



Final Report

by



Evaluation commissioned by UNICEF Zimbabwe.

An Evaluation of the Small Towns WASH Programme (STWP) in Zimbabwe (2012-2018)

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Programme summary data

Project Name	Small Towns Water Sanitation and Hygiene (WASH) Programme
Project Budget	\$28.94 million Australian Dollars (AUD) –
Funders	Australian Government
Start & End Dates	2013-2018
Relevant SDGs	SDG 3, 6, 11 and 17
Geographic Focus Area	14 towns in Zimbabwe: Bindura, Chipinge, Chiredzi, Chivhu, Gokwe, Gwanda, Hwange, Karoi, Mutoko, Mvurwi, Plumtree, Rusape, Shurugwi, Zvishavane
Main Partners	Ministry of Local Government (MoLG), Ministry of Environment, Water and Climate (MoEWC), Ministry of Health and Child Care, ULA, UNICEF, ZINWA



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List of Acronyms

AUD	Australian Dollar
CAPI	Computer Assisted Personal Interview System
CBO	Community-based Organisation
CRPD	Convention on the Rights of Persons with Disabilities (2006)
DAC	Development Assistance Committee
EA	Enumeration Area
ECA	Economic Consulting Associates
ER&RR	Emergency Rehabilitation and Risk Reduction Programme
FGD	Focus Group Discussions
GESI	Gender and Social Inclusion
GIS	Geographic Information System
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GoZ	Government of Zimbabwe
GPS	Global Positioning System
KII	Key Informant Interviews
LAs	Local Authorities
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MLGPWNH	Ministry of Local Government, Public Works and National Housing
MoHCC	Ministry of Health and Child Care
NAC	National Action Committee
NGO	Non-Governmental Organisation
NWP	National Water Policy
O&M	Operation and Maintenance
OMs	Operating Manuals
OECD	Organisation for Economic Co-operation and Development's
PHHE	Participatory Health and Hygiene Education
PMT	Programme Management Team
PPS	Probability Proportional to Size
PSC	Project Steering Committee
RFP	Request for Proposals
SDG	Sustainable Development Goals
SLB	Service Level Benchmarks
SMS	Short Message Service
SOPs	Standard Operating Procedures
SPSS	Statistical Package for the Social Sciences
STWP	Small Towns Water Programme
ToC	Theory of Change
TOR	Terms of Reference
TREG	Technical Research and Evaluation Group
ULAs	Urban Local Authorities
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund
VFM	Value for Money
WASH	Water Sanitation and Hygiene
WHO	World Health Organisation
ZIMStat	Zimbabwe Statistical Agency
ZINWA	Zimbabwe National Water Authority





Executive Summary

Project Overview

The Small Towns Water Sanitation and Hygiene Programme (STWP) was implemented in 14 towns in Zimbabwe between 2013 and 2018. This report contains findings from the evaluation of the programme. The evaluation was commissioned by UNICEF and Government of Zimbabwe (GoZ) and undertaken by Pegasys and Development Data (the Consultants) in 2019.

The goal of the STWP was to improve water supply and sanitation infrastructure to address major health and hygiene challenges in 14 towns (Bindura, Chipinge, Chiredzi, Chivhu, Gokwe, Gwanda, Hwange, Karoi, Mutoko, Mvurwi, Plumtree, Rusape, Shurugwi and Zvishavane) This was in response to cholera outbreaks in 2008/9 in which 98 596 people were affected and 4,389 people died¹.

The STWP was designed to impact on the health situation in target communities by reducing morbidity and mortality due to water-borne diarrheal diseases, including cholera. To achieve this, the programme worked across three thematic areas, namely: rehabilitation of water supply and sewerage network; hygiene promotion and customer care; and institutional strengthening. The main objectives of the programme were:

- Objective 1: Improved access to water supply and sanitation services to, and hygiene practices among, 500,000 people through rehabilitation of water and sanitation systems and hygiene promotion in 14 small towns with focus on equity and gender; and
- Objective 2: Contribution made to improved financial sustainability, management and functionality of water and sanitation services in 14 small towns.

The STWP was funded by the Government of Australia (AusAID) for AUD28.94 million. Implementation was done through Institutional Consultants, Civil Engineering Contractors and Non-Governmental Organisations. The project was coordinated through the Governments' NAC Urban WASH Sub Sector.

Evaluation Purpose and Objectives

This is a summative evaluation of the STWP. The main purpose of the evaluation is to provide evidence and lessons, strengths and weaknesses in Urban WASH programming to guide decision making and further interventions in the sector in Zimbabwe and provide a reference point for future programme. The objectives of the evaluation include to:

- To assess impact, relevance, effectiveness, efficiency, sustainability, partnership and coordination, and design of the overall intervention.
- To provide evidence on the equity, gender, disability, community participation, value for money and environment
- To assess the major strengths and limitations of the project and draw lessons for future Urban WASH Programme improvement (Including best practices, challenges, barrier and success factors)
- Determine if and how UNICEF and GoZ can scale up developments and innovations from the STWP
- To assess how the risks and assumptions in the project design affected the project delivery in relation to emerging issues in the Zimbabwe context and how these were addressed

¹ STWP project proposal document submitted to AusAID



- To assess the quality and rigor of the monitoring, learning and knowledge management systems

Intended Audience

The main audience of the evaluation are:

Duty Bearers (i) National Action Committee of WASH – Government of Zimbabwe (ii) Local Urban Councils (iii) UNICEF and Development Partners

Rights Holders (i) Residents of the Town Council.

Methodology

The STWP was evaluated using the DAC OECD criteria of relevance, effectiveness, efficiency, impact and sustainability. Additional criteria include Partnerships and Project Design. A one group pre-test post-test theory-based evaluation design was adopted for this evaluation. This had the limitation of not providing the counterfactual. Another limitation was on lack of disaggregated data. Thus, data on disability was obtained mainly through primary data collection. However, there were no major data gaps. Data to inform the evaluation was collected using a mixed method approach. Data collection methods included semi-structured key informant interviews, focus group discussions, transect/technical assessment, a statistical quantitative household survey, and review of literature. Data collection for the end line survey mirrored the baseline survey to facilitate comparisons. Data analysis methods included content analysis, comparative analysis, descriptive and inferential statistics, and the use of evidence tables.

Ethical clearance from the national ethics review board was not a requirement. However, the evaluation aligned to ethical considerations as defined by the United Nations Evaluation Group (UNEG) Ethical Guidelines for Evaluation (norms and standards), as well as adhered to ethical standards as prescribed in the UNEG # Code of Conduct for Evaluation in the UN System. Ethical considerations included informed consent which was requested from all participants as well as confidentiality and anonymity.

Key findings

Relevance

The project was initiated as a direct response to a cholera outbreak in 2008/9. The objectives of the project were set well and aligned with priority needs in all 14 towns. Addressing WASH incapacities of small towns was aligned with and supportive of government policies. Aligned to UNICEF's 2016-2030 WASH Strategy and to be in line with the Sustainable Development Goal targets 6.1 and 6.2. The project contributed to meeting the human right to water and to addressing gender issues, since women and girl children are most affected by lack of water and sanitation facilities. While the project managed to achieve the adoption of Automated Billing systems by ULAs (which have proven effective), **some important policy issues were not adequately tackled, chief among them, tariff setting, the role of ZINWA in small towns, and ringfencing of water accounts. Revenue from water remains ringfenced 'on paper' and not in practice.**

The target groups of the SWTP were communities and more specifically women, girls and PWDs and ULAs. The programme sought to address the WASH needs of these vulnerable groups as these are among the groups that face difficulties when there is inadequate provision of water and sanitation services at household and community level. Assessment reports from the beneficiary towns show that water provision was a challenge in the towns due to a myriad of infrastructure related problems and power outages. Women and girls remain the most affected under such situations as they are mainly responsible for water collection. This status quo improved due to the project's contribution in enhancing access to water supply at residential premises. This was demonstrated by the significant drop in the number of households which fetch water outside residential premises across 14 towns.

Feedback mechanisms introduced or enhanced by the project enhanced accountability by ensuring that there is regular communication between LAs and communities. This is relevant and important for addressing issues



raised in the National Water Policy (2013) which emphasises the need to address urban WASH challenges in an inclusive manner.

Efficiency

UNICEF had expended 99% of funds allocated to the project at the time of the evaluation. The expenditure corresponds to the satisfactory accomplishment of planned budget activities (including both hardware and software interventions). The evaluation observed both hardware services and items procured and installed across 14 towns (including bulk water meters, water treatment equipment, submersible pumps, bulk water transmission mains and pipes, sewage pipes and equipment, and waste stabilisation ponds). Along with software interventions conducted including various trainings and mentorship activities for ULAs, and installation of PROMUN and introduction of U reporting, among others – the extent of utilisation of the budget for planned activities is justified. The remaining budget (1%) was still committed in contracts to be paid after a defect's liability period of 1 year. 93% of the budget was on programmable costs. For the approved and funded activities, the project managed to meet most of its targets although there were some procurement delays due to shortage of foreign currency for contractors to import materials and equipment. Time efficiency was limited by the fact that town councils' engineers had no direct control over the works being done by contractors in their towns which delayed decision making. These delays necessitated a no-cost extension. The project management and monitoring were generally sound resulting from efficient the early on establishment of quality control systems and indicators as articulated in the logical framework.

Impact

The overall goal of the project was to reduce morbidity and mortality due to diarrheal diseases by 20% from the baseline. The programme significantly improved access to improved WASH services. Disease surveillance in the 14 STWP towns by the Ministry of Health and Child Care over the period 2014 to 2017 indicated a 36% decrease in reported cases of diarrhoea from 32,392 to 20,882 from baseline to endline. Based on baseline and endline survey conducted diarrhoea cases significantly declined by 7.2% points from the baseline figure of 10.7% to 3.5% reported on the Endline, $p < 0.01$. Findings also revealed that the towns have made significant progress and are on track towards achieving universal access to safely managed water and sanitation for their residents.

The programme had a target of improving water production capacity to 56-67% from a baseline of 29-51%. The installation of new duty and standby pumps at the various water works led to general improvement in the volumes of water supplied to residents.

Under output 2, UNICEF sought to assess, design and rehabilitate sewage infrastructure; empower communities to report leaks; provide training on dumpsite management; and empower communities to remove solid waste. The programme undertook the upgrading of sewerage lines in problematic areas, as well as the rehabilitation of sewage treatment works in the towns. At baseline, 20-40% were experiencing problems with the sewer system and the programme reduced the proportion by at least 5% (The percentage of households using flush to piped sewer system increased by 5.2% between baseline and midline. Open defecation significantly declined from 2.6% at baseline to 1.7% at endline, $p < 0.05$. Over 7,000 additional people gained access to better sanitation services (sewage collection and treatment systems) while service delivery was increased for over 114,000 people.

Effectiveness

The STWP trained operator-level staff and engineers and technicians on various aspects such as: water treatment (chlorination and water quality testing); water distribution management and water loss (leak



detection) sewerage maintenance and customer relations, and O&M planning. Through the training, the council authorities improved the responsiveness to community needs for example in the event of water pipe bursts. However, it is important to note that although most of the sewer system problems were responded to within a week, 76.7% at baseline and 78.9% at endline, around a tenth (11.4% at baseline and 7.0% at endline) of the households indicated that nothing was done by the local authorities.

The customer care and responsiveness to community needs improved significantly due to training provided during the project implementation phase which helped to restore good relationships with residents. At the same time, the project facilitated the development of a Client Charter which outlined what the clients are supposed to do, the type of services they are supposed to receive and how their complaints are supposed to be addressed. Household surveys confirm (92.6%) of the households using service providers banking hall or office significantly rate services received from the service provided as helpful and friendly as compared to 89.2% at Baseline.

In terms of gender and social inclusion, the ULAs' staff were trained on these aspects facilitating their mainstreaming in all activities. The project also facilitated the development of a Client Charter and U-reporting, WhatsApp, websites and client registers (where used) greatly empowered communities to demand quality and reliable services. 4.0% of households had heard about U-reporting of which 32.6% (i.e. 1% of all households) were using this platform.

A total of 463,000 contacts were made for hygiene community health clubs (CHC), market health clubs (MHC), school health clubs (SHC) establishment, clean up and door-to-door campaigns, road shows and Information Education and Communication (IEC) material dissemination. 31.8% of the households at endline vs 48.4% at baseline indicated receiving hygiene messages three months preceding the survey. This indicates that the rate of communicating hygiene messages had actually dropped after the project: The probable explanation being that emphasis on this aspect of the project (communication of health messages) had preceded the 3 months considered. Further analysis of data reveals that 73.2% of households at endline received hygiene messages through SMS on mobile phones, which was a 20.2% improvement from 53.0% reported during the baseline.

In terms of environmental hygiene and environmental cleanliness the project had quite an improvement in terms of the link between the project and health. Since 2010 the last outbreak of cholera and typhoid there has never been a municipality that has faced any outbreak in terms of water borne diseases such as cholera (except for Chiredzi). Consistent with baseline survey, effectiveness of methods used in disseminating hygiene information as well as the accuracy of the messages conveyed on hygiene were assessed by checking on basic information on the cause's prevention methods for diarrhoea and malaria. Results show that poor hygiene (61.1%), dirty hands (55.7%) and dirty food (51.2%) were the greater causes of diarrhoea reported by the households through the household surveys. Of these three, poor hygiene and dirty hands were expressed by more respondents ($p < 0.01$) at endline than at baseline. Methods of preventing diarrhoea were also assessed and the evaluation noticed a statistically significant drop, from 2.7% at baseline to 1.5% at endline, of households who are not knowledgeable of the methods of preventing diarrhoea. The change is largely attributed to the information disseminations to communities which declined after NGOs implementing the hygiene promotion component of the programme exited the towns 2 years prior to the end line survey.

Sustainability

The project design and implementation had intentional mechanisms for the promotion of sustainability. This was expected to be facilitated by collaboration with ULAs in partnerships with other local WASH actors and the capacity development of community members through knowledge and skills transfer. The new Automated Billing systems have been adopted by ULAs and has proved to be effective. Community health clubs are also engaged in income generating projects and this is expected to facilitate their functionality. However, the evaluation found that ULAs were logistically constrained, and the current socio-economic environment was not conducive for optimising the benefits of the programme intervention and maintaining the O&M of the



infrastructure due to challenges with cost recovery of the Water and Sanitation Account, affecting investments in maintenance of infrastructure.

Equity

Gender mainstreaming in all WASH activities and the social inclusion of vulnerable groups was promoted during the implementation of the project at design stage. Whilst gender and human rights are key themes for UNICEF WASH in programme delivery, the results from the evaluation did not show any clear intentionality and outputs on targeting and mainstreaming gender beyond trainings during implementation. For example, the evaluation found no evidence of the impact of these trainings for example increase women in decision making positions such as Programme Management Team (PMT), Project Steering Committee (PSC) except only in health clubs. In pursuit of addressing the specific needs of girls and people living with disabilities, the project enhanced access to water supply at residential premises, and the number of households which fetch water outside residential premises across the 14 towns dropped significantly by 10% points from 26.1% at baseline to 16.2% at Endline.

Design

The STWP was generally well designed with a clear intervention logic and was based on the standard components of a WASH intervention, including, water, sanitation and hygiene and institutional capacity building. The Theory of change (ToC) showed clear intervention logic, although several components (e.g. use of social media) were added over the years. Although the ToC adapted to an evolving operational environment some components such as O&M and capacity building were not adequately catered for. Local Authorities mentioned the need to address other important components of O and M, including aged piping and metering of consumers.

Conclusions

The programme was very relevant to both the needs and context of the towns and beneficiaries given the challenges faced with poor water, sanitation and hygiene owing to multifaceted factors such as aged infrastructure as the urban WASH sector emerges from the emergency (of the 2008 cholera epidemic) to recovery and stabilisation.

The design of the programme was suitably aligned to the socio-economic and capacity realities of the Zimbabwean operating environment where LAs were hamstrung by dilapidating infrastructure and failing to deliver basic services to the residents. The programme intervention was also timely and provided the much-needed relief and capacity.

The programme was effective in delivering the outputs and outcomes that were planned. Project targets were achieved. Positive unintended outcomes were also realised such as the formation of entrepreneurial ventures e.g. (making paving blocks from plastic waste and sand in Karoi town) helping to generate income by various health clubs, that enhanced on the programme sustainability.

The programme was efficient overall and achieved most of the intended targets and outputs. However, there are areas that require strengthening such as supervision of contractors to allow for greater oversight by town authorities.

The programme was geared towards sustainability at design, inception and implementation phases. However, the dynamic operating environment characterised by the re-emergence of socio-economic challenges undermined the potential benefits from the programme investments especially due to policy changes on currency.

Whilst the design, relevance, effectiveness and efficiency elements of the programme largely achieved what was intended and contributed towards the impact, it has been demonstrated that many of these impacts will



be difficult to sustain. This is due to logistical constraints experienced by ULAs, and the current disabling socio-economic environment in the country – factors affecting the continued investment in critical infrastructure operations and maintenance - hindering the continued optimisation of programme investments.

Recommendations

The recommendations are structured by category of key Urban WASH Stakeholders including both duty bearers and rights holders as follows:

Urban Local Authorities (Duty Bearers)

1. Apply existing WASH tariffs to reflect the full cost for production and delivery of WASH services. Tariffs should adequately cover the full cost of water supply and sanitation services.
2. Engage residents in discussions regarding sustainable tariffs. Ensure on-going discussion through social media, and other accessible platforms for effective and sustainable dialogue with communities.
3. Actively develop costed and sustainable options for O&M, including partnerships with local and national private sector. Specifically, put in place a system for sustainable metering of water.
4. Develop pro-poor policy or guidelines with clear principles, targets and actions on who, why, where and how to benefit, or be exempted and included in WASH activities in the respective towns. Such a policy or guideline can assist with clear targeting and appropriate interventions to include and protect the vulnerable (people living with disabilities, the elderly, the very poor, women and children).
5. To ensure the new emerging settlements in the urban areas do not overburden the rehabilitated infrastructure and thus reduce its expected life span, more ULAs can be encouraged through technical assistance to make use of the government loan facility through the Public-Sector Improvement Program, which has already been accessed by some ULAs for WASH infrastructure expansion.

National Action Committee (Duty Bearers)

1. Finalise draft National Sanitation and Hygiene policy and develop operational plan with clear objectives to build on STWP and other projects.
2. Monitor policies, especially on ringfencing revenue from WASH services to guarantee or at least improve the prospect of sustaining the provision of services. This can be done through regulatory instruments/tools, incentives and penalties on a graded scale (e.g. statutory instruments or regulation)
3. Meet set budgetary targets for allocations to local authorities.

UNICEF (Duty Bearer)

- Standard Operation Procedures on contract management of wash infrastructure rehabilitation in urban local authorities should increase oversight on contract management by the town engineer (where there is capacity) to increase ownership of the works being done in target towns.
- Future programmes should have clear intentionality, targets and indicators on participation and inclusion of men and women in decision making.



- Consider an extension to the programme to maintain three aspects:
 - a) O&M and additional capacity development to protect investments
 - b) Local solutions to overcoming metering problems
 - c) Further development of social media platforms for accountable systems. Communication platforms to be broadened to include mainstream media



1 Introduction

1.1 About this report

This report documents the findings of a summative evaluation of the Small Towns Water Sanitation and Hygiene (WASH) Programme (henceforth referred to as the STWP programme) that was implemented in 14 towns in Zimbabwe between 2013 and 2018. The Evaluation was commissioned by UNICEF and Government of Zimbabwe (GoZ) and undertaken by Pegasys and Development Data (the Consultants).

The report determines whether the programme achieved its objectives adequately and responded to the WASH challenges in the targeted small towns per programme design. The STWP sought to improve water supply and sanitation infrastructure to address major health and hygiene challenges that were recurring, including cholera in 2008/9 in which 4,389 lives were lost². This report focuses on the relevance of the programme; its effectiveness; efficiency; impact and sustainability of the programme outputs and outcomes (results). The evaluation was contextualised by considering the macro-economic environment that was prevailing in the country during the implementation phase and a synopsis of this is included in the report. The report further details the implementation strategies that were adopted under the programme. The report also provides key lessons that can inform future decision making. Key recommendations and actions for various WASH actors and players to improve urban WASH interventions and practices in Zimbabwe and beyond are also included in the report.

1.2 Object of Evaluation- The Small Towns WASH Programme

This section briefly describes the STWP programme that was evaluated. This is done by presenting the logical model as described by UNICEF and its partners in the programme proposal that was submitted to AusAID in May 2012 (and revised in October 2012). This description considers planned inputs, activities and outputs, as well as envisaged and documented outcomes and impact. Later, under findings, these items are critiqued, and variations and modifications during the implementation period are discussed.

² Ibid. UNICEF proposal.



1.2.1 Programme geographic coverage and budget

The programme was initiated after the Government of Australia provided AUD28.94 million for the implementation of an urban WASH programme in 14 small towns (Bindura, Chipinge, Chiredzi, Chivhu, Gokwe, Gwanda, Hwange, Karoi, Mutoko, Mvurwi, Plumtree, Rusape, Shurugwi and Zvishavane). The STWP provided a platform for the transition of the Urban WASH sector from the recovery phase of the Emergency Rehabilitation and Risk Reduction Programme (ER&RR) to development in the urban WASH sector in Zimbabwe (UNICEF, 2018). The STWP was, therefore, implemented as a development-focused programme that emerged as UNICEF transitioned from a humanitarian response to the cholera outbreak of 2008/9. As such, its impact would result in reduced cholera episodes. The project was implemented in 14 small towns in Zimbabwe between January 2013 and December 2018. The 14 towns were selected on the following basis:³



Figure 1: Location of STWP town

Selected small towns	Justification for inclusion
Hwange, Mvurwi, Mutoko and Chivhu	Where rehabilitation of critical infrastructure (water and sewage) is urgently required to mitigate high risks to loss of life, especially to vulnerable communities, and existing assets and which are not being (or planned to be supported) by AfDB, GIZ, World Bank, government and other partners
Gokwe, Gwanda and Zvishavane	Where emergency rehabilitation interventions focusing mainly on water treatment systems have been completed or ongoing (under ER&RR programme or with support from other partners) but rehabilitation of sewage collection and treatment systems and distribution network is required to mitigate the risk to loss of life and existing assets and protect the raw water for drinking water supplies
Bindura, Chipinge, Chiredzi, Karoi, Plumtree, Rusape and Shurugwi	Where critical rehabilitation interventions (quick wins) have been undertaken (or ongoing) with UNICEF support under ER&RR programme but there is a need to provide considerable further technical, financial and institutional support to resuscitate and rehabilitate the existing capacity and financial sustainability, address the equity issues and ensure that regression to the situation of pre-critical rehab support does not occur

Table 1 shows a breakdown of the project budget presented to AusAID. Sixty-two percent of the budget was to be spent on rehabilitation of water and sanitation infrastructure, while 11% was earmarked for hygiene promotion, customer care and community participation and responsiveness. Up to 10% of costs would go to UNICEF (3% for the Zimbabwe office, and 7% for UNICEF HQ). Eight percent (8%) and 9% were proposed to cover institutional strengthening and technical assistance respectively.

³ Small Towns WASH Programme-Proposal to Aus Aid submitted by UNICEF Zimbabwe (2012)



Table 1: Project budget (USD)

S. No	Activity/Planned Result	Total amount in US\$	% of budget
1	Rehabilitation of water and sanitation infrastructure	18,500,000	62%
2	Hygiene promotion, customer care and community participation/responsiveness	3,150,000	11%
3	Institutional strengthening	2,520,000	8%
4	WASH sector coordination and knowledge management	103,000	<1%
5	Technical assistance, direct programme management support costs including monitoring and evaluation	2,790,000	9%
6	UNICEF Zimbabwe - operational support costs	837,000	3%
7	UNICEF HQ recovery	2,100,000	7%
	Grand Total	30,000,000⁴	100%

1.2.2 Programme thematic areas and intervention logic

The STWP was designed to impact on the health situation in target communities by reducing morbidity and mortality due to water-borne diarrheal diseases, including cholera. To achieve this, the programme proposed to address (at outcome level) equitable access, quality and reliability of water supply and sanitation services in the 14 project towns (Outcome 1); and at the same time, provide support to improve financial management and delivery of WASH services (Outcome 2). Figure 2 below shows the programme's theory of change.

⁴ According to the 11th donor report from UNICEF to AusAID dated October 2018, the total received was US\$ 26,634,942.55. In later sections of the report, the evaluator shows how these funds were spent.

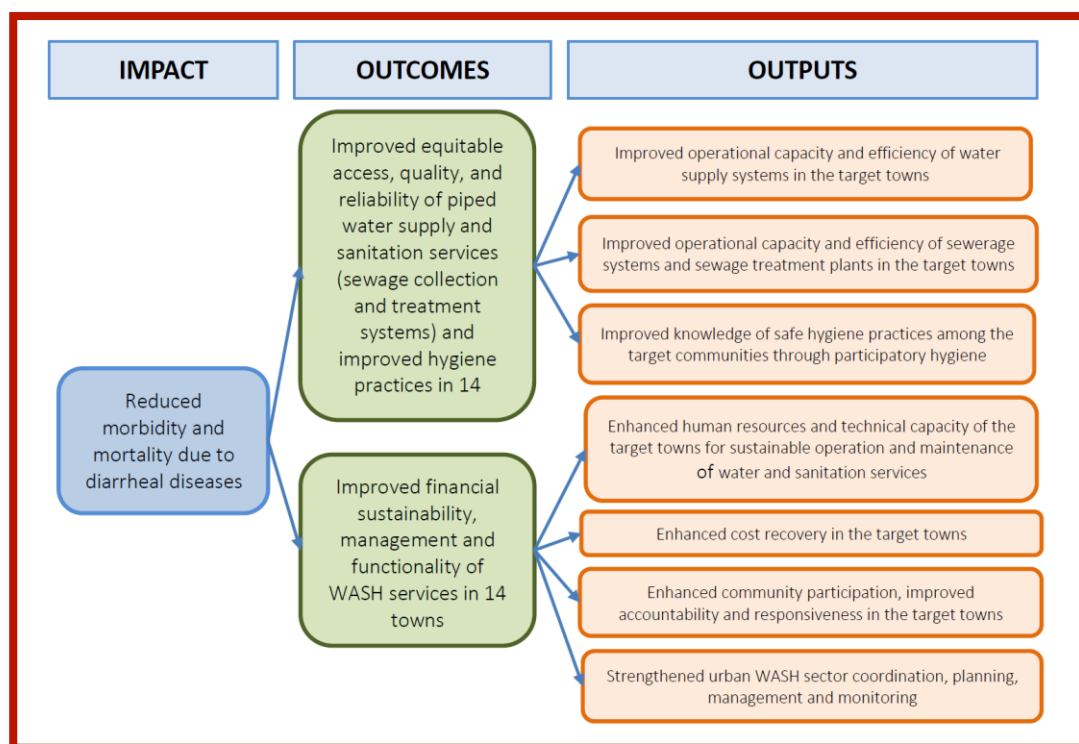


Figure 2: Programme theory of change

The STWP consisted of three thematic areas, namely: rehabilitation of water and sewerage works; hygiene promotion and customer care; and institutional strengthening. The programme's integrated approach aimed to improve and strengthen sustainability of the water and sanitation provision by Urban Local Authorities (ULAs) and Zimbabwe National Water Authority (ZINWA) through rehabilitation of water supply and sewer systems; improved cost recovery; hygiene promotion for WASH related disease prevention and improved engagement between the service providers (ULAs and ZINWA), and town residents through improved customer care. The following strategies were among those proposed to be used to achieve programme objectives:

- Rights-based approach to programming which emphasizes duties, entitlements and obligations of service providers and users of WASH services (focusing on the most vulnerable, people with disabilities and considering the programmatic implications of gender).
- Advocacy targeting the private sector to encourage its support for rehabilitation and operation and maintenance of urban water supply and sanitation infrastructure.
- Strengthening capacity of the local authorities and ZINWA for sustainable operation and maintenance and enhancing cost recovery.
- Use of appropriate technologies and low-cost solutions for system rehabilitation.
- Improving customer care management concepts and building trust between local authorities and citizens.
- Balancing hardware with software interventions for holistic coverage of interventions.
- Where relevant, prepare local authorities to take over management of water services from ZINWA.
- Liaise with relevant government departments, including power utility to advocate for dedicated powerlines for water and sanitation facilities.



1.2.3 Goal and objectives of the programme

The goal of the STWP was ‘to contribute to reduced burden of diarrhoeal diseases, including the risk of cholera, and improved productivity amongst 500,000 inhabitants, including men, women, children and the vulnerable⁵ in 14 small towns. The two main objectives of the programme were as follows:

- Objective 1: Improved access to water supply and sanitation services to, and hygiene practices among, 500,000 people through rehabilitation of water and sanitation systems and hygiene promotion in 14 small towns with focus on equity and gender; and
- Objective 2: Contribution made to improved financial sustainability, management and functionality of water and sanitation services in 14 small towns.

The planned outcome of the programme was improvement in the equitable access, quality, and reliability of piped water supply and sanitation services (sewage collection and treatment systems) for, and improved hygiene practices among, an estimated 500,000 people in the 14 towns. The following outputs were also planned:

- Improved operational capacity and efficiency of water supply systems in the target towns
- Improved operational capacity and efficiency of sewerage systems and sewage treatment plants in target small towns
- Improved knowledge of safe hygiene practices among the target communities through participatory hygiene education and with special focus on gender, vulnerability and disability
- Enhanced human resources and technical capacity of the target towns for sustainable operation and maintenance of the water and sanitation services
- Enhanced cost recovery in the target towns
- Enhanced community participation, improved accountability and responsiveness in the target towns
- Strengthened urban WASH sector coordination, planning, management and monitoring

Table 2 below summarises the interventions planned for each town.

Table 2: Planned interventions for each town under the STWP

S. No	Town	Nature of WASH rehab interventions under small towns programme
1.	Bindura	Water reticulation system, additional work on sewage systems (sewage collection and treatment), hygiene promotion, institutional support, cost recovery, community participation and responsiveness
2.	Chipinge	Water reticulation system, additional work on sewage systems (sewage collection and treatment), hygiene promotion, institutional support, cost recovery, community participation and responsiveness
3.	Chiredzi	Water reticulation system, additional work on sewage systems (sewage collection and treatment), hygiene promotion, institutional support, cost recovery, community participation and responsiveness
4.	Chivhu	Water treatment plant, water reticulation system, sewage systems (sewage collection and treatment), hygiene promotion, institutional support, cost recovery, community participation and responsiveness

⁵Vulnerable persons include children, families and households that are extremely poor (live below the food poverty line), affected by HIV/AIDS including members of households that have lost one or both parents to the disease and are chronically ill and/or disabled.



5.	Gokwe	Water reticulation system, sewage systems (sewage collection and treatment), hygiene promotion, institutional support, cost recovery, community participation and responsiveness
6.	Gwanda	Additional work on water treatment plant, water reticulation system, sewage systems (sewage collection and treatment), hygiene promotion, institutional support, cost recovery, community participation and responsiveness
7.	Hwange	Water treatment plant, water reticulation system, sewage systems (sewage collection only), hygiene promotion, institutional support, cost recovery, community participation and responsiveness
8.	Karoi	Water reticulation system, additional work on sewage systems (sewage collection and treatment), hygiene promotion, institutional support, cost recovery, community participation and responsiveness
9.	Mutoko	Water treatment plant, water reticulation system, sewage systems (sewage collection and treatment), hygiene promotion, institutional support, cost recovery, community participation and responsiveness
10.	Mvurwi	Water treatment plant, water reticulation system, sewage systems (sewage collection and treatment), hygiene promotion, institutional support, cost recovery, community participation and responsiveness
11.	Plumtree	Water reticulation system, additional work on sewage systems (sewage collection and treatment), hygiene promotion, institutional support, cost recovery, community participation and responsiveness
12.	Rusape	Water reticulation system, additional work on sewage systems (sewage collection and treatment), hygiene promotion, institutional support, cost recovery, community participation and responsiveness
13.	Shurugwi	Water reticulation system, additional work on sewage systems (sewage collection and treatment), hygiene promotion, institutional support, cost recovery, community participation and responsiveness
14.	Zvishavane	Water reticulation system, additional work on sewage systems (sewage collection and treatment), hygiene promotion, institutional support, cost recovery, community participation and responsiveness

1.2.4 Beneficiary institutions and communities

At planning, the STWP sought to reach 500,000 community members in 14 towns with access to improved water sources. The population residing in the 14 towns at the time of planning in 2012 was estimated at 500,000 (See Table 3 below).

Table 3: Target population in intervention towns

S.No	Town	Management of water and sanitation system	Estimated Number of Beneficiaries	Population 2012 Census
1	Bindura	Local Authority	60,000	44,033
2	Chipinge	Local Authority	30,000	25,675
3	Chiredzi	Local Authority	35,000	30,594



4	Chivhu	Zinwa (water)Local Authority (Sewage)	13,000	12,617
6	Gokwe	Zinwa (water)Local Authority (Sewage)	30,000	24,136
7	Gwanda	Zinwa (water)Local Authority (Sewage)	75,000	20,420
8	Hwange	Zinwa (water)Local Authority (Sewage)	15,000	37,602
9	Karoi	Zinwa (water)Local Authority (Sewage)	37,000	18,757
10	Mutoko	Zinwa (water)Local Authority (Sewage)	12,000	12,398
11	Mvurwi	Zinwa (water)Local Authority (Sewage)	9,000	10,491
12	Plumtree	ZINWA	30,000	11,660
13	Rusape	Local Authority	54,000	30,718
14	Shurugwi	Local Authority	25,000	22,456
15	Zvishavane	Local Authority	75,000	45,325
Total			500,000	346,882



1.2.5 Key Stakeholders & Roles

The STWP was designed as a programme that would be jointly managed by UNICEF and GoZ under the framework of the Government of Zimbabwe and UNICEF Country Programme of Cooperation. It was implemented through a collaboration of GoZ, local authorities and NGO partners including UNICEF. At a national level, implementation of the programme was driven by the GoZ National Action Committee (NAC) structures, and more specifically the Programme Management Team (PMT) which is a sub-committee of the Urban WASH sub-sector of the NAC. In each town, the programme was steered by the Project Steering Committee which is a replica of the PMT. Figure 3 presents the project partners/stakeholders and their respective roles. The hardware component of the programme was implemented by Civil Work Contractors whilst the software was implemented by NGO partners.

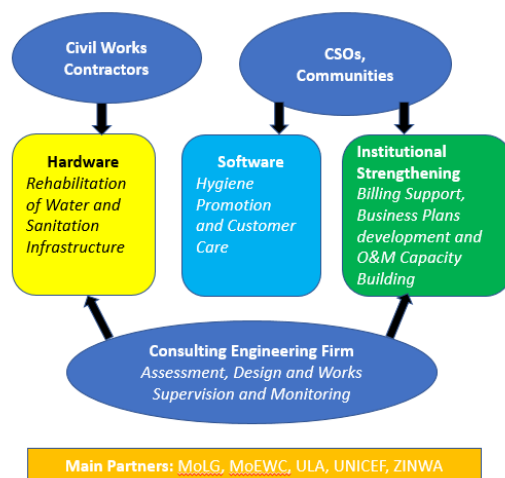


Figure 3: STWP Main Partners and their thematic areas

1.2.6 Implementation status at the time of evaluation

Programme implementation commenced in January 2013 and was initially set to end in February 2016. This was however extended to December 2017 to allow for the completion of outstanding works. Programme activities had fallen behind mainly due to funding delays. In September 2017, the STWP was further granted a no cost extension up to December 2018. This was to ensure completion of outstanding rehabilitation works and of activities under the O&M institutional strengthening and to cover the defects liability period.

Implementation of the software component of the STWP which was done by NGOs was phased out in June 2016. On the other hand, the implementation of the hardware component of the programme was largely complete in 11 out of the 14 towns at the time. In two of the towns with uncompleted works, new contractors were engaged to complete the outstanding works that the initial contractors failed to complete. In the other town with uncompleted work, the contractor failed to complete the works during the active construction period. With support from the UNICEF Legal HQ team, an amicable reconciliation was reached, and completion of outstanding works is set to recommence in May 2020. All outstanding works have a maximum six months construction period.

1.3 Country and local context for the programme

The STWP was implemented at a time when the country was reeling under the effects of a declining economy. Prior to programme implementation, the country experienced serious macro-economic decline that was characterised by hyper-inflation that peaked in 2008. This crippled almost all the sectors of the economy and rendered the country unattractive to foreign investors. This was aggravated by political disturbances in 2008 which eventually ended by the establishment of the Government of National Unity (GNU) in 2009. Urban WASH was characterised by sewer leakages and blockages, erratic water supplies as well as poor health and hygiene practices. Cost recovery had significantly dropped due to billing and collection challenges, including faulty or non-existent meters and reduced willingness and ability to pay for unreliable and low-quality services.

By the time the programme started, the hyper-inflationary environment had been addressed through the introduction of the multi-currency regime. Despite the stability introduced by the adoption of the multi-currency



regime and the signing of the GNU, the operational period of the STWP was still experiencing the impact of decades of economy decline and episodes of political instability. One of the major effects was the liquidity crunch. This negatively affected business entities, organisations and individuals to smoothly conduct business. Local authorities were failing to recover from the hyper inflationary environment due an unsupportive enabling environment. For example, in 2013, during the programmes operational period a political decision was made to cancel all municipality bills including water and sanitation bills⁶. This heavily impacted on council revenues. Bill cancellation resulted in low revenue collections as residents continuously expected a presidential reprieve through further cancellation. This soured the relationship between town councils and residents as local authorities resorted to debt collectors to force payments⁷.

Post 2013, the introduction of the bond notes and the attendant rise in inflation added pressure on both the residents' ability to pay their bills and the LAs ability to maintain and manage the delivery of services in respective towns. This was compounded by the introduction of the 2% tax and the reintroduction of the Zimbabwean dollar which further eroded the capacity of council residents to pay for services. By 2017 inflation rates were at 0.91% and jumped to 10.61% in 2018 and ultimately 161.81% in 2019 (ZIMSTAT, 2019)⁸. The economic decline resulted in reduced investments in infrastructure by central government or local authorities. More specifically, there was little or no investment in the WASH sector to replace aging infrastructure and also cater for the growing population in urban areas. In addition, new residential areas could not be serviced adequately with water, sewerage, roads, and energy systems prior to being settled. Previously, it was policy for these to be in place before residents would be allowed to settle. Due to lack of funding for these investments, and against an expanding need to provide residential land, ULAs allowed people to settle on unserviced land and creating time bombs for disease.

The operating context kept changing to the extent that during the evaluation, the Zimbabwean economy was characterised by hyperinflation thereby affecting payments by consumers, purchase of water treatment chemicals, affecting operation and maintenance by LAs. This was further exacerbated by the recurrent electricity power cuts that affected water pumping. The ever changing socio-economic, political and currency issues have the potential to affect the impact and influence of various interventions that involve investment in significant resources, financial and human capital.

1.3.1 Urban Water and Sanitation Services

The main challenge for water supply and sanitation services in Zimbabwe over the past decade to date, is funding to rebuild the infrastructure and strengthen local government capacities for service delivery. The AFDB (2019) "Zimbabwe Infrastructure Report" indicates that a substantial part of the urban sanitation network requires rehabilitation and or replacement. This is also premised on a steady ramp up of extending sanitation services within the urban population. Previous reports also support this observation. Zimbabwe's major urban areas are divided into the following 30 administrative units: (i) 2 cities, (ii) 10 municipalities, (iii) 8 town councils, (iv) 6 city councils and (v) 4 local boards (AFDB, 2019). Each entity has a statutory requirement to provide water and sanitation services to their communities. In this context, ZINWA has supply responsibilities for water and sewerage in some of the smaller towns. However, in other towns, ZINWA's responsibility is restricted to bulk water supply, with the local council responsible for distribution and billing. Moreover, ZINWA has supply responsibilities for 534 "ZINWA Stations" supplying small settlements that may comprise growth centres, health centres, and small units at border crossings, National Parks, and police posts in strategic locations. 76% of the households in Zimbabwe have access to an improved source of water. Improved sources of water comprise (i) piped water; (ii) public taps; (iii) stand pipes; (iv) tube wells; (v) boreholes; (vi) protected dug wells and

⁶ <https://www.theindependent.co.zw/2013/09/13/zanu-pfs-populist-policies-disastrous/>

⁷ <https://www.newzimbabwe.com/redcliff-municipality-to-drag-residents-to-court/>; <http://newsouthofthesouth.com/city-of-mutare-to-engage-debt-collectors/>; <https://news.pindula.co.zw/2018/08/27/harare-city-council-to-engage-debt-collectors/>

⁸ See inflation projections on www.zimstat.co.zw



springs; (vii) rainwater; and (viii) bottled water - if this water source for cooking and handwashing is from an improved source. Of these, 97% is concentrated in the urban areas (AFDB, 2019).

When it comes to sanitation, 4 in 10 households in Zimbabwe use improved sanitation facilities. Improved sanitation facilities include non-shared toilet of the following types. (i) flush or pour flush into a piped sewer system, (ii) septic tank or pit latrine, (iii) Ventilated improved pit latrines or Blair toilets; (iv) Pit latrines with a slab (AFDB, 2019). The harsh operating environment led to the mushrooming of pit latrines in peri-urban areas and LAs due to dysfunctional sewerage systems.

Rapid assessments of urban services undertaken in 2019 by the African Development Bank give a clear picture of failure of waste-water treatment plants, with effluent and raw sewerage entering rivers and dams due to lack of water flow leading to frequent blockage of the sewerage systems (AFDB, 2019). Water treatment plants were found to be dysfunctional and many distribution systems were found to need repair (AFDB, 2019:84⁹). Analysis by the AFDB show the percentage of population with access to improved water sources from 2013 to 2015. **Error! Reference source not found.** shows the results from the analysis.

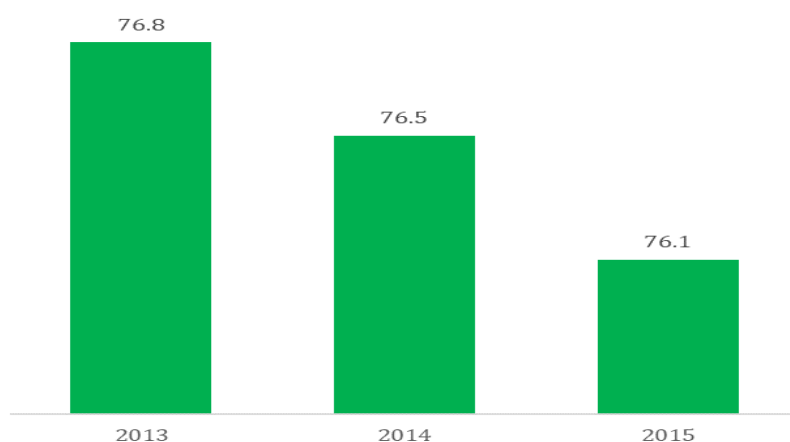


Figure 4: Percentage of population with access to improved water, 2013 to 2015¹⁰

The report shows that as service levels deteriorated so did revenue collections, with unaccounted-for water at 40% to 50% of supply (ibid). The report concluded that without restoration and a strong recovery in the WSS sector, Zimbabweans will continue to face the risk of cholera outbreaks with more deaths and illnesses, and negative impacts on livelihoods, industry, tourism, food production and agriculture, pollution of rivers and water courses.

Urban Sanitation

Within this period (2013 – 2015), urban sanitation services experienced two decades of impressive improvement in access and service delivery, followed by a decade of decline (AFDB, 2019). By 2015, 95.6% of the urban population had access to improved sanitation. Remarkably, one of the key characteristics of the Zimbabwe sanitation service is the high proportion of sewerage coverage compared with most other sub-Saharan African countries. However, sewerage services have been under-funded because of low water and sanitation tariffs, low rates of collection of accounts receivable, and weak operational performance (ibid).

⁹ African Development Bank (AFDB) 2019 Zimbabwe Infrastructure Report 2019.

¹⁰ UNICEF/WHO, WASH Database, 2018



There is increasing importance of urban WASH programming in Zimbabwe due to the poor state or non-existence of WASH infrastructure in many urban and peri-urban areas. The typhoid outbreaks in urban areas in 2017 to 2018 as well as the series of cholera outbreaks experienced in 2018 highlight the urgent need to assess and evaluate urban WASH interventions so that GoZ, UNICEF, ULAs and implementing partners reflect and learn from experiences. According to AMCOW Country Status Overview¹¹, the agreed priority actions to tackle these challenges, and ensure finance is effectively turned into services Urban water supply (UWS)

- Develop a financing strategy for replacing aging infrastructure
- Update tariff policy to improve financial viability and address the needs of the poor
- Put in place energy policies to make UWS “unsheddable”
- Rebuild the councils’ capacity for financial and technical management and increase their accountability to consumers
- Encourage private sector involvement in service management
- Create autonomous utilities in main cities
- Allocate UWS management to councils or to the Zimbabwe National Water Authority on objective efficiency measures

Gender issues in WASH

Access to clean portable water and sanitation (SDG 6) is a fundamental and key foundational right, enabling communities to access a host of other rights. It is central to the realization of such rights as quality education (SDG 4), good health and well-being (SDG 3), gender equality (SDG 5) and enabling decent work and economic growth (SDG 8). A study by UNICEF (UNICEF, 2011) documented some of the WASH issues faced in both urban and rural municipalities in African settings. Women provided most of the water used in households, and often walk long distances carrying heavy buckets of water on their heads, and often suffer from long term back problems.

Zimbabwe Multiple Indicator Monitoring System (MIMS) 2009 showed that in urban areas 70.2% females and 25.6% males collect water when the source of drinking water is not on premises. The proportion of males collecting water in urban areas is higher compared to rural (11.3%) due to increase in gender related violence at water points in urban areas. Development partners have assisted local authorities to sink boreholes to alleviate water shortages, as this has often also become a source of gender-based violence as queues to get water are often long, and men and boys often mistreat women and girls to get preferential access¹². In a gender analysis undertaken by ENSURE, it emerged that Zimbabwe is characterised by a male dominated leadership environment, whose implications on development outcomes are dire for women in the sense that the women’s voices and aspirations are drowned. Male domination is perpetuated by patriarchal values and practices which relegate women participation in development processes to the periphery (ENSURE, et al., 2014). The implications for higher male participation in collection of water within urban centres therefore infer, as women would not attempt to challenge male dominance at water points when faced with violent scenarios over preferential water access. In this respect, where water shortages arise as was observed with many urban centres, it becomes instinctive as expected of society - for men in those settings to take over the role of collecting water in an environment that may call for addressing violent situations.

¹¹ An AMCOW Country Status Overview: Water Supply and Sanitation in Zimbabwe Turning Finance into Services for 2015 and Beyond

¹²



1.3.2 Pricing Policies for Water Supply

Historically, pricing and tariff structures have been a huge challenge for Zimbabwe's water and sanitation sector. The AFDB observed that Zimbabwe's domestic inflation rate, standard water prices set by government and sparse investment into this sector remain a primary concern as there is a large gap between the demand for water and its supply. Currently, ZINWA's cost of supplying water vastly supersedes the revenue it generates from customers (AFDB, 2019).

Water tariffs are currently not cost reflective and as a result, spending on the maintenance and refurbishment of infrastructure is below the required levels. The implication is that "ZINWA will need to increase the price charged for raw water if it is to cover operating costs that include realistic levels of maintenance spending on water resources infrastructure while at the same time continuing to generate a financial surplus that would be available to cover some of the capital costs of the programme" (ibid). The AFDB report further suggested that a concerted effort will be required in the next five years to build the services capacities of these 30 urban jurisdictions. Currently, weaknesses in capacities to deliver adequate services are widespread and include lack of financial resources, human capacity, technical skills, and equipment. The STWP programme sought to address some of these challenges in 14 small towns across Zimbabwe.

1.3.3 Impact of improved water and sanitation hygiene (WASH) on health outcomes

Water and sanitation is among key strategic sectors prioritised in response to the deteriorating social indicators in Zimbabwe, making this programme of significance to the country and its partners in WASH. In 2010, this was demonstrated by the establishment of Transition Funds (TFs) by the Government of Zimbabwe (GoZ), donors and UNICEF¹³ as a modality for channelling donor support to water, sanitation and hygiene as one of the key/prioritised areas (UNICEF, 2015). UNICEF has been and remains a key partner to government in managing the large-scaled multi-pooled funding mechanisms, to support a coordinated approach in delivering a nationally agreed set of high-impact, cost-effective interventions. The STWP programme is an example of such interventions by UNICEF in collaboration with GoZ that have helped to address localised WASH challenges while contributing to the attainment of SDG 6 and other related goals. The STWP programme is the first major urban WASH intervention that UNICEF supported and implemented in Zimbabwe with the anticipation that lessons learnt will facilitate enhancement of future urban WASH programming.

Intervention studies have consistently demonstrated that hand washing with soap reduces diarrhoea [10] and respiratory diseases. Several studies in resource-limited countries have shown a reduction in respiratory disease following the introduction of interventions to promote hand hygiene¹⁴. For example, a randomized, community-based study in Karachi, Pakistan, among children under the age of 5 years living in households that received soap and regular visits to promote hand washing had a 50% lower incidence of pneumonia compared to children living in control households who were given school supplies and no hand washing promotion¹⁵. Most hand washing intervention studies have included relatively small numbers of participants, ranging from several hundred to a few thousand households. The impact on health outcomes of large-scale implementation of hand washing promotion has not been rigorously evaluated. Thus, it is unclear whether the

¹³ https://www.unicef.org/about/execboard/files/2015-PL9-Zimbabwe_CPD-ODS-EN.pdf

¹⁴ Rabie T, Curtis V. 2006 Handwashing and risk of respiratory infections: A quantitative systematic review. *Tropical Medicine and International Health*. 11:258–67.

¹⁵ Luby SP, Agboatwalla M, Feikin DR, Painter J, Billhimer W, Altamirano A, et al. 2005 Effect of handwashing on child health: A randomised controlled trial. *Lancet*. 66:225–33.



benefits of hand washing promotion that are effective on a small scale can be effectively implemented at a large scale with similar health benefits.

Some community-based studies including a study in Bangladesh which provided soap with hand washing promotion programmes¹⁶, and others that only included hand hygiene promotion without providing supplies, have been successful in reducing diarrheal disease¹⁷. In contrast to hygiene interventions, there is less evidence on the reduction of diarrheal disease through sanitation interventions. However, available data that are considered of high methodological quality suggest that sanitation interventions reduce diarrheal illness by approximately one third¹⁸.

In summary, there is evidence from smaller, generally well controlled community-based trials that hand washing promotion reduces diarrhea and that sanitation interventions reduce diarrhea. There is also limited evidence suggesting that interventions to address the problem of open defecation may result in reductions in stunting.

¹⁶ Shahid N, Greenough W 3rd, Samadi A, Huq M, Rahman N. 1996 Hand washing with soap reduces diarrhoea and spread of bacterial pathogens in a Bangladesh village. *Journal of Diarrhoeal Disease Research*.14:85–9.

¹⁷ Stanton B, Clemens J. 1987 An educational intervention for altering water-sanitation behaviours to reduce childhood diarrhea in urban Bangladesh. II. A randomized trial to assess the impact of the intervention on hygienic behaviours and rates of diarrhea. *American Journal of Epidemiology*. 125:292–301.

¹⁸ Fewtrell L, Kaufmann RB, Kay D, Enanoria W, Haller L, Colford JM. 2005 Water, sanitation, and hygiene interventions to reduce diarrhoea in less developed countries: a systematic review and meta-analysis. *The Lancet Infectious Diseases*. 5:42–52.



2 Evaluation Purpose, Objectives and Scope

2.1.1 Purpose of the Evaluation

UNICEF partnered the Government of Zimbabwe (GoZ) to commission this summative evaluation of the STWP whose implementation period formally ended in December 2018. The purpose of the evaluation as specified in the ToRs was to:

1. Provide evidence and lessons on UNICEF's potential added value, strengths and weaknesses in Urban WASH programming to guide decision making and further interventions in the sector in Zimbabwe and provide a reference point for future programmes
2. Contribute to evidence and data for improved Urban WASH programme design, implementation and monitoring including best practices, challenges, barriers and success factors
3. Provide advocacy and promote accountability through communicating to internal and external stakeholders the value of Urban WASH interventions.

It is worth noting that the STWP was one of UNICEF's major urban WASH programme globally and was also a significant proportion of the UNICEF Zimbabwe Country Office urban WASH portfolio, implemented over a five-year span in 14 towns. This is a wide base from which to draw lessons to inform future urban WASH programmes in Zimbabwe and UNICEF globally.

2.1.2 Objectives

In line with the overall purpose, the specific objectives of the evaluation as specified in the ToR are to:

1. Undertake an Endline Survey comprising both quantitative and qualitative components to assess the performance and achievements of the project against the planned project objectives, expected results, targets and key indicators as per the logical framework and against the STWP Baseline Survey;
2. Assess impact, relevance, effectiveness, efficiency, sustainability, partnership and coordination, and design of the overall intervention;
3. Provide evidence on the equity, gender, disability, community participation, value for money and environment;
4. Assess the major strengths and limitations of the project and draw lessons for future Urban WASH Programme improvement (including best practices, challenges, barrier and success factors);
5. Determine if and how UNICEF and GoZ can scale up developments and innovations from the STWP;
6. Assess how the risks and assumptions in the project design affected the project delivery in relation to emerging issues in the Zimbabwe context and how these were addressed; and
7. Assess the quality and rigor of the monitoring, learning and knowledge management systems.

2.1.3 Scope and Coverage

The evaluation was conducted in all 14 small towns in which the STWP was implemented. It covered all components of the programme's theory of change. The programme's theory of change articulated the project objectives, expected results and how that changes was envisioned to happen. Project targets and key indicators were provided in the logical framework. The evaluation was summative in nature and assessed the outcomes of the STWP programme. A comparison is made between baseline and endline surveys (quantitative, qualitative) to assess the changes arising from the programme's investments. The evaluation integrated issues of gender, human rights, and vulnerable persons (including those living with disability, marginalised women, and for the youth).



The evaluation itself was guided by a well-articulated framework - the DAC-Criteria (www.oecd.org) - which looks at a programme or project's relevance, effectiveness, efficiency, impact and sustainability. The scope covered was in line with the specification in the Terms of Reference. There were no factors that limited coverage of the evaluation scope as required by the ToR.

UNICEF, government stakeholders and local authorities are the main audiences of the evaluation. These are expected to use the evaluation evidence to improve the quality of urban WASH programming and prioritization of the various components in Zimbabwean as well as to facilitate improvements in institutional framework to support Urban WASH. Civil Society Organisations that have been working on Urban WASH such as Oxfam, Mercy Corps, World Vision, Goal, Welthungerhilfe, are expected to adopt some lessons from the evaluations to improve Urban WASH programming. Other users of the evaluation are identified in the table below:

Target Audience	Use of the Evaluation
National Action Committee of WASH – Government of Zimbabwe specifically the Ministry of Local Government and Public Works	Use evaluation evidence to improve the quality of urban WASH programming and prioritization of the various components in Zimbabwe Use evaluation evidence to support improvements in institutional framework to support Urban WASH Contribute to the body of knowledge, lessons learnt and best practices in urban WASH for Zimbabwe
Urban Councils of Zimbabwe (UCAZ) - specifically those within the 14 target small towns mentioned elsewhere in the document	Use evaluation evidence to improve the quality of urban WASH programming and prioritization of the various components in Zimbabwe
Civil Society Organisations working in urban WASH e.g. Oxfam, WiltHungerHilfe, Goal, Mercy Corps, World Vision. Bilateral and Multilateral agencies active in WASH in Zimbabwe e.g. Australian Aid, World Bank, African Development Bank, GIZ, among others.	Use evaluation evidence to improve the quality of urban WASH programming and prioritization of the various components in Zimbabwe Generating knowledge among practitioners
UNICEF- locally with a scope of sharing lessons regionally(SADC and Africa) and globally through the UNICEF global office.	To help guide UNICEF position itself in the urban WASH sector based on its relative strength and experience in Zimbabwe Transparency and accountability
Residents of the Town Council – ensuring the inclusion of most vulnerable groups (households with children(including under 5 year olds), women, elderly, or terminally ill persons, and persons with disabilities)	Share lessons Generate knowledge in the community on what works for them and what does not

The STWP programme intervention adopted various human rights frameworks as are applicable to UN agencies globally. The human rights approach and frameworks adopted included, a right-based approach to education, convention on the rights of persons with disabilities (CRPD), Convention on the Elimination of All forms of Discrimination Against Women, Convention on the Rights of a Child as well as the Universal



Declaration of Human Rights. The programme design, implementation and overall matrix/logframe reflects aspects of the human rights approach.

Evaluation Implementation, Management, & Team Composition

The structure below (Figure 5) is representative of the project management arrangements and reporting structure from Consultants to UNICEF’s Technical Research Evaluation Group (TREG) for the STWP end-line evaluation.

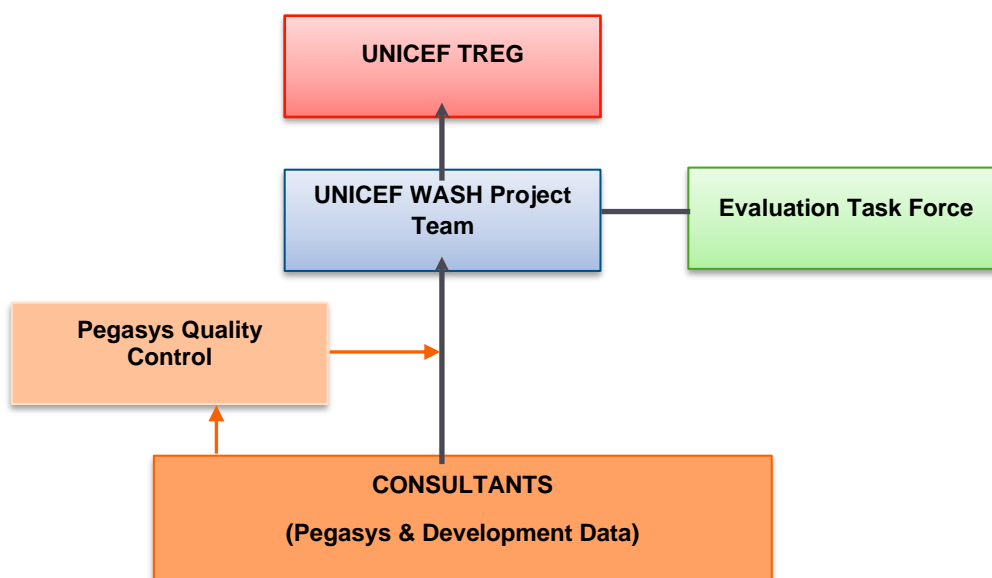


Figure 5: Evaluation Management Structure

The evaluation was conducted by a team from Pegasys and Development Data. The team was responsible for conducting the evaluation including the development of the evaluation protocol, collecting all the necessary data and developing the report. The Evaluation Task Force was responsible for providing the overall oversight of the evaluation and offering guidance to the consultant. The UNICEF WASH Project team had the responsibility of convening, coordinating and supporting the evaluation in collaboration with all stakeholders. Quality assurance was provided by the UNICEF TREG in line with the UNEG’s norms, standards, processes, tools and other UNICEF evaluation best practices.



3 Evaluation Methodology

The evaluation utilised a mixed-method approach, using both quantitative and qualitative data collection methods. The mixed methods were used systematically to examine the performance and achievements of the project against the planned project objectives, expected results, targets and key indicators as per the logical framework and against the STWP Baseline. Data collection methods included semi-structured key informant interviews, focus group discussions, transect/technical assessment, a statistical quantitative household survey, and review of literature. Data collection for the endline survey mirrored the baseline survey to facilitate comparisons. Data analysis methods included content analysis, comparative analysis, descriptive and inferential statistics, and the use of evidence tables.

3.1 Evaluation Questions and programme indicators

The evaluation questions included in the terms of reference were expanded by the consultant in their technical proposal, and some further additions were made in agreement with the UNICEF country office, during the inception phase of the evaluation. Evaluation questions were thus guided by the reviewed Theory of Change (TOC) after the initial review of documents and the final list of these document was presented in the Inception Report. An evaluation matrix which shows the evaluation criteria and evaluation questions is attached in Annex 6.5 (attached separately).

3.2 Evaluation Framework

The evaluation adopted the OECD Criteria. Its use in the evaluation is defined in the table below

Criterion	Definition
Relevance	This evaluation criterion determined the extent to which the project design, activities are fit for purpose and context. It sought to understand how the project was aligned to policies and standards for Urban WASH.
Validity of design	Evaluation of design determined the extent to which the project addressed the underlying challenges of Urban WASH in targeted towns, fidelity to design during implementation and if modifications to design were responsive to change in context or situation. Validity of the TOC and the underlying assumptions were also assessed.
Efficiency	This evaluation criterion focused on how resources were translated into activities and outputs. Quality of infrastructure, timeliness in implementation, and use of value for money indices in planning were also assessed. The evaluation determined monitoring systems put in place for the project with a view to determining: 1) adequacy of the monitoring systems to provide relevant, and timely information for decision making; 2) the type of indicators and their adequacy to meet the project information demands for accountability to the donor (results framework) and project implementation; and 3) extent to which the monitoring systems were by the project partners, UNICEF and the
Impact	This criterion assessed: the achievement of project goals. Specifically looking at changes in the morbidity and mortality of town population as a result of diarrheal diseases
Effectiveness	This criterion assessed whether results were achieved as envisioned. Whereas impact looked at the long-term goal this considered results at output and outcome level. It looked at implementation fidelity and considered how the ToC brought about the results obtained.
Partnerships and coordination	Partnership and coordination measured the extent the project was coordinated internally at all levels: national to district level. External coordination with existing WASH projects was also assessed including the partnerships forged



Criterion	Definition
	to enhance project efficiency and effectiveness. An assessment of the extent of child participation in the project cycle was also undertaken.
Sustainability	In evaluating sustainability of infrastructure developed under the project, the evaluation team assessed the Technical, Economic, and Environmental factors that include: the presence of skills to undertake repairs and maintenance, financial resources for repairs and maintenance, extent of mainstreaming effect of natural disasters etc.

Some of the Questions under each criterion include

3.2.1 Relevance

This criterion measured the relevance of the programme. Some of the key evaluation questions include:

1. How relevant is the project in the addressing the needs of beneficiary communities with emphasis on the needs of girls and people with disability?
2. To what extent is the project aligned with the policies and strategies of the GoZ local authority level?
 - a. Were the objectives of the project set well?
 - b. Who were the key project beneficiaries?
 - c. Do objectives respond to identified needs in the 'needs assessment'?
 - d. Is there logical link between implemented activities, outputs, outcomes and impact?
 - e. How did the project plan to address the needs of vulnerable groups?
 - f. Were the ZSTWP objectives and approach aligned to key stakeholder needs?
 - g. Did existing context justify the project?
 - h. Was project informed by government policy and priorities?
 - i. Which national strategic WASH objectives did the programme address?
 - j. Did project address local authority priorities? Which ones?
 - k. Which sustainable development goals were addressed?

3.2.2 Efficiency

This focused on the cost-effectiveness of the programme in delivering the intended targets. Some of the questions include:

1. Is the program worth the resources it costs?
2. Were the resources and inputs converted to outputs in a timely and cost-effective manner? On budget against agreed plans?
3. How well the project applies VFM principles of effectiveness, economy, efficiency in relation to the delivery of its outcome
4. Was the programme management, coordination and monitoring efficient and appropriate for all levels.

3.2.3 Effectiveness

Some of the key questions include:

1. Were the planned objectives and outcomes in the project document achieved?
2. How and to what extent has gender, disability and environment been applied in the implementation of the project?



3. How and to what extent can observed results and changes in outcomes be attributed to interventions.
4. What percentage of the needs was covered by the project?
5. Quality of hardware?
6. What are the key drivers and barriers affecting the delivery of results for the project?

3.2.4 Impact

Some of the questions include:

1. Did the Urban WASH help or hinder the project to achieve the result?
2. What unintended impacts (positive and negative) did the project produce? What helped the project to achieve these impacts?
3. To what extent did these impacts reach all intended beneficiaries? For whom (which groups), in what ways and what circumstances did the interventions work?
4. How do program impacts vary across implementation sites and amongst different groups (children with disabilities, women and children)?
5. To what extent are differences in impact amongst implementation sites, groups explained by variation in implementation?
6. To what extent did the project support achievement toward the SDG?

3.2.5 Partnership and Coordination

Some of the questions include:

1. What coordination arrangements for the project exist?
2. How were the beneficiaries (including children) included in decision making and implementation of the project?
3. To what extent have partnerships' responsibilities been fully and effectively discharged?
4. What were the key drivers and constraints to coherence and coordination and how were they dealt with?

3.2.6 Sustainability

Some of the question include:

1. To what extent has capacity been successfully developed at the different levels for sustaining the result of the project?
2. To what extent are the project results (impact and outcomes) likely to continue after the project?
3. How effective has been the sustainability/exit strategy employed by the project?
4. To what extent has the long-term context of the project been taken into consideration?

3.2.7 Lessons

Key questions include:

1. What Key Lessons Should donors/partners Consider for Future Interventions? (various levels and activities)
2. How Did the Programme Document and Use Lessons Learned?
3. Did the programme/intervention have any general recommendations on how to improve the STWP or similar interventions?

3.2.8 Gender and vulnerable groups

Questions include:

1. How were the beneficiaries (including children and women) included in decision making and implementation of the project?
2. Did the programme have a clear gender focused priority?
3. Did the programme contribute to women and vulnerable households' access to WASH services?



3.2.9 Design

Questions include:

1. Was the design based on a need assessment and a context analysis?
2. Was the design the most appropriate to meet the needs identified?
3. Does the Log Frame clearly and accurately depict the results chain?
4. Are the activities of the project sufficient and/or necessary to bring about desired change?

3.3 Sources of information and methods of data collection

Complementary data collection methods were employed as stipulated in the inception report. This helped to ensure the evaluation can triangulate evidence from multiple sources whilst also promoting the participation of WASH sector stakeholders. Data collection methods included semi-structured key informant interviews, focus group discussions (FGDs), transect/technical assessment, a statistical quantitative household survey, and a review of literature. Primary data was collected at five levels i.e. individuals and household; community; and service providers and policymakers. In summary, the sources were as follows:

- Review of literature i.e. the documents produced under the project including the UNICEF 2018 WASH Field Notes and the STWP Baseline report were reviewed. Other relevant documents such as published literature pertaining to the WASH context in Zimbabwe were also reviewed.
- Focus Group Discussions with community members including women, health clubs, boys and girls
- Key Informant Interviews with project stakeholders including town council's management staff, NGO partners, national and district government partners, private sector partners in WASH and other non-WASH actors in towns.
- Transect drives and observations carried out at water works and towns in all 14 towns
- Facility audits and observation of WASH infrastructure and other aspects such as open defecation and hygiene practices at the household level.
- Survey (household and vulnerability surveys) in all 14 towns.
- Direct observation

To cater for the WASH needs of vulnerable populations, a vulnerability questionnaire was employed. Vulnerable households included those with PWDs, those that are child- or women-headed and households with members that were bed-ridden. The details of sources of information and methods of data collection used for each evaluation question are listed in Appendix 1.

Data was collected using several tools designed specifically for the evaluation. The tools which were used were as follows:

- Household survey questionnaire
- Vulnerability individual survey questionnaire
- Key informant interview guide (for programme level, town management and for any other organisation include NGOs in WASH sector)
- Focus group discussion guide (Men only, Women only, Boys and Girls and Health clubs)
- WASH Infrastructure assessment questionnaire

3.4 Household Survey Sample Size Determination

The sample was designed to estimate impact of the programme at town level. The fourteen towns covered were: Bindura, Chipinge, Chiredzi, Chivhu, Gokwe, Gwanda, Hwange, Karoi, Mutoko, Mvurwi, Plumtree,



Rusape, Shurugwi and Zvishavane. These towns were spread across all the country's provinces excluding Bulawayo and Harare Provinces. A two-stage sampling technique was employed with the selection of Enumeration Areas (EAs) in the first stage and selection of households in the second stage. The household survey largely followed the methodology that was set at baseline in order to ensure that comparisons between the baseline and endline surveys were as accurate as possible. In this regard, the same sample sizes, EAs, and number of households per EA were adopted. A total of 6263 households were reached. Table 5 below summarises the coverage per town.

Table 4: Survey coverage by town

Town	Target	Reached	% Coverage
Bindura	685	689	101%
Chipinge	440	450	102%
Chiredzi	553	557	101%
Chivhu	226	232	103%
Gokwe	409	409	100%
Gwanda	373	373	100%
Hwange	664	670	101%
Karoi	509	510	100%
Mutoko	243	243	100%
Mvurwi	185	189	102%
Plumtree	191	193	101%
Rusape	553	553	100%
Shurugwi	381	381	100%
Zvishavane	814	814	100%
Total	6226	6263	101%

3.5 Primary Data Collection

Table 5 below compares the sample sizes that were agreed upon at inception and the sample sizes that were eventually achieved during the data collection exercise. All the set targets were reached and, in some cases, surpassed except for Key Informant Interviews as depicted on the Table 5 below.

Table 5: Summary of planned and achieved sample sizes

Method	Sample Size Agreed at Inception Phase	Sample Size Accomplished	Percentage Achieved
Focus Group Discussions	85	90	106
Key Informant Interviews	145	120	83
Household surveys	6226	6263	101
Transact walk	14	14	100
Infrastructure assessment	14	14	100



Key informant Interviews – A total of 145 interviews had been targeted but 120 interviews were accomplished. This was due to the unavailability of some of the targeted key informants during the data collection period. The 120 completed KIIs were broken down as follows: 63 with females and 57 with males.

Focus Group Discussion (FGDs) – A total of 85 FGDs were planned. This was based on six (6) FGDs per town and these comprised of men only, women only, a mixed group for men and women, boys only, girls only and another mixed for boys and girls. This target was surpassed as 90 FGDs were eventually convened. Additional community health clubs were reached by the survey. The purposeful disaggregation of FGDs into men only, women only, boys only and girls only was aimed at achieving safe spaces for women and girls to speak out about their issues. The same applied to men so that they would not feel the need to overexert their masculinity when in the company of other men (as opposed to in the company of women where they might feel under pressure to prove themselves). This strategy allowed the team to obtain useful data. 90 FGDs, at least 6 per town, were successfully conducted, and for each FGD, 8-10 individuals were recruited. The distribution by gender of the FGDs was as follows:

- 14 FGS (1 per town) were successfully conducted with men only.
- 16 FGDs were conducted with women only
- 14 FGDs were conducted with girls only
- 14 FGDs were conducted with boys only
- 14 FGDs were of mixed men and women
- 14 FGDs were of mixed boys and girls
- 4 FGDs were conducted with health clubs (boys/girls/women/men).

Household survey - A total of 6 263 households were reached instead of 6 226 households targeted during the evaluation. This is a 101% coverage, mainly because teams included additional households to counter any rejections at analysis. Although 6263 households were interviewed, 6250 of these were used for the analysis. This is because 13 of the questionnaires were incomplete. Males constituted 47% of the household heads/representatives that were interviewed whilst women made up the remaining 53%.

Vulnerability survey - Among the interviewed households, 83 included vulnerable persons including PWDs. This implies that the vulnerability survey was conducted in these 83 households.

3.6 Data Analysis and approaches

The evaluation employed both quantitative and qualitative data analysis as detailed below;

Quantitative data: Inferential statistics including, simple correlation techniques such as Chi-square analysis for categorical variables and correlation analysis and simple regression analysis for quantitative variables were applied. **Descriptive statistics** were applied to the results of the household survey and vulnerability survey, and to the assessment of baseline datasets. The 'standard' list of tables in the baseline report were produced so that similar indicators can be compared.

Qualitative Data: Content analysis was applied by coding (standardising raw data) the content of interviews and open questions in the exploratory surveys in order to identify patterns and evidence linked to the pointers in the evaluation matrix and aspects related to the logical framework.

Evidence tables were used to reinforce the validity of the findings in the analysis. The tables relate pieces of evidence to one another in relation to findings of the evaluation. These findings may be related to answers of the evaluation questions or to the causal links and assumptions in the theory of change and logical framework. Documents containing evidence associated to pointers in the evaluation matrix were codified, as well as interviews in the logbooks, to identify specific pieces of information linking the three types of findings above.



Limitations to the Evaluation and Mitigation Approaches

The evaluation approach did not have a comparison group to allow for comparison of results between intervention and non-intervention towns. This is because all small towns of similar characteristics had some level of intervention during the STWP intervention period. The NAC Urban WASH Sector identified towns as priority intervention areas following the cholera in Zimbabwe. Thus, comparative towns were all supported by other developmental partners.

Data disaggregated by disability was not readily available in all instances. Thus, it was difficult to provide disaggregation's by disability for all evaluation results.

Some of the key informants who were familiar and knowledgeable about the programme from design to completion were no longer in the same positions due to high staff turn-over in some towns. This led to some loss of institutional memory. However, triangulation of data from methods used helped augment and verify recent experiences of the new staff.

3.7 Compliance with UNEG/UNICEF Evaluation Norms, Standards and Ethics

3.7.1 Key principles that guided the evaluation included:

Independence, impartiality and credibility: As external evaluators, we had no interest in the outcome of the evaluation but more critically, ensured that our whole approach is underpinned by independence from the programme under assessment, its funders and its beneficiaries, which is a defining condition for a quality evaluation output. Therefore, the findings represent an independent opinion. The evaluation team had no prior interaction with the project or interests during its implementation. To enhance credibility of findings, data collection and reporting was based on evidence obtained from the field. This evidence was triangulated between sources including a validation process with stakeholders of the project. Any divergence from the evaluation's view was required to be supported by evidence. Where there remained points of disagreements, project staff were requested to respond through a management response.

Honesty and Integrity: All findings and conclusions are evidence based. Where evidence is inconclusive this was highlighted in the relevant sections.

3.7.2 Ethical Safeguards

Ethical clearance from the national ethics review board was not a requirement. However, the evaluation aligned to ethical considerations as defined by the United Nations Evaluation Group (UNEG) Ethical Guidelines for Evaluation (norms and standards), as well as adhered to ethical standards as prescribed in the UNEG # Code of Conduct for Evaluation in the UN System. Some of the ethical considerations undertaken were, **obtaining participant consent prior to engagements** (through both verbal and written consent), **anonymity where households were only identified by ID numbers** and not linked to specific respondents.

Where children were involved in the evaluation ethical standards and guidelines were guided by the UNICEF (Innocenti) Guidelines on Ethical Research Involving Children (ERIC¹⁹). A safe space and an appropriate time were identified for focus group discussions with children. Referral processes to authorities were also discussed with the fieldwork team in cases of due responsibility (e.g. when research team comes across cases of child abuse). The following were adhered to:

- Initial consent from gatekeepers – parents and/or teachers or others with a duty of care for the child.
- receiving consent from each individual child).

¹⁹ <https://childethics.com/>



These issues were covered during the training of enumerators where issues of ethics, consent, general presentability and respect when interacting with communities/households were explained. This was also augmented through the official letters and permissions sought from the National Action Committee at national level and from town council authorities to conduct the evaluation.

Moreover, key experts and field supervisors (Pinimidzai Sithole, Susan Byakika, Kuziwa Chimunda, Auxilia Piringondo, Garikayi Zinumwe) went through the “prevention of sexual exploitation and abuse (PSEA) online course and obtained certificates of completion. This further buttressed the understanding and that of the team of the need to be aware and report any such cases we came across such incidences.

3.7.3 Quality Assurance of the Evaluation Processes

Triangulation and internal and external validation mechanisms were used to ensure the reliability and credibility of the findings. Triangulation implied cross-checking findings and pieces of evidence from different sources and from different data collection methods. Internal validation was done through internal revisions among team members. Quality assurance was also provided through two levels of reviews the government evaluation taskforce as well as the UNICEF Technical Research and Evaluation Group. This included review of documents by both structures as well as field spot checks during data collection by the evaluation taskforce.

Quality Assurance of the Household Survey

Quality control measures were adopted throughout the conducting of the household survey i.e. from questionnaire design stage to the analysis of data. For instance, during the data collection stage, several measures were adopted including Interview observation, maintenance of Supervisor and interviewer field-logs, Interview duration checks and non-response checks among others. Regarding quality assurance for the outputs, Pegasys and Development Data employed internal quality assurance mechanisms to ensure that reports and other deliverables were diligently reviewed and approved using internal protocols before they were signed off for sharing with the clients. These internal processes were used to produce high quality deliverables.



4 Evaluation Findings

This section discusses findings from the evaluation according to the evaluation criteria used.

Program Design

The evaluation sought to determine the quality of the programme design. This was done by considering whether the intervention was based on a context analysis or needs assessment and whether the programme was the most appropriate to address the need. It also sought to determine the clarity of the model, its coherence, the adequacy of strategies in relation to the desired impact and the adaptability of the model to the context.

Foremost, the STWP was a programme that was conceptualised as a direct response to the water borne disease epidemics especially cholera that had been experienced in the country. The country had experienced such epidemics prior to the 2008/9 but this was to prove to be the worst in the history of the country. The unprecedented cholera outbreak resulted in 98,592 cases and 4,288 deaths²⁰. The urban areas were the most affected by the epidemic and this was traced to challenges in the provision of water and sewerage. By designing a programme that would address WASH challenges in the urban areas, UNICEF was therefore seeking to address a realised need. The intervention was appropriate as it targeted the root cause of the problem, that is, aging water and sewerage infrastructure and lack of the same infrastructure in some sections of the urban areas. It is worth noting that in urban areas, the main source of raw water for drinking is surface water. The risk of it getting polluted is high when the sewerage system is not functioning well due to the discharge of raw sewage into water bodies. In order to reduce mortality and morbidity due to water borne diseases, it was thus appropriate for UNICEF to design a programme that would include the rehabilitation of both the water reticulation and sewerage systems.

The programme was inclusive as it promoted participation of the community in several community-led initiatives (such as in reporting water or sewage leaks), as well as WASH clubs and dialogue with local authorities. The WASH clubs comprised of community, school and market clubs. The school clubs allowed for the participation of school going children. It is however not clear from previous reports whether there were deliberate efforts to include PWDs in these clubs.

The programme was generally well designed with a clear intervention logic, based on the standard components of a WASH intervention, including, water, sanitation and hygiene and institutional capacity building. These components are reflected in the activities that were planned under the programme. The design is coherent as it clearly outlines how different activities feed into the programmes' six outputs, which in turn translate to the programmes' three outcomes premised on improved health and hygiene in the small towns, Improved financial sustainability, management and functionality of WASH services in the small towns, and also the enhanced community participation on one hand and improved accountability and responsiveness on the other. The design also links the three outcomes to the desired impact and goal of having a reduction of morbidity and mortality cause by WASH related diseases. More succinctly, the ToC clearly defines the desired impact and goal set for the STWP and outlines the casual linkages (processes and mechanisms) of how these would be achieved by the planned set of activities. While the ToC and logframe were laid out well, communication on this with key programme partners, especially local authorities, was not always adequate. This was not deemed to be a serious bottleneck, but an observation aimed at informing general improvement which could be achieved through creating more awareness and communicating better on future programmes.

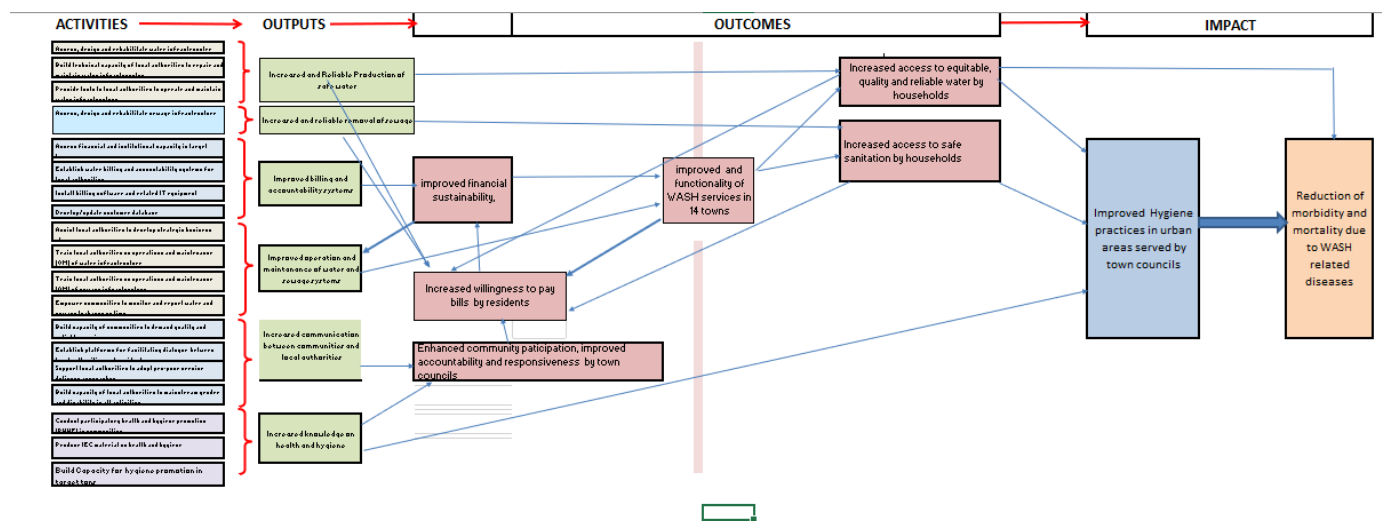
The STWP design was also found to be incorporating both hardware and software components. This, together with the fact that the model comprised of the standard components of a WASH intervention, i.e. water,

²⁰ Cholera Country Profile: Zimbabwe (31 October 2009), World Health Organisation



sanitation and hygiene and institutional capacity building, alludes to the adequacy of the planned strategies meant to achieve the outcomes. This allowed for the addition of other activities (e.g. use of social media) over the years without necessarily altering the focus of the programme. As such, the evaluation has contrasted the final and initial ToC and concludes that the project did not deviate from its initial focus, but instead, adapted to an evolving operational environment. Equally important to note is that the STWP design was inclusive and managed to incorporate both hardware and software components in a bid to adequately address water and sanitation service delivery challenges through rehabilitation of infrastructure and capacity building of all concerned stakeholders. This is to a great extent in line with the attainment of the Sustainable Development Goals particularly goals 3, 6, 11 and 17 (good health and well-being, clean water and sanitation, sustainable cities and communities and partnerships for the goals respectively).

The Theory of Change (Figure 6: Revised Programme's theory of change (intervention logic)) for the project had some gaps on how changes occurred. For example, it was not clear how financial sustainability led to reduced morbidity and mortality due to reduced WASH related diseases. The evaluation team engaged with programme stakeholders and revisions were made to the theory of change to develop a more nuanced theory of change. This served the purpose of understanding the expected results and assumptions made. It was evident from a review of programme documents that many changes had occurred since the start of the programme. The revision to the ToC has shown that several additional activities beyond those planned were conducted. Specifically, the original design did not adequately cater for community participation to improve accountability. The revised ToC shows a complex programme of intertwined results. The revised ToC captures the essence of the original programme and includes additional results that were not nuanced thus bridging the gaps between results. The ToC is attached in Annex 6.5.



Assumptions

1. Existing infrastructure at baseline could be rehabilitated to restore capacity deliver substantial increases in Water and Sanitation Services.
2. Households have capacity to pay for services, economy will develop.
3. There is social, political and economic stability for provision of services.
4. Policy environment enables provision of services following a business or cost recovery model.

Figure 6: Revised Programme's theory of change (intervention logic)

4.1 Relevance

This section looks at the relevance of the programme to the needs of the target groups, priorities of the government and those of UNICEF. Overall, the programme was found to be relevant to the needs of the



targeted beneficiaries. The project also contributed to meeting the human right to water and to addressing gender issues, since women and girl children are most affected by lack of water and sanitation facilities. Secondly, the objectives of the project were set well and aligned with priority needs in all 14 towns. In addition, addressing WASH incapacities of small towns was aligned with and supportive of government efforts as guided by the National Water Policy²¹. The programme was also found to be aligned with UNICEF's 2016-2030 WASH Strategy and to be in line with the Sustainable Development Goal targets 6.1 and 6.2. The relevance of the programme is further elaborated in the sub-sections below.

4.1.1 Relevance for target groups

The target groups of the SWTP were communities and more specifically women, girls and PWDS and ULAs (Section 1.2.4). The programme sought to address the WASH needs of these vulnerable groups as these are among the groups that face difficulties when there is inadequate provision of water and sanitation services at household and community level. Assessment reports from the targeted towns show that water provision was a challenge in the towns due to a myriad of infrastructure related problems and power outages. Women and girls are usually the most affected under such situations as they are mainly responsible for water collection. This exposes them to the risk of sexual gender-based violence (SGBV) and limits their chances of meaningful engagement in productive activities. On the other hand, PWDS face challenges in reaching water points and operating water extraction technologies such as bush pumps

In pursuit of addressing the needs of girls and people with disabilities, the project enhanced access to water supply at residential premises. The proportion of households which fetch water outside residential premises across 14 towns dropped significantly as a result of the project. Resultantly, such an increase in access to water at dwelling places translates to improved hygiene and sanitation among girls, women and people with disability (PWDs). In a bid to address the health and hygiene challenges in urban areas, the programme also sought to increase knowledge on health and hygiene. Participation by communities in health and hygiene promotion contributed to a reduction in illegal dumping of solid waste contribute towards the attainment of the programme goal.

The programme also sought to improve community participation on one hand and the accountability and responsiveness of ULAs on the other hand. Prior to programme implementation, there was general mistrust between residents and town councils. This was further exacerbated by the lack of feedback platforms where residents and town councils could engage and discuss service delivery issues. The introduction of the feedback mechanisms was thus relevant as it sought to bridge the communication gap between residents and ULAs and subsequently improve community participation and accountability and responsiveness of ULAs. In the same note, the importance of school and community health clubs was also confirmed as relevant to the target group. The most frequent comment (from key informant interviews) being that more community and school health clubs are needed. The relevance of health clubs is confirmed by the noticeable changes in Rusape Town where participants from the market health club pointed out that “*Looking back Rusape was once recorded one of the dirtiest towns but with the involvement of NGOs from 2016/2017 we are now the 2nd or 3rd smartest town in Zimbabwe. Rusape now has dumber trucks which collects large amounts of garbage to the depositing sites. We also have health clubs in the communities which taught people about sanitary and hygiene. We also have community health workers from the town council in collaboration with EMA and NGOs, they are teaching people day and night. Rusape has moved from the past standards and we are happy as a town that we have not been attacked by diseases such as typhoid. We have not recorded them for the past seven years, so we are moving towards the goal*”.

²¹ Zimbabwe National Water Policy (2013), GoZ



4.1.2 Alignment with government policies and priorities

The intervention was consistent with government policies aimed at enhancing the capacity of small towns to reliably supply adequate water and to manage liquid and solid waste. Both the hardware and software components of the programme well aligned and supportive to government policies on WASH. For instance, the hardware component through rehabilitation of water and sewage systems was aimed to address key priority challenges of incapacity to supply adequate clean and safe water; incapacity to manage waste and incapacity to manage solid waste disposal as identified in the National Water Policy (2013). The Water Policy identifies these rehabilitations as priority.

Urban WASH challenges have to be “rectified as a matter of urgency²²” (National Water Policy (2013), GoZ. With regards to software component, promotion of good health and hygiene practices was consistent with the National Sanitation and Hygiene Strategy WASH objectives. For instance, an aspiration of creating an open defecation free Zimbabwe by 2030 which is also in line with Sustainable Development Goals 6.

The formation of health clubs was also aligned with the Participatory Health and Hygiene Education initiative as stipulated by the draft National Water and Hygiene Strategy draft WASH policy. This is in a bid to promote behaviour change towards good hygiene and sanitation practices as well as instilling ownership of WASH infrastructure among the residents.

Alignment to funders’ country strategies and objectives

The project was aligned to UNICEF’s Country programme strategy and objectives, with WASH being one of the key components of the country programme document (CPD) 2016-2020. The document spells out that, working with partners including donors and private sector, UNICEF will continue supporting WASH services delivery in both urban and rural communities, focusing on improving service quality and access. Moreover, Urban WASH is one of the emerging areas identified in UNICEF’s 2016-2030 Strategy for WASH, in line with the ambitious WASH Sustainable Development Goal targets 6.1 and 6.2.

Effectiveness

Effectiveness of the programme is measured by comparing key indicators as measured at baseline and endline. Key assumptions are also considered. The targets set at project inception were based on the assumptions that no serious political/economic instability that hinders development aid activities occurs; and major breakdowns and load shedding by ZESA did not seriously affect reliability of water and sanitation services in the target towns. Both these assumptions did not hold. In 2013 and 2018, presidential and parliamentary elections were disputed, and the economic decline persisted. This resulted in severe power cuts that have limited utilisation of installed water and sewage systems. Nonetheless the evaluation shows that the project registered some results as envisioned.

Table 6 below shows a comparative summary of the key WASH variables at baseline and endline. Whilst these figures are not all entirely project indicators, they provide an insight on where changes occurred.

Table 6: Comparative summary of key WASH variables

	Total
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²² National Water Policy (2013), GoZ



Water sources status	Baseline	Endline
Water sources status		
Improved water source	98.6%	97.2%
Unimproved water source	1.4%	2.8%
Not stated	0.0%	0.0%
Main Drinking water sources (% in category)		
Piped water by local authority or service provider	77.2%	82.3%
Public tap / standpipe	10.8%	6.1%
Tube well, borehole	5.4%	5.1%
Protected well	3.7%	3.4%
Unprotected well	0.7%	0.8%
Protected spring	1.3%	0.3%
Unprotected spring	0.3%	0.2%
Rainwater collection	0.0%	0.0%
Tanker-truck	0.0%	0.0%
Cart with small tank / drum	0.0%	0.2%
Surface water (river, stream, dam, lake, pond, canal, irrigation)	0.2%	0.3%
Bottled water	0.3%	0.1%
Other	0.1%	1.1%
Location water sources (% in category)		
Inside the house	40.1%	54.8%
Inside yard or plot	33.7%	29.0%
Elsewhere	26.1%	16.2%
Not stated	0.0%	0.0%
Treating drinking water	13.8%	12.2%
Water treatment (boiling, chlorination etc)	6.6%	4.4%
Proportion of households travelling less than 500m to fetch water outside of their residential premises	83.3%	67.8%
Toilet types used by HH: (% in category)		
Flush to piped sewer system	66.7%	71.9%
Flush to septic tank	16.0%	14.2%
Flush to pit (latrine)	0.1%	0.7%
Flush to somewhere else	0.0%	0.1%
Flush to unknown place / Not sure / DK where	2.2%	0.4%
Ventilated Improved Pit latrine (VIP)	2.3%	2.8%
Pit latrine with slab	8.5%	6.3%
Pit latrine without slab / open pit	1.6%	0.6%
Composting toilet	0.0%	0.1%
Bucket	0.0%	0.4%
No facility, bush, field	2.6%	1.7%



Other	0.0%	0.9%
Hygiene Behavior		
% using Running to waste with water and soap only	7.4%	14.1%
% HH where hand washing facilities were observed inside toilet	30.2%	24.8%
% HH where hand washing facilities were observed in own dwelling	36.7%	49.4%
% HH where hand washing facilities were observed in own yard /plot	33.0%	25.8%

The evaluation systematically examines the performance of the project against set targets. Under this section, the achievement of specific outputs and objectives will be considered. In addition, the beneficiary perceptions of the benefits of the programme will also be presented.

4.1.3 Achievement of Outputs and Results

Achievement of outputs and Results

The effectiveness of the programme in terms of delivering the planned outputs and results was as follows:

Output 1: Increased and reliable production of safe water

The programme had a target of maintaining production capacity at 56-67% through assessing, designing and

Bindura Municipality – Key Informant

"...I would say right now we are pumping about 11 to 12 mega litres per day into our supply lines. The sewer blockages that we were witnessing previously are now a thing of the past. if you walk right now in Chiwaridzo and Chipadze there is no more sewage that is overflowing into the homes and even along the streets. Also, about 2000 houses are now connected to water..."

rehabilitating water infrastructure; building the technical capacity of local authorities to repair and maintain infrastructure; and providing tools to local authorities to operate and maintain water infrastructure. Through the rehabilitation works conducted across the target towns production capacity has been increased from 69%-100%. Technical assessments of the target town council water work by the evaluators show that the programme intervention increased water pressure by 3 times since inception. Also, the installation of new duty and standby pumps at the various water works led to general improvement in the volumes of water supplied to residents for example. Increased water production by the water treatment works has resulted in an increase in the number of hours a day

(continuity) water was available at household level as demonstrated in Table 7 below.

Table 7: Change (improvements) in water supply across some of the 14 towns after STWP

Improved Continuity (in hours per day)		
Small Town	Before STWP (Hours)	After STWP (Hours)



Chiredzi	8	10
Zvishavane	12	16
Plumtree	**	*18
Bindura	4	8

*The current power outage challenges had severely affected the continuity of water supply in Plumtree such that residents experienced even up to 3 days without water at the time of the evaluation.

** Not specified/information not available due to insufficient knowledge of informants.

Table 7 above shows that water supply network rehabilitation resulted in improved continuity of water supply where data was collected. Table 8 shows changes in production capacity before and after the intervention. In Bindura, as an example, the project improved production of treated water from 7 mega litres to 12 mega litres per day. Improvements of water supply infrastructure was experienced in two ways by town residents. There are people who: (i) were connected to the water supply system before intervention but did not access water at all due to non-functionality of the distribution network. After rehabilitation, the system is now operational, and they are accessing water from their household connection; or (ii) there are people who were connected to the system and got some level of service but have now improved their level of service due to: (i) increased number of hours of continuous water supply (ii) increased quality of water due to improvements in water treatment plants (iii) increased pressure in the network. Programme documents reveal that close to 10,000 additional people gained access to safe water and over 200,000 people had improved levels of drinking water services due to the rehabilitation of the water infrastructure

The number of people reached with these improvements is demonstrated in Table 8.

Table 8: Summary of Programme Interventions

	WATER SUPPLY		WATER		% Increase in number of Duty Pumps (Water Supply)	%Increase in number of Standby Pumps (water supply)
	Number of additional people with access to safe water ²³	Number of people estimated with improved level of service for water supply ²⁴	Pre STWP (m ³ /d)	Post STWP (m ³ /d)		
Chivhu	4940	6992	3300	3600	100	100
Gwanda	0	14165	5526	10800	50	50
Gokwe	673	11003	1944	9120	92	60
Hwange	0	8242	5304	10000	100	75
Mvurwi	1702	4684	1750	3000	100	75
Mutoko	464	5600	2100	5760	100	80
Zvishavane	0	36639	9000	12000	50	50
Bindura	N/A	32097	7000	12500	100	N/A
Chipinge	N/A	880	5087	5095	100	100

²³ People who: (i) were connected to the water supply system before intervention but did not access water due to non-functionality of the distribution network. After rehabilitation, the system is now operational, and they are accessing water from their household connection; or (ii) were not connected to the system before intervention but due to rehabilitation / improvement works are now connected to the system and have access to water.

²⁴ People who are connected to the system and have improved their level of service due to: (i) increased number of hours where the system is supplying water; (ii) increased reliability of the system due to improved stand-by capacity; (iii) increased quality of water due to improvements in water treatment plants.



Chiredzi	N/A	24489	N/A	N/A	100	100
Karoi	2102	16339	5520	7320	100	50
Rusape	N/A	24372	N/A	N/A	N/A	33
Shurugwi	N/A	15560	N/A	N/A	100	50
Plumtree ²⁵	N/A	N/A	N/A	N/A	100	100
Total	9,881	201,062	26,531	79,195		

The results demonstrated in Table 6-8 are in line with the theory of change which show that rehabilitation of the water supply network infrastructure will result in improved access to piped water supplies.

The findings from the technical infrastructure assessment are corroborated by the household survey that showed that availability of piped water from local authority or service providers significantly increased by 5.1% from project baseline to endline. This was further enhanced by the key informants' interviews that the introduction of the hardware component during the first phase of the project implementation was the key to this improvement.

Table 9: Households Main water sources

Water source	Baseline		Endline		Change from baseline
	n	%	N	%	% points
Piped water by local authority or service provider	4792	77.2%	5141	82.3%	5.1% *
Public tap / standpipe	670	10.8%	379	6.1%	-4.7%*
Tube Well, Borehole	335	5.4%	321	5.1%	-0.3%
Protected well	229	3.7%	211	3.4%	-0.3%
Unprotected well	42	0.7%	49	0.8%	0.1%
Protected spring	79	1.3%	17	0.3%	-1.0%*
Unprotected spring	19	0.3%	15	0.2%	-0.1%
Tanker-truck	3	0.0%	1	0.0%	0.0%
Cart with small tank / drum	0	0.0%	15	0.2%	0.2%
Surface water (river, stream, dam, lake, pond, canal, irrigation)	13	0.2%	21	0.3%	0.1%
Bottled water	17	0.3%	7	0.1%	-0.2%*
Other	7	0.1%	71	1.1%	1.0%
Total	6206	100.0%	6250	100.0%	0.0%

* pvalue is less than 0.05 (significant)

²⁵ Plumtree works were delayed and thus indicators were not reported in the latest updates.



Around twenty one percent (20.6%, N=6,246) of households reported that in the last two years (2016 to 2018) there has been a significant improvement in the water supply. The highest water supply improvements were reported by 44% households in Mutoko and Chivhu, respectively. The lowest improvements were reported in Hwange were only 5.7% indicated that there has been an improvement in access to piped water. The notable water improvements were increased water availability (86.9%). Increased water pressure was reported to be 29.6%.

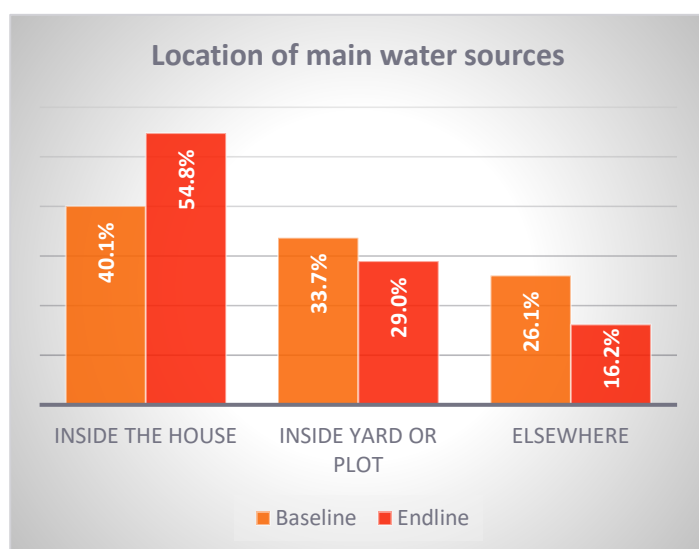


Figure 7: Location water sources

The proportion of households with the main source inside their dwelling significantly ($p < 0.05$) increased by 15% points from 40.1% during baseline to 54.8% at end line. Additionally, households fetching water outside their premises (i.e. elsewhere) also significantly declined by 10% (p -value < 0.05), see Figure 5). On another note, the proportion of households travelling less than 500m to fetch water outside of the residential premises across the 14 towns significantly ($p < 0.05$) dropped by 15.7% from 83.3% during the baseline to 67.6% at endline. On average, these households, significantly ($P < 0.05$) traveling longer time than those at baseline (32 minutes at endline to go and fetch water. The survey further revealed that of the 16.2% households fetching water from elsewhere at endline, the percentages are significantly higher in Shurugwi (42.0%),

Chipinge (31.6%) and Zvishavane (31.2%). In Chipinge, the effects of Cyclone Idai on water supply infrastructure rendered the majority of residents without water in their homes and had to rely on communal boreholes and standpipes.

Noteworthy is the availability of piped water by local authority improved significantly (i.e. p -value less than 0.05) in the project areas, there is need of a power back-up plan such as generator or a dedicated power line (mainly because of the current load shedding) in the country to ensure reliability of water supply.

Output 2: Increased and reliable removal of sewage and solid waste from households

Indicator: **Percentage households experiencing problems with the sewer system in residential areas (blockages/overflows)**

Under output 2, UNICEF sought to assess, design and rehabilitate sewage infrastructure; empower communities to report leaks; provide training on dumpsite management; and empower communities to remove solid waste. Essentially, the intervention sought to improve sewerage collection and solid waste from residential areas and its safe disposal. To this end the programme undertook the upgrading of sewerage lines in problematic areas, as well as the rehabilitation of sewage treatment works in the towns. In addition, the provision of O&M equipment, SOPs and staff training further improved capacity for improved sewerage collection and safe disposal. At baseline, 20-40% were experiencing problems with the sewer system and the programme intended to reduce the proportion to 10-20%.

. In terms of solid waste management most Urban Local Authorities (ULAs) complemented project efforts through purchasing refuse collection trucks. There was a marked improvement by 10 town councils in adhering to timeous refuse collection and this was coupled by a change of behaviour in terms of littering.



Programme documents confirm that as a result of the intervention, over 7,000 additional people gained access to better sanitation services (sewage collection and treatment systems) while service delivery was increased for over 114,000 people (Figure 8). This was as result of rehabilitation interventions. Moreover, the number of sanitation duty and standby pumps increased during the project. Thus, due to rehabilitation of water and sewage reticulation systems, coupled with a boost in water supply from improved water supply infrastructure, sewage collection significantly improved as there was relatively more water to flush the toilet systems. In addition, improved/upgraded sewerage infrastructure led to a drastic reduction in the frequency of sewage leaks and overflowing sewage which was a significant challenge across the towns prior to the intervention. In Shurugwi however, the challenge remains where due to inadequate sewage infrastructure management, raw sewage continues to be discharged into the environment.

Table 10 below depicts the toilet facilities used by households at both baseline and endline. Results reveal that flush to piped sewer systems significantly increased from 66.7% from baseline to 71.9% at Endline. Due to this improvement, it was not surprising to see open defecation declining significantly ($p < 0.05$) from 2.6% at baseline to 1.7% at Endline (a positive unintended outcome). According to the urban standards, toilets are expected to flush either to sewer or septic tanks, 86% at endline had such toilets against 83% at baseline, across the 14 towns. This was a significant improvement as a result of the project intervention.

Table 10: Toilets used by households

Toilet facility	Baseline		Endline		% points change from baseline
	N	%	N	%	
Flush to piped sewer system	4140	66.7%	4490	71.9%	5.2%*
Flush to septic tank	992	16.0%	889	14.2%	-1.8%*
Flush to pit (latrine)	5	0.1%	41	0.7%	0.6%*
Flush to somewhere else	3	0.0%	4	0.1%	0.1%
Flush to unknown place / Not sure /DK where	135	2.2%	25	0.4%	-1.8%*
Ventilated Improved Pit latrine (VIP)	141	2.3%	175	2.8%	0.5%
Pit latrine with slab	528	8.5%	392	6.3%	-2.2%*
Pit latrine without slab / Open pit	97	1.6%	37	0.6%	-1.0%*
Composting toilet	0	0.0%	4	0.1%	0.1%
Bucket	1	0.0%	28	0.4%	0.4%*
Open defecation (No facility, Bush, Field)	162	2.6%	106	1.7%	-0.9%*
Other	2	0.0%	59	0.9%	0.9%*
Total	6206	100.0%	6249	100.0%	0.0%

* p-value is less than 0.05 (significant)

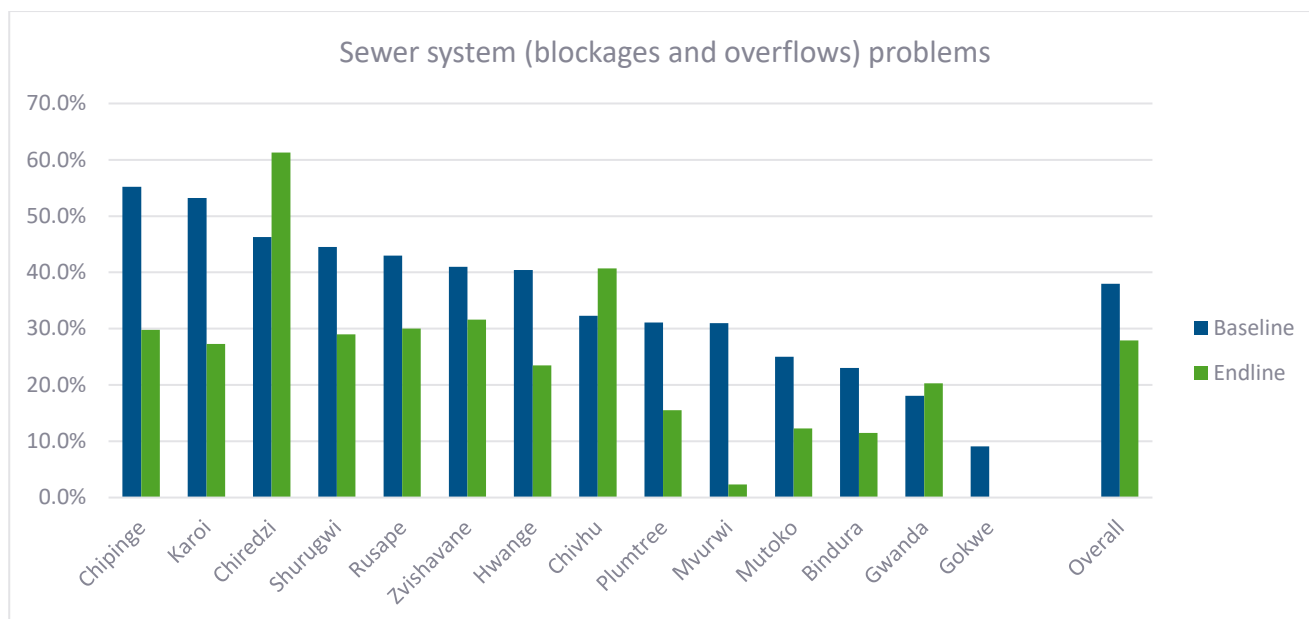


Figure 8: Sewer system (blockages and overflows) problems

The survey also assessed whether households had experienced sewer blockages/overflows in their communities in the six months preceding the survey and 27.9% reported the experiences against 38% in the baseline. This decline was noted to be statistically significant ($p < 0.01$) and maybe due to the STWP sewage system rehabilitation efforts. However, the problem was still present in most towns to some extent, and had increased in Chiredzi (61%), Gwanda and Chivhu (40.7%) towns. Whilst there was no clear explanation for this, analysis points towards an increase in water supply resulting in increase in pressure in the old system thus other areas not previously earmarked for rehabilitation bursting as a result of the increased sewer flows hence pressure in the weak system. Additionally, most of sewer blockages /overflows were significantly, ($p < 0.05$), attended to within a week at endline (78.7%) as compared to 76.7% at Baseline. The project helped to address perennial sewer leaks and blockages, erratic water supplies as well as poor health and hygiene practices. However, the figures for Chiredzi Gwanda and Chivhu increased during the same period.

The interviews, focus group discussions, key stakeholders and community members expressed that due to rehabilitation of sewer reticulation system, the frequency and number of sewer leaks and blockages of all the 14 small towns declined although the survey revealed contradictory information for 3 towns.

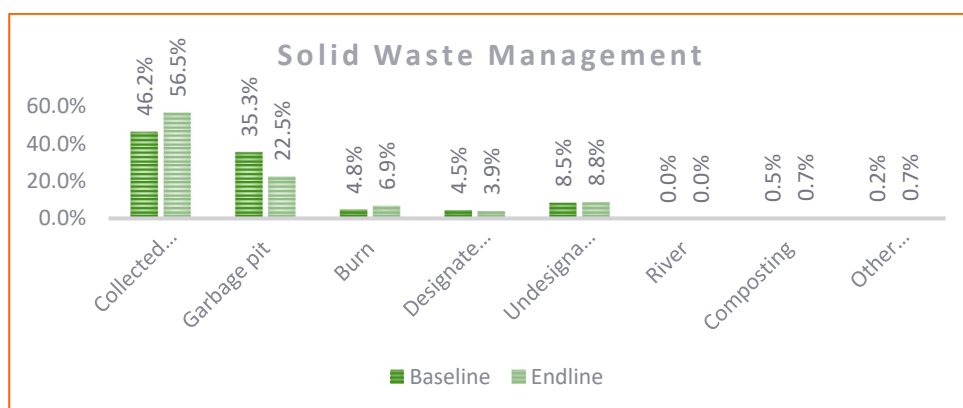


Figure 9: Solid Waste Management



Regarding solid waste management, there was generally reported improvement cleanliness across the towns, with less noticeable litter and illegal dumps along the streets. Chiredzi town, in particular, was observed by the evaluation team as a very clean town, characterized by no litter and no observable illegal solid waste dumps, which was attributed to the CHCs which are actively involved in clean up campaigns in the town. In a number of the towns, CHCs were actively involved in the regular cleaning of towns, collection and recycling of solid waste material, helping to contribute to the improvement in cleanliness across towns.

Rusape showed that a new dumping site which conforms to EMA standards, which is sufficiently far from residents, was commissioned during the project. The dumpsite that existed at the inception of the project posed a health challenge to the communities, as it was not fenced, did not comply with EMA standards and was a mere 100 metres from Rusape river which is the source drinking water for the town. The pictures below show the new dumping site in Rusape. Nevertheless, in some towns like Plumtree there is still a need of a proper dumpsite management and reliable compactors. This is a positive unintended outcome of the project.



Before Compacting



After compacting

Output 3: Improved billing and accountability systems

Under this output, UNICEF sought to assess financial and institutional capacity in target towns; establish water billing and accountability systems for local authorities; install billing software and related IT equipment; and develop/update customer database.

Improvement in billing efficiency were noted. For instance, in Bindura key informants indicated that the billing efficiency rose from 39.41% to about 63%-73% due to the use of Promun system. This reflects increased cost recovery hence the ability of local authorities to sustain operations and service delivery. It was also common across 14 towns that, the water revenue is ring fenced and water and accountability systems were established. The Promun system also assisted council authorities to have up-to date billing system and client database. This was reiterated by the Bindura Key Informant who remarked thus *“At one time our billing was not up to date for example whereby we will be producing bills for the previous three months but as of now our billing is up to date and on the issue of accuracy there is still a challenge of our water meters in the town many of them are dysfunctional so as result the bills are being charged according to estimates... The system we are using for billing is Promun which is the best and efficient but the thing that is lacking is on the support side and also training. There are a lot of achievements in terms of finance if you check before the interventions of the wash program in Bindura the amount that we bill that versa the amount that we collect we were billing about 39.41% of the total bills but as a result of the wash activities our collection has risen to about 63% to 73% in a month which is a plus also we discovered that the billing system were now up to date also on our monthly financial statements we are one of the councils that have up to date financial records audited this is as a result of the use of the prom an system”*.



Improvements in water supply also had a downstream effect of increasing willingness to pay for services by residents. A women's FGD in Shurugwi remarked thus *"Before this UNICEF programme, we used to have water once or twice a day for a few hours, but the council still send us bills. People didn't pay those bills because we were paying for air from the taps. But now, we do not have a problem paying for water because when we open the tap, water comes out and we know what we are paying for. When good water comes out of the taps, our people will pay for it"*. This finding is in line with the revised theory of change which shows that improvements in services result in increase in willingness to pay.

Output 4: Improved operation and maintenance of water and sewage systems

Under this output, UNICEF assisted local authorities to develop strategic business plans, trained administrators, engineers and technician as well as operatives on O&M of water and sewerage infrastructure. The Operator-level staff and engineers and technicians were also trained on various aspects including water treatment (chlorination and water quality testing); water distribution management and water loss (leak detection), sewerage maintenance and customer relations as well as O&M planning. These capacity building initiatives helped to improve operation and maintenance of water and sewerage systems

In addition, the project empowered communities to monitor and report water and sewerage leakages on time. The use of the U-reporting platform facilitated and empowered communities to monitor and report water and sewerage leakages on real-time bases

The project intervention also involved the provision of SOPs/OMs for new equipment, helping to provide vital operation and maintenance information for operators. This capacity building was in the form of workshop-based training followed by on-site training and mentoring of staff and was intended to improve operation and maintenance of water and sewerage systems. Through the training, the council authorities improved the responsiveness to community needs for example in the event of water pipe bursts. Further, the findings showed that all the 14 towns developed business plans which outlines major areas requiring intervention and available business opportunities to lure investors.

Figure 8 below depicts household responses on how long it was taking for the local authorities to attend to sewer blockages or overflows problems.

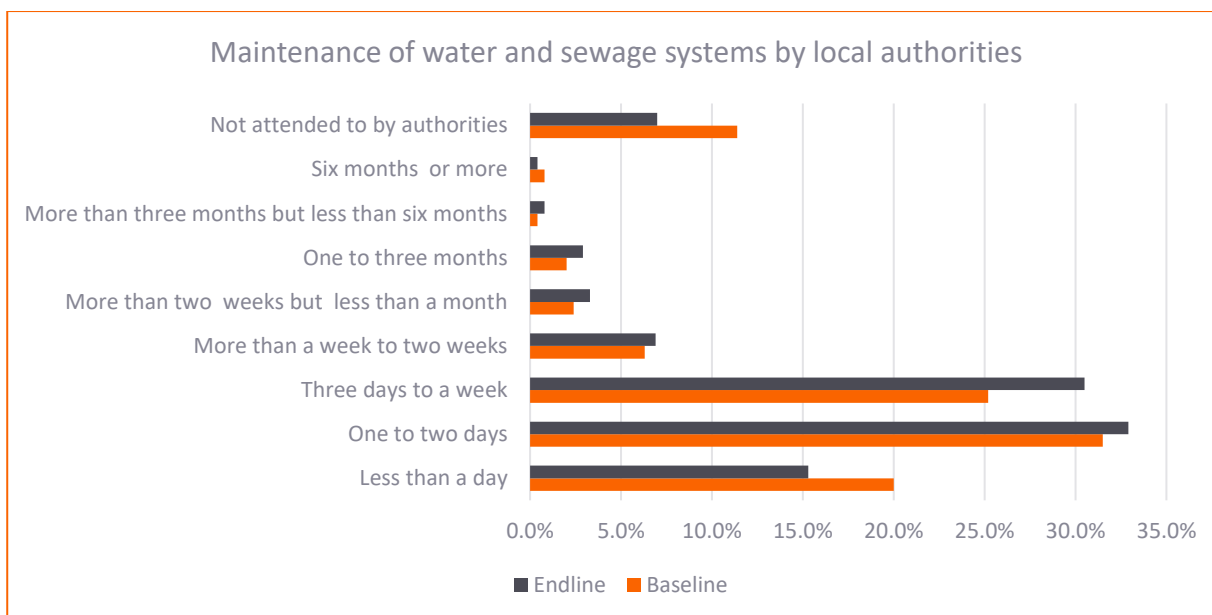


Figure 10: Maintenance of water and sewage systems by local authorities

The results show that although most of the sewer system problems were responded to within a week, 76.7% at baseline and 78.9% at endline, around a tenth (11.40% at baseline and 7.0% at endline) of the households indicated that nothing was done by the local authorities. This was attributed to logistical constraints such as vehicles to carry the sewer dechoking team and equipment to the sites to attend to the sewer blockages Figure 13 below depicts analysis by town of the proportions of reported sewer blockages not attended to by the local authorities.

Whilst this shows some progress, the use of the time it takes to respond to a pipe burst as an indicator of maintenance is inadequate as it is an indicator of response time. On the other hand, indicators of O&M would be around the availability and existence O&M plans that are budgeted for and implemented. This would then subsequently lead to the decrease in number of pipe bursts and service interruptions.

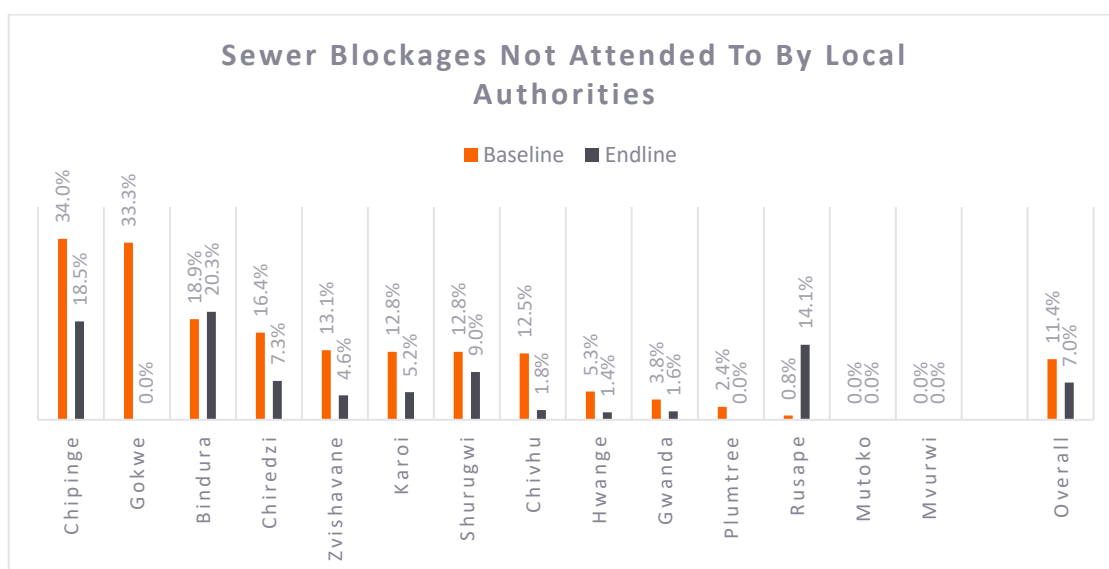


Figure 11: Sewer blockages not attended to by Local authorities



The results show that although generally there is an improvement in all towns (except for Bindura and Rusape), unresolved cases are still prevalent in Chipinge, Bindura and Rusape. This seems to be a communication challenge between the LA and residents, where the LA felt it was doing enough whilst the empowered residents through participation demand accountability and better services. This has tended to create some friction between residents and LA especially in Rusape and Bindura. Four out of fourteen towns (Gokwe, Plumtree, Mutoko and Mvurwi) at endline responded to all sewer system problems. From the Key informant interviews it was reported that the use of U-reporting platform facilitated and empowers communities to monitor and report water and sewage leakages on real-time bases.

However, for sustaining the rehabilitated works, effective O&M regimes must be operationalized including resourcing of recurrent costs by the service providers themselves. The STWP has an O&M capacity building component under Output 2. Based on the needs assessment and training done to date, including training of mentors, potential next steps include long term use of mentors for operationalization of O&M practices. To ensure the new emerging settlements in the urban areas do not overburden the rehabilitated infrastructure and thus reduce its expected life span, more ULAs can be encouraged through technical assistance to make use of the government loan facility through the Public-Sector Improvement Program, which has already been accessed by some ULAs for WASH infrastructure expansion. Using the government loan facility for capex will ensure that there are funds available in the ULA budget for O&M.

(Rusape Key Informant)

“Now, it has significantly improved. It improved just soon after this program was launched. There is also a behaviour change of our residents. I can rate it at 70-75% or 80% because initially it was not like that.”

Some towns have been able to engage with the private sector to contribute to WASH service delivery in the towns. Towns such as Bindura, Zvishavane and Chiredzi have engaged the large mining company and the sugar refinery in the case of Chiredzi. Chiredzi partnered with Tongaat Hullet for the operation and maintenance of its water treatment, as well as for construction/rehabilitation of bulk water supply lines complementing to the project impacts.

Output 5: Increased communication between communities and local authorities

In terms of gender and social inclusion, the ULAs' staff were trained on these aspects facilitating their mainstreaming in all activities. The Evaluation Team analysed U-report messages received in one town, Rusape. Between March and December 2018, a total of 136 messages were received and 70% were from women. Additionally, almost all, 95% were about burst water or sewage pipes.

The customer care and responsiveness to community needs improved significantly due to training provided during the project implementation phase which helped to restore good relationships with residents. At the same time, the project facilitated the development of a Client Charter which outlined what the clients are supposed to do, the type of services they are supposed to receive and how their complaints are supposed to be addressed. Household surveys confirmed (92.6%) of the households using service providers, banking hall or office significantly rate services received from the service provided as helpful and friendly as compared to 89.2% at Baseline.



The use of platforms like U-reporting, WhatsApp, websites and client registers greatly empowered communities to demand quality and reliable services as well as facilitating dialogue between local authorities and residents.

Mvurwi Town Council - Key Informant

'Communication between council and residents has also been strengthened among others. By the SMS platform, complaints registers, WhatsApp, consultation meetings and u-reporting. There is now quite some improvement in terms of communication between communities And local authority.'

Key informant interviews reported that the intervention of the STWP brought about an effective way of communication between the Local Authorities and residents as various communication platforms such as the U-reporting system is considered cheaper hence it is friendlier to the residents since most of the Residents in the towns are of low-income. The U-reporting system does not have delays in the dissemination of information and hence this led to the better and increased participation of the respondents. The U-reporting system and health clubs helped to enhance community participation in WASH related activities and dialogue between residents and council authorities improved significantly.

However, feedback from the communities from the FGDs conducted during the evaluation indicated that more effort is still needed to boost communication between communities and local authorities using U reporting. Although local authorities are aware and excited of its capabilities Only 4% of the households had heard about U-reporting and less than 2% of households ever used it. This is despite the fact that there was a drive by ULAs to encourage use of such advanced platforms to report leakages, pipe bursts and other challenges within the town. The evaluation notes that there is potential for U- report to become a powerful system to strengthen communication due to its low cost nature however the low participation rates calls for reflection on the roll-out strategy

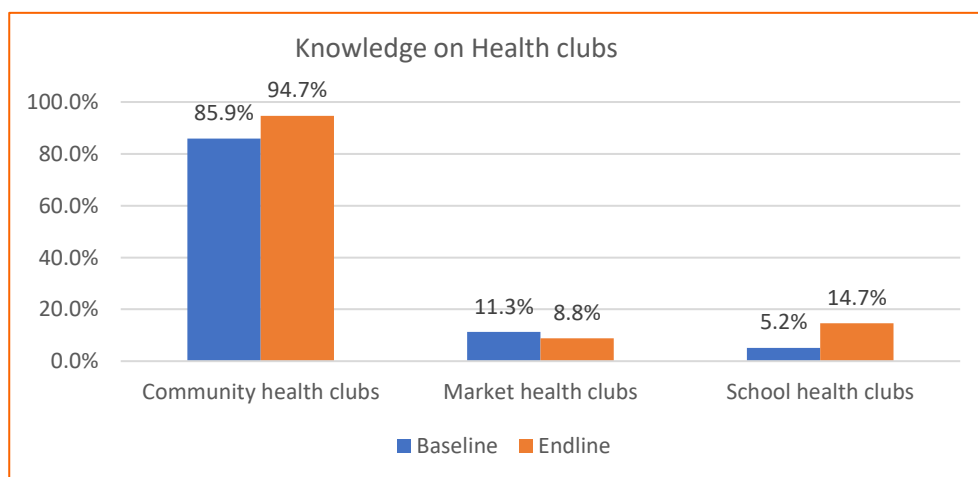


Figure 12: Knowledge on Health clubs

The results further show that the knowledge levels on the existence of health clubs in the communities by households remained high for community health clubs (85.9% at baseline and 94.7% at endline); school health clubs also increased from 5.2% at baseline to 14.7% at endline; whilst only the market health clubs decreased from 11.3% at baseline to

8.8% at endline. The market health clubs felt that the targeted interventions did not focus or invest in improving their public toilets and water supply to the market directly. This might have demoralised their participation and enthusiasm by the time the evaluation was conducted. The proportion of household with knowledge on community health clubs and school clubs was significantly higher at end line survey.

In terms of gender and social inclusion, the 14 small town council authorities' staff were trained on gender and social inclusion such that these councils will mainstream gender and disability in all activities. For example,



the Bindura Local Authority revealed that during the implementation of the project gender and disability was considered in the selection of the CHC members and they were mainly participated in the awareness campaigns and Drama`s in the communities. Regarding gender and participation, most of these councils have a gender and social inclusion focal person to represent and escalate the issues and concern of women, girls and people with disabilities. Whilst this was a remarkable progress, it was not clear whether the focal gender person has been trained and given a budget and time (capacitated and empowered) to do this, or whether this was simply added on to their existing job.

Finally, the participation of community members improved considerably. This can be judged by the turn outs of residents to clean up campaigns as well as the decline in infrastructure vandalism which shows that the project managed to instil ownership of WASH activities among residents.

The evaluation further noted that more efforts are still required to support local authorities to implement pro-poor service delivery approaches. This is mainly because all 14 towns did not have a clear pro-poor policy or plan focusing on vulnerable persons and persons living with disabilities. There was need to consistently interrogate if, whether and how have the poorest of the poor, women and child headed households, PWD, etc were being deliberately addressed by the programme.

Output 6: *Increased knowledge on health and hygiene*

Output 6: Increased knowledge on health and hygiene

Under this output, UNICEF sought to conduct participatory health and hygiene education (PHHE); produce information materials for use by households and other stakeholders; participate in WASH Technical Working Groups, knowledge dissemination and lesson sharing platforms; and consolidate WASH learning for communities on matters such as alternative sanitation options.

Findings reveals that a total of 463,000 contacts were made for hygiene (CHC), market health clubs (MHC), establishment, clean up and door-to-door campaigns, road shows and Information Education and Communication (IEC) material dissemination. The findings indicate that the advocacy and awareness raising efforts on good hygiene practices were effective. Household interviews shows that 31.8% households had received hygiene messages three months preceding the survey. This is 3 years after active implementation of this component of the project. Although this is lower than the baseline figure of 48.4%, it means hygiene messages were still being sent even after the completion of the project. However, these figures imply that the rate of hygiene messages had actually dropped after the project. At baseline, 58 health clubs were in existence at endline the project had 117 health clubs.

Key informants reported that participatory health and hygiene promotions which facilitated behaviour change towards good health and hygiene practices across 14 small towns were done.

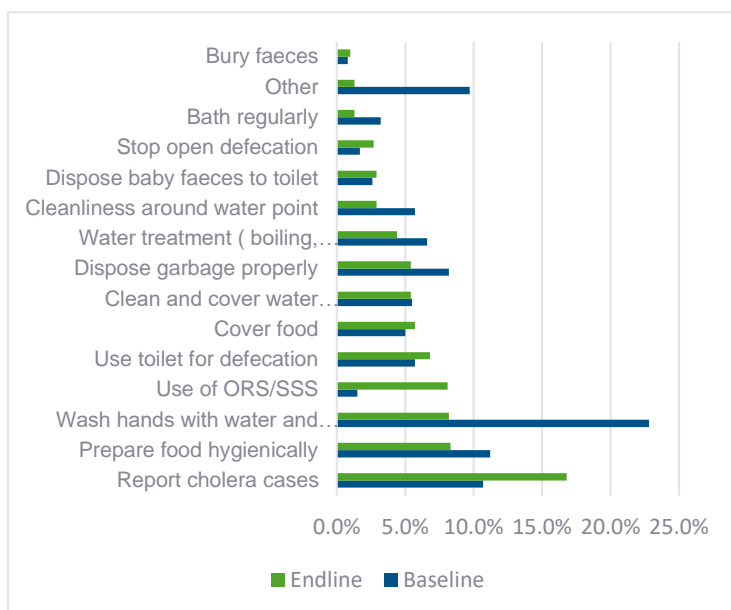


Figure 13: Hygiene messages received

In line with the baseline survey, hygiene messages received by households three months preceding the survey were assessed. Household interviews shows that three months preceding the survey (i.e. after the completion of the project) 31.8% households had received hygiene messages. Although this is lower than the baseline figure of 48.4%, it means hygiene messages were still being sent even after the completion of the project. This is a problem that there is such a significant drop around hygiene messages before and after the project and after only 3-months from completion of the programme. This shows challenges in the effectiveness of communication between local authorities and communities. Alternatively, the choice of medium for communicating might be the challenge given that both U-reporting and WhatsApp require data or airtime credit to be useful. Further analysis of data reveals that 73.2% of households at endline received

hygiene messages through SMS on mobile phones, which was a 20.2% improvement from 53.0% reported during the baseline. This is not surprising because the project used U-reporting and WhatsApp groups to sensitise communities. Through the health clubs, the project increased knowledge and awareness of good health and hygiene activities among community members. This resulted in residents actively participating in clean up campaigns as well as receiving health messages.

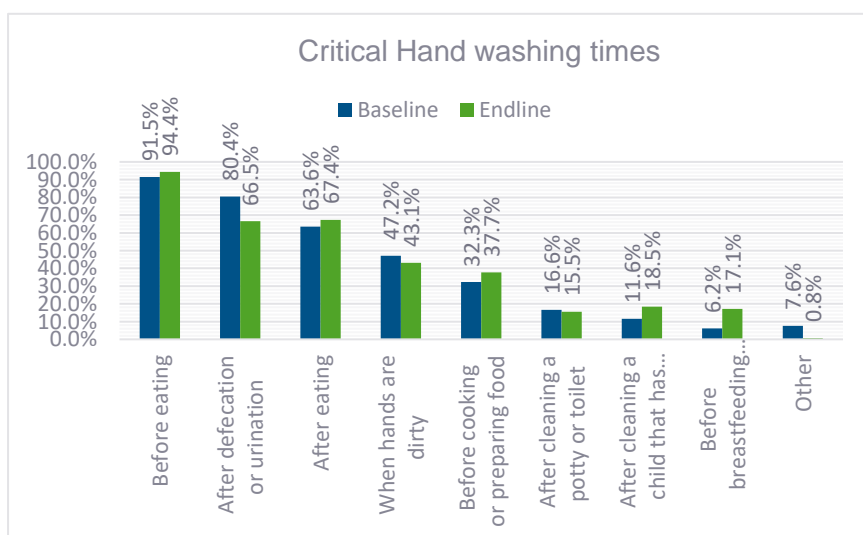


Figure 14: Critical hand washing times

Endline Survey shows some positive trend on households adhering to critical hand washing times, but the implementation of positive practices in terms of observing critical hand washing is still a challenge. Slightly above a third (33.5%) of the households at endline did not specify observing hand washing after using the toilet, a figure which is 13.9% points higher than 19.6% from baseline.

Further analysis reveals that a small proportion of the population (7.4% at baseline and 14.1% at endline) were using

running water with soap to wash their hands before eating. Use of running water with soap to wash hands before eating is highly recommended since many diseases and conditions are spread by not washing hands with soap and clean, running water.

In terms of environmental hygiene and environmental cleanliness the project had quite an improvement in terms of the link between the project and health. Since 2010 the last outbreak of cholera and typhoid there has never been a municipality that has faced any outbreak in terms of water borne diseases such as cholera



(except for Chiredzi). Although improvement is noted in the project areas, more work is still expected at ward and household level in terms of waste management. This is because the most local authorities' fail to do door to door refuse collection as required and expected especially in high density suburbs. The community and market health clubs collect refuse and some like the health clubs in Karoi recycle the waste materials collected. Whilst the general cleanliness in the 14 towns is notable, it is important to point out that this is mainly attributed to the work of health clubs and not directly by the ULAs.

Consistent with baseline survey, effectiveness of methods used in disseminating hygiene information as well as the accuracy of the messages conveyed on hygiene were assessed by checking on basic information on the cause's prevention methods for diarrhoea and malaria. Results shows that poor hygiene(61.1%), dirty hands (55.7%) and dirty food (51.2%) were the greater causes of diarrhoea reported by the households through the household surveys. Of these three, poor hygiene and dirty hands were expressed by more respondents ($p < 0.01$) at endline than at baseline. Methods of preventing diarrhoea were also assessed and the evaluation noticed a statistically significant drop, from 2.7% at baseline to 1.5% at endline, of households who are not knowledgeable of the methods of preventing diarrhoea. The change is largely attributed to the information disseminations to communities.

More over, the proportion of households sharing toilets significantly ($p < 0.05$) declined from 42.0% at baseline to 39.3% at Endline. 93.2% of the households further reported that they clean their toilet facilities every day in comparison to 96.1% at baseline. This suggest good hygiene practices which was mostly emanating from increased hygiene knowledge. The project might have contributed in moving people up the sanitation ladder which shows in part how successful the project reached the poorest of the poor.

In a bid to encourage lesson and experience sharing among towns, the project-initiated WASH TWGs, knowledge dissemination forums and lessons sharing platforms. However, there is still a need for capacitation of local authorities to produce information products on WASH related issues for use by households and policy makers, targeting all groups. The production of information products will help to further disseminate recommended health and hygiene practices to residents. In addition, although the Local Authorities conducted Participatory Health and Hygiene Promotion, it was less effective in Chipinge because the project did not target the medium and low-density residential areas. Some key informants were not even aware of how it was carried out.

Table 11: Selected Indicators of project outcomes

Indicator	Target	Baseline	Endline	Comments
1. Proportion of population, disaggregated by income level and disability ⁶ in target towns with improved access to piped water supply	85.0%	77.8%	82.3%	Overall proportion of households with access to improved piped water supply
2. Proportion of population, disaggregated income level and disability in target towns, with improved access to sanitation services ⁹	85.0%	82.7%	86.1%	% of hhs with toilets that are expected to flush either to sewer or septic tanks



3. Proportion of population, disaggregated by income level, practicing safe hygiene practices (i.e. hand washing with soap at critical times) ²⁶	29%	24.8%	86.1%	Clear improvement in towns where capacity was restored.
4. % Change in Bill collection efficiency	18-79%	16-74 %	60%- 80%	Clear improvements in revenue collection across all towns.
5. % Change in Non-revenue water	30-50 %	3-80 %	40-50%	Improvements across all 14 towns, but still many cases of poor reticulation infrastructure, and poor metering.
6. % of residents expressing satisfaction with the provision of water and sanitation services in the target Local Authority ²⁷	57% satisfied with water reliability 60% satisfied with sewer management	48.9% satisfied with water reliability ²⁸ 54.5% satisfied with sewer management ²⁹	42.6% satisfied with water reliability 53.0% satisfied with sewer management	Possible dissatisfaction linked to a) either higher expectations of the programme by residents and b) intermittent water supply at households as significant power cuts affect pumping at water treatment works. This affects both water reliability and sewer system functionality that is mainly reliant on water availability
7.% of sewage flowing to the wastewater treatment system	35-75%	25-60%	80% where water capacity was restored.	Some residents with own pit latrines continued to use.

²⁶ Hand washing facilities observed near or in the toilet with water and a cleansing agent available

²⁷ In terms of reliability and in the management of the sewer system.

²⁸ Reliability in terms of availability of the service when required

²⁹ Sewer management- general upkeep of the sewer system as observed by residents including ability to adequately respond to faults quickly should they arise



4.2 Efficiency

4.2.1 Implementation against work plans

The STWP was a five-year project which ran from 2013 to 2018. The project managed to meet most of its targets despite procurement delays due to shortage of foreign currency for contractors to import materials and equipment. As a result of the liquidity crunch and shortage of foreign currency which delayed procurement of equipment and materials, the project reports (WASH Field Note, 2018) indicated that on average the works period for Phase 1 contracts lasted for 10 months against a target of 8 months whilst Phase II active works period took 16 months against a target of 6 months. This reflects the progressive declining economic situation that characterised the implementation period as described in the context. In order to facilitate the consolidation and sustainability of activities, the STWP was extended from February 2016 to December 2017. At the same time, in September 2017, the STWP was further granted a no cost extension up to December 2018 to ensure completion of outstanding rehabilitation works and fulfilment of the defects liability period as well as to allow for completion of activities under the O&M WASH institutional strengthening consultancy. At the time of the evaluation, three towns were still yet to finish outstanding works.

4.2.2 Cost effectiveness and value for money (VFM)

Notwithstanding the reduced distribution of funds to local authorities and NGOs, the project improved the cost structure of water. For instance, it was indicated that in Bindura the cost of producing one cubic litre was 89c and that would be sold at one dollar. This shows that the planned price was above the cost of producing. However, one challenge which was identified is that of dysfunctional water meters which compromise accuracy and as a result water is charged according to estimates among most residence. These estimates have negative effects either on residents by disadvantaging them due to overestimates or council authorities due to underestimation. Nevertheless, the Promun system enables council authorities to deliver statements on time and be able capture all the clients which have bills to pay which was difficult to do before the project. This helped to recover the revenue due. It is also important to note that, since water supply has improved, more revenue is being collected as more people are now accessing water as a result of the STWP.

Cost recovery is the biggest challenge that all towns are struggling with. Whilst the investments in hardware largely helped with improving the production of water, there were two challenges the towns faced with cost recovery. The first was that whilst cost recovery is extremely dependent on how many people pay their bills, the ULAs provided percentages of their improved billing. On the surface, a reported billing efficiency of 70% such as in Rusape, might immediately point towards effective cost recovery. Yet on closer analysis, it was discovered that the tariffs did not include the full cost of producing water. Besides, the metering ration was also as low as 35% and as high as 55%. This questions the integrity of the bill data and information. Whilst the programme did not have the objective of improving metering, the investments made in billing system Promun and the hardware only achieved minimal benefits owing to poor metering ratios, high NRW and failure to purposefully target and protect the poor and vulnerable.

The programme was delivered using already existing structures and organisations. For instance, the use of existing government structures reduced implementation cost. This also promoted ownership and sustainability of the programme. Similarly, the programme enhanced participation of communities particularly the Health Clubs which not only contributed to reduction of costs but also inculcated the spirit of participation. It is envisaged that such an initiative would continue especially in use of WhatsApp as a feedback platform – already existing and not new technology; training of communities done in at a local level and cutting costs.



4.3 Quality of project management

The quality of project management was generally adequate for the 14 ULAs and the Project Management Team (PMT). The Project Steering Committee (PSC) met regularly during project implementation to review progress in collaboration with government and NGO partners. The monitoring and quality control system and indicators were established and well-articulated in the logical framework to assist project management and implementation whilst keeping progress in line with agreed deliverables. The M&E plan which was established based on indicators outlined in the log-frame was followed and implemented as per plan.

Tracking of progress towards the attainment of goals was guaranteed by regular monitoring and reporting. To ensure quality, the supervision and quality assurance for the Infrastructure works was provided by the Consulting Engineers. UNICEF engineers and the joint Government-UNICEF-partner program management team provided overall oversight and routine monitoring of the project. At the same time, periodic client coordination meetings were held centrally at the UNICEF offices to clarify and resolve any contractual issues. Progress of work was also shared with all Urban Local Authorities at the STWP Quarterly reviews as well as in the national Urban WASH Technical Rehabilitation Group.

The exchange visits and service level benchmarking (SLB) significantly helped to improve the quality of project implementation since town councils peer reviewed each other with regards to progress towards achievement of set goals. However, in order to guarantee a robust monitoring system, it is more efficient for M&E to be conducted by an independent evaluator which was not done on this project.

With regards to finance management, Key Informant interviews reveal that financial disbursements took a long time to reflect in councils' bank accounts which delayed implementation of activities as per plan hence negatively affect costs effectiveness. For instance, in Plumtree, the implementation of project activities was very slow due to funds administration problems between the contractor and UNICEF. This was common across all 14 towns as indicated by key informants. To worsen the matter, throughout the STWP contractors had challenges in accessing USD for offshore procurement due to stringent banking regulations. As a result, there were a lot of changes to programme implementation and activities were not completed on time as per schedule. However, on non-infrastructure components there were no challenges since the funds were disbursed directly to councils to purchase materials like T-shirts for community health club members.

4.4 Quality of products (i.e. infrastructure built, community participation, documents produced, and training provided etc).

Project beneficiaries and key stakeholders in project towns viewed the quality of infrastructure (sewage system, water treatment plants and pipes rehabilitation, billing system-Promun) and community participation as being of high quality. The upgrading of water treatment works with the installation of new abstraction and clear water pumps, and bulk water meters, electrical panels, treatment materials along with Standard Operating Procedures (SOPs) / Operational Manuals (OMs) all contributed to the improvement in the functioning of the works, leading to improved production volumes and quality of water across the various works. The installation of bulk meters within the various towns' distribution networks has helped to measure system input volumes. The quantification of water entering the distribution system is a significant step towards improving the accountability for water produced compared to water reaching consumers. This is one step towards accurately determining the non-revenue water (NRW) which is generally high in the 14 towns. The next step would be addressing the challenge of non-functional consumer meters.

Across many of the towns where bulk water infrastructure was upgraded or new infrastructure installed, the frequency of technical faults such as pipe bursts which previously resulted in significant down time was significantly reduced, improving water pumping hours and water availability. Improvements in continuity of



water supply as well as production volumes before and after the intervention are reflected in the results. The separately attached technical assessment reports indicate that the hardware installations were professionally done and designed for the purpose. This resulted in intended benefits and efficiencies noting the limitation provided by poor and low metering ratios which were not part of the programme.

On the same note, residents and key stakeholders reported that the water from the council is safe and clean to drink which reflects the good quality of infrastructure installed at water treatments plants, as well as improved service delivery through the staff training on SOPs/OMs at the works. Interestingly the cases of diarrhea also declined which may partly be attributed to improvement in the quality of WASH infrastructure installed to treat and supply water to residents. Diarrheal cases reported were positively related to frequency of sewage blockages or overflows with odds ratio of 2.6, $p < 0.01$. Thus, the risk of diarrheal outbreak was 2.6 times higher where there were frequent sewage blockages combined with slow rectification of the blockages. At baseline a significant 3.4%, against 1.1% at Endline, reported diarrheal cases in line with sewage blockages or overflows. According to the Austrian Government department of health manual³⁰, disease-causing germs can be spread from sewage if it is not disposed of properly or if people do not practise proper toilet hygiene (cleanliness). If a sewage disposal system is not properly maintained it will not be able to get rid of the sewage safely. For a sewage system to be properly maintained, all faulty (blocked, damaged, broken or worn-out) parts must be mended as soon as possible after they stop working correctly.

The number of diarrheal cases reported was also associated with solid waste management ($p < 0.01$). Key informant interview results at Endline reveal a marked improvement by most town councils in adhering to refuse collection as per schedule of at least once a week. Moreover, household interviews confirmed that more households at Endline (56.5%) were significantly ($P < 0.01$) disposing their solid waste into bins for local council collection as compared to 46.7% at baseline. The improvement on solid waste management which was a result of change in behaviour in littering and refuse collection was in line with project intentions to influence behaviour change of the communities in order to improve health and hygiene practices.



Figure 15: Bulk meter installed by STWP on rising mains to reservoir in Chiredzi town. Improves measurement of water entering the system (system input volume), which is a key input for NRW calculations.

³⁰ **Environmental health practitioner manual: a resource manual for environmental health practitioners working with aboriginal and torres strait islander communities** (<https://www1.health.gov.au/internet/publications/publishing.nsf/Content/ohp-enhealth-manual-atsi-cnt-l-ohp-enhealth-manual-atsi-cnt-l-ch2-ohp-enhealth-manual-atsi-cnt-l-ch2.3>)



Figure 16: Leak detection equipment delivered to Shurugwi town council. Staff training on use of such equipment as well as overall safety and O&M training undertaken for technical staff across the towns under STWP.



Similarly, with upgrading of sewerage lines and works across the towns through the STWP project, the collection of sewage improved across the small towns, and the incidence of sewage overflows drastically reduced, especially in areas where sewers were upgraded. In addition, the provision of sewage equipment including drainage/chocking rods as well as safety gear (e.g. safety boots and gas masks) improved the response to sewage O&M with workers feeling safer due to the protection gear provided.

The quality of community participation and training as judged against the results achieved can be generally viewed as good. The perception expressed in interviews and discussions with residents indicated that the use of the U-reporting system and WhatsApp platforms enhances dialogue between residents and town councils whilst empowering communities to demand quality services. Likewise, community health clubs help to boost awareness about good health and hygiene practices among residents. As a result, reported cases of open defecation declined whilst the number of people participating in community health and hygiene promotions such as clean-up campaigns increased. This is a clear indication of high quality of community participation and training. However, in some towns, open defecation increased rather than decrease at endline owing to two primary reasons. Firstly, there was little intervention at household level regarding sanitation provision and secondly, some outlying areas on the periphery of the towns did not get as much attention. For example, the communal park in Karoi town was reported to be one of the open defecation places due to the neglect the area had from the ULA.

The STWP project had a training component targeted at improving both the administrative and technical capacity of town council staff in the improvement of WASH services. The capacity building trainings conducted were effective in addressing the existing needs. For example, staff across the towns were engaged in training workshops where various trainings were undertaken including the use of Promun software, customer care and gender and social inclusion.

In addition, training was conducted for technical staff including engineers and plant superintendents on the operation, maintenance and safe handling of installed equipment's at water and sewerage treatment works. The technical staff who participated in the training workshops in two of the towns i.e. Chiredzi and Zvishavane are presented in

Table 12 and Table 13 below

Table 12: Chiredzi town participants in the STWP training workshops (source: STWP Training workshop Report)

Name of participant	Role in Zvishavane Town Council	Workshop attended- Training
Chandida Morden	Health Officer	Bulawayo O&M Planning workshop 1 (Engineering and Technical Level Training) PIAP 1 workshop
Mpofu Clapos	Plumber	Bulawayo O&M Planning workshop 1 (Engineering and Technical Level Training)
Irvine Muteyawunga	Water Technician	Masvingo O&M Planning workshop 2 (Engineering and Technical Level Training) Masvingo PIAP Workshop 2
Charles Muchatukwa	Town Secretary	Masvingo PIAP Workshop 1
Nizibert Mudhovozi	Accountant	Masvingo PIAP Workshop 1



Precious Mutsetse	HR Officer	Masvingo PIAP Workshop 1
Wesley Kauma	Engineer	Masvingo PIAP Workshop 1

Table 13: Chiredzi town participants in the STWP training workshops (source: STWP Training workshop Report)

Name of participant	Role in Zvishavane Town Council	Workshop attended- Training
Dominic Mapwashike	Engineer	Bulawayo O&M Planning workshop 1 (Engineering and Technical Level Training) PIAP 1 workshop
Chamwaita Worship	Assistant Water Superintendent	Bulawayo O&M Planning workshop 1 (Engineering and Technical Level Training) Masvingo O&M Planning workshop 2
Mageja Munyaradzi	Civil Engineering Technician	Bulawayo O&M Planning workshop 1 (Engineering and Technical Level Training)
Lameko Gonzo	Town Planner	Masvingo O&M Planning workshop 2

The quality of documents produced by the project, urban local councils and government on project aspects are generally regarded as of very good quality such as the WASH Field Note of 2018 which summarizes the interventions undertaken. Through peer reviewing during SLB the reports produced by councils and their respective partners were of good quality, thanks to the STWP which facilitated such a process. Equally important to mention are the high-quality WASH charts provided during project implementation which boosted community awareness and practice of recommended health and hygiene practices.

4.5 Partnerships with implementing NGOs

Community members and key stakeholders confirmed that strategic partnerships were established through STWP. Programme implementation was done in partnerships with government sector ministries, civil engineering contractors and engineering consultants for the hardware components, and Non-Governmental Organisations (NGOs) for the software aspects of the project. Civil engineering contractors and consultants conducted the rehabilitation of water supply and sewer systems under the supervision of the resident Town Engineers. Seven NGOs facilitated the hygiene component of the programme. Consultants were engaged to support monitoring of the programme whilst the town residents were engaged in various aspects of the project including participatory health and hygiene promotions. Whilst the contractual arrangements with the engineering firms are commercial relationships, the arrangements with NGOs and residents' associations was purely a partnership arrangement.

These partnerships facilitated smooth project implementation and instilled project ownership among residents across all the 14 small towns. Of interest was the partnership with Mercy Corps in towns like Rusape and Chipinge which trained and facilitated the formation of health clubs both in communities and schools. The health clubs significantly facilitated behaviours change towards cleanliness and good hygiene practices among the residents. However, strategies are required to ensure sustainability of these health clubs. The partnerships



with local residential associations also helped to boost community participation in WASH related activities such as clean-up campaigns. Residents associations were members of the steering committees.

The STWP activities were effectively coordinated with those of other programmes at both town and national level. This was guaranteed right from the start of the project when the 14 small towns were identified in a way that avoided duplication of work with other donor supported projects. Likewise, development of policies and guidelines was also coordinated effectively through inclusive participation of all sector players and regular communication between responsible government ministries and the donor community. Strategic synergies were also built which witnessed the development of policies such as National Water Policy as well as the rebranding of the National Action Committee for Water, Sanitation and Hygiene (NAC).

The exogenous risks impeding the project from attaining its planned goals and outcomes as well implementation of its planned activities, were anticipated in the Logframe. Nevertheless, the most significant risk which affected one of the towns (Chipinge) beyond anticipation was Cyclone Idai which destroyed the water supply infrastructure. Similarly, the economic risks such as liquidity challenges and inadequate foreign currency limited effective implementation of the planned activities and were beyond the capacity of the project team to mitigate.

4.6 Impact

The overall goal of the project was to reduce morbidity and mortality due to diarrheal diseases by 20% from baseline. The programme significantly improved access to improved WASH services with over 10,000 additional people accessing safe water and 7,000 sanitation services. Disease surveillance by the Ministry of Health and Child Care in the 14 STWP towns over the period 2014 to 2017 indicated a 36% decrease in reported cases of diarrhoea from 32,392 to 20,882. This is 16% points above the 20% reduction targeted during the project. Based on baseline and endline Survey conducted Diarrhoea cases significantly declined ($P < 0.01$) by 7.2% points from the baseline figure of 10.7% to 3.5% reported on the endline. Additionally, mortality due to diarrheal diseases at endline was zero from 0.1% from the baseline. This shows a significant impact of the intervention implemented.

Table 14: Programme contribution towards goal

		Baseline		Endline		p-value
		N	%	n	%	
Diarrhea reported	Yes	662	10.7%	216	3.5%	<0.01
	No	5543	89.3%	6041	96.5%	
	Not stated	1	0.0%	0	0.0%	
	Total	6206	100.0%	6257	100.0%	
Deaths due to Diarrhea	Yes	9	0.1%	0	0.0%	0.006
	No	6196	99.8%	6257	100.0%	
	Not stated	1	0.0%	0	0.0%	
	Total	6206	100.0%	6257	100.0%	

Source: Baseline and endline household surveys



There have been significant achievements in terms of shifting towards financial sustainability although the results vary by town. For example, billing efficiency and cost recovery before and after the STWP intervention show a remarkable improvement. In Bindura, the council was billing about 39.41% of the total bills but as a result of the wash activities under STWP, the collection rose to within the 63% to 73% in a month; Chipinge improved from 42% to 65%. This was mainly attributed to the Promun billing system and the updating of financial statements and records. The use of the Promun billing system was only one part of the results, the other component entailed community participation through consultations and budget review meetings, thereby building confidence in the financial management system.

The project enhanced community participation, dialogue and council's accountability thereby bridging the mistrust between residents and town councils. Before the STWP there were no such platforms such as U reporting to facilitate real time communication between residents and town councils. In the same note, the importance of school and community health clubs was also confirmed, the most frequent comment (from key informant interviews) being that much more of the same is needed and sustainability of community and school health clubs are indispensable.

In pursuit of addressing the needs of girls and people living with disabilities, the project enhanced access to water supply at residential premises and households which fetch water outside residential premises across 14 towns dropped significantly. Less obvious but more important is that, such an increased access to water at dwelling places reflects improved hygiene and sanitation among girls, women and people with disability (PWDs). However, the evaluators did not encounter specific improvements directly targeting vulnerable groups.

The council's responsiveness to community needs improved although economic challenges negatively impact on service delivery. The recent challenges experienced by businesses and ULAs regarding currency and pricing has had a negative impact on the project in that water is under-priced leading to inability by ULAs to provide services at break-even or cost recovery rate whilst this has a potential and risk of promoting practices such as overuse of water (being very cheap that it erodes incentives for practising efficient use by households).



Bindura Town Council- Key Informant

The project beneficiaries and key stakeholders in project towns viewed infrastructure (sewage system, water treatment plants and pipes rehabilitation, billing system-Promun) and community participation provided as of high quality.

The beneficiaries also reported that the rehabilitation of water and sewage reticulation systems and installation of new pumps at water treatment plants had helped to improve water supply and quality as well as frequency and statistics of sewer leaks and blockages declined.

In Chipinge, the residents indicated that protection of springs and drilling of boreholes improves access to safe water especially for residents in Gaza who were not serviced before the project.

With regards to community participation and training, the common perception from residents across all 14 towns indicated that the use of U-reporting system, WhatsApp platforms, complaint register, and consultation meetings enhanced dialogue between residents and town councils whilst empowering communities to demand quality services. More specifically, the use of U-reporting platform facilitated and empowers communities to monitor and report water and sewage leakages on real-time bases and the system is cheaper hence it is friendlier to the residents. Residents also perceive that there is commendable change in the behaviour of the communities in terms of waste management (littering and refuse collection). However, they perceive that although improvement has been noted, more work is still expected at ward and household level in terms of waste management because most local authorities' fail to do door to door refuse collection as required and expected especially in high density suburbs.

"I think the coming in of the project was not only an eye opener for residents, and community members alone but also critical to the policy makers, the management. When the project was implemented it was more inclusive because, you know, long back when we talked about WASH projects we will be referring to health issues but what they did not see and take in to consideration is that for any projects which have a bearing on the community, community's health development, community's welfare, such projects need to be backed by a strong budget .So the coming in of the project - you find out that it was more inclusive..... So, you find that definitely we benefited because now if you talk of WASH projects, even the councillor who is at home there understands what it means and who to approach. It's not health personnel who are there always when we have issues to do with WASH. You would find that even councillors come straight to the Director of Finance and say, "Director of Finance where is our compactor truck?". It is because they have been conscientised - they know now that everyone has a part to play when we are budgeting these issues. It's not budgeting for the health department, it is a budget for the community.

With regards to social inclusion of women and vulnerable groups, the project empowered them through trainings on income generating activities and participating in savings and lending groups.

Table 15: Programme's contribution towards hygiene

Hygiene Behavior	Baseline	Midline
% using Running to waste with water and soap only	7%	14%



% HH where hand washing facilities were observed inside toilet	30%	25%
% HH where hand washing facilities were observed in own dwelling	37%	49%
% HH where hand washing facilities were observed in own yard /plot	33%	26%

The formation and training of health clubs both in communities and schools was viewed as key in disseminating the message on good health and hygiene practices. The CHCs comprised mostly of females. Male membership ranged from 1 to 25 while female membership ranged from 1 to 72. Among the reasons cited for low male participation are (1) the inconvenience of time as most health club sessions are conducted during working hours when most men are at work since they are breadwinners according to culture, (2) lack of incentives/income generating projects, (3) social perspectives that health clubs are for females. It can be suggested that the intervention should consider facilitating the establishment of health clubs at men meeting places such as bars and sports during their convenient time and in the appropriate venues. The use of mobile money and bank transfers is viewed as a vehicle for advancing financial inclusion across all 14 small towns and helped to improve customer care as well as bring transparency to financial transactions.

The households also perceive that the service provider personnel are friendly and helpful which confirms improvement in customer care. As a result, those households that pay their water bills at council offices spend less than 30 minutes in a queue.

4.7 Sustainability

The sustainability assessment focused on the probable durability of results achieved beyond the STWP project. The discussion here is based on the understanding that sustainability of program positive effects refers to the capacity and likelihood of a development initiative to sustain its positive change/effects to people's lives (outcomes and impacts) beyond the external resource and technical support. Generally, the project design and implementation had intentional mechanisms for the promotion of sustainability in the communities as outlined below.

- a) Collaboration with local authority structures: These are permanent structures with government support which the STWP project complemented. Thus, it is highly likely that they will continue the efforts done in this project.
- b) Partnership and coordination with other local WASH actors: the project followed a multi-stakeholder approach on project activities implementation for instance formation of WASH TWGs and PSCs. These committees on WASH issues are likely to sustain project activities and impacts.
- c) Capacity development of community members: The knowledge and skills community members gained in conflict identification and resolution, gender mainstreaming and natural resources management is now a part of the community. Throughout the 14 towns, the key informants assured the evaluators that they were going to continue applying the acquired knowledge and skill in addressing future conflicts beyond the STWP project. This will promote the sustainability of the project. The following statements from the FGD's support this:



- a. Collective spirit built among the community members
 - b. Program focused on strengthening existing community development initiatives
 - c. Knowledge and skills were imparted to the community members
 - d. Inclusion of community leadership including in peace building initiatives as community peace ambassadors
- b) Capacity development of Town Project Steering Committees: As with the local authorities, this structure in the district is essential to ensure that the needs of the people are prioritised and addressed through specific projects. This was addressed by the provision of engagement of Health workers who carried out projects to promote self and environment hygiene.
- c) Introduction of the new Automated Billing systems: which eases Revenue collection and promoting transparency and easy keeping of records. This also promotes the traceability of funds.
- d) Adoption of better practices and processes by the Local Authorities: The findings reveal that the Local Authorities' relationship with the residents has been significantly improved due to better service delivery and improved communication between the residents as the Local Authorities have adopted the U- reporting system. Furthermore, in Bindura they have put in place measures to ensure continuity of the good practices by the creation of a Quality Control Lab which is 24/7 active to analyse the quality of water supplied to its residents. Also in other towns effective trainings of the residents on the use of the supplied water facilities such as boreholes were put in place, but however due to the instability of the environment leading to migration of the residents has led to unsustainability of the resources put in place as most of the boreholes in Chipinge town are no longer functional.
- e) Quality of infrastructure: The replacement of some of the sewer pipes in the high-density areas with new and bigger pipes will help to minimise sewage leaks and bursts. This was also in line with the major increase of the population in the towns hence the replaced pipes would sustain for a longer period. Furthermore, the findings show that the replaced plastic water supply pipes are less prone to rust.
- f) It is also worth to mention that, regular clean up campaigns being conducted will help to ensure the sustainability of WASH activities across 14 towns.
- g) To buttress continuity of health club's functionality, most of the health clubs have engaged in income generating projects. For instance, in, Chiredzi, the Utsanga health club have several poultry projects that have 450 chicken layers, 160 guinea fowls and 100 rabbits.

While the above points promote sustainability, the evaluation found that the Local Authorities were logistically constrained, and the environment in which they operate is extremely challenging. They do not have adequate vehicles or budgetary support to effectively continue providing the necessary services in the communities. Furthermore, there is also need of a backup power supply to maintain the consistent water supply and that will also improve sustainability as indicated in the statement below:

"...Reservoir tanks were cleaned, and clogged systems were un-clogged. So, our water supply Systems pumps water 24/7 as long as there are no power outages. There is however need for a power back-up plan such as generator or a dedicated power line." (Mvurwi Town Council -Key Informant)

The project design and implementation had intentional mechanisms for the promotion of sustainability. This was expected to be facilitated by collaboration with ULAs which permanent structures are, partnerships with other local WASH actors and the capacity development of community members through knowledge and skills transfer. The new Automated Billing systems have been adopted by ULAs and have proved to be efficient and a sustainable method for timely revenue collection. Community health clubs (women, youth, and some men)



are also engaged in income generating projects and this is expected to facilitate their functionality. However, the evaluation found that ULAs were logistically constrained, and the environment was not conducive for optimising the benefits of the programme intervention and maintaining the O&M of the infrastructure due to poor metering ratios. However, one of the critical issues around sanitation for people with disabilities is that sanitation facilities constructed should be accessible to PWD and this was not part of the project intervention. Noting that the principle of universal access is applied in such a way that the design of all toilets would facilitate use by PWD, this is something that undermines the value of the programme intervention for PWDs. Moreover, UNICEF has adopted a position which supports the principle of universal design where the design of products, environment, programmes and services are to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design (UN CRPD (2006).

4.8 Contribution to SDGs

The programme has contributed positively towards the SDG 6 indicator 6.1.1 that measures “the proportion of population using safely managed drinking water services” since the availability of more accessible clean water sources (wells and boreholes) has improved and the water supply systems and pipes were refurbished. Furthermore, there was an improvement in handwashing facilities in the project intervention towns as compared to comparable towns in Zimbabwe and in the region. There was also a significant improvement in the confidence of residents to report failures or faults.

This was shown by the following:

- **Availability of more accessible clean water** sources (wells and boreholes) which were drilled in Chipinge town and the refurbishment of the water supply systems and pipes. Furthermore, the trainings and campaigns were carried out in the towns promoting both hygiene and sanitation.
- **Clean water supply and Reduced cases of sewer blockages:** Due to the intervention of the STWP significant positive impacts the supply of clean water due to the storage tanks which were cleaned, and the rehabilitation of the water supply systems and pumps and pipes were noticed. Due to the infrastructure improvement, were not any further weaknesses in the system as the number of pipe and sewer bursts were reduced to some extent, 100% in Bindura. The reduction of cases of sewage bursts were reduced as from 2013 as reported in Bindura.
- **Use of public standpipes as source of drinking water:** In the town of Chipinge, the evaluation found a reduction of households that were using public standpipes as a source for drinking water by 5 households compared to an overall increase in the same in the implementation town in Bindura except for Mvurwi with a reduction by one household. This finding confirms the earlier assertion that there were other partners who were implementing similar interventions towards WASH programmes in the neighbouring towns. For example, the evaluation further established that community boreholes with water tanks were drilled and water guard chemicals provided by other development partners. This might explain the increase of households who use public standpipes for drinking water in Bindura.

Bindura- Key Informant

“Before the project my friend when you walk around Bindura you would find that in terms Of sewage blockage it was everywhere, and sewage blockage was not specifically caused by the page of the system, it was behaviour. Some of us where abusing the sewage to the extent that problems emanated from the abuse and if you walk around Bindura right now and you happen to be in Bindura before the project you will be able to see the difference in terms of sewage blockages...”



- **Hand washing facilities:** There are fewer hand washing facilities in the programme LAs compared to the project intervention towns. Based on the interviews and observations conducted, the finding indicates that the UNICEF supported advocacy and awareness raising on good hygiene practices were effective. The introduction of a “tap gear” system in schools and households has led to reduction of the reduction of incidences of WASH related diseases.
- When efforts to eradicate cholera or any other water borne disease are considered, hygiene is of uttermost importance. From the data collected, it was evident that most town’s households had hand washing facilities at their premises. This aspect is commendable as it shows that people gained knowledge and understanding the importance of handwashing as a personal commitment and responsibility towards prevention of cholera and other water borne diseases.
- **Information Dissemination and customer feedback:** There was a drastic positive turnaround on the information dissemination as the residents are now having faith in the ULAs, hence, the residents are now confident enough to report any failures or faults to the ULA`s. This was established due to the introduction of the U- Reporting systems which is cheaper and more reliable. Also due to quick responses of the ULAs to address a problem had also led to better communication.

4.9 Equity and Gender

Gender mainstreaming in all WASH activities and the social inclusion of vulnerable groups was promoted during the implementation of the project. In pursuit of addressing the specific needs of girls and people living with disabilities, the project enhanced access to water supply at residential premises, and the number of households which fetch water outside residential premises across the 14 towns dropped significantly by 10% points from 26.1% at baseline to 16.2% at endline. Every ULA assigned a gender and social inclusion focal person to coordinate relevant aspects as well as establishing strategic partnerships with other organisations working with vulnerable groups. During the project, gender mainstreaming in all WASH activities and social inclusion of vulnerable groups was promoted. To strengthen capacity of local authorities to incorporate gender issues in all activities, training was conducted on gender and social inclusion. As a result, every council authority assigned a gender and social inclusion focal person to coordinate all gender and social inclusion aspects as well as establishing strategic partnerships with other organisations working with vulnerable groups.

The Endline Survey interviewed 250 persons with disabilities. 4.8% indicated that they hardly had enough water to meet their basic needs at endline. This is contrary to 38.6% who indicated that they have enough water to meet their basic needs. This compares to 32.4% at baseline. Considering the baseline and endline, there is a decrease in the proportion of vulnerable persons without adequate water for their needs. Among the vulnerable persons, 86.7% said that they had someone to assist them to fetch water.

More efforts are still required to promote pro-poor service delivery when it comes to sanitation in all 14 towns. Vulnerable persons that were interviewed at the endline across all the towns indicated that they had not noted any changes in terms of their ability to access public toilets due to improved cleanliness, user-friendliness and in their accessibility. At baseline, an average of 26.6% of vulnerable persons indicated that they faced challenges in accessing public toilets. This compares to 27.7% at endline. On the other hand, 31.3% and 43.4% at baseline and endline indicated that they do not use toilets. Those who did not use toilets had challenges that are depicted in the table below.



	Baseline	Endline
Easily accessible to people with disability, in terms of distance?	56.4%	15,7%
Easily accessible to people with disability, in terms of toilet seat?	32.9%	21,7%
Easily accessible to people with disability, in terms of hand washing facilities	51.7%	22,9%
Easily accessible to people with disability, in terms of convenience of entrance	6.8%	25,3%
Cleanliness	78.9%	20,5%

Challenges encountered in using the toilet were varied as presented in the table below.

	Baseline	Endline
Entrance to toilet not wide enough for wheelchair/wheelbarrow	6.8%	7,2%
Having to hold ground while squatting - no seat	32.9%	14,5%
No hand rails around hole in slab	12.3%	10,8%
Visual difficulty in locating hole	5.5%	6,0%
No water for cleaning self	8.2%	14,5%
Difficulty in cleaning self after defecation	2.7%	12,0%
Other	31.5%	3,6%

Findings that public toilets at town marketplaces were also constructed in such a way that they accommodate and meet the needs of PWDs disabilities.

Thus, the project did try and promote greater representation and address the needs of women, girls and vulnerable groups such as people living with disabilities. In support to this, the consultant also tried to ensure that the needs of women, girls and vulnerable groups were captured during the evaluation period. This was done through incorporating the vulnerability questionnaire, and the focus group discussions were also conducted with women only and girls only as specified in the data collection method section. Of interest for women from any water and sanitation intervention is the reduction of workload and time to fetch water thus the improved supply of water helps to meet the water and sanitation needs of women and girls. Feedback from the women and girls shows that the programme initially met this requirement of reducing workload, but this has been reversed by the economic decline. The current incessant and recurrent power outages have resulted in less water being pumped and left women and children having to either walk long distances to boreholes and other sources or queuing. Moreover, some women reported that they were resorting to doing their household chores and collect water in containers during the night until the early morning hours when electricity was available. Thus, the projected improved the capacity of the town councils to deliver services i.e. infrastructure is no longer a bottle neck. Operational challenges are now affecting actual delivery.

The public toilets at town marketplaces were constructed in such a way that they accommodate the needs of people living with disabilities. However, more efforts are still required to adequately address sanitation gaps to promote pro-poor service delivery approaches across all 14 towns. This would involve further improving



availability of water (hours per day) at toilet facilities to improve hygiene and related sanitary /hand washing practices, as well as providing appropriate access to facilities for PLWDs.

Whilst field visits suggest that women are typically well engaged in the programme particularly at community level (Health Clubs), more needs to be done to ensure opportunities are available for women at other/more advanced levels in WASH, which may be for example through skills development for women to be engaged in business opportunities as service providers in WASH sector (O&M).e.g. there is an opportunity to upskill and engage women in the business of repairing leaks and especially faulty water meters which are the reason for the high non-revenue water and loss in revenue. However, women and young children are the main beneficiaries of the programme as improved WASH services bring with them much needed privacy, convenience and reduce the walking distance, as well as health benefits - with less time and effort in caring for the sick and children.

4.10 Unintended Effects

Whilst the programme attained most of the intended outputs and outcomes as highlighted elsewhere in this report, there were some unexpected effects due to improvement in the sewerage management which resulted in more effluent reaching the saturation ponds. For example, in Chiredzi, Plumtree and Zvishavane, community members started watering their gardens with sewerage effluent at the maturation ponds. This was highlighted as a key problem by the Town Engineer's office in that the community members were damaging the walls of the maturation ponds in order to access the water. Apart from damaging the walls of the ponds, there was a reported risk of exposure to diseases from both the unsafe handling of the effluent and the production of vegetables such as cucumbers and other greens which are easily contaminable by ecoli from the effluent water. In Plumtree, due to the dire water situation, community members were accessing water from the saturation ponds for construction of houses and irrigating the pastures for the Town Council owned livestock. Whilst the use of untreated and partially treated water for irrigating grazing pastures was a creative innovation, the use of untreated effluent for construction purposes posed a huge risk to the residents.



Maturation pond Chiredzi



One of the gardens mushrooming around the pond in Chiredzi

Positive unintended outcomes of the programme include the various Health Clubs that have formed entrepreneurial ventures such as the paving blocks from collected plastic waste mixed with sand in Karoi and other towns. This has the opportunity to scale-up and provide incomes and livelihoods to the health club members. Whilst Health Clubs were formed with the intentional purpose to participate in health and hygiene



promotions, the graduation into small-scale start-ups was an innovation and a positive outcome of the programme.

Although solid waste management was not a deliberate focus of the project, the town councils complemented clean-up efforts of the health clubs through improving in solid waste management. Three local authorities complemented project efforts through purchasing refuse collection trucks. Key informant interviews reported a marked improvement by most town councils in adhering to refuse collection as per schedule of at least once a week. This was further confirmed by household interviews that more households (56.5% at endline vs 46.7% at baseline) are significantly, $p < 0.05$, disposing their solid waste into bins for local council collection (Refer to Figure 11 above). Moreover, key informants attributed this improvement on solid waste management to change of behaviour in terms of littering and refuse collection. It was one of the project intentions to influence behaviour change of the communities in order to improve health and hygiene practices. This improvement led to reduction of general littering in the project areas.

A case study of Rusape showed that a new dumping site which conforms to EMA standards, which is sufficiently far from residents, was commissioned during the project. The dumpsite that existed at the inception of the project posed a health challenge to the communities, as it was not fenced, did not comply with EMA standards and was a mere 100 metres from Rusape river which is the source drinking water for the town. The pictures below show the new dumping site in Rusape³¹. Nevertheless, in some towns like Plumtree there is still a need of a proper dumpsite management and reliable compactors. This is a positive unintended outcome of the project.

The illegal dumping that were seen almost everywhere in town now there is nothing they have all disappeared and as a result of the intervention of the Wash activities” Bindura Key Informant.

This further reinforces the impact of the programme and the effectiveness of the health clubs that were focusing on health and hygiene issues and messages.

There was also increased support for CHCs by town council and this had the snowballing effect of widening the awareness and sensitization in the communities about health and hygiene messages. Moreover, some of the CHCs moved into entrepreneurial activities to generate incomes and earn a living for members. The results from the clean-up campaigns and messages by CHCs were most evident in Rusape, Bindura and Chiredzi.

Introduction of the PSC at town council level resulted in improved coordination for WASH at district level and involvement of provincial authorities in Urban WASH expanded the role of PWSSC in urban WASH. Structure adopted by project ensured strengthened coordination structure with PSC reporting to province instead of directly to national. This served to increase coordination for urban WASH with provincial authorities playing a pivotal role in oversight of the towns. This structure worked so well such that it is now being advocated for adoption as a national structure by the parent ministry the MoLGPW.

³¹ Rusape Town Council First and Second Quarterly Reports- JUNE 2018



5 Conclusions and Recommendations

5.1 Conclusions

The STWP implemented activities in the 14 towns, and largely followed the proposed plan. At community level, the STWP made substantial impact through behaviour change among households towards good health and hygiene practices as well as general environment cleanliness. This was achieved through the formation of health clubs and implementation of participatory health and hygiene promotions including clean-up campaigns. Social media use to engage citizens improved but participation by residents remains low. More needed to be done to improve the impact of gender and social inclusion aspects of the intervention. There was very little compelling evidence to show that the project changed gender and social inclusion which constituted the involvement of women, men and boys in community health clubs. The evaluation concludes that the project lacked sufficient deliberate efforts to increase women's involvement and participation in technical groups such as project steering committees beyond provision of trainings on gender.

With respect to attainment of programme objectives, the demonstrated key strengths and weaknesses of the programme may be summarised as follows:

Strengths

- Incorporation of wholistic interventions in the programme (involving both hardware and software interventions), to ensure there was awareness and capacity built both within ULAs and among communities to address water challenges.
- Water production and transmission capacity improved through infrastructure intervention
- Sanitation infrastructure intervention saw the reduction in sewage overflows strengthened by water
- Strengthening ULA technical capacity to maintain WASH infrastructure beyond the life of the project (through trainings, SOPs and software e.g. Automated billing system);
- Coverage of programme across 14 most affected towns, helping in the prevention of cholera outbreaks;
- Peer learning enabled across small towns (through joint trainings and exchange visits) helping to unify cause for better WASH across small towns against cholera;

Weaknesses

- An apparent lack of government financing, exacerbated by the fact that there was no financial sustainability plan considered beyond the project life span (except for the assumption that ULAs would generate sufficient revenue to run operations post the project);
- Limited deliberate efforts in programme for involvement of women and girls beyond health club activities. No active roles designed to attract women in more leadership positions/roles of the programme within ULAs.

As the evaluation findings have shown, the project has managed to get additional people on the sanitation ladder and improved access to safely managed water through increasing the use of piped water system in the town. The United Nations General Assembly, through Resolution A/RES/64/292 of 28 July 2010, declared safe



and clean drinking water and sanitation a human right which is essential to the full enjoyment of life and all other human rights. This shows that the improvements made through the STWP in the ULAs is significant. Currently, all UN member countries are encouraged to achieve the Sustainable Development Goals (SDGs) by 2030 which includes ensuring availability and sustainable management of water and sanitation for all to cover containment, collection and treatment of all waste. This is aptly articulated in SDG Target 6 (ensure availability and sustainable management of water and sanitation for all).

The lack of a comprehensive policy with guidelines on WASH is a major drawback on the efforts to achieve universal access to safe and sustainable water and sanitation for residents in all local authorities in Zimbabwe. The draft WASH policy of 2017 is a significant milestone in this regard, but it is overdue that it is finalized. That will bring about an opportunity for UNICEF and its partners to advocate for finalization, adoption and institutionalization of this policy. The Ngo'r Declaration (2015) stipulates that at least 5% of GDP should be a budget allocation to water, sanitation and hygiene issues in a country. Given that budget allocation to WASH in proportion to the national budgets has been less than 0.45%, Zimbabwe has not been able to achieve the 5% threshold. This presents an advocacy prospect to encourage the government to increase budget allocation for WASH. Lobbying can be through the appropriate parliamentary committee and the Parliament itself at the time of appropriating the budgets annually Advocacy for strengthening institutional arrangement and coordination of WASH. It is noted that there is no single institution with the full responsibility and accountability to manage WASH sector in the country. The absence of a single institution is not inherently a bad thing but the challenge in Zimbabwe is that there are various actors in WASH which are not properly coordinated towards sustainable delivery of WASH services.

UNICEF'S direct role in the rehabilitation of works is largely completed, with outstanding works being completed. Next steps will consist of making use of the lessons learnt to improve institutional capacity for implementing rehabilitation works. This will include standardisation of the UNICEF forms of contract for rehabilitation of complex municipal WASH infrastructure and continued engagement in the Local Government Budgeting process and can provide advocacy for allocation of funds for recurrent Operation and Maintenance (O&M) costs. For ULAs and ZINWA, the next steps will consist of sustaining the WASH infrastructure as well as providing new infrastructure for expansion so that the rehabilitated systems are not unduly overloaded beyond their design capacity. Other issues considered include:

For sustaining the rehabilitated works, effective O&M regimes must be operationalised including resourcing of recurrent costs by the service providers themselves. The STWP has an O&M capacity building component under its Outcome 2 pillar. Based on the needs assessment and subsequent trainings done to date, including training of mentors, potential next steps include long term use of mentors for operationalisation of O&M practices. The mentorship provided through this intervention serves as a key sustainability attribute/lesson that needs to be adopted by future programme interventions to demonstrate benefits of a built-in sustainability strategy from design stage into implementation.

5.2 Recommendations

Based on the analysis of findings and preceding discussions, the evaluation analysis culminated in a set of key recommendations. The recommendations are described based on key findings (as described prior to the recommendation) for the specific target entity/WASH player. The recommendations are structured to target key Urban WASH Stakeholders both duty bearers and rights holders as follows:



5.2.1 Local Authorities (and their Communities)

1. Investment in Promun and Customer Care services has resulted in improved billing efficiency. However, because the programme did not address tariff setting and important policy issue- the existing tariff for WASH services do not currently cover the full cost of water production and sewerage treatment. This poses a challenge in that what the LAs end up collecting in revenue, although improved is only a portion of the actual cost. The long-term effect of this is failure by the LAs to sustain quality WASH services.
 - It is recommended that the urban WASH sector in small towns must apply existing WASH tariffs to reflect the full cost for production and delivery of WASH services. Tariffs should adequately cover the full cost of water supply and sanitation services (short to medium term)
2. Whilst efforts have been made in engaging residents, there is still a gap regarding honest discussions about how the tariffs are set and calculated. Such engagements will enlighten the residents about the cost structure and the importance of such tariffs rather than the cost appearing as just another item on their bill. Considering this finding,
 - it is recommended that the LAs must engage residents in discussions regarding sustainable tariffs and ensure ongoing discussion through social media (medium to long term).
3. As in the finding above, the evaluation observed that due to the combination of poor tariffs, high NRW due to poor metering ratios and aging pipe network, it was difficult for the LAs to keep up with the operation and maintenance of the WASH infrastructure.
 - It is recommended that LAs must actively develop costed and sustainable options for O&M, including partnerships with local and national private sector. Specifically, put in place a system for sustainable metering of water. (Medium to long-term)
4. Whilst the LAs have some framework in place regarding support for pro-poor targeting in the delivery of WASH services, there is lack of purposefulness and intent in operationalising in actualizing this targeted intervention.
 - LAs should develop pro-poor policy or guidelines with clear principles, targets and actions on who, why, where and how to benefit, or be exempted and included in WASH activities in the respective towns. Such a policy or guideline can assist with clear targeting and appropriate interventions to include and protect the vulnerable (people living with disabilities, the elderly, the very poor, women and children). (short to medium term)
5. It was evident that most LAs were experiencing expansion in the new settlements often with little consideration of the impact of such expansion on the existing WASH infrastructure and quality of services. Therefore, there is need to
 - ensure the new emerging settlements in the urban areas do not overburden the rehabilitated infrastructure and thus reduce its expected life span. More ULAs could be encouraged through technical assistance to make use of the government loan facility through the Public-Sector Improvement Program, which has already been accessed by some ULAs for WASH infrastructure expansion. (Long term)
6. There is a huge dependency by LAs on residents and Government to cover the cost of providing WASH services with little or no creative exploration in involving the private sector.



- The ULAs must create conducive environment for attracting and strengthening private sector investments and partnerships, and this could easily be done for and by those town such as Zvishavane, Shurugwi, Hwange, Bindura and Chiredzi by leveraging on existing relationships with mining companies and large companies. (medium to long term)

5.2.2 National Government

1. The evaluation found that the Sanitation and Hygiene policy was still in draft form since 2017.
 - Given the high priority and need to improve urban WASH in the country, it is imperative that the Government of Zimbabwe must move with speed to finalise the Draft Sanitation and Hygiene policy and develop operational plan with clear objectives to build on STWP and other projects. (short to medium term)
2. One of the key findings was that whilst LAs collect revenue from WASH services, there was no guarantee that such revenue was invested back into the WASH system for the maintenance and improvement of services.
 - It is recommended that Government must monitor and enforce policies, especially on ringfencing revenue from WASH services to guarantee or at least improve the prospect of sustaining the provision of services. This can be done through regulatory instruments/tools, incentives and penalties on a graded scale (e.g. statutory instruments or regulation) (long term)
3. Whilst the Government of Zimbabwe has been making allocations to LAs, there has been delays in the actual disbursements of such allocations. In some instances, the allocations never materialised. This constrains the LAs in delivering services to the residents especially the poor.
 - It is recommended that the Government must meet set targets for allocations to LAs (medium term).

5.2.3 UNICEF

The following specific recommendations are made:

It was noted that town councils' engineers had no direct control over the works being done by contractor in their towns which delayed decision making. These delays necessitated a no-cost extension.

- Standard Operation Procedures on contract management of wash infrastructure rehabilitation in urban local authorities should increase oversight on contract management by the town engineer (where there is capacity) to increase ownership of the works being done in target towns. (short term)
- Town councils should be furnished with the contract of engineering consultants and contractors working in their towns and Town Engineers should have a meaningful supervisory role on construction works (short term)

Whilst gender and human rights are key themes for UNICEF WASH in programme delivery, the results from the evaluation did not show any clear intentionality and outputs on targeting and mainstreaming gender beyond trainings during implementation when the evaluation was conducted. For example, the evaluation found no



evidence of the impact of these trainings for example increase women in decision making positions such as PMT, PSC except only in health clubs

- Future programmes should have clear intentionality, targets and indicators on participation and inclusion of men and women in decision making. (short to medium term)
- Actions for gender and human rights should be clearly articulated and clear indicators coined. (short to medium term)

The evaluation found that ULAs were logistically constrained, and the current socio-economic environment was not conducive for optimising the benefits of the programme intervention and maintaining the O&M of the infrastructure due to challenges with cost recovery of the Water and Sanitation Account. Given the improvements and gains that were realised by the programme as reported in the results, such as increased production of safe clean water and improved sewerage, there is need to ensure these gains are maintained. To achieve this realization, UNICEF must consider an extension to the programme to maintain three aspects:

Consider an extension to the programme to maintain three aspects:

- a) Support the development of a framework/model for tariff setting which supports pro-poor WASH service delivery
- b) Provide additional capacity development for O&M to protect STWP investments (short term)
- c) Support the development of local solutions to overcoming metering problems (medium to long term)
- d) Further development of social media accountability platforms to enhance citizen engagement by ULAs (short term)

5.3 Lessons Learnt

1. Training council management such as Town Secretaries, Finance Directors and Administrators in addition to the technical staff ensures that there is buy in from management for investing in O and M
2. The private sector is a key stakeholder that can synergies efforts for improved service delivery. For example, Chiredzi partnered with Tongaat Hullet for the operation and maintenance of its water treatment, as well as for construction/rehabilitation of bulk water supply lines complementing to the project impacts.
3. Detailed SOPs to guide contractual management and supervision which include clear roles for all parties the engineering consultant, UNICEF and town councils should be developed.
4. It is also worthwhile to invest in data collection for design and infrastructure works monitoring and supervision to avoid repeated contract variations and time delays.
5. The key lesson is that water pricing should the reflect the full production cost to enable sustainable supply.
6. CHC which were largely implemented in rural areas can be an effective tool for hygiene promotion in urban areas as well.
7. There is need to ensure that urban CHC are generating resources through ISALs for them to be sustained.



8. The evaluation found that there was little or no direct representation of PLWDs and women in senior positions within the ULAs evaluated. There is clear need for representation (voice and choice) by vulnerable persons including PLWDs, men and women at community and town level platforms in the WASH sector.



6 Annexes

6.1 Annex: Respondents' demographic and socio-economic data (Endline)

Population Distribution by Age and Sex

The findings of this summative survey indicated that males constituted 47% of the households³² that were interviewed whilst women making up the remainder of 53%. These findings are consistent with the baseline survey results. Generally, data collected indicates that most of the population in surveyed towns comprises the youth (<39 years) which concurs with countries' exponential youth bulge. Population below age 15 constituted 30.3% of the entire population whilst the proportion of the population above age 65 was 2.2%. These findings are consistent with the baseline survey results. The distribution of population by age and sex is shown in the population pyramid below.

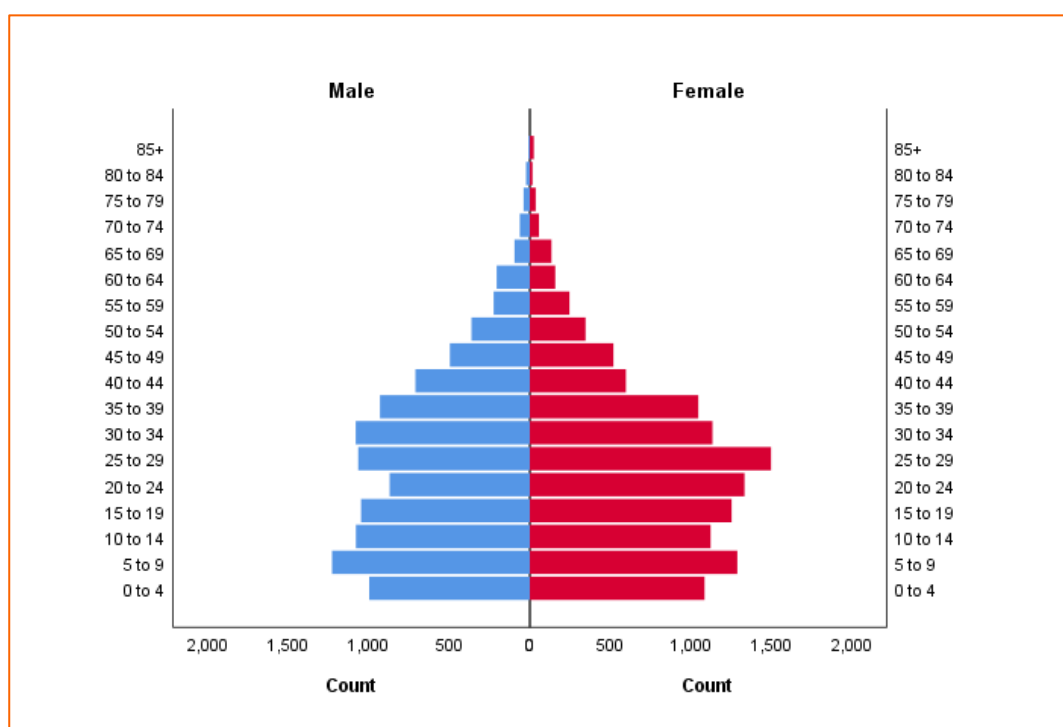


Figure 17: Age sex population pyramid

Table 3 below depicts the socio-demographic characteristics of respondents at baseline and end-line

Table 16: Socio-demographic characteristics of respondents at baseline and end-line (All respondents)

Characteristic	Baseline Survey	End-line Survey
Number of households	6,206	6,250
Age		
<20 years	47.5%	40.6%

³² A household referred to an individual or group of persons who usually lived and cooked together.



20-35 years	32.2%	33.6%
>35 years	20.2%	25.8%
Highest level of education		
No education	8.5%	9.7%
Primary	23.7%	19.8%
Secondary	47.5%	51.8%
College and higher	7.3%	13.8%
Don't Know/Missing data	8.8%	5.0%
Marital Status		
Married	58.2%	56.9%
Divorced/Separated	7.5%	5.7%
Widowed	5.4%	5.1%
Never married	28.8%	32.3%
Employment status		
Paid employee	30.6%	30.8%
Employer	0.4%	1.0%
Own account worker	27.4%	16.3%
Contributing family worker	1.8%	3.6%
Looking for work/ unemployed	5.0%	11.4%
Homemaker	17.8%	15.7%
Student	14.4%	14.0%
Retired/ Too Sick/ Too Old	1.8%	4.0%
Other	0.9%	3.2%
Wealth Quintiles		
Poorest	21.7%	19.8%
Second	21.7%	20.0%
Middle	13.3%	20.1%
Fourth	21.6%	21.9%
Richest	21.7%	18.2%

Table 17: Household head characteristics at baseline and end-line

Characteristic	Baseline Survey	End-line Survey
Number of households	6,206	6,250
Head of household		
Male	67.5%	70.8%
Female	32.5%	29.2%
Marital Status		
Married	71.2%	72.9%
Divorced/Separated	10.9%	8.1%
Widowed	9.9%	10.3%
Never married	8.0%	8.7%



Level of education of head of household		
No education	1.2%	0.5%
Primary	14.7%	8.4%
Secondary	66.6%	62.6%
College and higher	17.0%	27.5%
Missing data	0.5%	0.9%
Main Occupation		
Paid employee	48.5%	50.7%
Employer	0.6%	1.6%
Own account worker	38.8%	23.2%
Contributing family worker	0.3%	2.6%
Looking for work/ unemployed	2.0%	4.5%
Homemaker	4.6%	5.3%
Student	1.5%	1.4%
Retired/ Too Sick/ Too Old	2.7%	6.8%
Other	1.0%	3.8%
Household Size		3.6

		Survey				p-value
		Baseline		Endline		
		n	%	n	%	
Diarrhea reported	Yes	662	10.7%	216	3.5%	<0.01
	No	5543	89.3%	6041	96.5%	
	Not stated	1	0.0%	0	0.0%	
	Total	6206	100.0%	6257	100.0%	
Deaths due to Diarrhea	Yes	9	0.1%	0	0.0%	0.006
	No	6196	99.8%	6257	100.0%	
	Not stated	1	0.0%	0	0.0%	
	Total	6206	100.0%	6257	100.0%	



In the table below, the numbers highlighted are going in the opposite direction from where they should be going.

	Bindura		Chipinge		Chiredzi		Chivhu		Gokwe		Gwanda		Hwange		Karozi		Mutoko		Mvurwi		Plumtree		Rusape		Shurugwi		Zvishavane		Total			
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline		
Water sources status																																
Improved water source	99.6%	99.6%	95.2%	94.7%	100.0%	99.5%	100.0%	99.1%	93.2%	87.5%	99.2%	97.6%	100.0%	93.1%	98.2%	96.5%	98.8%	98.8%	99.5%	98.9%	100.0%	99.5%	100.0%	99.6%	96.1%	98.9%	99.9%	99.3%	98.6%	97.2%		
Unimproved water source	0.4%	0.4%	4.8%	5.3%	0.0%	0.5%	0.0%	0.9%	6.8%	12.5%	0.8%	2.4%	0.0%	6.9%	1.8%	3.3%	1.2%	1.2%	0.5%	1.1%	0.0%	0.5%	0.0%	0.4%	3.9%	0.8%	0.1%	0.7%	1.4%	2.8%		
Not stated	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%		
Main Drinking water sources (% in category)																																
Piped water by local authority or service provider	91.1%	92.3%	65.5%	62.1%	96.7%	97.7%	69.9%	91.8%	87.5%	82.4%	97.9%	93.5%	56.8%	80.6%	88.8%	73.3%	52.7%	70.8%	50.8%	91.5%	99.5%	96.9%	84.6%	85.4%	52.8%	77.6%	70.1%	71.2%	77.2%	82.3%		
Public tap / standpipe	0.9%	0.1%	0.0%	0.2%	0.4%	0.0%	0.0%	0.0%	0.0%	1.7%	0.8%	1.9%	42.8%	10.4%	0.4%	1.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.4%	0.0%	35.7%	17.9%	28.9%	27.0%	10.8%	6.1%		
Tube Well, Borehole	3.9%	3.5%	11.4%	19.6%	2.5%	1.4%	18.6%	2.6%	1.2%	2.4%	0.5%	0.8%	0.0%	1.1%	7.9%	20.8%	18.5%	14.0%	34.1%	7.4%	0.0%	0.5%	5.6%	0.5%	3.9%	3.4%	0.2%	0.5%	5.4%	5.1%		
Protected well	3.4%	3.5%	0.2%	10.5%	0.2%	0.4%	11.5%	4.7%	3.9%	0.5%	0.0%	1.3%	0.0%	0.5%	1.2%	0.8%	27.6%	14.0%	14.6%	0.0%	0.0%	1.0%	9.2%	13.7%	3.4%	0.0%	0.1%	3.7%	3.4%			
Unprotected well	0.1%	0.3%	0.5%	0.0%	0.0%	0.2%	0.0%	0.4%	6.1%	5.4%	0.0%	0.0%	0.0%	1.7%	0.8%	1.6%	1.2%	0.8%	0.5%	0.5%	0.0%	0.0%	0.0%	0.2%	1.6%	0.0%	0.0%	0.7%	0.8%			
Protected spring	0.0%	0.0%	17.7%	2.2%	0.0%	0.0%	0.0%	0.0%	0.2%	0.2%	0.0%	0.0%	0.0%	0.6%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	0.3%			
Unprotected spring	0.0%	0.0%	4.3%	0.9%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.3%	0.0%	1.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.3%	0.2%			
Rainwater collection	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
Tanker-truck	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
Cart with small tank / drum	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%			
Surface water (river, stream, dam, lake, pond, canal, irrig)	0.1%	0.1%	0.0%	4.2%	0.0%	0.0%	0.0%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%	0.0%	0.1%	0.0%	0.2%	0.3%		
Bottled water	0.3%	0.1%	0.5%	0.0%	0.2%	0.0%	0.0%	0.2%	0.2%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.5%	0.2%	0.0%	0.3%	0.0%	0.6%	0.5%	0.3%	0.1%		
Other	0.1%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	3.4%	0.0%	2.2%	0.0%	4.2%	0.8%	1.6%	0.0%	0.4%	0.0%	0.0%	0.0%	0.5%	0.0%	0.2%	0.5%	0.5%	0.0%	0.7%	0.1%	1.1%		



Location water sources (% in category)																															
Inside the house	60.5	89.4	34.3	10.2	22.1	93.2	3.8%	71.6	6.2	9.6	80.8	68.5	47.7	53.0	23.6	52.7	24.7	50.6	18.2	79.9	60.8	87.0	65.1	22.6	31.1	23.2	41.1	62.7	40.1	54.8	
Inside yard or plot	27.4	7.7	27.1	58.1	66.3	3.6	67.0	23.3	61.8	62.5	8.9	26.1	3.8%	38.7	50.6	19.4	39.0	30.5	42.5	14.3	28.1	6.3	29.7	76.1	23.2	34.8	26.2	6.1	33.7	29.0	
Elsewhere	12.0	2.9	38.6	31.6	11.5	3.2	29.2	5.2	32.0	27.9	10.3	5.4	48.5	8.3	25.8	27.9	36.3	18.9	39.3	5.8	11.1	6.8	5.2%	1.3	45.7	42.0	32.3	31.2	26.1	16.2	
Not stated	0.0	0.0	0.0	0.0	0.0%	0.0	0.0%	0.0	0.0	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
treating drinking water	10.1	8.6	16.6	22.7	2.4%	11.7	15.9	6.9	1.7	14.7	16.4	15.6	22.6	12.3	10.2	12.6	14.8	5.8	6.5	3.2	2.6%	12.4	15.2	10.7	16.3	11.6	24.3	0.13	0.13	0.12	
Water treatment (boiling, chlorination etc)	6.4	2.6	7.7	2.2		11.2	9.7%	8.2	8.1	0.2	3.8	3.8	13.0	7.2	3.3	6.3	2.5	4.9	4.3	2.1	2.6%	5.7	4.7%	3.1	6.8	3.4	9.3	1.6	6.6	4.4	
toilet types used by HH: (% in category)																															
Flush to piped sewer system	81.6	93.4	21.8	40.3	95.3	96.8	43.8	58.2	8.1	3.9	79.1	84.9	99.5	94.4	60.5	83.5	1.6	23.5	85.4	92.6	69.1	73.6	57.0	51.2	67.7	70.8	86.7	84.1	66.7	71.9	
Flush to septic tank	7.7	2.9	34.8	28.1	3.1%	2.9	33.6	31.0	7.6	9.8	10.5	9.1	0.3%	2.1	28.9	11.6	72.8	65.8	9.2	0.5	19.9	19.7	31.0	44.3	16.3	8.4	1.8	3.9	16.0	14.2	
Flush to pit (latrine)	0.0	0.6	0.0	2.2	0.0%	0.2	0.0%	2.6	0.5	2.2	0.0	0.8	0.0%	0.0	0.0	0.0	0.4	0.0	0.0	2.1	0.0%	0.0	0.2%	0.5	0.0	0.0	0.1	0.1	0.1	0.7	
Flush to somewhere else	0.3	0.0	0.0	0.0	0.0%	0.0	0.0%	0.0	0.2	0.0	0.0	0.0	0.0%	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0%	0.5	0.0%	0.0	0.0	0.3	0.0	0.0	0.0	0.1	
Flush to unknown place / Not sure / DK where	3.4	0.6	1.4	0.0	0.0%	0.0	1.3%	0.0	0.0	0.0	1.9	0.0	0.0%	0.2	3.9	0.0	0.0	0.0	0.5	0.0	0.5%	0.0	3.8%	0.2	0.5	0.3	6.4	2.2	2.2	0.4	
Ventilated Improved Pit latrine (VIP)	1.3	0.9	1.6	5.1	0.0%	0.0	4.4%	0.4	15.9	29.3	0.5	0.0	0.0%	0.2	1.2	1.0	10.7	1.2	3.2	0.0	0.0%	0.0	0.0%	0.9	2.1	2.1	0.2	0.4	2.3	2.8	
Pit latrine with slab	3.2	0.9	27.7	20.9	0.0%	0.0	14.2	7.3	59.4	52.3	1.9	0.0	0.0%	0.0	2.6	1.0	12.3	9.1	1.1	2.6	0.0%	0.0	6.9%	2.4	3.1	3.2	1.0	0.5	8.5	6.3	
Pit latrine without slab / Open pit	1.5	0.6	12.3	2.9	0.5%	0.2	0.4%	0.4	2.0	1.5	0.0	0.0	0.0%	0.0	1.0	0.8	0.0	0.0	0.0	1.1	0.0%	0.0	1.1%	0.2	2.6	1.3	0.0	0.0	1.6	0.6	
Composting toilet	0.0	0.1	0.0	0.0	0.0%	0.0	0.0%	0.0	0.0	0.0	0.0	0.0	0.0%	0.2	0.0	0.0	0.0	0.0	0.0	1.1	0.0%	0.0	0.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.1	
Bucket	0.0	0.0	0.0	0.2	0.0%	0.0	0.0%	0.0	0.0	0.0	0.0	0.8	0.0%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0%	0.0	0.0%	0.2	0.0	0.0	0.1	2.8	0.0	0.4	
No facility, Bush, Field	1.0	0.0	0.5	0.0	1.1%	0.0	2.2%	0.0	6.4	0.7	6.2	4.3	0.2%	2.7	2.0	1.2	2.1	0.4	0.5	0.0	10.5	5.7	0.0%	0.2	7.1	3.4	3.6	4.6	2.6	1.7	
Other	0.0	0.0	0.0	0.2	0.0%	0.0	0.0%	0.0	0.0	0.2	0.0	0.0	0.0%	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0%	0.5	0.0%	0.0	0.5	10.3	0.0	1.4	0.0	0.9	
Hygiene Behavior																															
% using Running to waste with water and soap only	10.5	7.9	8.2	2.9	4.9%	34.6	4.4%	16.4	3.2	13.0	12.1	15.1	5.0%	8.6	10.4	22.4	7.0	22.2	3.8	5.8	3.1%	23.3	12.6	4.0	7.6	8.4	5.7	17.6	7.4	14.1	



% HH where hand washing facilities were observed inside toilet	19.1	16.6	32.3	7.5	15.9	24.7	15.2	28.7	11.6	2.6	27.1	34.1	53.1	22.8	38.4	17.8	24.1	23.7	28.5	30.1	16.6	74.8	20.8	18.8	50.0	5.3	49.3	55.6	30.2	24.8
% HH where hand washing facilities were observed in own dwelling	64.7	79.8	39.0	14.6	23.0	72.0	41.9	56.9	14.9	16.6	63.8	51.2	32.3	61.9	13.6	65.0	25.5	45.0	30.0	68.8	63.4	21.6	48.7	24.2	17.2	54.1	20.4	29.2	36.7	49.4
% HH where hand washing facilities were observed in own yard /plot	16.1	3.6	28.8	78.0	61.1	3.3	42.9	14.4	73.5	80.8	9.1	14.7	14.6	15.3	48.0	17.2	50.5	31.4	41.5	1.1	20.0	3.6	30.5	57.0	32.8	40.6	30.3	15.1	33.0	25.8



6.2 Annex: List of Key informants

Organisation	Name of informant	Position	Contact details (if available)
Bindura Municipality	Mr Kurai Baureni	Water and Sanitation Engineer	+263 77 244 3182
	Mr Jack Dzapasi	Environmental health technician	jackdzapasi@gmail.com
	Mr Willard Magara	Accountant, book keeper, revenue	magarawillard@gmail.com
	Mr Talent Ngwerume	Water treatment manager	
	Mr Edmond Chivero	Assistant water treatment manager	
Chivhu: Chikomba Rural District Council	Mr Shingai Machinga	District engineer - RDC	chikombaradc@gmail.com
	Ms Ropafadzo Shumba	Civil engineering technician at RDC (waste water)	+263 77 365 8254
Gwanda Municipality	Mr Phakamile Ndebele	Town Engineer	
	Mr Ndabezinhle Twala	Engineer	+263 77 594 4396
	Mr Qondiso Dube	Principal environmental health technician	
	Mr Mkhosana Khumalo	Operator in charge	
	Mr Donna Ncube	Deputy operator in charge	
	Eng Tommy Rosen	Catchment manager	trosen@zinwa.co.za
	Eng Albert Manyeka	Catchment engineer	albertmanyeka@gmail.com
Hwange Local Board	Mr Dumisani Nyathi	Superintendent	+263 77 326 3222
	Mr John Ngwenya	Operator in charge	
	Eng Tommy Rosen	Catchment manager	trosen@zinwa.co.za
	Eng Albert Manyeka	Catchment engineer	albertmanyeka@gmail.com
Karoi Town Council	Dr Ntikane	Town secretary	
	Mr Precious Narara	liaison officer	
	Mr Cuthbert Chadenga	ZINWA Technician: Operator for Karoi Station	
	Mr Tembenuka	Town Planner	
Mutoko Rural District Council	Mr Enock Mukwekwe	Acting Town Planner	+263 77 281 8870



	Mr Samuel Njagu	operator in charge	+263 77 754 1137
	Mr Rino Masapa	Water supply operator	
Mvurwi Town Council	Dr S Nyakudya	Town secretary	
	Mr Tinashe Ruzvidzo	Acting Town engineer (building inspector)	+263 77 288 6448
	Mr Misheck Muronzi	Assistant manager: Wastewater treatment	
Chiredzi Town Council	Mr Irvine Muteyawunga	Water Technician irvinemuteyawunga@gmail.com	irvinemuteyawunga@gmail.com
	Mr Wesley Kauma	Town Engineer	
Zvishavane Town Council	Mr Dominic Mapwashike	Town Engineer	
	Technical team	Town technician, water works superintendents and store attendants	
Shurugwi Town Council	Mr Zephania Nyamatanga	Water Superintendent	
Plum Tree Town Council	Mr Nkosiphile Dube	Water Technician	nkosiphileaustindube@gmail.com
	Mr Bhebhe		



6.3 Annex: Planned Activities

4.4 Programme activities

The specific activities to be carried out under the Small Towns WASH programme are as follows:

4.4.1. Activities for Outputs 1-3

- (i) Undertake baseline assessments to collect the data on the coverage of improved drinking water supply and sanitation services disaggregated by sex, vulnerability and disability, level of sustainability of WASH services, willingness to pay and the level of hygiene knowledge and practices among the target population;
- (ii) Map the vulnerable groups/areas including, inter-alia, people with disabilities, under- and un-served areas in terms of accessibility to water and sanitation services. This activity, to be carried out at the early stage of the programme, will help determine where people with disabilities and unserved/under-served communities are located, establish their socio-economic situation and decide on the extent of the support to be provided to these communities and the innovative approaches (e.g. social marketing, support for public toilets, water kiosks, facilities accessible to people with disabilities) to be used in this regard, where feasible, with special focus on sustainability;
- (iii) Identify gender related gaps and the corresponding indicators for measuring the gender related outcomes of the WASH interventions to be implemented under the programme, including rehab works, cost recovery, capacity development and hygiene promotion;
- (iv) Identify the interventions for improving the access of water and sanitation services to the vulnerables and people with disabilities as well to address the gender related issues;
- (v) Design participatory hygiene promotion interventions in line with the operational guidelines for hygiene promotion in urban areas and implement the same with focus on gender, vulnerability and disability;
- (vi) Support solid waste clean-up campaigns;
- (vii) Recruit consulting firm for provision of “engineering services for undertaking detailed assessment (including, inter-alia, gathering of relevant baseline indicators), preparation of detailed engineering designs, specifications, bills of quantities and tender documents; and monitoring and quality assurance and development of environmental management plans/rapid assessment tools for identification and mitigation of potential risks to environment; and
- (viii) Engage contractors to carry out rrehabilitation of priority water supply and sanitation systems with focus on addressing the gender and equity related issues.



4.4.2. Activities for Outputs 4

- (i) Undertake financial and Institutional capacity assessment for the target towns;
- (ii) Support the target town councils in development of the capacity building plan on the basis of the above;
- (iii) Support training of the staff of the target town councils. This will include the water and wastewater plant operators who will be trained on, among others, basics of water and wastewater treatment, roles and responsibilities of the operators, operation and maintenance of water and sanitation infrastructure, dosage calculation and dosing practices, water and wastewater quality monitoring, leak management, record keeping and health and safety aspects. Other areas on which relevant staff of the towns will be trained include billing system, custom In this context, UNICEF will continue to advocate with the Government for integration of disaster risk reduction and climate change into water resource planning, implementation, monitoring and evaluation activities. er care, hygiene promotion and disaster risk reduction;
- (iv) Provide tools and equipment for water and wastewater quality monitoring, operation and maintenance, pipes and equipment for control of critical leakages and increased accessibility to vulnerables, bulk and household water meters and support for mobility;
- (v) Train the staff of the target towns councils, health institutions and schools in hygiene promotion;
- (vi) Support the target town councils in development of a long-term plan for hygiene promotion interventions and provide necessary equipment (mobility, IEC material etc) for sustained hygiene promotion by the council staff;
- (vii) Provide technical assistance in the form of additional short-term staff (i.e. experienced engineers, technicians, financial and institutional development experts);
- (viii) Facilitate MOUs between the town councils and the private sector regarding assistance to the town council for operation and maintenance of water and sanitation services, where feasible;
- (ix) Facilitate twinning arrangements, where feasible, between the town council and the local authorities in other countries, particularly in South Africa, on the basis of experiences in Bulawayo; and
- (x) Arrange exchange visits to other town councils to learn from best practices and/or invite experienced staff/experts from other town councils to share experiences and for hands-on training of staff.

4.4.3. Activities for Outputs 5



- (i) Support installation of billing software and provision of related IT equipment (on the basis of assessments to be carried out under 4.4.2 (i) and (ii));
- (ii) Support the target town councils in updating/development of customer database;
- (iii) Support development/implementation of the customer care plan;
- (iv) Support the town councils in development of the plans for reducing unaccounted for water; and
- (v) Support development of the payment plans for outstanding arrears for the consumers, giving special consideration to the poor and vulnerables.

4.4.4. Activities for Outputs 6

- (i) Support promotion of the “Customer Care Management Concept” in the target towns so as to contribute to improved trust between local authorities and citizens as well as improved accountability and responsiveness;
- (ii) Facilitate dialogue and consultations between the town councils and the residents on timely payment of water and sanitation related bills; and
- (iii) Mobilize the communities to increase their involvement in improved operation and maintenance and to protect the essential equipment and systems from vandalism.

4.4.5. Activities for Outputs 7

- (i) Support strengthening of urban WASH sector coordination mechanisms at the national and sub-national levels;
- (ii) Provide support to the target town councils for development of business plans;
- (iii) Advocacy for adoption of appropriate/low cost technologies and standards, simplified/pro-poor tariff structures which capture all operation and maintenance costs for the WASH sector and ring fencing of WASH revenues and mainstreaming of disaster risk reduction;
- (iv) Support capacity building of UCAZ for strengthened coordination among urban authorities and enhanced knowledge management. In this context, UNICEF will work closely with UCAZ in developing support mechanisms, including support for a Water Officer, during the course of the programme. Synergies between the components to be supported under this programme and the ongoing/planned UCAZ programme supported by other partners will also be built to curb duplication;



- (v) Support sharing of the best practices and successful approaches;
- (vi) Support the Ministries of Water and Local Government and UCAZ in development of the guidelines for handover of the management of water and sanitation services to ensure that the local authorities are clear on the “hand over requirements” before it can happen;
- (vii) Support the target urban councils in bench marking of the urban WASH sector. In this context, UNICEF will coordinate with UCAZ, United Cities and Local Government of Africa (where feasible), Institute of Water, Sanitation and Development (IWSD), WSP-World Bank and other strategic partners to assist supported councils to put in place service level standards and compliance systems and policies while ensuring that there is no duplication of efforts; and
- (viii) Support organization of sector progress reviews and assembling of progress reports for Urban WASH sector for presentation at the sector reviews.

6.4 Evaluation Matrix and Revised Theory Of Change



Final Revised
Theory of Change.xl

6.5 Terms of Reference



LRFP 2018 9144005
Evaluation of Small '



6.6 Data collection Tools

Attached separately