent from the capacity building budget line and 82% or US$ 36,029.83 was spent under service delivery budget line. Out of the US$ 192,480.44 only US$ 44,108.38 was spent in 2004.

Table 5: Summary of financial support to the project areas

SC Number	Budget line	2002	2003	2004
SC/2000/0394	Capacity building	23,124.87		
	Service delivery	87,736.45		
	Monitoring and evaluation	11,402.32		
	Programme support	59,253.47		
SC/2003/0047	Capacity building		7,400.00	1,193.13
	Service delivery		50,745.28	36,029.83
	Monitoring and evaluation		88.03	1,960.42
	Programme support		23,320.30	4,925.00
	Total	**181,379.06**	**81,553.61**	**44,108.38**

4.5 Benefit attained and sustainability

Substantial benefits have accrued to the communities in the project areas. Capacity has been built on life long skills. As the result, communities are now capable of directing developments in their respective areas. Equally significant is the establishment of a reservoir of community-based technical support. Apart from the building of capacity at a local level, the general welfare and health of the communities have greatly improved. Other noticeable benefits include:

1. Creation of sanity in the hygienic conditions of the majority of households in the catchment areas due to the introduction of good sanitation facilities.

2. Increased numbers of communities adapting to good hygienic practices like washing hands after the use of the toilets, washing hands before preparing and or touching food stuffs, and the general cleanliness of the households and the surrounding environment.

3. Increase in the numbers of water points, good latrines and hand washing facilities. More people having access to these facilities.

4. Improvement in the quality and quantity of water. Communities have access to water of good quality which is available 24 hours a day and 7 days a week.

5. Improvement in the overall time to the nearest water point. Communities are spending considerably very little time at water points.

6. Elimination of any likely contamination to water whilst transporting to households. Communities are using plastic containers (20 litre plastic containers) for collection water from water points. These containers have lids and are tightly closed when transporting water to respective households.

7. Reduction in the incidences of water-related, water-based, water-washed and sanitary related diseases. Episodes of diarrhoea outbreaks have generally reduced in the four pilot districts.

8. Use of dish racks. The communities are building dish racks for drying dishes and primarily preventing animals from direct contact with the kitchen utensils, thereby cutting off one probable root of contamination.

9. Increase in the number of households using pit latrines as opposed to the number of people still using the nearby bush as toilets.

10. Increase in the number of households using refuse pits to dispose their wastes generated at the household level. The communities are now appreciating the containment of solid waste generated at household level in pit as the filled-up refuse pits provide unmatched nourishment for plants. The majority of the communities plant citrus trees in these filled-up refuse pits.

11. Change in the water use patterns. The availability of water and the closeness of water points are making people use this water more productively. Water is no longer used for domestic purposes alone but also for watering vegetable gardens. A number of vegetable gardens have been established in most catchments in the four pilot districts.

Strategies to guarantee the expected long-term maintenance of benefit levels and the potential for the benefit derived from the project to continue were identified. Amongst the identified strategies were the knowledge, attitudes and practices of the communities in the four pilot districts being pro-WASHE. The capacity built in the communities in long-term life skills coupled with the developed community-based technical support have been fundamental to the transformation of knowledge, attitude and practices in the local communities. This in itself has ensured continued community sensitisation on WASHE activities. Other plans for sustainability include:

1. **Commitment of local community members**. Local community members have continued to contribute their time and labour to the projects. The community contribution towards building of latrines exceeds two-thirds of the total cost of building a sanplat latrine. However, the community contribution towards drilling and developing a borehole fitted with a hand pump is negligible while that of a deep well is almost a quarter of the total cost.

2. **Water user fees**. The communities should be encouraged to continue contributing towards the use of water in their respective water points. Money raised could be used for developing additional water points in their areas in addition to using it for regular maintenance and repair of the pump.

3. **Setting up of materials and spare parts outlets at district level**. D-WASHEs have opened out outlets for materials and spare parts which are eventually sold at subsidised prices to the local communities. These outlets are core in the provision of backup service to the local communities as spare parts for hand pumps are procured and stored in these outlets. Finances generated from the sale of these materials and spare parts can be used in sustaining the WASHE activities.

4. **Ownership of the project**. Local communities have associated themselves to the WASHE projects and have recognized that their involvement is significant to the success of the interventions. The functioning of village level committees demonstrates the extent of the devotion of the local communities attach to the project.

5. **The capacity of the sanplat to be used on other latrines**. The returns on investing in a sanplat are extremely high. Once the pit latrine is filled up, the sanplat can be reused on other new latrines.

6. **Sector wide interest from donors and other funding agents**. Provision of adequate water of good quality and adequate sanitation facilities in rural areas of Zambia continue to attract attention of donor communities and other funding agents. Rural areas continue to be the most poorly serviced areas in terms of water supply and sanitation services. This imbalance has had adverse effects on the general wealth, welfare and health of the communities in these areas. Therefore, addressing these imbalances would significantly contribute to the reduction in poverty levels and betterment of life of the local communities.

7. **Establishment of the Rural Water Supply and Sanitation Unit (RWSSU)**. The establishment of the RWSU under the Department of Infrastructure and Support Services (DISS) under the MLGH demonstrates the efforts of the government towards readdressing the imbalances of inadequate water supply and sanitation services in rural areas. The Unit will provide funding to the districts for the implementation of water and sanitation activities through D-WASHEs. Government through RWSU is advocating for WASHE as a concept for rural water supply.

8. **Opportunities for integration of hygiene education in the school's main** curriculum. Some aspects of hygiene education are currently being covered under environmental and domestic sciences as crosscutting issues. The benefits of introducing hygiene education into the main school's curriculum are that the subject will be standardized, allocated adequate time, examined on and thus would acquire the full attention by both teachers and pupils. Impacts of such a development would equally be extended to households as pupils are effective agents of change.

9. **Opportunities for integrated district planning**. D-WASHE being a structure recognized both at the national and local government level has huge potential of contributing to integrated district planning. Village level plans could be key inputs to the integrated district plans. In addition, the contributions from D-WASHE partners and members would ultimately enrich the plans and make them operational.

10. **Opportunities for devolution of authority through the decentralization policy**. With the districts being centre to the development of their areas, incidences of not having finances released according to approved budgets will be minimised, if not stopped completely. This will ensure that at least all the planned activities are implemented.

5.0 CONCLUSIONS AND LESSONS LEARNT

The Community WASHE and SSHE programmes have been implemented in the four pilot districts of Mazabuka, Monze, Sinazongwe and Kalomo since 2002. The focus of these programmes has been the eradication of outbreaks of water-related, water-based, water-washed and hygiene related diseases. In order to achieve this, new water points have been developed and old ones rehabilitated. The development of new water sources (boreholes fitted with India Mark II hand pumps) has generally significantly shortened the distances covered by the communities to the nearest water points, although there are some areas were the communities are still covering considerable distance to the nearest water points. The other notable benefit resulting from development of additional water points and the rehabilitation of old water points is the reduction in the time the communities spend on collecting water from these water points. The project also supported the building of latrines (sanplat type of pit latrines) at household levels and at schools. Despite building more pit latrines at schools and household levels, on the average the ratio of number of pupils to a toilet for both girl and boy child is still high while the majority of households still do not have pit latrines and are still using the bush. Therefore, more pit latrines have to be built at both the household and schools levels.

Hygiene education is on-going. The impacts of hygiene education to the local communities have been extremely positive. The local communities have embraced good hygiene practices like washing hands from running water, unlike the old practice of washing hands from a communal basin and or container, washing hands after the use of the toilet. This practice has been greatly accepted by the local communities to such an extent that they have even nicknamed it 'WASHE hand washing method'. The projects promoted this hand washing practices by supporting the building of hand washing facilities at schools and distributing the 5 l plastic containers to the households with a view of using them as hand-washing facilities.

Life long skills have been imparted into the local communities. The project has very strong capacity building components in the various components of the Community WASHE and SSHE programmes. The project has built capacity in the local communities in technical, management, planning and monitoring fields. In the technical field, each catchment has trained latrine builders, masons, pump menders and pump minders. This group of local technical experts are core to the long term sustainability of the project. However, relocation of some of the train local experts in search of livelihood and in some cases the loss of trained local skilled labour through death is robbing the local communities with this skilled labour and consequently exerting pressure on the remaining skilled labour. This suggests therefore that training of local communities in various life long skills should be continuous.

The change in funding policy by UNICEF midway the implementation period unsettled all the WASHE and SSHE activities in all the four pilot districts. The reasons for the change of funding policy were the large indebtedness of the D-WASHEs which arose from their failure to account for and or retire the CAG. Despite UNICEF organising the workshop to explain the change in funding policy and introduce the new funding policy of reimbursement to the D-WASHEs, this new funding policy has been deeply misunderstood and has never been appreciated. This consequently led to the demise of WASHE and SSHE activities in 2003 in all the four pilot districts. In 2004 the situation was not any different in the three districts of the four pilot districts namely Mazabuka, Monze and Sinazongwe districts as only Kalomo district had managed to implement most of their planned WASHE and SSHE activities in 2004. The planned WASHE and SSHE activities could not be

implemented in the three districts in 2004 primarily because the D-WASHEs failed to access finances from UNICEF. Nonetheless, they were millions of Kwacha tied-up in materials and spare parts in D-WASHE outlets which they would have sold so as to implement some of the activities and consequently seek reimbursement from UNICEF, the opportunity they never exploited.

Delays in the implementation of WASHE and SSHE activities in the four pilot districts have been experienced from time to time since the inception of the project. These delays have been as the result of the late delivery of materials. The materials are delivered as late as in the last quarter of the respective implementation year. Worse still, the materials are delivered in parts. Cement is usually delivered first and then concrete enforcement wire and iron rods. What this entail is that despite the delivery of cement sanplats can not be produced until the concrete enforcement wires and iron rods are delivered.

On the other hand, one component of the project that seems not to have fully been implemented is the water quality monitoring and surveillance system (WQMSS). Out of all the EHTs from the four pilot districts, only EHTs from Sinazongwe and Kalomo were trained in water quality monitoring and surveillance system. EHTs from Mazabuka and Monze were not trained in WQMSS under the projects. Nonetheless, despite the training in WQMSS, monitoring of water quality is rarely undertaken. Furthermore, when monitoring is done it takes a long time for analytical results of water samples suspected to have high loads of biological and or chemical contaminants to be sent from FDCL to the communities. This has proved to be a major deterrent to the development of an effective WQMSS.

5.1 Lessons learnt

The implementation of the Community WASHE and SSHE on a pilot basis in the four districts in Southern Province has been a continuous learning experience. Various experiences have been encountered over the period the projects have been implemented (from 2002 to date). D-WASHEs, to date, have failed to raise finances to support their annual WASHE and SSHE activities outside UNICEF despite being principal in the provision of water and sanitation services to the rural communities. Many critics have attributed this failure by D-WASHEs to raise finances outside UNICEF to the genesis of the WASHE Programme itself, as it was absolutely reliant on the financiers, UNICEF. The WASHE Programme is viewed by the majority of the people as UNICEF (WASHE = UNICEF). Therefore, any failure by D-WASHEs to access finances from UNICEF brings about the grounding to a halt of the WASHE Programme. Other lessons learnt from the implementation of the Community WASHE and SSHE Programmes in the four pilot districts to date are:

- The provision of half a bag of cement per household per sanplat is not adequate as all pit latrines in unconsolidated sand soils need to be lined from the bottom, in order to present them from collapsing.

- Training in latrine building is not exclusive to males alone. D-WASHEs have also trained a good number of female latrine builders and or masons and these have been very active in constructing latrines in various villages. These masons have also become trainers of trainers.

- The WASHE concept has improved donor coordination and collaboration in water and sanitation in the four pilot districts. The entry point of any NGO, donor organisation or development agency wishing to undertake any project in water and sanitation are the D-WASHEs. Areas for new projects in water and sanitation are identified in collaboration with D-WASHEs and interested NGO, donor organisation or development agency. This system has lessened possibilities of duplication of activities in one area by multiple development agencies and has enhanced the even distribution of water and sanitation in areas of need.

- Nearly all the local communities are aware of the water user fees but they are not willing to contribute. Various reasons have been advanced to justify why they are not willing to contribute towards the use of water. These have ranged from the common excuse of being poor and thereby unable to raise the finances to pay for the use of water to simple dictates arising from experience – because according to experience the water pumps rarely breakdown and they take long to develop any sort of mechanical problems. As the result it is only deemed necessary to contribute whenever there is a breakdown.

- Hygiene education and or awareness conducted in almost all catchments does not include and or emphasize on the need for the local communities to contribute towards the provision of water in their areas in order to ensure sustainability of the supply of water and improvement in the service delivery.

- The use of refuse pits as a basic solid waste management practice at a household level has been intensified since the introduction of the WASHE Programme in the four pilot districts. This has been achieved through community sensitisation and advocacy.

- The majority of the local communities are planting citrus fruit trees on these filled-up refuse pits. These have proved to have better soil nourishments as plants from these pits generally look healthier than those ordinary soils.

- The organisation of the local communities and consequent building of capacity in the local communities (i.e. masons, V-WASHE, ACOs, pump minders, pump menders, etc.) is principal and should precede the commencement of provision of WASHE basic needs in a new area. This has proved key in the sustainability of WASHE activities in the four pilot districts.

- Indigenous knowledge presents a wealth of alternatives to seemingly complex challenges without necessarily compromising the quality of the products and or services, and are readily accepted by the local communities. The use of ash as a hand washing detergent is one point in case.

- The current design school's design of the hand washing facilities presents some technical problems. The taps wears down quickly and has to be replaced on a regular basis. However, the problem with the current design is that the piping for the supply of water to the faucet is embedded into the concrete block work of the hand washing superstructure. This makes repair and replacement very difficult. The other problem is that there is always residue water remaining in the tank and this provides a base for unclean water which could contaminate any freshwater pumped into the tank. The design of the concrete base in the tank should be modified to allow for efficient runoff of water.

- The use of concrete as roofing material for school latrines is not the best use of limited resources. Firstly, the concrete flat roof requires waterproofing to prevent leakages. There is no waterproofing and yet a low pitch roof is utilised. The concrete roofs are equally warping due to the exposure to sunrays and the continued expansion and contraction.

5.2 Follow-up actions

Hitherto, it is obvious that the implementation Community WASHE and SSHE in the four pilot districts have moderately been proceeding well despite the perpetual delays in the delivery of materials. The actual causes of the delays need to be examined and permanent solution(s) established and effected. In examining the root causes of the delays in delivery of materials to project areas, it may be worthwhile to also look at the whole procurement process – starting from the procurement of materials (cement, concrete enforcement wires, iron rods, iron roofing sheets, etc) to the procurement of services (transporters). Other issues that need follow-up actions are:

1. Developing workable solutions on the funding of project implementing agents (especially the D-WASHEs) without compromising the new reimbursement system

2. Making the D-WASHEs graduate from over dependency on full support from UNICEF for implementation of their annual work plans

3. Making the D-WASHEs more visible at the village level and reinforcement of the links between the D-WASHEs and grassroots structures

4. Institutionalising the D-WASHEs so as to make them more credible and attract members that would enhance its status

5. Formalising and regularising water user fees for water points and strengthening the capacities of water point minders

6. Redesigning the school hand washing facilities so as to improve overall performance and redress some technological challenges encountered when replacing the tap as well as the residue water that permanently remain at the base of the tank

7. Concrete roofs – a new roofing design is required and this can be based on a simple timber purlins and rafters structure capable of taking either asbestos or galvanised iron sheets. The same mono-pitch roof design can be employed on the VIP buildings.

8. The promotion of hand washing facilities at household levels should be encouraged. However, possibilities of providing alternative facilities to 5 litre plastic containers should be examined since the majority of households prefer using these 5 litre plastic containers meant for hand washing for other purposes.

APPENDIX 1: TERMS OF REFERENCE FOR THE MID TERM EVALUATION

Terms of Reference for Individual and institutional SSA

Position Title:	Evaluation Consultant for the WASHE Project supported by DCI/Ireland AID
Location:	Southern Province (Mazabuka, Monze, Sinazongwe & Kalomo Districts)
Duration:	5 weeks
Start Date:	4th April, 2005
Completion Date:	6th May, 2005
Reporting to:	Project Officer, WASHE

Budget Code/PBA No: SC/03/ 0047-01

Justification

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

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

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

Scope of Work

The study will be undertaken in 4 districts of Southern Province (Mazabuka, Monze, Sinazongwe & Kalomo) as stated in the following scope of work. Addressing the 4 evaluation objectives will require that the evaluator provide answers to the following specific questions:

Effectiveness

1. To what extent have the project's objectives (to improve water and sanitation services in 210 schools and 350 V-WASHEs and promote WASHE Basic Needs for approximately 112,400 people in the four target districts, etc) has been reached or in the right track?

2. Were/are the project activities adequate to realize the objectives?

Relevance

1. Are objectives of the project in keeping with locally defined needs and priorities?

2. Should the direction of the project been changed to better reflect those needs and priorities?

Sustainability

1. To what extent does the project established processes and systems that are likely to support the continued implementation of the project?

2. Are the involved parties willing and able to continue the project's activities on their own?

Project Design and implementation Improvement

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

Activities that will be evaluated and areas of concern

Evaluated Activity	Areas of concern
Improvement in access to safe water supply and time spent on collection of water in comparison with situation before the project starts.	• Reduction of distance to water points • Facilities and method of water transportation used Maps indicating water points, use, number of people served, geology • Coverage of access to safe water in project areas (schools and surrounding communities) • Improvement in girl child's net primary enrolment
Improvement in hygiene knowledge, attitudes and practices at school and household levels in comparison with situation before the project starts.	• Change in the number of women-representation on WASHE committees • Documentation of processes, systems and experiences • Appropriate facilities (e.g. covered jerry cans) for safe transportation & storage of drinking water (minimum of four drinking water facilities per school and maximum of one per room, one drinking water facility per household) • Improvement in number of latrines to pupil ratios (1:25 for girls & 1:40 for boys) in schools • Latrines roofed and walls whitewashed • Coverage of access to sanitary facilities in both schools and surrounding communities
Competence of EHTs in the use of field kits	• Quality of capacity building activities, training, supervision, etc. • Regular water quality monitoring and surveillance conducted by EHTs
Filing, interpretation and dissemination of water and sanitation monitoring data	• Guidelines on water quality monitoring and surveillance available and being used • Filing, interpretation and dissemination format of WASHE (including well defined monthly reporting) data developed • Effective and efficient collection, storage, accessibility & dissemination of data • Awareness on value of documentation and record keeping and using
D-WASHE reports programme activities to partner institutions	• Reporting format developed • Reports sent to partner institutions on a regular basis
Effective & sufficiently adequate routine water quality monitoring & surveillance to give early warning of impending water-borne diseases	• Field test kits and reagents available • Local capacity built-up & available for reliable water quality testing • Water quality maps generated • Water quality survey conducted every three months • A reduction in waterborne diseases (generate disease trend graphs by district and catchment areas) • Computers available for database creation • Databases created and regularly updated
Local authorities have adequate capacities to undertake WASHE activities	• Presence of full time officer to undertake WASHE activities • Appropriate organisational structure exists in local authorities • Good communication with national level and sponsoring institutions • Lead institution for WASHE activities at District level established and functioned • Documentation centre set up to record and preserve lessons and experiences of WASHE and is used • Established network and developed capacity at district and sub-district-levels to support the development and implementation of guidelines to deliver effective sanitation, hygiene & water to schools & communities • Use of monitoring and reporting for planning and decision making

Areas to be considered

Firstly, consultant will utilise both the primary and secondary sources of information as follows:

i) The primary source will involve visitations to project areas in the Southern Province and interviewing key stakeholders in the involved GRZ/UNICEF WASHE projects. The interviews will be guided by a checklist of questions in the form of a questionnaire devised by the consultant for the purpose of soliciting guided input from the informants (as per the performance indicators given in Table 1)

ii) The secondary source shall take the form of literature review of numerous documents and publications available on the WASHE programme including the 2001 WASHE Baseline Survey Report

iii) Other sources such as the Internet will be utilised to collect materials on the subject or related initiatives from other regions and the lessons learned

iv) Data analysis

v) Writing of the Draft & Final Reports should follow UNICEF Evaluation Report Standards

The consultants will also have to take the following into consideration:

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

ii) Instruments used for the evaluation should be reviewed by the UNICEF and MoLGH before the team conducts data collection

iii) The draft report should be presented to UNICEF and MoLGH for comments

iv) Hard copies & soft copies for the Draft Evaluation Report of the DCI/Ireland AID WASHE Project shall be provided by contracted Consultants, and shall be approved by the UNICEF Project Officers before finalisation.

Expected Deliverables

Within the consultancy period (a period of 5weeks), the consultant is expected to complete the above-mentioned scope of work using the DCI/Ireland AID guidelines and the UNICEF Evaluation Report Standards. The deliverables are as follows:

1. Evaluation design (Evaluation instruments developed) and implementation plan (in the first Week)

2. First draft of the evaluation report (at the start of the fourth week)

3. Finalization of the evaluation report (at the start of the fifth week)

Desired background and experience

The institution/individual required for consultancy for Evaluation of WASHE DCI/Ireland AID Project needs to have:

(a) At least a diploma in sociology, Public Health, Water Engineering or related disciplines with 5 years minimum working experience

(b) At least 2 years experience in conducting project evaluations

(c) Experience in water and sanitation programmes and having worked with the district and village level on the WASHE programme in Zambia is an added advantage

(d) Good at interpersonal skills and able to work in a multi-cultural environment.
(e) Have a good working knowledge of computers and proficient in word processing and data processing

Conditions (important)

This Consultancy is awarded under the following conditions:

- The work shall be carried out in the field and in Lusaka at the Consultant's own premises

- UNICEF shall provide transport and DSA at UN rates for field work for the consultancy

- The Fee, as indicated above will be paid as a Lump Sum and will include all allowances, taxes, duties, social and health insurances

- The Consultant shall provide their own computer, diskettes and paper for the purposes of carrying out the work

- UNICEF will provide access to the existing UNICEF and DCI/Ireland AID Project Evaluation Guidelines, project documents, progress reports, photographic and graphic records / archives as appropriate for the work and as approved by the Project Officer, WASHE

Prepared by: Requesting Officer	Approved by: Head of Section
Name:	Name:
Title:	Title
Signature:_____	Signature:_____
Date:	Date:

APPENDIX 2: WASHE QUESTIONNAIRE

Questionnaire No:

MID TERM EVALUATION OF THE DEVELOPMENT COOPERATION IRELAND (DCI)/IRELAND AID SHOOL SANITATION AND HYGIENE EDUCATION AND WATER SANITASTION AND HYGIENE EDUCATION PROJECTS IN MAZABUKA, MONZE, SINAZONGWE AND KALOMO DISTRICTS OF THE SOUTHERN PROVINCE

QUESTIONNAIRE FOR COMMUNITY WATER SANITATION AND HYGIENE EDUCATION (WASHE) COMPONENT

Name of interviewer:..... Date:.....

PREAMBLE

In 2003, the Government of the Republic of Zambia and the UNICEF Water, Sanitation and Hygiene Education (WASHE) Programme in collaboration with the Development Cooperation Ireland (DCI)/Ireland AID undertook to support the pilot community-based water quality and surveillance project and to continue the Government/NGO Support at national level and local level for the School Sanitation and Hygiene Education (SSHE) project in the four districts of Southern province namely: Mazabuka, Monze, Kalomo and Sinazongwe. The project has focused on the promotion of facilities that best enable families to improve their health status

The financial support from DCI/Ireland AID has enabled the WASHE Programme to support water quality monitoring, hygiene education, community mobilisation and provision of water and sanitation facilities.

This activity seeks to assess the mid term progress and achievements attained by the project to date.

1.0 General information

1.1 Name of organisation: .....

1.2 District: .....

1.3 Province: .....

1.4 Name and title of person interviewed:.....

1.5 Catchment area:.....

1.6 Population of the catchment:.....

2.0 Sanitation facilities

2.1 What types of sanitary facilities are in your catchment?

Waterborne toilets/ sanitation facilities ☐

Ventilated Improved Pit latrine (VIP) ☐

Traditional pit latrine ☐

2.2 How many of these facilities are there in your catchment?.....

2.3 Are these toilets/sanitation facilities adequate?

Yes ☐

No ☐

2.4 If no, what problems do you face as the result of inadequate toilets/sanitary facilities?

.....

.....

.....

.....

2.5 Has there been an increase in the number of these toilets/sanitation facilities in recent years?

Yes ☐

No ☐

2.6 If yes, how many more toilets/sanitation facilities have been built?.....

2.7 Has the building of additional toilets/sanitation facilities helped ease the problems?

Yes ☐

No ☐

2.8 If yes, how have they helped?.....

.....

.....

.....

2.9 Are these toilets/sanitation facilities equipped with hand washing facilities?

Yes ☐

No ☐

2.10 If yes, what types of hand washing systems are used?

Water only ☐

Water with soap ☐

Water with ash ☐

Other (please explain) ☐ .....

2.11 Are there any guidelines on the use these facilities?

Yes ☐

No ☐

2.12 If there are any guidelines, please give details.....

.....

.....

.....

2.13 If no, what measures have you put in place to ensure that people properly use these facilities?

.....

.....

.....

.....

2.14 How often are these toilets/sanitary facilities cleaned? .....

2.15 Who does the cleaning of these toilets/sanitary facilities?

Households ☐

Trained workers ☐

2.16 How long does it take for a pit latrine to fill up?.....

2.17 What is the average cost of constructing a pit latrine?.....

2.18 Where do you get the money to construct the pit latrines?.....

2.19 Who constructs these pit latrines for you?

Self ☐

Local trained latrine builders ☐

2.20 Are the people who build the pit latrines trained?

Yes ☐

No ☐

2.21 If yes, who provided the training and when?.....

.....

2.22 What type of solid waste is generated in your catchment?.....

.....

.....

.....

2.23 How is this waste managed?

Refuse pit ☐

Burning ☐

Burying ☐

2.24 How long has this system been in existence?.....

2.25 How long does it take for a refuse pit to fill up?.....

2.26 What is done to the filled up refuse pits?.....

.....

.....

.....

3.0 Water

3.1 What is the source of water in your catchment?

Borehole equipped with submersible pump ☐

Borehole equipped with hand pump ☐

Well ☐

Nearby stream or river ☐

Shallow well ☐

Others (please explain) ☐ .....

3.2 How many water points are there in your catchment?.....

3.3 Are these water points adequate?

Yes ☐

No ☐

3.4 Are these water points protected?

Yes ☐

No ☐

3.5 How is the supply of water at these water points?

Constant flow (24 hours a day) ☐

Intermittent flow ☐

3.6 If the supply is intermittent, how is it ensured that water is available to meet the requirements?

.....

.....

.....

3.7 If water is stored on site, how is it stored?.....

.....

.....

3.8 Do you carry out sampling of water?

Yes ☐

No ☐

3.9 If yes, where are the samples submitted for analyses? .....

3.10 How often do you sample your water?.....

3.11 Do you carry out water quality analyses and or testing?

Yes ☐

No ☐

3.12 How often is the quality of your water tested?.....

.....

3.13 Is your water quality in your catchment treated?

Yes ☐

No ☐

3.14 If yes, who treats your water and what method of treatment is used?.....

.....

.....

.....

3.15 Are you or other EHTs trained in water quality monitoring, sampling and testing?

Yes ☐

No ☐

3.16 If yes, who trained you .....

.....

3.17 When were these trainings in water quality monitoring, sampling and testing conducted?

.....

3.18 If no, what measures have you put in place to ensure that water is safe for drinking and domestic use?

.....

.....

.....

3.19 What are your recommendations on improving water quality in your catchment area?

.....

.....

.....

.....

3.20 Kindly give the percentages in terms of distances your communities cover to the nearest water points.

Up to 500 m .....

Between 500 m and 1,500 m .....

Over 1,500 m .....

4.0 Hygiene and education programme

4.1 Do you conduct special hygiene education programme in your catchment?

Yes ☐

No ☐

4.2 When did you start conducting this programme in your area?.....

4.3 What topics are covered in your hygiene education programme?

Hand washing ☐

Safe excreta disposal ☐

Safe water handling ☐

Quality and quantity of water used ☐

Cleanliness (Body and surrounding) ☐

Others ☐

4.4 If others, please give details.....

.....

.....

4.5 Are any teaching/learning materials used in hygiene education programmes?

Yes ☐

No ☐

4.6 Are you aware of the UNICEF training modules on WASHE?

Yes ☐

No ☐

4.7 Are you using these training modules on WASHE in your special hygiene education programme?

Yes ☐

No ☐

4.8 Where you or other EHTs trained in the use of these modules?

Yes ☐

No ☐

4.9 If yes, who trained you.....

.....

4.10 When were these trainings conducted?.....

.....

4.11 Have there been any improvements in hygiene in your catchment in recent years?

Yes ☐

No ☐

4.12 Please give the details of the improvements or otherwise of the general health of your catchment.

.....

.....

.....

.....

4.13 How are these improvements or otherwise of the general health of the catchment monitored?

.....

.....

.....

5.0 Planning and reporting

5.1 Do you develop sanitation and hygiene education work plans for your catchment area?

Yes ☐

No ☐

5.2 If yes, what are the time frames of these work plans?.....

5.3 Are all the planned activities implemented?

Yes ☐

No ☐

5.4 If no, why are some of the planned activities never implemented?.....

.....

.....

5.5 Is there a reporting system in place for sanitation and hygiene education activities in your catchment area?

Yes ☐

No ☐

5.6 Do you report on WASHE activities from your catchment area?

Yes ☐

No ☐

5.7 If yes, how often is the reporting done?.....

5.8 If no, why don't you report on these activities?.....

.....

.....

5.9 To whom do you report?.....

6.0 What plans have you put in place to ensure the continuity of the sanitation and hygiene education programmes in your catchment?

.....

.....

.....

.....

.....

.....

APPENDIX 3: SSHE QUESTIONNAIRE

Questionnaire No:

MID TERM EVALUATION OF THE DEVELOPMENT COOPERATION IRELAND (DCI)/IRELAND AID SHOOL SANITATION AND HYGIENE EDUCATION AND WATER SANITATION AND HYGIENE EDUCATION PROJECTS IN MAZABUKA, MONZE, SINAZONGWE AND KALOMO DISTRICTS OF THE SOUTHERN PROVINCE

QUESTIONNAIRE FOR THE SCHOOL SANITATION AND HYGIENE EDUCATION (SSHE) COMPONENT

Name of interviewer:..... Date:.....

PREAMBLE

School Sanitation and Hygiene Education (SSHE) is globally recognised as a key intervention to promote children's right to health and clean environment and influences a generation change in health promotion behaviour and attitudes. It is also known that not only the quality of teaching but also the environment, especially the availability of safe drinking water and sanitation coupled with good hygiene practices influence learning.

In 2003, the Government of the Republic of Zambia and the UNICEF Water, Sanitation and Hygiene Education (WASHE) Programme in collaboration with the Development Cooperation Ireland (DCI)/Ireland AID undertook to support the pilot community-based water quality and surveillance project and to continue the Government/NGO Support at national level and local level for the School Sanitation and Hygiene Education (SSHE) project in the four districts of Southern province namely: Mazabuka, Monze, Kalomo and Sinazongwe. The project has focused on the promotion of facilities that best enable families to improve their health status

The financial support from DCI/Ireland AID has enabled the WASHE Programme to support water quality monitoring, hygiene education, community mobilisation and provision of water and sanitation facilities.

This activity seeks to assess the mid term progress and achievements attained by the project to date.

1.0 General information

1.1 Name of the school: .....

1.2 District: .....

1.3 Province: .....

1.4 What is the type of the school?

Primary school ☐

Basic school ☐

Secondary school ☐

High school ☐

1.5 What is the total number of pupils, teachers and support staff here at this school?

Teachers..... Male..... Female.....

Pupils..... Male..... Female.....

Support staff..... Male..... Female.....

1.6 What is the catchment area for the school?.....

1.7 Is this school a co-ed, boys or girls one?

Core school ☐

Boys only school ☐

Girls only school ☐

1.8 Is this school a boarding or day one?

Day school ☐

Boarding school ☐

1.9 How many pupils are in boarding?.....

2.0 Sanitation facilities used at the school

2.1 What types of sanitary facilities are used at this school?

Waterborne toilets/ sanitation facilities ☐

Ventilated Improved Pit latrine (VIP) ☐

Traditional pit latrine ☐

2.2 How many of these toilets/sanitation facilities does the school have?.....

2.3 Are these toilets/sanitation facilities adequate for this school?

Yes ☐

No ☐

2.4 What problems do you face as the result of inadequate toilets and sanitation facilities?

.....

.....

.....

.....

2.5 Has there been an increase in the number of these toilets/sanitation facilities in recent years?

Yes ☐

No ☐

2.6 If yes, how many more toilets/sanitation facilities have been built?.....

2.7 Why were they built? (Please explain).....

.....

.....

2.8 Has the building of additional toilets/sanitation facilities helped ease the problems?

Yes ☐

No ☐

2.9 How has the building of additional toilets/sanitation facilities helped eased the problems?

.....

.....

.....

2.10 Are these toilets/sanitation facilities equipped with hand washing facilities?

Yes ☐

No ☐

2.11 How often are these toilets/sanitation facilities cleaned?

Once a day ☐

Twice a day ☐

Once a week ☐

Twice a week ☐

Thrice a week ☐

2.12 Are there any laid down rules for the use of toilets/sanitation facilities at your school?

Yes ☐

No ☐

2.13 If there are some laid down rules for the use of toilets/sanitation facilities, kindly explain..

.....

.....

.....

2.14 How long does it take for a pit latrine to fill up?.....

2.15 What is the average cost of building a pit latrine?.....

2.16 Where do you get the money to construct pit latrines?.....

2.17 Who builds the pit latrine for you?

Self ☐

Local trained latrine builders ☐

District trained latrine builders ☐

2.18 If self, what sort of training have you had?.....

.....

.....

.....

.....

2.19 Who provided the training for you and when?.....

.....

2.20 What sort of solid waste is generated by your school?.....

.....

.....

2.21 How does your school manage the solid waste it generates?.....

.....

.....

2.22 If you have refuse pits, how many do you have?.....

2.23 How long have been using refuse pits?.....

2.24 How long does it take for refuse to fill up?.....

2.25 What do you do with the filled up refuse pits?.....

.....

.....

.....

.....

3.0 Water

3.1 What is the school's source of water?

Borehole equipped with submersible pump ☐

Borehole equipped with hand pump ☐

Well ☐

Town (municipal) water reticulation network ☐

Community (independent) water network ☐

3.2 How many water points does your school have? .....

3.3 Are these water points adequate to meet demand of the school?

Yes ☐

No ☐

3.4 How available is this water at your school?

Water is always available (24 hours a day) ☐

Water is intermittently available ☐

3.5 If the water at your school is intermittently available, how do you ensure constant supply to meet your water requirements?

.....

.....

.....

.....

3.6 If the water is stored on site, how is it stored? .....

.....

.....

3.7 Does the school carry out testing of the quality of water?

Yes ☐

No ☐

3.8 Who does the testing of your quality of water? .....

3.9 How often is your water quality tested? .....

3.10 Does your school treat its drinking water?

Yes ☐

No ☐

3.11 If the water at your school is intermittently available, kindly give details.....

3.12 Are there any laid down rules for the use of water at your school?

Yes ☐

No ☐

3.13 If there are some laid down rules for the use of water at your school, kindly explain

.....

.....

.....

4.0 Hygiene and education programme

4.1 Does your school offer special hygiene and education programme?

Yes ☐

No ☐

4.2 What topics are covered in the school's special hygiene and education programme?

Hand washing ☐

Safe excreta disposal ☐

Safe water handling ☐

Quality and quantity of water used ☐

Cleanliness (Body and surrounding) ☐

Others ☐

4.3 If others, please give details.....

.....

.....

4.4 Are any teaching/learning materials used in these schools hygiene and education programmes?

Yes ☐

No ☐

4.5 Are aware of the UNICEF training modules on SSHE?

Yes ☐

No ☐

4.6 Are you using these training modules in SSHE?

Yes ☐

No ☐

4.7 Have any of your teachers trained in the use of these modules?

Yes ☐

No ☐

4.8 When were these teachers trained? .....

4.9 Who trained these teachers in the use of the modules? .....

4.10 Is the school's special hygiene and education programme part of the main school curriculum or is undertaken as an extra-curricular activity?

Main school curriculum ☐

Extra-curricular activity ☐

4.11 Does the school have health clubs?

Yes ☐

No ☐

4.12 Have there been improvements in the general health of the school?

Yes ☐

No ☐

4.13 Kindly give details of the improvements or otherwise of the general health of the school

.....

.....

.....

4.14 How are these improvements or otherwise of the general health of the school monitored?

.....

.....

.....

5.0 Planning and reporting

5.1 Does your school develop sanitation and hygiene education work plans?

Yes ☐

No ☐

5.2 If yes, what are the time frames of these work plans?.....

5.3 Are all the planned activities implemented?

Yes ☐

No ☐

5.4 If no, why are some of the planned activities never implemented?.....

.....

.....

.....

5.5 Is there a reporting mechanism in place for sanitation and hygiene education activities?

Yes ☐

No ☐

5.6 Does your school report sanitation and hygiene education activities?

Yes ☐

No ☐

5.7 If no, why doesn't your school report sanitation and hygiene education activities?.

.....

.....

.....

5.8 To whom do you report?.....

5.9 How often do you report?.....

6.0 What plans have you put in place to ensure the continuity of the sanitation and hygiene education programmes in your school?

.....

.....

.....

.....

APPENDIX 4: PERSONS INTERVIEWED

No.	Name of interviewee	Institution
1	Mr. Ekan J. Chingangu	Town Clerk, Mazabuka Municipal Council
2	Mr. Kanini Moonga	D-WASHE Project Officer (Core Staff), Mazabuka
3	Mr. K. Mweemba	D-WASHE Core Staff, Mazabuka
4	Mrs. Hildah B. Mweempwa	D-WASHE Core Staff, Mazabuka
5	Mr. Ian Chibale	District Planner, Mazabuka Municipal Council
6	Mr. A. Moonga	Head Teacher, Simwaba Basic School, Mazabuka
7	Mrs. Lucy P. Simooya	Deputy Head Teacher, Simwaba Basic School, Mazabuka
8	Mrs. R. M. Haapela	Nurse In Charge, Munenga Rural Health Centre, Mazabuka
9	Mr. R. H. Simbayi	Contact Teacher, Munenga Basic School, Mazabuka
10	Mrs. A. Chisakaila	EHT, Lubombo Health Centre, Mazabuka
11	Mrs E. Simbozole	Magobbo Basic School, Mazabuka
12	Mr. Situmbeko Kakoma	Magobbo Basic School, Teacher, Mazabuka
13	Mr. Dix Chinkuli	ACO Kapuka Village, Mazabuka
14	Mr. Michelo H.	Deputy Head Teacher, Mugoto Basic School, Mazabuka
15	Mr. Ignatius Hamakaul	Retired EHT, Nalwama Health Centre, Mazabuka
16	Headman Hachifwa Choongo	Hachifwa Village, Mazabuka
17	Mr. S. M. Lubansa	Deputy Head Teacher, Mbiya Basic School, Mazabuka
18	Mr. R. Mudenda	Teacher, Mbiya Basic School, Mazabuka
19	Ms. Bertha Chinjoka	Villager, Village 5, Mazabuka
20	Mr. Dickson Kakumo	V-WASHE Chairman, Habeenzu Village (Lwiindi Mupapa Area)
21	Mr. Boyd Mboyi	Acting Council Secretary, Monze District Council, Monze
22	Mr. M. H. Malambo	Acting Director of Works, Monze District Council, Monze
23	Mr. Yaphet Simpamba	Monze District Council, Monze
24	Mr. A. Njovu	Officer in Charge, Water Affairs, Monze
25	Mrs. S. Moonga	Water Affairs Stores Clerk, Monze
26	Mr. B. Beenzu	Central Statistics Office, Monze
27	Mr. V. Chisowa	Acting District Deputy Treasurer, Monze D-WASHE, Monze
28	Ms. Elise Soerensen	DAPP Programme Coordinator, Monze
29	Mr. Hammed Upakila	DAPP District Coordinator, Monze

30	Mr. Sebastiani Maingaila	Chikwala Village, Monze
31	Mrs. Edita Busiku	Chikwala Village V-WASHE Treasurer, Monze
32	Mrs. Sonyasi Moonga	Chikwala Village V-WASHE Committee Member, Monze
33	Mr. Saul Maambo	EHT Luyaba Rural Health Centre, Monze
34	Mr. Fastern Mphande	Sigubbu C-WASHE Chairperson, Monze
35	Mr. James Habasunu	Sigubbu C-WASHE Treasurer, Monze
36	Mr. Silvester Nchimunya	Kaumba C-WASHE Chairperson, Monze
37	Mr. Eric Miyombo	Deputy Head Teacher, St. Mary's Basic School, Monze
38	Mr. Peter Kabeta	Headmaster, St. Mary's Basic School, Monze
39	Ms. Nthambo Eunice	Teacher, St. Mary's Basic School, Monze
40	Mr. K. M. Kakudu	Luyaba Middle Basic School, Monze
41	Mrs. E. M. Sibulwakabi	Sigubbu Middle Basic School Headman
42	Mr. Simon Sianchimbi	District Commissioner, Sinazongwe District, Sinazongwe
43	Mr. Oliver Muuka	Council Secretary, Sinazongwe District Council, Sinazongwe
44	Mr. Edward Siyanga	Sinazongwe D-WASHE Vice-Chairperson
45	Mr. Peter Sikabenga	Sinazongwe D-WASHE Secretary & Coordinator
46	Mr. Siamwinga Siabalu	Sinazongwe District Planning Officer
47	Mr. John Hara	Sinazongwe District Health Inspector - DHMT/ DHO
48	Mr. Akapelwa Muswa	EHT – Sinazongwe Catchment area, Sinazongwe
49	Mr. L.N.Mundawa	Deputy Head, Sinazongwe Basic School, Sinazongwe
50	Mr. Tito Sianjobo	ACO, Sinazongwe Catchment Area, Sinazongwe
51	Mr. George Sibeso	EHT – Sinankumbi Catchment Area, Sinazongwe
52	Mr. Oris Hamanyate	Head Teacher, Sinankumbi Basic School, Sinazongwe
53	Mr. Teddy Muliadelele	Contact Teacher, Sinankumbi Basic School, Sinazongwe
54	Mr. Dauti Chiminya	Teacher, Sinankumbi Basic School, Sinazongwe
55	Mr. Joseph Singazi	Area Community Organiser, Sinankumbi Catchment area
56	Mrs. Lynette Siamakwa	Sister In Charge, Sinazeze Rural Health Centre, Sinazongwe
57	Ms Mbindo	Head Teacher, Sinazeze Basic School, Sinazongwe
58	Mr Morris Siamooya	ACO, Sinazeze Catchment, Sinazongwe
59	Mr. Briven Mapepula	EHT, Nang'ombe Catchment, Sinazongwe

60	Mr. Kennedy Makwembo	Guidance Teacher, Nang'ombe Basic School, Sinazongwe
61	Mr. A.C.Mungalu	Council Secretary, Kalomo District Council, Sinazongwe
62	Mr. Jalata Bumba	Kalomo District Planning Officer, D-WASHE Chairperson
63	Mr.Shikabeta	Community Development Officer, D-WASHE Coordinator
64	Mr. Joseph Sakala	District Health Inspector – DHMT, Kalomo
65	Mrs. Leah Majilindi	Sister In Charge, Kalonda Rural Health Centre, Kalomo
66	Mr. Alexander Kashingwa	ACO, Kalonda Catchment Area, Kalomo
67	Mr. Kent Haampongo	Contact Teacher, Kalonda Basic School, Kalomo
68	Mr. Ackim Ng'andu	Teacher, Kalonda Basic School, Kalomo
69	Mr. Dyson Kafunda	Teacher, Kalonda Basic School, Kalomo
70	Mr. Shiabalengu Howard	EHT, Siachitema Mission Rural Health Centre, Kalomo
71	Mr. Songiso Nakambowa	Assistant Coordinator (DAPP), Siachitema Catchment, Kalomo
72	Mr. Obert Musanje	Area Leader, Siachitema Catchment, Kalomo
73	Mr. Fidias Musaka	Male Nurse, Nameeto Rural Health Centre, Kalomo
74	Mr. S.H.Mwepu	School Manager, Nameeto Middle Basic School, Kalomo
75	Mr. S. Muzingwane	Contact Teacher, Nameeto Middle Basic School, Kalomo
76	Ms. Theresa Mtonga	EHT, Mukwela Rural Health Centre, Kalomo
77	Mr. E.M.Ndele	Head Teacher, Taara Middle Basic School, Kalomo
78	Mr. Finious Siamumba	Head Teacher, Sikalaye Middle Basic School, Kalomo
79	Mrs. Martha Muchelwana	Deputy Head Teacher, Kasizi Primary School, Kalomo
80	Mr. Kenny Musune	Acting Deputy Headmaster, Chalimongela Basic School
81	Mr. L. T. Zulu	School Manager, Mwata Day High School
82	Mr. Joel Simabwachi	EHT, Simwatachela Rural Health Centre
83	Mr. Darlison Sekeleti	Clinical Officer, Simwatachela Rural Health Centre

APPENDIX 5: DETAILED DISBURSEMENTS

PBA SC/2000/0394 Financial Utilization Report	
Donor Reference:	The Government of Ireland
PBA Reference	SC/2003/00394
Programme/Project No.:	YW 603
Title of Assisted Programme/Project:	Promotion of Community-Based Water Quality Monitoring and Water, Sanitation, and Hygiene Education for Improved Community Health
Funds available at the beginning of reporting period:	**US$ 181,379.06**
Period Covered:	1st January 2002 to 31st December 2002

Description	**Obligation (US$)**
Capacity building	
Support to Mazabuka -Train D-/V-WASHE and Household in PHAST	1,238.74
Support to Monze -Train D-/V-WASHE and Household in PHAST	1,193.69
Support to Kalomo -Train D-/V-WASHE and Household in PHAST	1,238.74
Support to Sinazongwe -Train D-/V-WASHE and Household in PHAST	1,238.74
Support to Kalomo D-WASHE for the child Info Training	1,050.59
Support to Sinazongwe D-WASHE for the child Info Training	3,651.24
Support to Kazungula D-WASHE for the child Info Training	453.48
Monze D-WASHE development of Village and district plans for 2003	436.73
Sinazong D-WASHE development of Village and district plans for 2003	138.05
Monze D-WASHE -Capacity Building in new WP areas	2,627.56
Mazabuka D-WASHE -Capacity Building in new WP areas	2,627.56
SinazongweWASHE -Capacity Building in new WP areas	2,627.56
Kalomo D-WASHE -Capacity Building in new WP areas	2,918.19
Reimbursement to Kalomo D-WASHE for Village Action Plan workshop	554.57
Support Kalomo D-WASHE capacity building for Integ. progr	452.1
Support Sinazong DWASHE capacity building for Integ. progr	225.23
Support Sinazong DWASHE capacity building for Integ. progr	452.1
Subtotal	**23,124.87**
Service Delivery	
Support to DAPP for 2002 community and school WASHE planning.	322.93
Support to DAPP to form out of school youth clubs	2,471.47
Support Mazabuka D-WASHE Implement and Monitor Village Action Plan	3,317.05
Support Monze D-WASHE Implement and Monitor Village Action Plan	2,753.19

Description	Obligation (US$)
Support Kalomo D-WASHE Implement and Monitor Village Action Plan	3,160.66
Support Sinazongwe DW Implement and Monitor Village Action Plan	3,317.05
Support to DAPP to conduct monitoring and evaluation of SSHE program	17,382.13
Support to DAPP to improve community and school sanitation	7,082.13
Support to Mazabuka D-WASHE -WBN improvements	995.5
Support to Monze D-WASHE -WBN improvements	923.42
Support to Kalomo D-WASHE -WBN improvements	1,040.54
Support to Sinazongwe D-WASHE -WBN improvements	1,040.54
Support to DAPP to conduct Health Education in schools.	5,662.00
Support Mazabuka D-WASHE improve nutrition in schools	509.08
Support Monze D-WASHE improve nutrition in schools	509.08
Support Kalomo D-WASHE improve nutrition in schools	442.99
Support Sinazongwe D-WASHE improve nutrition in schools	509.08
Support to DAPP to improve school production units	3,842.84
Support to Kalomo D-WASHE provision of safe drinking water and storage	688.43
Support to Sinazongwe D-WASHE provision of safe drinking water and storage	253.38
FDCL-Water quality monitoring and training in SP2	2,725.58
Support to Mazabuka D-WASHE for construction of sanitation facilities	759.01
Support to Monze D-WASHE for construction of sanitation facilities	772.52
Support to Kalomo D-WASHE for construction of sanitation facilities	1,128.38
Support to Sinazongwe D-WASHE for construction of sanitation facilities	759.01
Support Mazabuka for data collect on OVCs	1,048.44
Support Monze for collect data on OVCs	1,048.44
Support Kalomo for collect data on OVCs	1,048.44
Support Sinazongwe for data collect on OVCs	1,048.44
Support to DAPP for PhaseIII 2001 Activities	8,646.04
Support to Sinazongwe (NGOs) in the use of PHAST	977.4
Support to Mazabuka (NGOs) in the use of PHAST	955.87
Support to Monze (NGOs) in the use of PHAST	921.42
Support to Maz to Promote HIV/AIDS interventions	452.1
Support to DAPP for conduct community mobilisation	4,241.12
Support Mazabuka D-WASHE to promote malaria interventions	225.23
Support Monze D-WASHE to promote malaria interventions	225.23
Support Sinazongw D-WASHE to promote malaria interventions	135.14
Support Kalomo promote malaria prevention intervent	225.23
Support Mazabuka D-WASHE -Environmental Awareness Campaign	435.54
Support Monze D-WASHE -Environmental Awareness Campaign	359.2
Support Kalom D-WASHE -Environmental Awareness Campaign	135.14

Description	Obligation (US$)
Support Kalom D-WASHE -Environmental Awareness Campaign	333.69
Support Sinazazongwe D-WASHE -Environmental Awareness Campaign	322.93
Administrative and other support to DAPP	2,583.42
Subtotal	**87,736.45**
Monitoring and Evaluation	
Support Mazabuka D-WASHE for midterm review for SSHE progress	1,942.65
Support Monze D-WASHE for midterm review for SSHE progress	1,795.08
Support Kalomo D-WASHE for midterm review for SSHE progress	1,942.65
Support Sinazo D-WASHE for midterm review for SSHE progress	1,942.65
Support to D-WASHE in Mazabuka for follow up in villages and schools	765.77
Support to D-WASHE in Monze for follow up in villages and schools	738.74
Support to D-WASHE in Kalomo for follow up in villages and schools	1,509.01
Support to D-WASHE in Sinazongwe for follow up in villages and schools	765.77
Subtotal	**11,402.32**
Programme Support	
KB - Travel to EP to make preparations for TOT (Malaria)., v	261.09
Sanitation Week Support to the Local Government & Housing	5,090.09
Programme Freight, Storage and clearing WASHE Supp	4,897.90
Cost for Programme Officer WASHE SM	48,942.90
Taking Ms. Lucy Macmillan to Monze to Visit LDHMB health cent	43.92
Drive Australian Delegation to Gwembe to visit the District	17.57
Subtotal	**59,253.47**
Grand Total	**181,379.06**

PBA SC/2003/0047 Financial Utilization Report	
Donor Reference:	The Government of Ireland
PBA Reference	SC/2003/0047
Programme/Project No.:	YW 603
Title of Assisted Programme/Project:	Promotion of Community-Based Water Quality Monitoring and Water, Sanitation, and Hygiene Education for Improved Community Health
Funds available at the beginning of reporting period:	**US$ 100,916.30**
Period Covered:	1st January 2003 to 31st December 2003

Description	**Obligation (US$)**
Capacity Building	
Planning Workshop for Ireland AID project districts	2,000.00
Pre-testing of PMTCT Community Dialogue tool	3,417.00
Awareness creation through Ngooma Theatre	1,183.00
Registration fee for 4 people to attend workshop	800
Sub-total	**7,400.00**
Service Delivery	
Implementation of Sinazongwe WASHE Basic Needs activities	6102
Monze/Mazabuka verification of boreholes cites	2625.89
Latrine construction	769.15
Procurement of cement for construction of latrines	13200
Procurement of masonry tools & materials for Rain Water Collection Tanks construction	4,300.41
Support to D-WASHEs & NGOs for schools and community WASHE projects.	20,000.00
Support to DAPP implement WASHE activities.	3,747.83
Sub-total	**50,745.28**
Monitoring & Evaluation	
Monitoring of borehole drilling works in the project areas.)	88.03
Sub-total	**88.03**

Description	Obligation (US$)
Programme Support	
Staff Costs	23,320.30
Sub-total	**23,320.30**
Total Funds Committed	**81,553.61**
Total Funds Still Available	**19,362.69**

PBA SC/2003/0047 Financial Utilization Report	
Donor Reference:	The Government of Ireland
PBA Reference	SC/2003/0047
Programme/Project No.:	YW 603
Title of Assisted Programme/Project:	Promotion of Community-Based Water Quality Monitoring and Water, Sanitation, and Hygiene Education for Improved Community Health
Funds available at the beginning of reporting period:	**US$ 192,480.44**
Period Covered:	1st January 2004 to 31st December 2004

Description	Obligation (US$)
Capacity Building	
Reimbursement Ngoma Theater	1,193.13
Sub-total	**1,193.13**
Service Delivery	
Reimbursement to DAPP for 2003-2004 School and Community WASHE	5,521.50
Chemical and Bacteriological Water Quality Testing Kits	20,508.33
Biological (H_2S) Water Quality Testing Kits	10,000.00
Sub-total	**36,029.83**
Monitoring and Evaluation	
LM-Consultant for technical support to WASHE Districts	937.5
To verify 55 borehole drilling sites	1,022.92
Sub-total	**1,960.42**
Programme Support	
Fund to cater for Zamtel Bills	2,425.92
Funds to cater for fuel costs	2,499.08
Sub-total	**4,925.00**
Total Funds Committed	**44,108.38**
Total Funds Still Available	**148,372.06**