

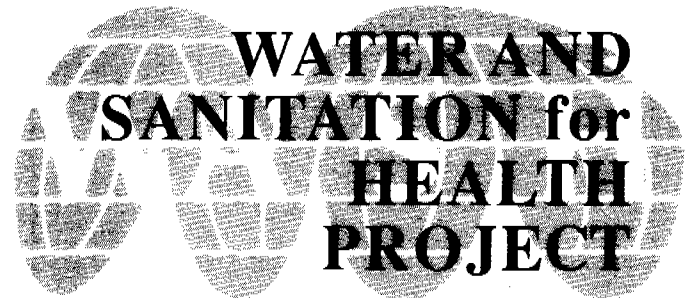
PLANNING WORKSHOP FOR AFRICARE REGIONAL
WATER, SANITATION, AND HEALTH PROJECT

824 AAF93

Malawi, Zambia, and Zimbabwe
December 10-15, 1992

THE REPUBLIC OF ZAMBIA
NATIONAL WATER SUPPLY AND
SEWERAGE BOARD

WASH Field Report No. 393
February 1993



Sponsored by the U.S. Agency for International Development
Operated by CDM and Associates

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**Malawi, Zambia, and Zimbabwe
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Prepared for the Office of Private and Voluntary Cooperation,
Bureau for Food and Humanitarian Assistance,
U.S. Agency for International Development
under WASH Task No. 424

by
Robert A. Gearheart
Lee Jennings
and
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February 1993

DH 10367
824 AAF93

Water and Sanitation for Health Project
Contract No. DPE-5973-Z-00-8081-00, Project No. 936-5973
is sponsored by the Office of Health, Bureau for Research and Development
U.S. Agency for International Development
Washington, DC 20523

RELATED WASH REPORTS

Atelier de Demarrage de Projet Eau et Santé au Maroc. Rapport d'Activités de WASH No. 383. Janvier 1993. Préparé par Lee Jennings et Lou O'Brien.

Mid-term Evaluation of the Water and Sanitation Activities in Malawi: Promoting Health Interventions for Child Survival Project. Field Report No. 392. February 1993. Prepared by Philip Roark, Kate Burns, Janelle Daane, Bob Holister, and John Raleigh.

Malawi: Community-Based Maintenance and Cost Recovery of Piped Rural Water Schemes. Field Report No. 309. June 1990. Prepared by Robert A. Gearheart.

Tech Pack: Steps for Implementing Rural Water Supply and Sanitation Projects. Technical Report No. 62. August 1990. Prepared by May Yacoob and Philip Roark.

Facilitator Guide for Conducting a Project Start-Up Workshop. Technical Report No. 41. March 1988. Prepared by Daniel B. Edwards and John J. Pettit.

Malawi Self-Help Rural Water Supply Program Final Evaluation. Technical Report No. 186. August 1986. Prepared by Dennis B. Warner, John Briscoe, Craig R. Hafner, and Bert Zellmer.

Training of Trainers in Malawi's Health Education and Sanitation Promotion Program. Field Report No. 185. June 1986. Prepared by Claudia Liebler.

ABOUT THE AUTHORS

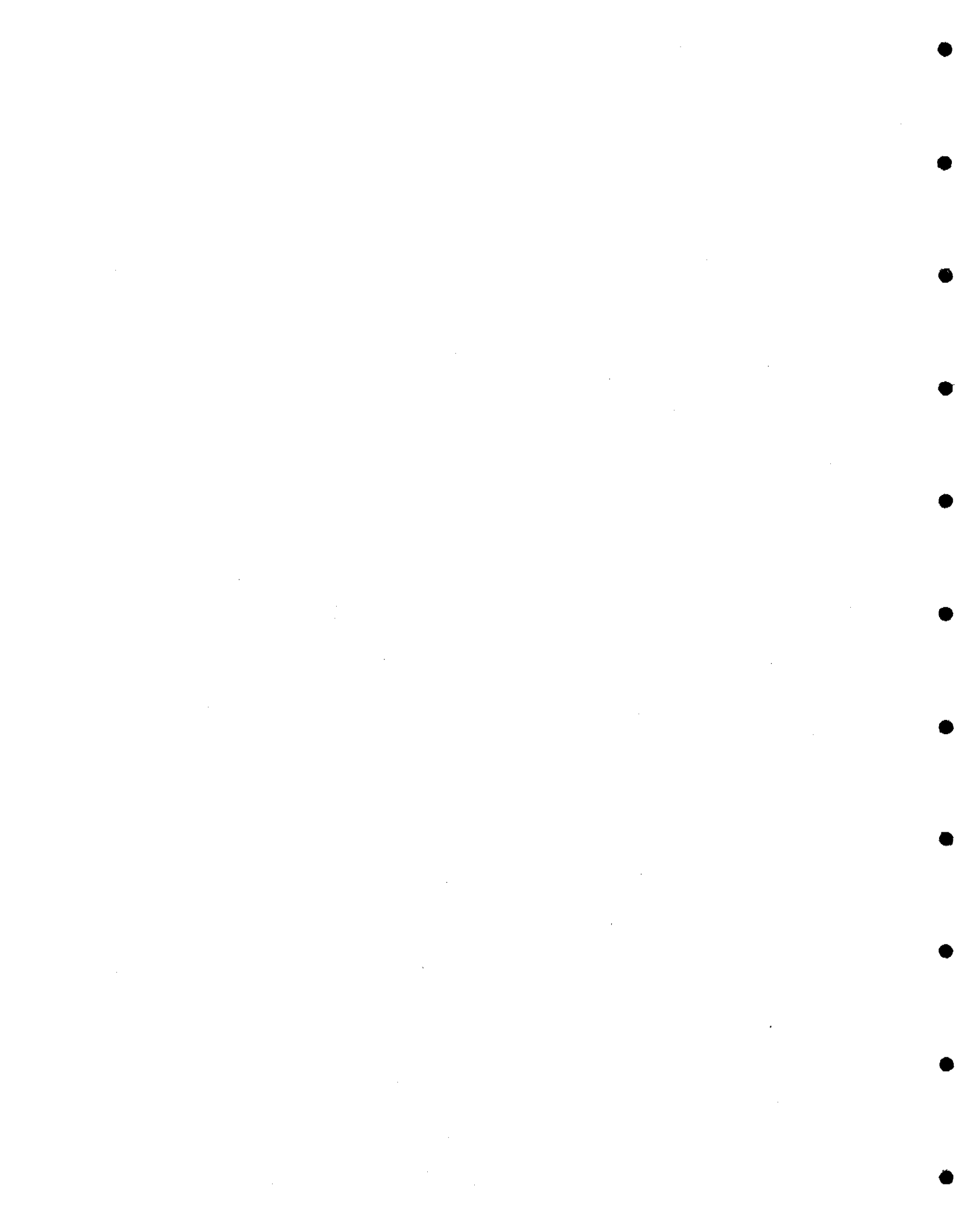
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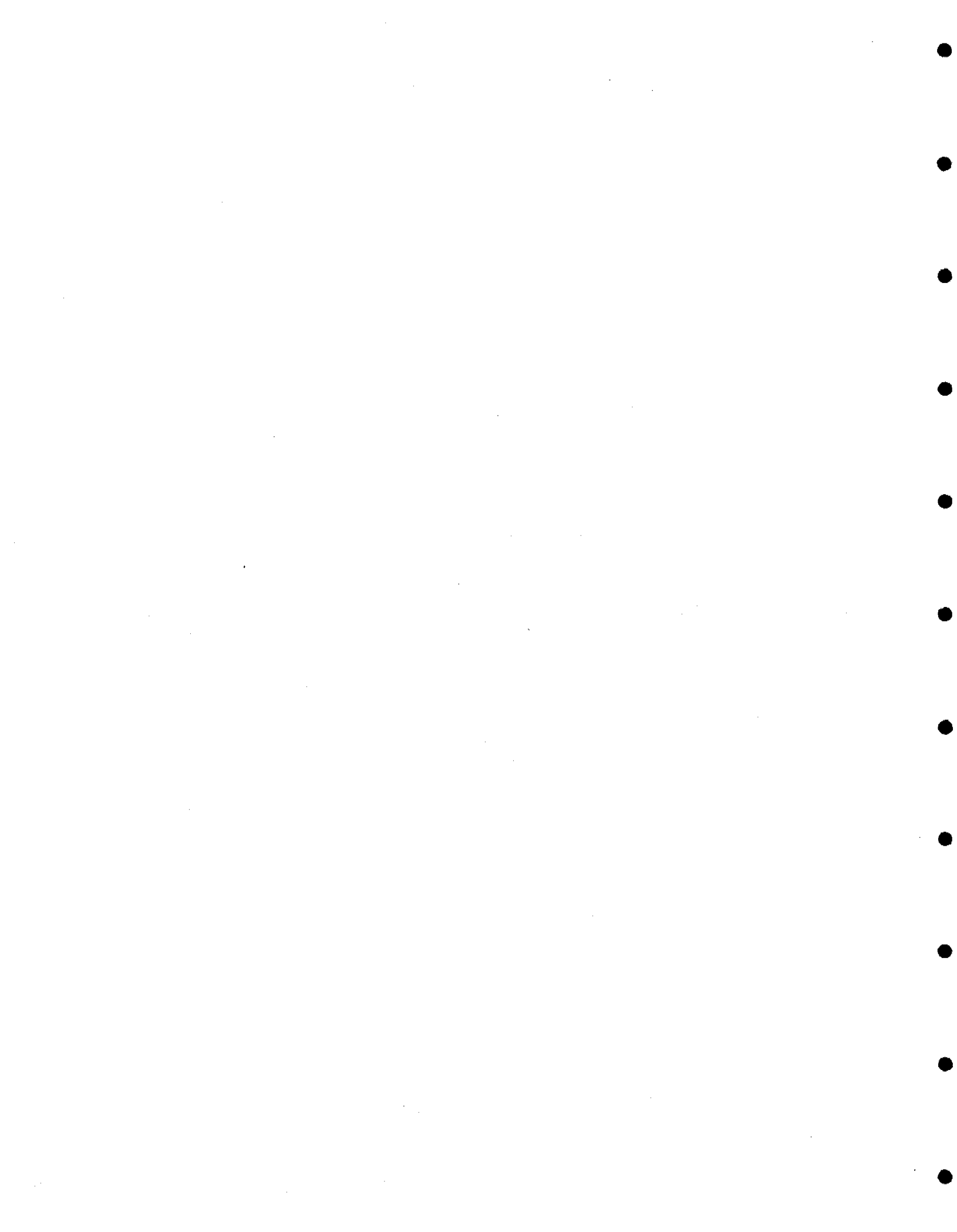
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ACRONYMS

A.I.D.	Agency for International Development
CD	Community Development
DIP	Detailed Implementation Program
NGO	Nongovernmental Organization
PVC	Private Voluntary Cooperation
O&M	Operation and Maintenance
USAID	United States Agency for International Development
WASH	Water and Sanitation for Health Project
WS/S/HE	Water Supply, Sanitation, and Hygiene Education
VLOM	Village Level Operations and Maintenance



EXECUTIVE SUMMARY

Africare's matching grant from A.I.D.'s Office of Private and Voluntary Cooperation (PVC) will fund an integrated water supply, sanitation, and hygiene education (WS/S/HE) project in three countries of southern Africa: Malawi, Zambia, and Zimbabwe. A.I.D. is providing US \$1.5 million, which Africare will match over a three-year period. As one of the grant conditions, Africare was required to develop a draft detailed implementation plan (DIP). This draft served as an important tool during a project start-up workshop held in Malawi December 9 through 15, 1992, a workshop that brought together Africare's regional director for southern Africa; the Africare country directors and technical staffs from Zambia, Malawi, and Zimbabwe; two newly hired Africare regional project co-managers; and four mid-level government officials from Malawi.

Designed to develop a common understanding of project goals and objectives, identify implementation issues, and specify implementation strategies, the workshop took place in two phases. Phase I of the workshop was designed to finalize the DIP and to meet PVC requirements; this phase, which took two days, brought about a regional understanding of project goals/objectives, strategies, and general management requirements. To reinforce the principles of an integrated WS/S/HE project and to demonstrate Africare's capabilities in this sector, a field trip to Africare projects close to Blantyre followed Phase I. During Phase II, participants worked with the regional DIP to tailor it specifically to Malawi. This phase took up government coordination, village-level implementation issues, and overall project management issues in detail.

Based upon the goals/objectives, strategies, and implementation issues developed in Phase I, the separate countries then prepared an action plan for their next 6 to 12 months. As sites are selected and staff hired, each country will have a country-specific start-up workshop. This initial workshop served as a model for those later workshops. Proceedings were summarized and evaluated for the later use of workshop participants. (Some of this material is included in the appendixes.)

In Chapters 1 through 3, the authors summarize the background, planning, proceedings, and outcomes of the workshop. Recommendations appear in Chapter 4. The appendixes include the final DIP, information on participants, project issues, expectations, and workshop evaluation.

It is recommended that WASH continue to support Africare in the implementation of this project, which has been well designed. The project will benefit from Africare's strong field staff at the regional and country level; these staff will help to ensure successful implementation. Project finances will be an important issue, as the project requires matching funds from Africare, which will need to begin collecting those funds very soon.

Chapter 1

INTRODUCTION

1.1 Background

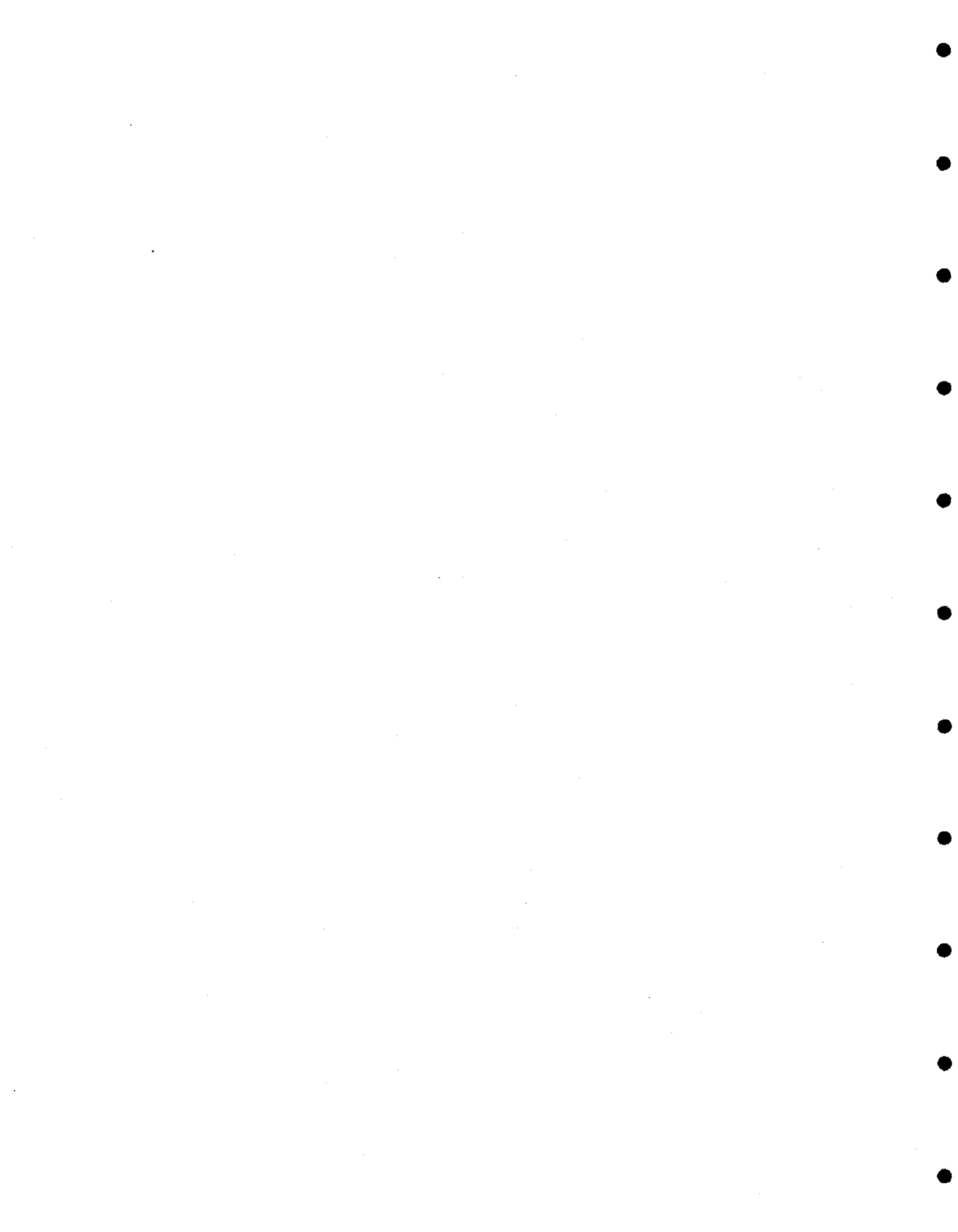
By means of a matching grant from the Agency for International Development (A.I.D.)—US\$ 1.5 million from each partner—Africare and A.I.D.'s Office of Private Voluntary Cooperation (PVC) are jointly funding the Africa Regional Water, Sanitation, and Health Project.¹ Funded for an initial three years, the project seeks to improve rural health in Malawi, Zambia, and Zimbabwe through the provision of clean water, sanitation, and health education. Also stressed will be the strengthening of local capacity, which the project will address through activities that develop local institutional capacity—within Africare itself, and within the three participating governments, local nongovernmental organizations (NGOs), and private enterprises spawned by the project.

As one of the terms of the grant, the Water and Sanitation for Health (WASH) Project was to assist in project design and start up. Specifically, WASH was to help write the detailed implementation plan (DIP) and to conduct a start-up workshop for senior staff from each of the three project countries.

1.2 Consultant Activities

Three WASH consultants took part in this endeavor: Bob Gearheart, water and sanitation technologies; Lee Jennings, workshop facilitation; and Helga Rippen, health education. The scope of their work entailed reviewing a variety of background documents; helping to develop a draft DIP; designing the start-up workshop, developing the supporting materials, and facilitating the workshop; conducting briefings and debriefings with A.I.D. and Africare, as well as with the USAID Mission, Africare Washington, PVC, WASH, and the Malawi Ministry of Works; and writing a final report that includes an assessment of the workshop and follow-up recommendations for Africare, USAID/Malawi, and A.I.D.

¹ This grant was formally initiated in September 1992.



Chapter 2

WORKSHOP PLANNING AND PREPARATION

2.1 Draft Detailed Implementation Plan

The draft DIP was developed at Africare October 15 and 16 by a WASH consultant and an A.I.D. representative, the newly hired project co-manager, and Africare's regional manager for southern Africa. During this two-day process, the team worked out an outline that covered such issues as the need to design a strategy that would integrate water supply, sanitation, and hygiene education within the project. To address this need, the consultant developed an approach that incorporates realistic targets and strong community involvement from the planning phases right through to village-level operations and maintenance (O&M). To this draft were added the review comments of Africare Washington staff; these became a part of the second draft, which served as a cornerstone of the Malawi workshop. This draft had not yet been fully reviewed by country-level Africare staff, however—a critical step in allowing each country to supply its design inputs.²

2.2 Planning and Preparation

Initial planning for the workshop took place in October 1992, a process carried out cooperatively with Africare staff in Washington, D.C. and Malawi. Africare Malawi was to identify the workshop site and handle field trip logistics; as well, it would provide support to the workshop and to Africare staff from the other two countries. Africare Washington would take care of the workshop invitations.

At a team planning meeting held the week prior to the workshop, the WASH team finalized the workshop design, incorporating changes to the program suggested by Africare Malawi. This meeting also produced a plan of action for the days preceding the workshop and a checklist of critical workshop items.

The team broke the workshop into two phases, phase I to deal with the DIP and phase II with implementation issues in Malawi. Phase II would draw upon the expertise of the four Malawi government officials attending the workshop. Although initially planned to begin the second week in November, the workshop had to be postponed until the second and third weeks of December because of scheduling conflicts.

² The drafting process highlighted the difficulty of preparing a DIP without such input. Even in its evolving form, however, the document provided workshop participants with an important tool by setting forth concrete targets and strategies they could weight against the context of their respective countries. Africare's regional director and the USAID representative will finish the DIP, feeding in country input from the country-level workshops to be held at a later date.

Upon arrival in Malawi the team reviewed the workshop design with Africare's regional director and the two project co-managers, focusing on the workshop strategy and the role the field trip would play in its design. In Limbe, the team spent two days interviewing participants as a way to identify project issues the workshop should address.

Chapter 3

THE WORKSHOP

The workshop took place at the Shire Highlands Hotel in Limbe, located about five miles from Blantyre, in the south of Malawi. Following the workshop design, which called for two separate phases, this chapter summarizes proceedings and outcomes in two sections. Section 3.1 describes phase I (9 sessions) and section 3.2 describes phase II (11 sessions). Session numbering begins with number 1 for both phases I and II.

3.1 Phase I: DIP Review, Refinement, and Updating

Session 1: Opening and Introduction

The workshop began at 8:00 a.m. on December 10, 1992, with a short overview of the process Africare and WASH followed in developing the workshop format. The workshop facilitator's opening comments concerned the value of such activities to project implementation.

Session 2: Getting Acquainted

Participants first introduced themselves to the group by name, position, and affiliation. After the introductions were complete, an ice-breaker followed that asked participants to identify four descriptors of leadership quality by leaving their chairs and going to the area whose label corresponded to their view of the best indicator. Those grouped in each area then introduced themselves, chose a reporter, and discussed their common understanding of the issue. At the signal, each reporter shared discussion highlights with the entire group. This exercise, which participants enjoyed, helped set a less formal tone for the workshop.

Session 3: Project Background

During this session, Kevin Lowther, Africare's regional director for southern Africa, presented the background to the Africare project. A review of Africare's principles and values as a development organization set the stage for this session.

Session 4: Overview of WASH Team Findings

Prior to the workshop, each participant was interviewed by a workshop team member to reveal project issues. The responses were then analyzed and placed into general categories that could be used as "issue statements" for group analysis and presentation. During session 4, a list of these issues was presented to the group, after which participants were asked to add any issue the interviews had failed to uncover.

Africare works primarily in rural Africa; stressing community-based, self-help projects, this NGO collaborates with government ministries in efforts to strengthen both indigenous and government organizations. It has had varied experience in southern Africa with community water projects, which Africare recognizes as one of the more difficult types of development projects. For some time, Africare has trained and fielded water teams to plan, design, and construct protected spring rural water systems; and in recent years, it has had some success with boxed spring protection in Zimbabwe and Malawi. This new project, seen as an opportunity for Africare to return to its basic community self-help, sustainable-development origins, builds upon the lessons learned from such projects.

Overview of Project Resources

	Community	Africare	Host Country	NGO
Project Planning	E	FE	E	E
Project Management		E	E	
Water Systems	EM	FME	E	E
Latrines	FEM	FE	E	E
Community Participation	E	E	E	E
Hygiene Education	E	FE	E	E
VLOM	FME	FE	ME	E
Monitoring & Evaluation	E	E		

F = Funds
M = Materials
E = Effort

The new project represents a \$1.5 million PVC matching grant, which Africare sees as an opportunity to cross-fertilize regional staff and approaches to an integrated project such as this. This grant will allow Africare to generate additional resources for southern Africa and, possibly, to extend the project to other countries such as Mozambique, Angola, and Namibia.

Africare believes it to be vital that governments, donors, and local NGOs recognize the importance of community mobilization and participation and private-sector involvement in development projects; thus an important project emphasis will be on the development of sustainable village-level small enterprises. For example, local technicians will be encouraged to initiate water supply protection, construction, and operation and maintenance for the project on a fee or contractual basis. Local entrepreneurs will benefit from a training and support system that is to accompany the project.

Session 5: Review, Critique, and Refine the DIP

This session was devoted to refining the DIP by giving individual countries an opportunity for direct input. First, the DIP was divided into six major components: goals/objectives, overall implementation strategies, overall training component, monitoring and evaluation, project management, and general schedule of activities. Then, the participants divided into three groups to review the plan. (An attempt was made to place Africare country staff into different groups and to have a Malawi government representative in each group.) After the first round of review, analysis, and resolution, the groups were redefined and given the second set of issue statements to work through as a group exercise. Results of each small group's work were presented to the main group, which reached a consensus on individual components of the DIP through discussion.

Session 6: Discussing Roles and Responsibilities

In this session, three groups presented their approach to management of the project: Africare's regional manager for southern Africa and regional project managers; Africare's country representatives and water and sanitation supervisors; and host country representatives. Then, they discussed the roles and responsibilities of each organization's components. This exercise was meant to identify the roles and responsibilities of the various functional groups, but not necessarily to resolve issues and problems (since this was only the first time Africare sat around a table with all its project management/supervisory personnel for Malawi, Zambia, and Zimbabwe).

Each of the three groups was asked to determine how it wanted to operate relative to the other two groups in terms of the following issues:

- Information sharing
- Working relationships
- Written reports
- Decision making that involves two or more groups
- Individual and project performance monitoring
- Planning

Session 7: Agreement on Management Rules and Responsibilities

This session dealt with the management issues participants had identified in Session 6 as critical to successful project implementation. Each of the three management entities—Africare country representatives and project managers and host government officials—determined its expectations in dealing with the other two and then reported them to the group. These

expectations concerned sharing information, ideal working relationships, written reports, decision making, monitoring and evaluation, and involvement in planning. After reporting out, each group entertained suggestions for improving the management expectations for the project.

Sessions 8 and 9: Reviewing Project Goals, Objectives, and Strategies

During these sessions, the countries reviewed the agreed-upon goals, objectives, and implementation strategies to see if they met expectations and capabilities, as it was clear that each government takes a different approach to development projects. The DIP had remained open-ended enough to allow each country to develop its own strategies for working with key government ministries; however, the Malawi government's approach to community-based water sanitation projects is a good model to possibly modify for use in the other countries.

3.2 Phase II: Implementation in Malawi/Country-Specific DIP Issues

Session 1: Briefing for Field Trips

Before travelling to Africare projects in the Limbe/Blantyre region, participants received a briefing by an Africare/Malawi representative, which included background on the communities, type of projects and level of involvement from the Malawi government, Africare, and the communities. A fact sheet, part of the briefing, provided pertinent background information for the field trip. Because many of the general questions were answered in this session, participants were able to seek more-detailed information at the sites.

Session 2: Field Trip Key Points

This session was designed to capture participants' observations on the field trip, superbly organized and implemented by Africare Malawi. We saw three distinctly different sites, projects, and conditions during a four-hour period, meeting local officials, water committee members, local users, and celebrants (20 to 30 women who danced and sang for us at a well and handpump site). At each site, workshop participants engaged the users about issues of project planning, construction, and operations and maintenance. Both technical and nontechnical issues were discussed during these exchanges.

Session 3: Field Trip Debriefing

In reviewing the field trip upon their return, participants indicated that the importance of community involvement in an integrated project was the paramount lesson they learned from the experience. In the case of the latrine project, it became apparent that community acceptance and use of san-plats was based upon a strong hygiene education and community mobilization effort by both Africare and Ministry of Health personnel in the district. The impact of the drought was also evident: all participants expressed concern about implementing an

integrated development project within a drought/disaster environment. At the second site, a successful handpump retrofit on a shallow well, participants had spoken with community women and members of the pump maintenance committee. During that visit, it became apparent that the ownership issue was not totally resolved when a woman asked the Africare field technician for a brush to clean the well. Participants viewed this as an indication that the community did not totally accept, or perhaps understand, its role and responsibility in maintaining the system. This site, however, did demonstrate the use of an appropriate plunger water-pump technology. The third site, part of an Africare project, revealed a spring-capturing project that had dried up. During this visit, community members expressed their concerns about the problem and suggested ways to recover the system; it became clear to all the participants that community members had not been actively involved in the initial project planning. As they discussed the situation, the workshop participants and community members suggested several technical approaches to resolve the problem. (Some technical questions concerning shallow spring improvement existed even amongst the technical experts.) All in all, the field trip was a vital session for the participants, as it focused observations and discussions on critical project implementation issues.

Session 4: Sharing Background Information

During this session, country representatives from Zambia, Zimbabwe, and Malawi described the governmental organizations responsible for implementing an integrated water supply, sanitation, and hygiene education (WS/S/HE) project in their respective countries. They also explained the process by which each government cooperates with NGOs in implementing a development project. Although it became clear after the presentations that each country would have to develop its own approaches and strategies, Malawi's presentation showed an innovative and integrated approach to community-based development projects that may have replicable elements.

Session 5: Review and Clarification of DIP Specifics to Malawi

Information as it related specifically to project implementation in Malawi was summarized in this session. Most of the information for this session had been identified and agreed upon in preceding sessions.

Session 6: Sharing WASH Team Findings

This session took up those issues identified during the preworkshop interviews that dealt specifically with project implementation; some of these related to the regional project as a whole and some to specific countries. Even though Phase II was directed specifically at Malawi, most of the issues raised would apply equally well to the other two countries, as in all three—Zambia, Zimbabwe, and Malawi—the government supports WS/S/HE projects. Participants discussed and analyzed the differences and similarities among the three.

Sessions 7 and 8: Discussion and Development of Strategies to Address Implementation Issues

Dividing themselves into three subgroups, participants analyzed these issues and came to an agreement on how to deal with them. First-round issues concerned the steps needed to identify, mobilize, and effectively implement an integrated WS/S/HE project in a Malawi village; criteria for selecting a district and a project village within the district; and development of an organigram for the project.

At the end of round 1, each subgroup reported its findings to the full group. In the second round, the groups were redefined and a second set of issues assigned: What approach or strategy should be used in Malawi to encourage/enable the village health committee to take ownership and assume basic O&M of local infrastructure? How will the Africare project in Malawi identify/train/motivate/support the staff needed to effectively implement village-level projects? What specific baseline data needs to be collected in Malawi in order to assure an effective long-term project impact at the village level? Again, each subgroup reported its findings to the group at large. There was considerable discussion of each of these issues by the full group, as participants had a great deal of experience to offer and many ideas on how to successfully implement an integrated project.

Session 9: Developing Country-Specific Workplans

On the afternoon of the fifth day, participants developed action plans to guide implementation of each of the three country projects. Their three groups consisted of resident representatives, country managers, and — in the case of Malawi — host country officials. The southern Africa resident representative worked with the group from Zambia, and the project co-managers worked with Malawi and Zimbabwe. A format was suggested that included a list of all critical project activities that would occur within the first 6 to 12 months, the group or person responsible for that activity, and the start and end time for the activity. These action plans were developed with the idea that, since each country-level workshop would be adapted from this initial workshop, action items could be phased into the workplans of the project co-managers. (Appendix I contains the country workplans as reviewed by the participants.) Participants appeared to understand the dynamic nature of these plans and to agree that continual updating and readjustment is a vital element of an effective plan. Both WASH team and participants stressed the role monitoring and evaluation plays in keeping a project on target, yet flexible enough to adjust to unforeseen events.

Session 10: Presentations, Agreements, and Work Plans

In this session, the three countries presented their workplans to the group, focusing on the length of time it takes to begin and complete an activity. Each country compared its list of activities with the other two, noting differences as additions to their action plans. It became clear that differing patterns of government role, environmental setting, and past Africare activity require a customized action plan for each country; however, the need for cross-fertilization and coordination among the countries also became quite apparent.

Session 11: Closing and Evaluation

The workshop was formally closed by Kevin Lowther, who summarized the excellent work done by the participants and the expectation that Africare will use this project to demonstrate a community-based WS/S/HE project. In his remarks, he noted that the DIP developed by the participants represents an Africare philosophy toward development which has been less evident in recent projects.

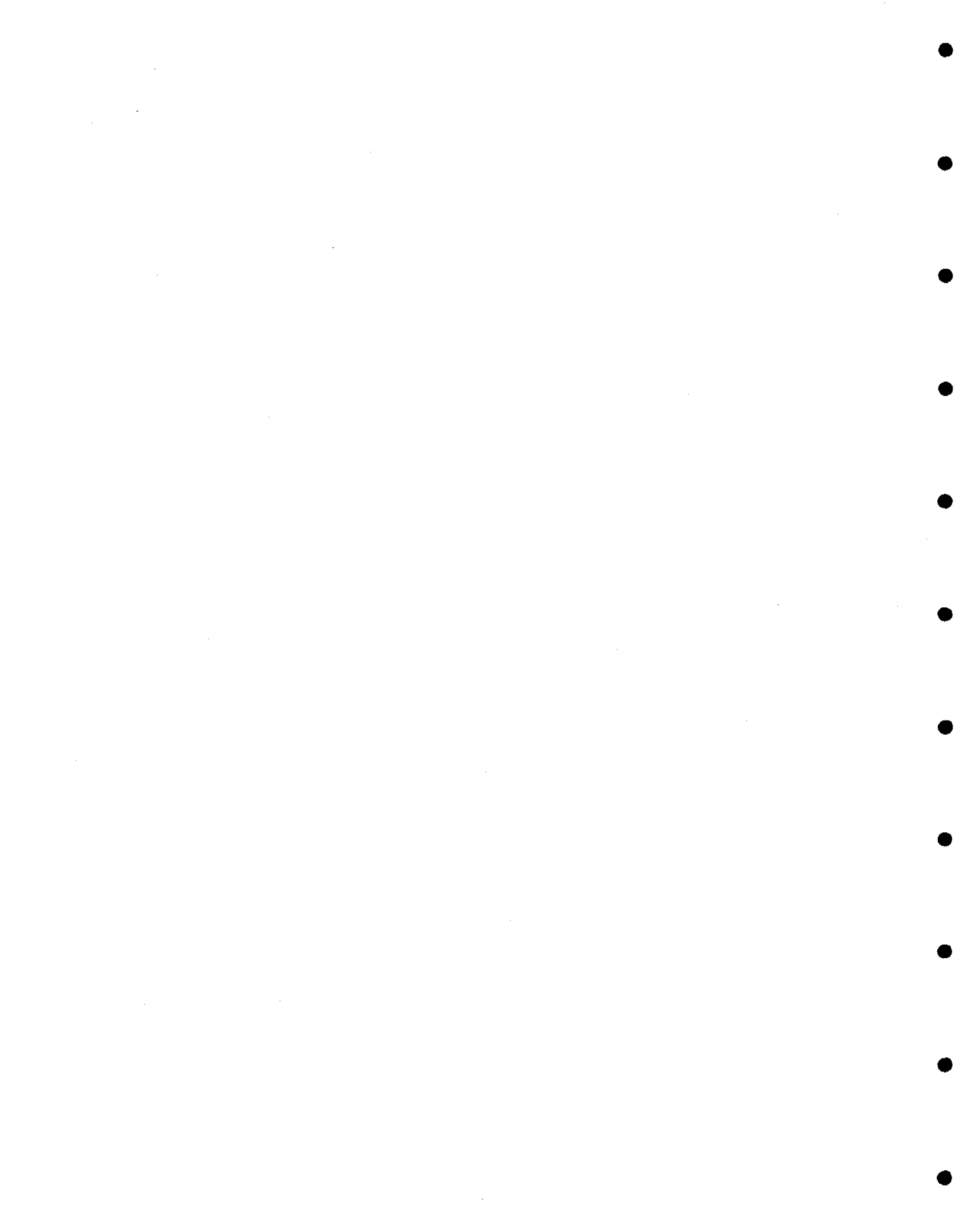
After a review of the workshop goals and objectives and of the agreements produced, the participants mutually agreed that the workshop objectives had been met and all major issues resolved. Participants also agreed, however, upon the need for country-specific workshops, which would be each country's "real" start-up workshop. These would take place as personnel are identified in each of the countries.

3.3 Workshop Assessment

As a result of participants' activities during the workshop, the Africare Regional Water, Sanitation, and Health Project has been ground-truthed regarding the country-specific needs of this regional project. Because much of the country work dealt with Malawi, however, Zambia and Zimbabwe will need to clarify certain issues of their own. Nevertheless, major issues that relate to the project overall were identified and agreements developed relating to these. As well, Africare's management roles and responsibilities have been well defined

The concept of an integrated water supply, sanitation, and hygiene education project was well developed during the workshop, and participants have a full understanding of the community participation, host country, and Africare requirements for the project.

As for the workshop proceedings themselves, participants appeared to be fully engaged in all activities, and participated freely and openly. (See Appendix J for a summary of participant evaluations.) An important outcome of the workshop was the understanding participants gained of the format of a project start-up workshop; this workshop served as a model for staff who will later implement workshops in their own countries.



Chapter 4

RECOMMENDATIONS

Among the recommendations surfacing from the workshop and related briefings were some that related to the project as a whole and some that were specific to each project partner. General emphasis was placed, for example, on the need to work closely with the government in choosing project districts and villages and in implementing a strategy that genuinely integrates all three elements of the project: water supply, sanitation, and health education. Such a strategy will help to ensure sustainability, as long-term O&M is a primary issue in the Malawi government's rural water programs. Another (strong) general recommendation is that this workshop be followed up with country-specific start-up workshops at the district level as government relationships are developed and host country and Africare staff come officially on-board in each project country.

Following are the specific recommendations for Africare's Washington and regional staff, A.I.D., and USAID/Malawi.

4.1 Africare/Regional

- Initiate field trips to each of the countries, and meet with host country officials and Africare country staff. The topics for these meetings should include goals, objectives, and proposed strategies for the project.
- Review and modify as necessary the agreed-upon country-specific action plans.
- Develop a regional action plan based upon country workplans, including realistic steps for individual country preparation and/or project start-up workshops.

4.2 Africare/Washington

- Review and finalize the DIP to include country-specific targets.
- Clarify who will be responsible for the Malawi project.
- Monitor compliance with agreements reached, strategies proposed, and workplans developed at the workshop.
- Consider building in-house capacity to plan, facilitate, and evaluate team planning meetings, project planning/design, project start-up, and project review and replanning workshop.

4.3 USAID/Malawi

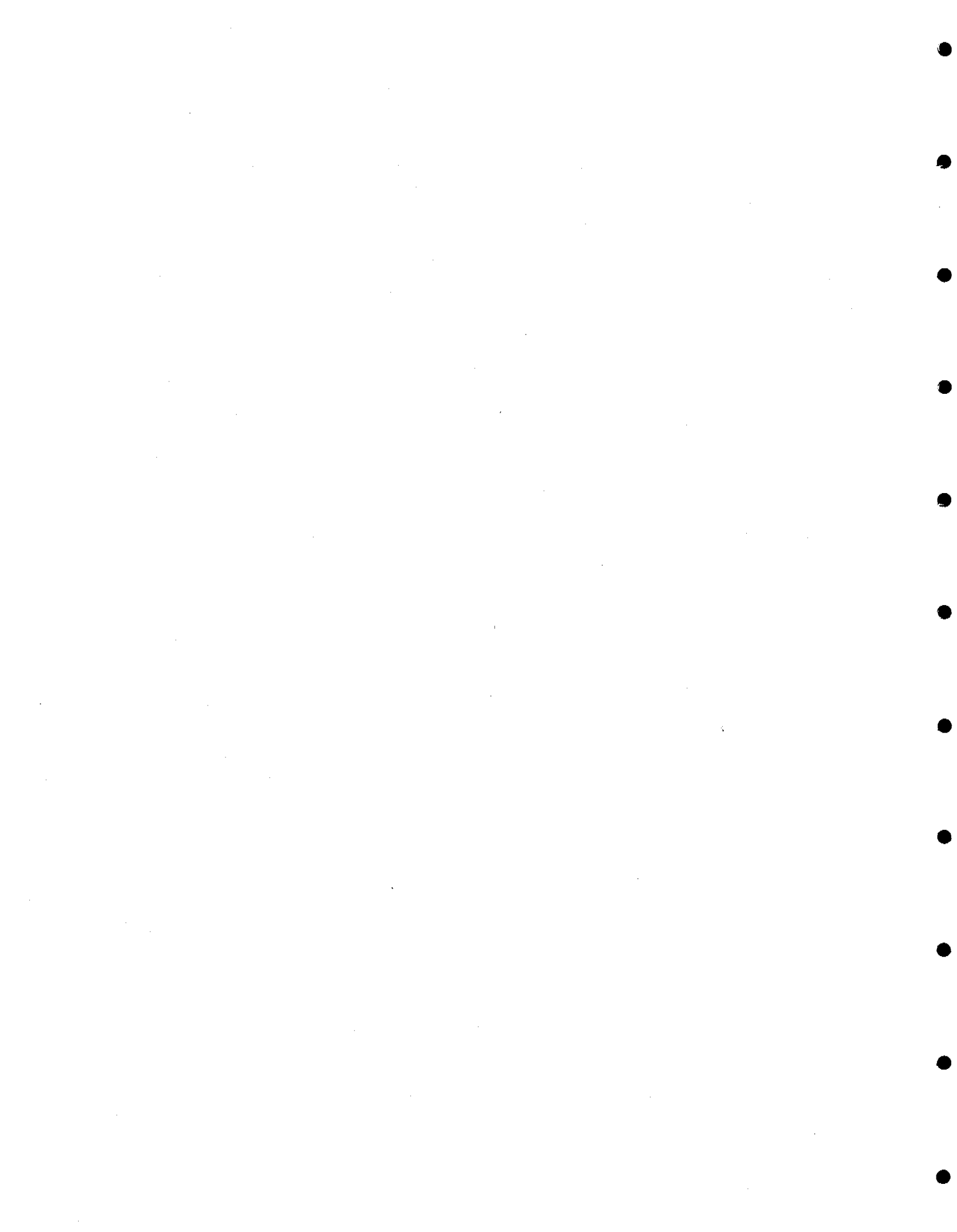
- Seek opportunities to involve Africare regional managers in sector activities.
- Visit Africare project sites when visiting USAID project sites.

4.4 A.I.D./Washington

- Maintain liaison with Africare Washington on country-specific workshops and project progress.
- Be responsive, to the extent possible, to requests for technical assistance and/or information.
- Extend the Africare project to five years to allow successful implementation of an entrepreneurial component.
- Develop a DIP format for a WS/S/HE project, if one does not already exist.
(Recommendation for Office of Health, Bureau for Research and Development.)
- Work closely with the PVC office in implementing a mid-project evaluation.

Appendix A

**DETAILED IMPLEMENTATION PLAN
REFINEMENTS/CLARIFICATIONS/AGREEMENTS**



DIP
Workshop Agreements

1. Introduction and Background

Agreements:

- three countries
- leave # of people (targets) until country specific #s filled
- * extension worker: health extension workers within the MoH or other appropriate ministries will be the principal agents of change for the project (extension worker was not found in the intro therefore no clarification made at this point). An extension worker is not necessarily a government worker, can be an Africare worker.
- add how project fits within overall Africare's philosophy
- regional program managers (advisors, consultants to country managers) and country program managers
- remove less within Africare but put more with local NGOs (increasing local capacity)
- strengthening local capacity through regional and local workshops
- teams of men and women (no reference to age)
- reference to potential of project extension to 4 or 5 years
- appropriate indicators (behavioral change) with ultimate goal being the reduction of infant mortality and under five mortality.
- add a general introduction to the intro: the overall purpose of this project: to increase the quality of life, productivity, provision of adequate WSS facilities.
- privatization: rationale - e.g. provide resources for other NGOs, something should be mentioned, all aspects - not just O&M. More specifics on who is to buy the service
- needs to fit into overall government strategies and plans
- sharing of expertise on technology and within Africare, NGOs, and government
- mention the three districts where spring protection was done (name them)
- * pg3p3: village level teams, also trained by extension workers (of family latrines) - this was an example of a previous project therefore not changed.
- change introduction of springs to promotion of springs

2. Goals

- pg4: leave out # of villages until country #s checked
- add goals:
 1. promote the development of sustainable local structures at the village level for O&M
 2. strengthen the national capacity for the supply of spare parts
 3. privatize the development of water and sanitation facilities

- 4. ...well equipped with a ...add - hand pump
- pg4 p3: training and hiring of local contractors to train local technicians who may later contract to help in local RWSS activities
- focus on community involvement using extension workers
- digging of wells should involve the community, not just paid workers

3. Implementation Strategy

Clarifications:

- Malawi will have a startup workshop
- rewrite first paragraph: introduce components of an integrated RWSS and health project
- Tables 3.1 and 3.2
- flexibility in terms of targets
- weakest link is the health education structure (government) because of lack of time and resources::: may use this as a criteria for site selection
- clarify % hygiene coverage targets
- clarify indirect beneficiaries - also add to hygiene education (table 3.2) - they are the people using the facilities that are not from the village.
- outline operational relationships between government departments and Africare (organogram - using one developed later)
- pg 10: project identification: done before project startup workshop - this will provide information on regions, information on water/sanitation/health ed needs, what is available, NGOs, projects in area, and so on. May even target some villages in an area for "general" picture.
- baseline survey: every village to be targeted, provides the following:
 - socioeconomic; KAP; facilities available (sanitation, water); health status/statistics; local structure; resources; community diagnosis.
- ** Surveys: studies to be done by Africare and collaborating government agencies.
 - who will analyze the data? Africare and government
 - follow-up on monitoring survey - to follow up on project
 - who will be responsible for funding
 - CD extension worker - government person and/or Africare person
 - who will be responsible for some of the activities specified in the figure on pg 24 - be consistent
 - in figure on pg 24, bars difficult to relate to months - improve
- * limit technology to improving springs and wells (NO boreholes!)

Additions:

- role of women: emphasize further; drop reference to women in Africare staff. Include women as water system caretakers and

members of VWC

Deletions/Modifications:

- criteria selection:
 - replace drought areas with emergency drought areas
 - eliminate 'heterogenous soils' and replace with technology determinant of operation (location)
 - replace stable community with not a refugee community
- simplify organogram
- pg 7, eliminate analogy using gravity system
- sanitation: Africare team trains and supports village level "technicians, masons, carpenters through training programs for latrine construction (instead of using term workshop)
- project startup workshop rewritten in light of country specific workshop, clarify its role
- delete AFRICARE-USAID project and replace with this project
- in section 3.1 move HE ahead of latrines ahead of water (i.e. reverse 6 and 7)
- section 3.3 on water supply: par 1: VHC and other local leaders; middle of paragraph: pumps, what about VLOM approach
- sustainability: O&M emphasis required; some formal "handing over" of project to community/government (e.g. inauguration, dedication, opening).
- construction of pit latrines and WS to start depending on expressed village need/desire.
- HE and sanitation (construction of pit latrines) to be implemented by same persons with minimum lag time between.
- clarify difference between local trained latrine construction teams from project latrine construction team/trainers

Add a section on outputs for the project

4. Training Component

- pg 11, para1 - replace health extension worker with community development worker (may want to keep as is since community development worker is a new term - keep extension worker)
- pg 11, p1 - replace environmental survey with baseline survey
- pg 11,p1 - drop health and just say extension worker
- pg12,p1&2 -during start-up workshop, specify number of VHCs/WCs to be covered by each extension worker
- pg12 - should have two training categories of VWCs:
 1. community participation - e.g. skills in maximizing community participation, committee procedures, etc.)
 2. technical aspects (O&M, latrines, etc.)
- pg13 p2 - eliminate example of teacher
- pg13 p3 - change to: Extension agent will take a lead role in organizing meetings on specific water, sanitation, and health related activities.
- pg13 p4 - move, it needs to follow the discussion on training committees (pg12 p1)

- pg13, last paragraph - delete
- All training tables change:
 1. length of project to length of activities
 2. Africare to Africare/government
 3. Number of trainers to number of trainees
 4. VHC - number of trainees - need to check
- Table 4.1 baseline survey : components - could do 1 survey, or break it down into phases - depending on target intervention, the last phase being baseline KAP
- pg14, mid p -change messages to issues
- pg14, end p - reword unplanned to reflect flexible nature of project
- pg15, last p - need for practical on the job training
- VHCs will be trained to assist WCs
- pg16,p3 - change socioeconomic survey to baseline survey
- pg 18 - sanitation component - clarify the range of latrine technologies available per country and based on Africare experience.

General comments:

1. reorganize section so all flows logically per types of training: - extension workers, VHC, VWC;
2. move the paragraph to define the responsibilities of the VHC to overall section on implementation strategy, not in training.
3. before training extension workers, need to:
 - a. orient staff from participating ministries at headquarters - regional and district levels (to be done at project startup workshop)
4. clarify roles of latrine construction teams - pg 14, last paragraph - demos, TOT, construction
5. put emphasis on starting with existing water points before starting with new water points - use as one of the site selection criteria in implementation

5. Monitoring and evaluation

M/E statements in the proposal:

Evaluation of the project will be conducted informally, at country level, early in year two, when all parties involved will meet to review progress and reassess objectives and implementation strategies. An external evaluation will be scheduled after two years, leaving adequate time to make any mid-course changes recommended.

The program managers will prepare a simple reporting format to record relevant information regarding individual communities participating, number of wells, springs, and latrines completed and in service (used), the number and gender of the people receiving training and similar data. The lead water and sanitation technicians in each country and/or the various team leaders will file such reports monthly with the country Africare office.

Country totals will be collected for the program.

Additions:

- village level: caretakers, water committees

Indicators:

- number of latrines constructed/coverage
- use of latrines
- # of wells constructed/coverage
- # of wells functioning
- funds contributed or other contributions by users for O&M
- behavioral changes among users: e.g. improvements in water storage, hygiene practices, refuse disposal
- caretakers record of problems and how they were resolved
- # of villages with regulations on use of water source/latrine
- # of spare parts available
- # of people trained, % women
- # of water/sanitation enterprises or local NGOs formed and operating
- # of women in VHC, WVC, caretakers, extension workers, in technical teams

Methodology

1. Site visits

government officials/Africare ---- VHC,WPC,Caretakers (flow of information needs to be in both directions, village should request a visit)

2. Monthly/quarterly reports

3. Frequency of site visits to be determined by specific countries and project sites in question

4. Interview the beneficiaries as well

Modifications

- par 3, line 2: production effectiveness to read progress
- par 3, last sentence - monitor and evaluate to read assess

Project Management

- pg 19 - delete last paragraph
- pg 20 - delete first 2 paragraphs and replace with:
Overall direction of the project will be provided by the Regional Director for Southern Africa based in Washington. The respective Africare Country Project Managers will be responsible for overseeing the design and implementation of country specific activities.

The Regional Project Managers, one responsible for water and the other for sanitation and health, will be located in Malawi. Country Project managers will be posted in Zambia and Zimbabwe.

- delete remainder of section 6.0, not directly related to management
- pg. 21, 6.1

Composition of country management teams can only be determined after country project startup workshop and on a country

specific basis. Further outcomes from this agreement would be the role of the government and other support agencies.

- No project management training
- recommend a section on technology transfer/cross fertilization be included as a separate section or under training

Appendix B

WORKSHOP PARTICIPANTS

<u>NAME</u>	<u>AFFILIATION/ADDRESS</u>	<u>TELEPHONE/FAX</u>
BOB GEARHEART	WASH ENGINEERING DEPT HUMBOLDT STATE UNIVERSITY ARCATA, CALIFORNIA 95521 USA	707-826-3135 707-826-3616
STEEF KRUITWAGEN	AFRICARE/LILONGWE REGIONAL MANAGER P.O. BOX 2346 LILONGWE MALAWI	742-215 TEL 742-114 FAX
CHIMWEMWE NYIMBA	WOMEN CHILDREN AFFAIRS AND COMMUNITY SERVICES PRIVATE BAG 330 LILONGWE, MALAWI	780-411
MATHIAS MOONDE	AFRICARE/ZAMBIA FIELD OFFICER P.O. BOX 33921 LUSAKA, ZAMBIA	227-279 TEL 226-406 FAX
PHYLLIS JONES	AFRICARE/MALAWI P.O. BOX 2361 BLANTYRE, MALAWI	624-831 TEL 620-379 TEL
BEN CHANDIYAMBA	MINISTRY OF HEALTH P.O. BOX 30377 LILONGWE 3	783-044 TEL
MACDONALD HOMER	AFRICARE/ZAMBIA P.O. BOX 33921 LUSAKA, ZAMBIA	227-279 TEL 226-406 FAX
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KEVIN CLEMENTS	AFRICARE/ZIMBABWE P.O. BOX 308 HARARE ZIMBABWE	42610 TEL
LEE JENNINGS	909 N. WASHINGTON ST. SUITE 305 ALEXANDRA, VIRGINIA 22314 USA	(703)548-3535 TEL (703)836-2415 FAX
ALFORD GARIKAYI	AFRICARE/ZIMBABWE P.O. BOX 308 HARARE ZIMBABWE	42610 TEL
HELGA RIPPEN	USAID 1911 NW 114TH AVENUE PEMBROKE PINES 330 USA	(305)431-0161

Appendix C

PARTICIPANT EXPECTATIONS

WASH TEAM FINDINGS

BACKGROUND:

- Review past RWSS and HE Project experiences (eg GTZ and IRC Models)
- Africare
- National plans

DETAILED IMPLEMENTATION PLAN (DIP):

- Multisectoral approach
- Strong hygiene education program
- Realistic targets/measurable objectives
- Women's roles
- Time needed for community mobilization
- Drought vs long term development
- Criteria for site selection
- Training
- Flexibility
- Monitoring, evaluation and followup
- Baseline (including health indicators)
- Cross fertilization
- Choice of technology
- Human resources
- Latrine strategy
- Government plans and policy

- NGOs and other players
- Cost recovery
- O and M

MANAGEMENT:

- Roles and responsibilities
- Financial accountability
- Communication
- Report: format content and frequency
- Over-extended staff

- Bureaucratic procedures
- Who has final say
- Role of Africare/Washington
- Country management
- Project extension
- Management training
- Fund raising

IMPLEMENTATION:

- Site selection
- Logistics
- Private sector
- Identification of local resources and key players
- "Optimizing " staff
- Motivation
- Start-up workshops

- Possible expansion of the HE program
- Cost-recovery
- O abd M
- Training
- Scheduling
- Government/NGO interactions

OUTPUTS:

- Team building
- Workplans
- Identification of key organization
- Sharing of our experiences

AFRICARE PRINCIPLES AND VALUES

Work in rural areas community based/self help projects

Strengthening indigenous institutions-through government

Community water projects among the most difficult
- especially in Southern Africa

Protection of natural springs begun in Malawi

- 2-3 years ago began water projects in Zimbabwe with own teams
- Africare developed own capacity for water projects.
- . Better capacity than most other NGOs in Region
- * But contradicts basic Africare philosophy

Use this new program to enhance Africare capacity and gets back to community involvement and basic development values

Evaluation of the new program:

- Matching grant from USAID with requirement for matching funds raised by Africare \$1.5 + \$1.5 = \$3M project
- Proposal made by Africare to PVC Office of AID/WASH
 - . Opportunity to promote cross-fertilization with-in the region
 - . Got input from Country Representatives one and a half years ago to do proposal drafted by Kevin Lowther
 - . PVC Office suggested WASH involvement

Why go after matching grant?

- Will allow us to generate additional resources for Southern Africa
- Probably can extend project to other countries like Mozambique, Angola and/or Namibia

Emphasis on the development of sustainable village -level small enterprizes

- Encourage local technicians to provide technical, O & M RWSS services directly to communities on a for fee basis

- Need strategy for training and helping them become viable private sector entrepreneurs - "Privitization"

- * Opportunity to show Governments and Donors the importance of community mobilization and private sector involvement

Likely will take more than 3 years to develop private sector

1ST GROUP TASK

In 3 designated groups:

1. Select a chairperson and reporter.
2. Review the 1st 3 sections of the DIP:
 1. Intro/Background
 2. Goals
 3. Implementation Strategy and P.24 "Village Level Schedule of Activities"
3. For each section, discuss and put on flipchart:
 - a) Questions of clarification
 - b) Anything you feel should be added
 - c) Anything you feel should be deleted or modified
4. Prepare your reporter to make a brief (5 min max) presentation of your results to the full group

Appendix D

OVERALL WORKSHOP GOALS

PHASE I:

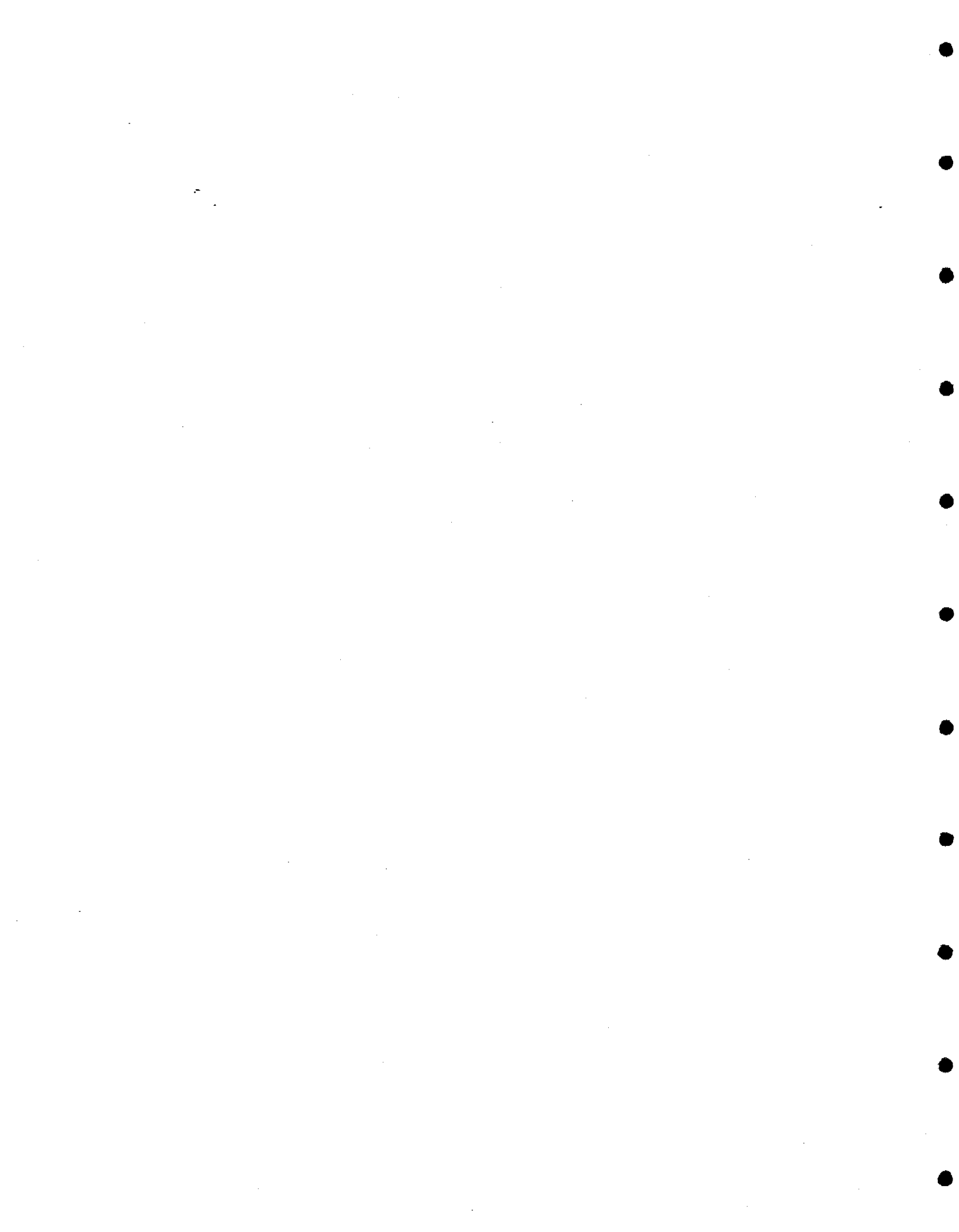
Provide an opportunity for the expanded Africare and Government of Malawi team to become better acquainted.

Share background on the development of the draft DIP (detailed implementation plan).

Achieve agreement and commitment to the revised DIP, including the overall regional and country specific implementation strategy.

Agree on the management roles and responsibilities of the Africare team.

Identify the important aspects that need to be considered in order to insure effective project implementation.



Appendix E

WORKSHOP SCHEDULE

PHASE I - DESIGN

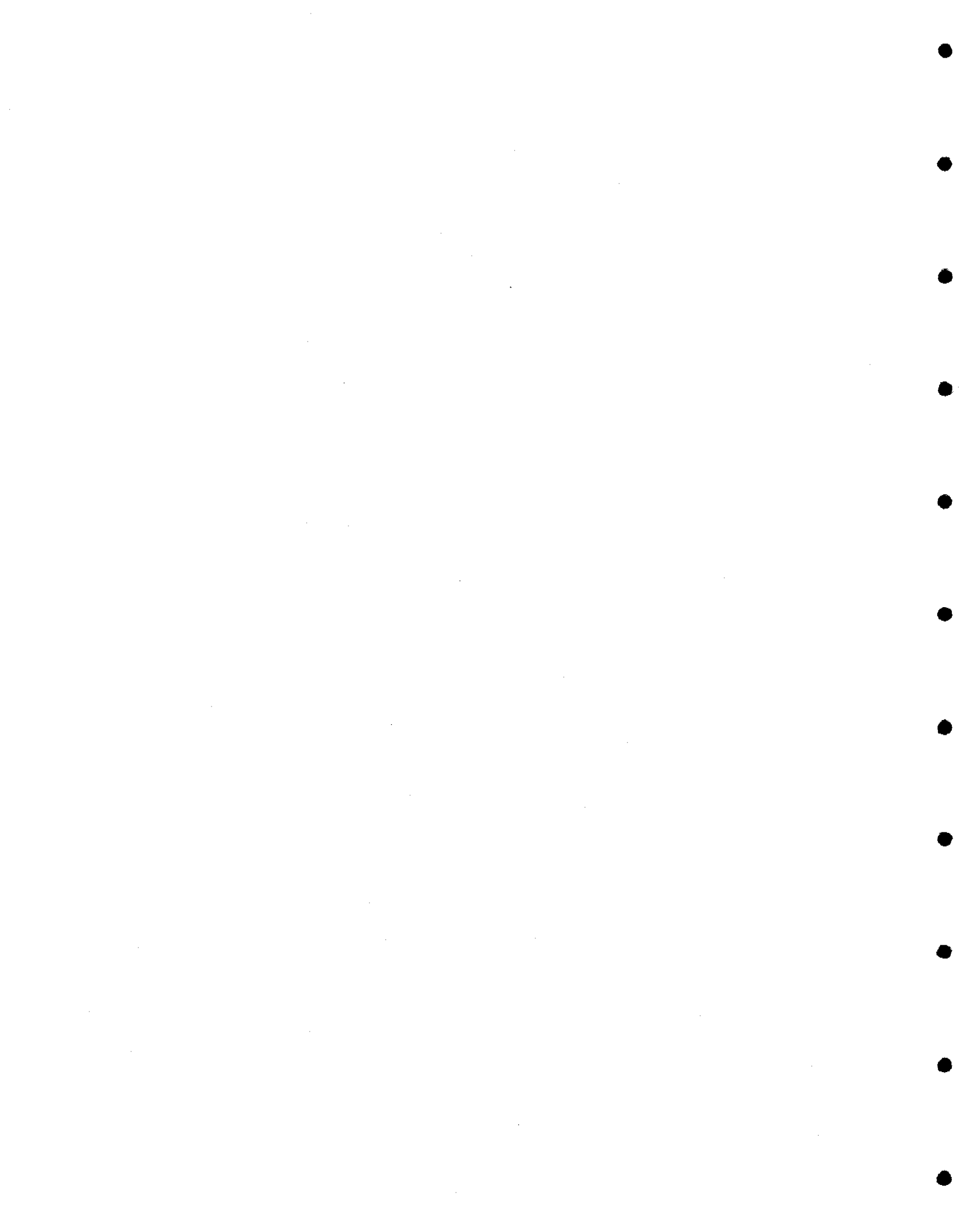
DAY 1	SESSION	TOPIC
	1	OPENING/INTRODUCTION
	2	GETTING TO KNOW EACH OTHER
	3	PROJECT BACKGROUND
	4	OVERVIEW OF WASH TEAM FINDINGS
	5	REVIEW, CRITIQUE AND REFINE DIP <ul style="list-style-type: none">• SMALL GROUP WORK:<ul style="list-style-type: none">Goals/ObjectivesOverall Implementation StrategyOverall Training ComponentM/EProject ManagementGeneral Schedule of Activities
DAY 2	6	AGREEMENT ON THE OVERALL REGIONAL REVISED DIP
	7	AGREEMENT ON MANAGEMENT ROLES AND RESPONSIBILITIES (PROJECT LEVEL AFRICARE STAFF)
	8	REFINING COUNTRY SPECIFIC COMPONENTS OF DIP
	9	FINAL CHECK OF REVISED DIP

PHASE II - DESIGN

DAY 1	SESSION	TOPIC
	1	INTRODUCTION/GETTING ACQUAINTED
	2	FIELD TRIP
	3	DEBRIEFING
DAY 2	4	BACKGROUND
	5	REVIEW AND CLARIFICATION OF DIP SPECIFIC TO MALAWI
	6	SHARING WASH TEAM FINDINGS
	7	DISCUSSION AND DEVELOPMENT OF STRATEGIES TO ADDRESS IMPLEMENTATION ISSUES
DAY 3	8	" SESSION 4" OF DAY 2 CONTINUED
	9	DISCUSSION AND AGREEMENT OF WHO SHOULD BE ON THE EXPANDED MALAWI PROJECT TEAM
	10	ROLES AND RESPONSIBILITIES OF PROJECT IMPLEMENTERS
	11	AGREEMENTS ON HOW TO MANAGE THE PROJECT
DAY 4	12	DEVELOPMENT OF COUNTRY - SPECIFIC WORKPLANS
	13	PRESENTATION AND AGREEMENT OF WORKPLANS
	14	CLOSING AND EVALUATION

Appendix F

PHASE I: AGREEMENTS AND OUTCOMES



1ST SMALL GROUPS

Group 1: Mac Homer
Alford garikayi
Marian Marseille
Chimwemwe Nyimba

Group 2: Kevin Clements
Steef Kruitwagen
Ben Chandiyamba
Kabuka Banda

Group 3: Phyllis Jones
Mathias Moondo
Fabiano Kwaule
Kevin Lowther

AFRICARE PROJECT PREPARATION WORKSHOP
Friday, 11 December, 1992

DAY TWO

Complete the following:-

When I first heard about this 6 day Program Start-up Workshop, I thought (or felt) _____

This morning I think (or feel) _____

2ND GROUP TASKS

I. Select/negotiate for the group you want to work with:

Group 1, Chapter 4 "Training Component"

1. Mac
2. Nyimba
3. Ben
4. Phyllis

Group 2, Chapter 5 "Monitoring/Evaluation"

1. Marian
2. Fabiano
3. Alfred
4. Mathias

Group 3, Chapter 6 "Management"

1. Kevin 1
2. Kabuka
3. Kevin 2
4. Steef

II. Personally read/review your chapter before Friday 8.00am.

III. In each group:

- A. Select spokes person/reporter
- B. Review/discuss your chapter
- C. Put on flipchart:
Things we feel should be added, deleted or modified.

Time: o/a 75 minutes

QUESTIONS

Management Expectations

1. How do you expect the other two groups to share project-related information with you? (What type, how much, how often?)
2. What would be an ideal working relationship with the other project entities?
3. What kind of written reports do you expect to prepare or receive from others?
4. How do you expect to make decisions that involve the other two groups?
5. How do you expect to monitor individual and overall project performance/progress?
6. To what extent will you involve the other two groups in planning project activities?

Note: The 3 project entities for this exercise are:

1. AFRICARE/Washington and Regional Project Managers.
2. AFRICARE Country Representatives and Project Managers.
3. Host Government Officials.

Directions: Please write the name of your entity/group at the top of the Management Expectations Matrix and the names of the other 2 entities/groups in each of the blank boxes. Then discuss and complete the matrix.

AFRICARE SOUTHERN AFRICA WATER, SANITATION AND HEALTH PROJECT

MANAGEMENT EXPECTATIONS AS OF 12/11/92
GOVERNMENT Expects of:

Expectations	AFRICARE/ Washington and Regional Meeting	AFRICARE/ Country and Project
1. Sharing information	Consultations on policy issues at least once a year.	Consultations on project management as often as possible Frequent sharing of information from project participating countries
2. Ideal working relationship	Consultations as above. Joint Regional activities once a while.	Exchange visits between project staff in the participating countries. Joint country activities as often as possible.
3. Written reports	Workshop or training reports from project participating countries.	Project progress reports every quarter.
4. Decision making	Consultations e.g through letters, discussions, meetings, etc	Consultations eg. letters, discussions meetings etc
5. Monitoring progress/ performance	Annual country project reports. Meetings.	Field reports quarterly. Meetings for project staff eg. monthly site visits monthly.
6. Involvement in planning	Meetings at least once annually during visits by Headquarters and regional officers (visits to Malawi)	Annual review and planning meetings. Project staff monthly meetings.

**AFRICARE SOUTHERN AFRICA WATER, SANITATION AND HEALTH PROJECT
MANAGEMENT EXPECTATIONS AS OF 12/11/92**

AFRICARE/WASHINGTON AND PROJECT MANAGERS expect of:

Expectations	Country Reps/ Project Managers	Host Government officials
1. Sharing information	Persons involved in project.	Ditto
	Summaries of relevant meetings.	Ditto
	Keep advised of meetings, seminars, conferences which may be of relevance to project.	Ditto
	Timely info on proposed workplan changes and other urgent project-related issues.	Ditto
	Publications, studies, government reports, activities etc.	Ditto
	Info on vendors and availability of supplies and equipment. Info on new technology developments.	Ditto Ditto
2. Ideal working relationship	Cooperative team approach. Regular personal contact (visits, plans etc)	Ditto Close consultation and cooperation.
3. Written reports	Quarterly workplans. Monthly progress reports. Country workshop report for inclusion in DIP.	

<p>4. Decision making</p>	<p>Through periodic visits.</p> <p>Require all decisions in writing and to be circulated to all parties concerned.</p> <p>Observe principle of consensual decision-making</p> <p>Issues which cannot be resolved at country level to be referred to Africare Washington.</p>	<p>Ditto</p> <p>Ditto</p> <p>Ditto</p> <p>Decisions involving formal government concurrence to be made expeditiously.</p>
<p>5. Monitoring progress/ performance</p>	<p>Regular feedback to all project personnel regarding performance.</p> <p>Monthly reports.</p>	
<p>6. Involvement in planning</p>	<p>Regular dialogue on planning project activities, training sessions, regional workshops and field visits.</p> <p>Direct involvement in design of project proposals for matching funds.</p> <p>Identification of potential funding sources.</p>	<p>Relevant officials need to be involved in planning of workplans, training, regional workshops and field visits.</p>

**AFRICARE SOUTHERN AFRICA WATER, SANITATION AND HEALTH PROJECT
MANAGEMENT EXPECTATIONS AS OF 12/11/92**

RESIDENT REPRESENTATIVES AND PROJECT MANAGERS expect of:

Expectations	Host Government Officials	Africare/Washington, Regional Managers
<p>1. Sharing information</p> <p>Within the host government system, distinctions are made between national, provincial/, district and field extension levels.</p>	<p>Type of information: Administrative, technical information especially as it relates to policy decisions.</p> <p>How much: Broad picture, overview.</p> <p>Frequency: Periodic (quarterly) meetings with national authorities More frequent (monthly) meetings with provincial/ district authorities</p>	<p>Type of information: Ditto</p> <p>How much: Ditto</p> <p>Frequency: At least monthly, but more often need arise.</p> <p>Means: Africare/washington (calls, memos, telex). Regional Managers - same but including visits.</p>
<p>2. Ideal working relationship</p>	<p>To share financial logistical resources with project.</p> <p>Assume mutual responsibility for success/failure of project.</p> <p>Joint ownership of project.</p> <p>Uninhibited communication.</p>	<p>Quick, consistent responses.</p> <p>Mutually supportive in achievement and goals.</p> <p>Avoidance of 'micro-management'?</p>
<p>3. Written reports</p> <p>Report sequence to host government: Project Managers - Resident Representative -</p>	<p>Government provides: minutes of consultation meeting</p> <p>health/water/sanitation sector studies, evaluations and other reports. Baseline info also needed.</p>	<p>Africare/Washington: provides quarterly (if not monthly)</p> <p>Financial reports: supplies additional WASH info and other helpful info.</p> <p>Regional Managers:</p>

<p>Host government</p> <p>Report sequence to Africare/ Washington: Project Managers - Regional Managers - Resident Representative - Africare/ Washington (The reporting sequence is very important.)</p>	<p>Africare provides: monthly reports, copies of USAID quarterly reports, copies of mid-term and final project evaluations.</p>	<p>provide quarterly reports and technical newsletter to update technology exchange.</p>
<p>4. Decision making</p>	<p>Shared decision making. Ultimate arbitrator for decisions being project accord and USAID grant regulations.</p> <p>Decision making process occurs by having frequent interactions ie. meetings, reports, calls.</p>	<p>Shared decision making; but project accords serves to settle disputes. (Mac considers Rep to be first among equals). Urgent matter: Africare/Washington/ Managers will fax/ call.</p>
<p>5. Monitoring progress/ performance (key component)</p>	<p>District level authorities appraise field extension staff based upon achievement of project indicators. Africare liases with district authorities, and conducts independent field visits, to determine performance of individual field extension officers. Would expect extension officers to report through their boses.</p>	<p>For Africare/ Washington: Speed at which fund transfers are made. Ability to facilitate fund raising process. Responses to field reports. For Managers: Degree of participation through all stages of implementation. Attendance at country specific workshops.</p>
<p>6. Involvement in planning</p>	<p>Involved in all steps of planning. Initial planning done at national level; detailed implementation planning done with</p>	<p>For Africare/ Washington: Limited to preparation of DIP and overcoming administrative constraints as they</p>

	district authorities.	arise. For Managers: Support workshop planning 4 month prior to implementation.
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Aspects of Project Management

1. Sharing information.
2. Organizational and working relationships.
3. Written reporting requirement.
4. Decision-making.
5. Monitoring performance.
6. Planning.

MANAGEMENT AGREEMENTS

Management Aspect	Africare Wash DC and Regional Project Managers	Africare Country Reps & Project Managers	Host Country Officials
1. Info sharing	Information:- 1. Persons involved 2. Keep advised of meetings 3. Keep "info resource center" 4. Vendors, supplies & equipment (procurement) Frequent:- Africare/W at least annually -timely info done on quarterly work plan changes	Information:- 1. Persons involved 2. Summary of meetings. 3. Share info, pub, etc 4. Keep advised of meetings. 5. Vendors, supplies Frequent:- Timely info Exchange info on new tech.	Information:- 1. Administrative and technical especially as it relates to policy and sector issues. How much: broad/overview Frequent:- biannual and national level info sharing

	<p>or urgent issues -exchange info on new tech. level. Inform/share info with HC officials and others - ie promote cross- fertilization</p>		<p>monthly & district/ provincial level 2. Persons involved 3. Summary of meetings 4. Keep advised of meetings 5. Share info, pub, etc 6. Timely info 7. Vendors; supplies -exchange info on new tech.</p>
<p>2. Working relation- ships</p>	<p>Frank/open/candid communication</p> <p>Mutually supportive in achievement of project goals</p> <p>Quick, consistent timely responses</p> <p>Avoidance of micro-management</p> <p>Inform/invite HC officials for joint regional activities and promote visits for cross- fertilization</p> <p>Cooperative team approach</p> <p>Regular personal contacts</p>	<p>Agree with government on share of financial/ logistic resources with project.</p> <p>Provide resources to permit govt. staff to attend work- shops, seminars, trainings, etc</p> <p>Assume mutual responsible with govt for success/ failure "Joint Ownership"</p> <p>Frank/open/ candid communication</p> <p>Promote cross- fertilization</p> <p>Cooperative team approach</p> <p>Regular personal contacts</p> <p>Promote cross- fertilization</p> <p>Cooperative team approach</p> <p>Regular personal contacts</p>	<p>Agree with Africare on share of financial/ logistic resources with project</p> <p>*Close consultation and cooperation</p> <p>Frank/open/ candid communication</p> <p>Promote cross- fertilization</p> <p>Cooperative team approach</p> <p>Regular personal contacts</p>

3. Written Reports

Quarterly progress report prepared by Managers for Africare/W review - then to USAID Missions, AID/PVC, Country Reps and HC governments.
*Washington adds financial data
*Distribution within 30 days after the quarter.

Report sequence:
Quarterly report to WASH where financial data added and sent to Regional Managers PVC, Res. Reps.

Kevin Lowther will write 1st quarterly report end 12/92

Bi-annual Newsletter with input from countries, Washington and other sources

* Need develop format for monthly and quarterly reports.

Monthly progress reports to Regional Managers and Africare/WASH
*District specific aspects sent to Region/District HC government

Distribute quarterly report to all relevant HC officials at headquarters level and to USAID mission in country
Report sequence:-
Project Manager to Res Rep to (WASH HC Regional for monthly reports

Provide host govt, copies of USAID quarterly reports and copies of mid-term and final project evaluation

Reports on national workshops shared with HC officials, Res. Reps, Washington and Regional Managers

Quarterly workshops from each country to Regional Managers and Washington

Provide minutes of relevant sector meetings and studies to Africare Country Reps.

Provide baseline data/information as needed

<p>4. Decision making</p>	<p>Shared decision making process: Project Accord</p> <p>Ultimate project decision making (major issues) - Washington</p> <p>Shared decision - field level</p>	<p>Shared decision making process project accord (country specific) - from project start-up workshop</p> <p>*Final decision - Country Rep. after consultation with Washington</p> <p>Most project decision making at regional/field level</p> <p>Keep Africare/ Washington informed regarding important project issues - needs to be documented and all parties informed</p>	<p>Shared decision making process project accord</p> <p>Consultations (letters, meetings, discussions and frequent visits)</p> <p>Decisions involving formal government concurrence made expeditiously</p>
<p>5. Monitoring</p>	<p>Monitor based upon agreed upon indicators</p> <p>Mid term and final evaluation and final report</p> <p>Monitor-speed of fund trans</p> <p>Matching of funds</p>	<p>Monitor based upon agreed upon indicator and roles and responsibilities (project start up workshop)</p> <p>Supervision in collaboration with appropriate government staff</p> <p>Monitor workplan</p>	<p>Monitor based upon agreed upon indicators and roles and responsibilities (at project start-up workshop)</p> <p>Extension worker and staff appraisal: regional and/or district government staff to</p>

		<p>progress in monthly meetings and reflected in monthly reports</p>	<p>supervise with Africare staff</p> <p>Monitor work-plan progress in monthly meetings reflected on monthly reports</p>
6.Planning Involvement	<p>Involved in all planning- Project Monthly Reviews/ Replanning</p> <p>Regional support for Project Start-up and other workshops -including an annual review/ replanning workshop for each country</p> <p>Advance planning for all international visits</p> <p>Help identify potential funding sources</p>	<p>Involved in all planning - Project Workplan, Monthly Reviews/ Replanning</p> <p>Annual review/ replanning workshop</p> <p>Advance planning for all international visits (in annual and quarterly workplans)</p> <p>Involvement in local project designs for matching funds</p> <p>Help identify potential funding sources</p>	<p>Involved in all planning - project workplans, monthly replanning/ reviews</p> <p>Annual review/ replanning workshop</p> <p>Advance planning for all international travel (in annual/ quarterly workplans)</p> <p>Involvement in local project design formatting</p> <p>funds</p> <p>Help identify potential funding sources</p>



Appendix G

FIELD VISIT

AGENDA FOR FIELD VISIT DECEMBER 12, 1992

08.00 AM

- All members meeting at Shire Highlands Hotel
- Mr. G. Prewitt quickly briefing the audience on the profile of Chiradzulu district.
- Mr. F. Chadza informing the audience on the sites to be visited.
- Mr. F. Chadza and Mr. G. Prewitt distributing hand outs to all members.

08.30 AM

- All members leaving Shire Highlands for Chiradzulu Hospital to pick up the District Health Inspector and a Senior T.B. Officer.

09.00 AM

- All members leaving CZ. Hospital for Kadewere village to see pit-latrines with sanitary platforms.

09.45 AM

- All members leaving Kadewere for Simika village to see a shallow well.

10.30 AM

- Members leaving Simika village for Chombe village to see a protected spring.

11.30 AM

- All members leaving Chombe Spring to return to Blantyre.

END OF FIELD VISIT

KADEWERE VILLAGE

Mr. f. Chadza introducing Mr. Kunkeyani and Mr. Sindi to the audience and thereafter he will introduce the village headman and the party leader.

The DHI briefing the audience about his duties in the district.

The TB Officer briefing the audience about sanitary platforms which were installed in family latrines to be visited.

All members going to see latrines with cemented floor and mounted with a sanitary platform thereafter the members seeing two pit-latrines with clay floors but mounted with sanitary platforms.

All members leaving Kadewere for Simika shallow well.

Kadewere village is in the traditional Authority of Kadewere at Grid reference of 394630 (Survey map 1,50,000) sheet No. 153 C1.

SIMIKA VILLAGE

Simika well is in the Traditional Authority Kadewere and is located at Grid Reference 387644 (Survey map 1,50,000) sheet No. 153CI.

The well was protected by Africare and was completed on February, 1992. It was funded by the Lions Club of Blantyre.

On the completion of this well, a well maintenance committee was formed and trained on how to take care of and maintain the well.

Simika well is serving people from the three surrounding villages.

CHOMBE SPRING

Chombe village is in the Traditional Authority of Mpama and the well is at Grid reference 308598 (Survey Map 1:50, 000), sheet No. 1535 C1 in Chiradzulu district.

This spring was funded by the Lions Club of Blantyre and protected by Africare and was completed on 11th December, 1992.

This spring stopped functioning in July 1992 because of the drought which has affected the water-table. Before drying up, this well was serving people from two villages.

On the completion of this spring a spring Maintenance committee was formed and trained using the procedures similar to those used at Simika well.

LIST OF PAST AND PRESENT PROJECTS IN CHIRADZULU DISTRICT

1. Chi Eta Phi/Chiradzulu Water and Sanitation Project
2. Mount Olive/Chiradzulu Springs Project
3. Lions Club/Chiradzulu Wells Project
4. UMCOR/Chiradzulu Springs Project
5. UMCOR/Chiradzulu Latrines Project

CHI ETA PHI/CHIRADZULU WATER AND SANITATION PROJECT

I. Account Number:

25-25-2412

II. Donor (s):

Chi Eta Phi Sorority

III. Geographic Locale:

Approximate 15 villages in the Chiradzulu District, Southern Region.

IV. Duration (start and end date):

October 1991 to November 1994

V. Project Purpose:

To improve the quality of life in the rural areas of the district through the protection of water sources, construction of sanitary platforms for latrines, and community wide health education.

VI. Accomplishments in FY: 92

Actual project activities began in February 1992, with the recruiting and orienting of the Health and Sanitation Project Supervisor. Other activities included selecting the initial seven villages for project intervention, designing and planning the baseline survey, and training of survey interviewers.

MOUNT OLIVE/CHIRADZULU SPRINGS PROJECT

I. Account Number:

25-25-2410

II. Donor (s):

Mount Olive Baptist Church

III. Geographic Locale:

Five villages in the Chiradzulu District, Southern Region.

IV. Duration (start and end date):

December 1990 to May 1992

V. Project Purpose:

To provide clean, disease free and accessible water to people living in five villages within the Chiradzulu District.

VI. Accomplishments in FY: 92:

All five water points were constructed/protected during this fiscal year. Three of the sites were natural springs, and two were shallow wells. Over 4,000 people are benefiting from this effort.

LIONS CLUB/CHIRADZULU WELLS PROJECT

I. Account Number:

25-25-2409

II. Donor (s):

Lions Club of Blantyre

III. Geographic Locale:

14-16 villages in the Chiradzulu District, Southern Region.

IV. Duration (start and end date):

January 1991 - on-going

V. Project Purpose:

To provide potable water to people in the chiradzulu District through the protection and construction of shallow wells and natural springs.

VI. Accomplishments in FY: 92:

During this fiscal year, 10 water points were constructed: seven wells and three springs. As village based training and health education are critical components of all water projects, a significant amount of time and effort has gone into improving the ability of the Africare Water Technicians to carry out these activities.

UMCOR CHICARDZULU SPRINGS

I. Account Number:

25-25-2408

II. Donor (s):

United Methodist Committee On Relief

III. Geographic Locale:

Nine villages in the Chiradzulu District, Southern Region.

IV. Project Purpose:

To provide reliable, safe sources of drinking water in villagers through the protection/construction of natural springs and shallow wells.

V. Accomplishments in FY: 92:

Project activities began in December 1991 and were completed by May 1992. Under this project, five shallow wells and four natural springs were protected. At each site, a village water maintenance committee was established and trained in the areas of spring construction, maintenance and health education focusing on hygiene and sanitation.

UMCOR CHIRADZULU LATRINES PROJECT

I. Account Number:

25-25-2301

II. Donor (s):

United Methodist Committee on Relief

III. Geographic Locale:

Villages throughout the Chiradzulu District, Southern Region.

IV. Duration:

September 1989 to September 1992

V. Project Purpose:

To assist villagers in the manufacture of approximately 250 sanitary platforms for latrine construction.

VI. Accomplishments in FY: 92:

All project activities completed prior to FY: 92. Remaining activity is the completion of final project report.

AFRICARE PROJECT PREPARATION WORKSHOP
Saturday, 12 December 1992

KEY POINTS
(from field trip)

Should be impressed on community that it is their facility

- must be done from involving the community from the beginning-including selection of the technology

Importance of stressing the health education aspects

- ex. of clean latrines

In design make sure all can use facility

- ex. of latrine with high step, not "child friendly"

Impact of the drought

- will likely affect all projects
- will affect community participation and technology

Need to plan for possible worst case scenarios

- be sensitive to immediate needs of community
-i.e. water more important than latrines

Importance of designing a system for O & M so that community knows who to approach if need help

- Difficulty of instilling community self-reliance
-ex. of woman asking for brush to clean water system

Implications for how set-up mgt. system for each local project

Only 2 of 14 springs are working, but 10 out of 12 hand pump wells are working

- consideration for technology choice

Importance of really knowing the technology

- advantages/disadvantages
- possible problem areas

Need to evaluate spring improvement technology and consider results in planning new project.

- Consider the traditional beliefs/values associated with a spring
- Try to do minimal change to the natural spring
- Can have impact on site selection

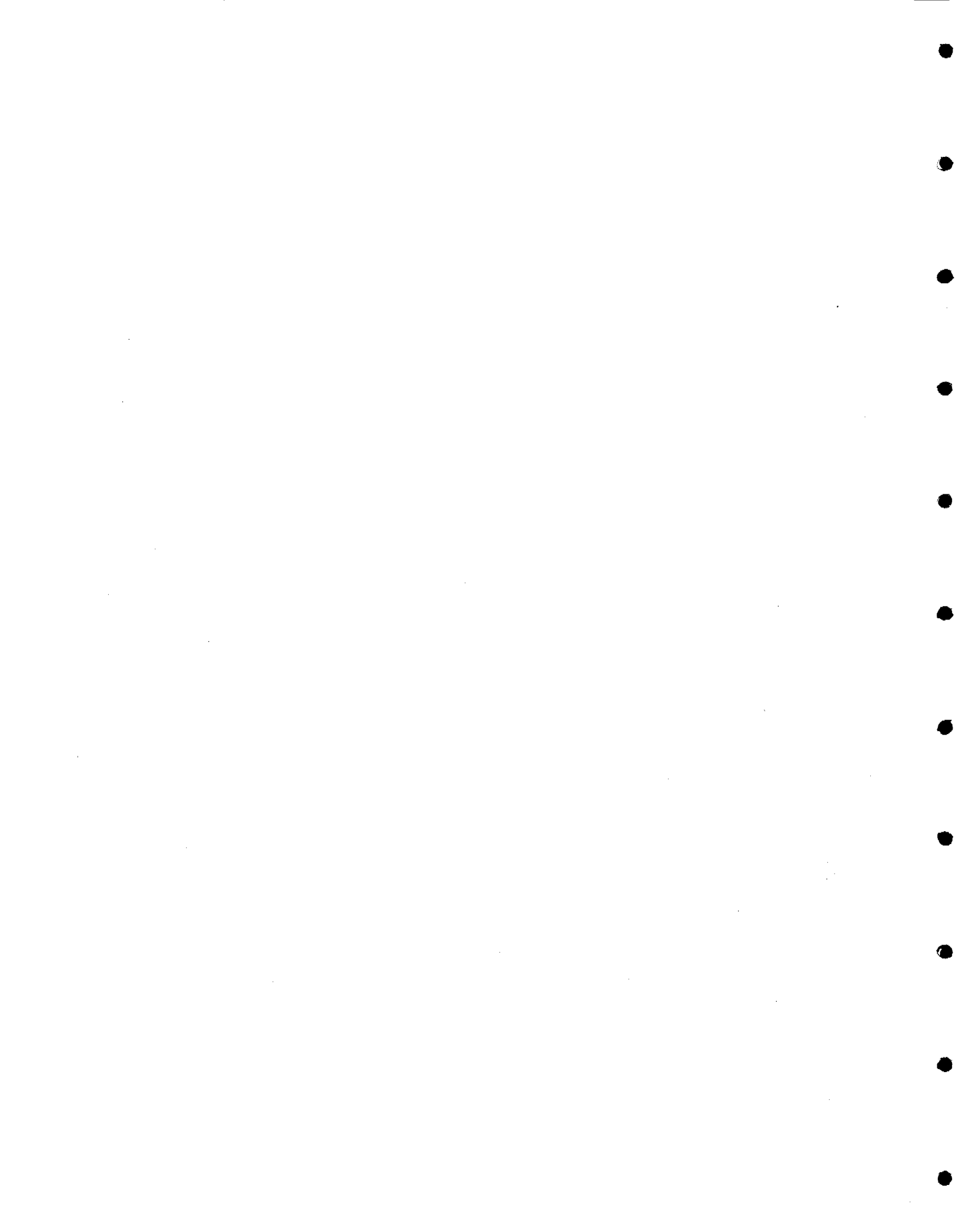
Importance of explaining to all people what you have discussed and agreed to before leaving a group.

- Especially involve/inform women



Appendix H

PHASE II: AGREEMENTS AND OUTCOMES



AFRICARE PROJECT PREPARATION WORKSHOP

Sunday, 13 December 1992

DAY FOUR

ZAMBIA

Third National and 4th National Development Plan

- emphasis on improving RWSS
- 3rd plan 79 - 84;
 - . 208 new RWSS
 - . 861 new wells
 - . 479 new boreholes
 - . 122 piped WS
 - . 32 new dams
 - . 850,000 beneficiaries

* Department of Water Affairs: under Ministry of Energy and Water development.

Min of LG and Housing

* Min of Health

* Min of Social Services (CD)

* = Key partners in past

See link of this Africare Project with MOH's CDD Program

- ._ CDD aimed at mgt of disease, not control, but
- * Beginning pilot control program in 15 districts in Northern and Copper Belt Provinces
 - 9 districts also targeted due to cholera outbreak

Issues of:

- . transporting
- . inadequate funding
- . limited tools/materials
- . staff motivation
- . lack of evaluation by higher authorities

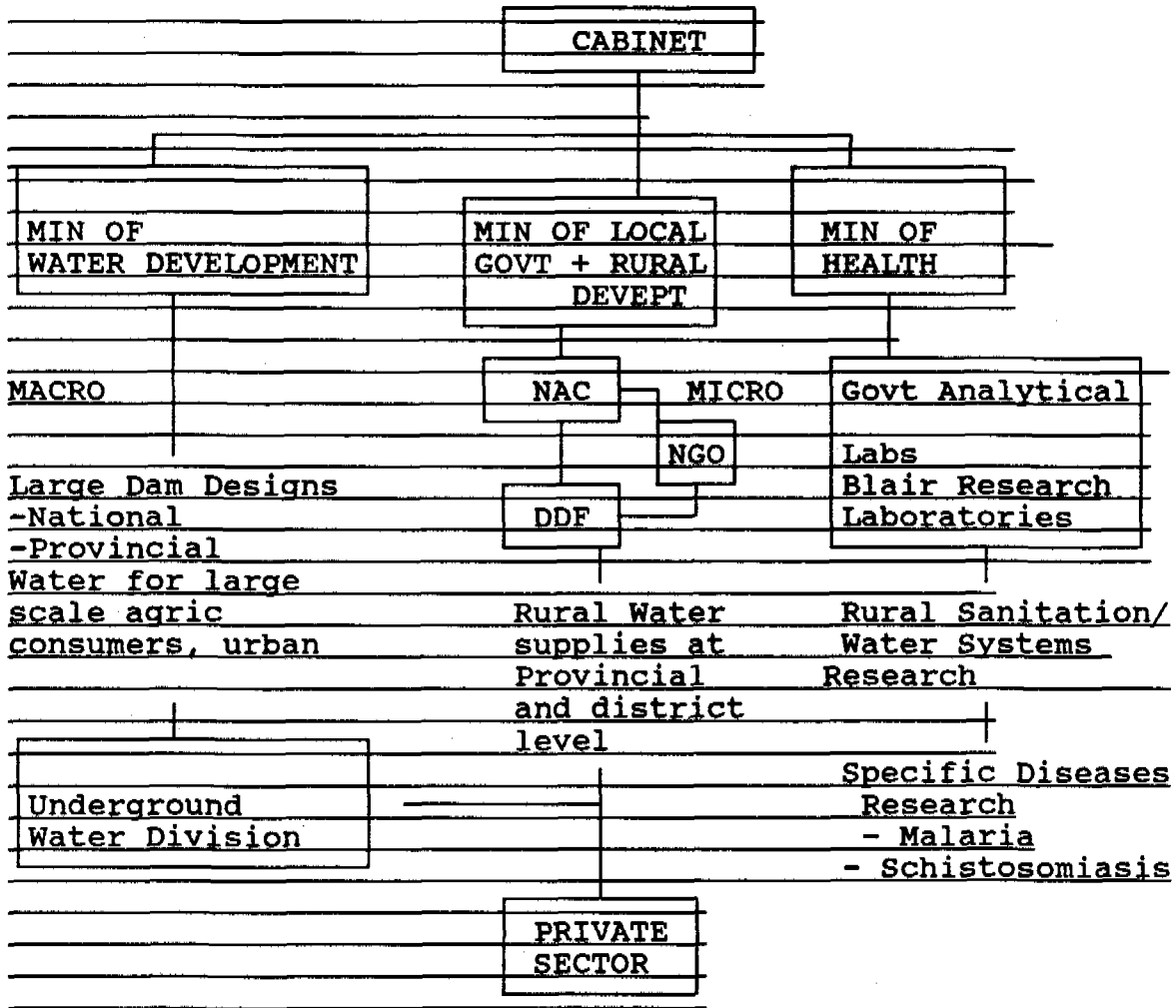
VHCs work with Health Assistant (Ext. agent)

- . will need train technicians to work together with HAS at village level

Delete reference to Africare Agro-biz. Trng officer.

ZIMBABWE

Policy and Strategy on Water and Sanitation



1. ADDITIONS

(a) Policy and Implementation

- Project implementation plan shall fit into the National Rural Water Supply and Sanitation Program already in place and coordinated by the NAC (National Action Committee).
- Shall entail vertical coordination with GOZ through the NAC and horizontal coordination with other NGO's.

- Formal agreement on target areas with the GOZ (Min Local Gvt and Rural Development) is to be sought at the inception of the Program. Coordination with other NGOs to be informal.

- Differences in Hydrogeology and surface water resources availability shall necessitate adoption of flexible technologies from area to area.
- Targets shall therefore vary in order to be accommodated within the budgets available.

2. ALTERATIONS

- a. P27 Para 2 "to suite and protect" "plentiful" "to protect" occur at a "limited" scale.
 Those trained to work in Matebeland South will focus on "deep" wells (high failure of shallow wells)
 P28 Para 1
 Promising water and sanitation teams capable of offering their services to surrounding environments shall be encouraged to start their own enterprises at the end of year.

- b. These teams are to be based at rural service centers/growth points. District Councils are to be approached to assist by providing/leasing premises from which they can operate.

MALAWI

RWSS Sector Ministries:

1. Works: Water Department
2. Women, Children and Community Services
3. Health
4. LG

Project for Piped Supplies for Small Communities through IRC in pre-urban areas

- . public stand pipes for communal water points
- . emphasize on integrated approach
- . 1st task was institution building among Ministries
 - a) Project Management committee - Comptroller of 3 ministries - also Centre for Social Research.
 - b) Project Manager from Water and Sanitation Project Officers from Health and Community Services.
 - c) Local Project Coordinating Committee with Assistants from 3 ministries.
- * Evaluation showed mistake of bypassing Regional and District-level staff of 3 Ministries, thus organized Info Workshops for these staff.
- Project still operating with support fm Regional

- and District levels
- * Initially invited NGOs, but failed to involve them.
- * Project Management Committee not very effective, but Project Team of 3 ministries was active and effective.
- * Local Coordinating Committees were also effective.
- emphasis on training these local teams in an integrated way with a single syllabus.
- also emphasis on training communities with an integrated syllabus.

Found it very important to use guidelines for all parties for working of each team ie. roles/responsibilities:

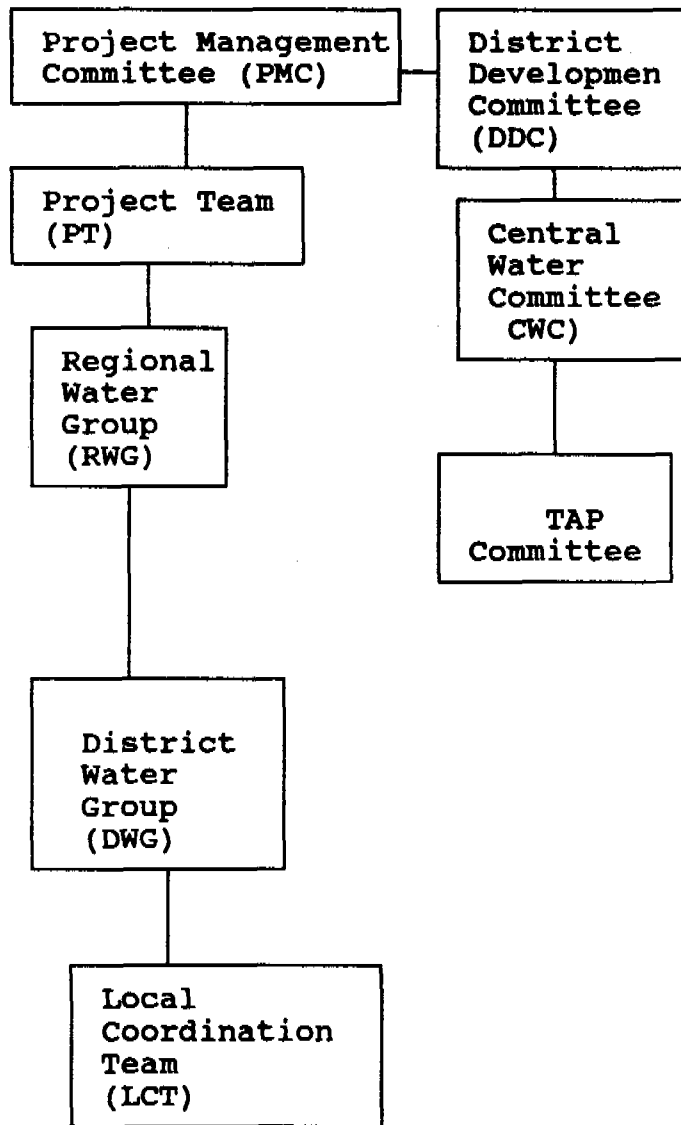
- * Feel most experiences can be shared in new Africare Project.

IRC Project Accomplishments:

- . developed methodologies
- . institutions were established
- . guidelines developed
- . training manuals
- . communal water points constructed
- . system of cost recovery developed in 4 districts in Central Region and later 4 more in Central and Southern

Central Water Committees exist in all districts - Water Districts - under District Development Committee

WATER MONITORING ASSISTANTS IN PROJECT DISTRICTS



86 - Present

Ground Water Project, in northern region. Criteria for choosing areas:

- . Deficit of protected WS
- . Community willingness to assure O & M
- . Funding availability

86 - 88

Community mobilization

- baseline study done
- est. of required boreholes
- village WHC's formed and also pump committee for each pump with pump attendants (mechanics/women)

3/91

Systems handed over to communities

- donor assistance for O & M and technical/social monitoring
- water monitoring assistants visit each pump committee monthly
- * confident that communities will be able to handle O & M after 3/93.

2. Lessons Learned

1. Structures should be developed with community participation -involved in decision making.
2. Clear framework of responsibilities needed for all ext. workers - and distinction between role/responsibility of ext. workers and of communities - villages water and health committees

70% of village WHCs setup fund for O & M expenses

Village headmen and WHCs were trained by project in latrine const-sanitary platforms

80% of san-plats are installed.

Now are working through health centers.

CLARIFICATION

"Extension worker"

"Resident Representative (of Africare)"

"Africare Water Team"

Extension Workers may or may not be government staff

"Regional Project Managers"
(for Africare Regional Project)

Number of Water Teams to be trained per country will be determined during Country Project Start-up Workshops

Multi-disciplinary Water and Sanitation Technicians

No plan for meeting training in project

Respect Africare's financial and administrative system/procedures

Round 1 - Issue Group 1

Realistically, what are the steps needed to identify, mobilize and effectively implement an intergrated RWSS & H project in a village in Malawi?

Who should be involved at each step?

Mathias
Kevin
Fabiano

1. Africare Water Supervisor and Health/Sanitation Supervisor to go and see DDC Chairman accompanied by District Water Supervisor, District Health Inspector and District Community Development Officer.
2. Once project is discussed with DDC Chairman and approval received, the Africare extension worker together with extension workers from government approach the chief.
3. After discussions with chief, the above team approaches the village headman.
4. The village headman mobilizes the community for discussions.
5. After needs clarified by community, methods of approach adapted, committment pledged, and agreements reached, project implementation can begin.

Project Implementation

Workplans drawn
Water committees formed and trained etc.

Round 1 - Issue Group 2

What criteria will you use in Malawi to:

a) Select the districts you will work in?

1. Water deficit (availability of potable water; ratio of number of water points to population).

2. Technology to be employed (ie hydrogeology of the terrain).
3. Incidence of water-borne diseases.
4. Districts where NGO's are not implementing ongoing water development activities.
5. Potential for spin-off activities that might generate additional development activities.
6. If the proposed activities fit within the District Development Plan.
7. Minimize negative impact on the environment.
8. Logistical and monitoring considerations.

b) Select the villages within each district?

1. Proximity of villages to each other (clustering of villages to facilitate operational purposes).
2. Water deficit.
3. Incidence of water-borne diseases.
4. Villages where Africare's effort complemented by on-going water development activities implemented by local/international organizations.
5. Technology to be employed (ie hydrogeology of the terrain).
6. The degree to which the community/village can mobilize or eager to participate in activities.
7. Potential for spin-off activities that might generate additional development activities.
8. Reliability of water sources (quality/quantity).
9. Social stability.
10. Availability of government extension workers (health, community services).

Note: Consider how you wish to inform/involve other NGOs (international and/or local)

Mac
Phyllis

Alford
Kabuka

Round 1: Issue Group 3

Develop/modify the "organigram" for the Malawi project so that it is as clear/simple as possible and shows the agreed upon roles and relationships of all parties involved in implementing the project (incl. interface with villages)

Project Coordination
Committee
National Level
Water/Health/CS
Africare Res Rep
Africare Reg. Project Manager

Regional Coordination Group

District Committee
District Water Supervisor
District Health Inspector
District CDO
Africare Water Supervisor
Africare Health/San. Sup.

Village Level Workers

Government
Water Monitoring Ass (W Dep)
Health Surv. Ass
Comm Dev. Ass.

Africare
Ext. Workers for O & M Monitoring
Construction for WS and S

Village (Water) Health Comm.
Water Point Comm.
Caretakers

Maintenance\Repairs

- Caretakers and water point comm.
- Water monitoring ass. (W Dep)
- AFRCARE W supervisor and W team
(during guarantee period)
- W Dep district level
or
Contractor NGO) Africare trained teams
- Maintenance units in districts

Marian
Nyimba
Kevin L.

AFRICARE PROJECT PREPARATION WORKSHOP
Monday, 14 December 1992

DAY FIVE

Round 2: Group 1

What approach/strategy should be used in Malawi to encourage/enable the VHC to take ownership and assure basic O & M of their RWSS structures?

- incl. consideration of how to set-up and manage a VHC O & M fund.

Alford
Mathias
Kabuka
Kevin L

Approach/Strategy to encourage/enable VHC to take ownership facility

1. Existing system to establish VH/WC seems to be effective in terms of instilling a sense of ownership.

- DDC informed and information passed to villages (through area action committees if available)
- VHWCS/Tap caretakers elected according to criteria/guidelines provided by project
- training of VHC members conducted

2. VHC be encouraged to develop their own bye-laws in consultation with villagers.

How to set-up and manage an O & M fund

1. Committee must be informed of the amount it needs to raise annually to operate and M. water points.

2. VHC to decide how to raise the funds, such as:-

- per house a/o per head contributions
- fines
- in-kind labour
- community work

3. VHCs should bank the funds.

4. Issue of retail network to be resolved. Also the wholesalers.

Round 2: Group 2

How in Malawi will the Africare Project identify/train/motivate/support the staff needed to effectively implement integrated RWSS and H village-level projects?

- incl. estimate of time needed.

Phyllis

Ben

Steef

Fabiano

1. Identification of all project staff:
 - a) develop job descriptions
 - b) advertise
 - c) establish/implement an interview process - select staff

2. Hiring/placement and training of staff:
 - a) Supervisors:
 - orientation on Africare, project and benefit packet
 - 2 week technical training (on-the-job)
 - integrated training: Government and Africare supervisors (project background, district overview, roles/responsibilities of all players, communication, supervisory skills and team building)
 - b) Village level workers:
 - for Africare workers: orientation on Africare, project and benefit packet
 - 2 week technical training (on-the-training). in combination with supervisor training
 - integrated training: Government and Africare workers (content: project background, village overviews, roles/responsibilities, community participation, team building and communication)
 - c) Support/Motivation of staff:
 1. Supervisors (Africare)
 - provide benefit packet
 - transport (motorcycles)
 - administrative/technical support (data collection instruments, etc)
 - seminars/workshops to improve skills/knowledge
 - access to research/information center
 - routine monitoring (written/verbal appraisals, site visits, two-way communication)

2. Government and Africare Supervisors:
 - participation in seminars/workshops
 - monthly site visits (in conjunction with regional project manager's visits)
 - access to research/information center (clearing house)
 - by-weekly meetings to problem-solve, plan, communicate

3. Africare village level workers:
 - provide benefit packet
 - for Africare extension workers: bicycles
 - for Africare water construction teams (tents, camping equipment)
 - administrative/technical support
 - seminars/workshops
 - routine monitoring/appraisals

4. Government and Africare village level workers:
 - seminars/workshops
 - bicycles
 - weekly meetings to problem-solve, plan communicate
 - weekly monitoring sessions involving Africare supervisors

5. Project Coordination Committee:
 - bi-annual site visits
 - routine planning meetings
 - pre start-up workshop
 - mid term evaluation
 - final evaluation

Round 2: Group 3

What specific baseline data needs to be collected in Malawi in order to measure the effect and ultimate impact of RWSS and H projects at village-level?

Mac
Kevin
Nyimba
Marian

Baseline

- Format:
- A. Functional issues.
 - B. Utilizational issues.
 - C. Impact issues.

A. Water

1. Number and condition (history) of functioning water points (seasonal/perianal water sources).
2. Number of functioning water committees.
3. Amount of training for village water committees.
4. Availability of water point caretakers.
5. Quality of water points (protected or not, additionally, may need to perform lab tests).
6. Distribution of water points.
7. District level O & M structure.
8. Accessibility of spares.
9. Whether there are established O & M funds raised by village committees.
10. Government extension workers available.
11. Ration of extension workers to areas covered.
12. design of water points ie, siting of water points - distance to latrines, kraals.
13. Availability of construction materials.

B. Latrines

1. Number of latrines.
2. Type of latrines.
3. Number of people knowledge of construction techniques.
4. Availability of construction materials.
5. Number of collapsed materials.
6. Ventilation within latrines.
7. Quality of construction.
8. Source of labour construction.
9. Cost-effectiveness of technology.
10. Siting and location of latrines relative to water points and water table in area.

Utilization

A. Water

1. What is water used for and from which source.
2. Traditional and cultural beliefs surrounding water points.
3. Are water points 'user friendly'.
4. How is water carried, stored and treated.
5. Amount of water used.
6. Waste water disposal; drainage in soakways.

B. Latrines

1. Utilization by men, women and children.
2. Reasons for initial construction and use.
3. Cleanliness and care of latrines.

Health Education

1. Waste disposal (fecal, rubbish, water)
how, where?
2. Number of people receiving health education messages.
3. Sanitation habits, ie, frequency of:
 - a. hand washing
 - b. bathing
 - c. washing of foods
 - d. use of soap; also it's availability and affordability (alternatives to soap)
4. Presence of dish racks.
5. Water utilization for utensils and transmission of diseases.
6. Use and awareness of ORS.
7. Keeping control between livestock and people as it relates to sanitation.
8. Rain water drainage around house.
9. Potential breeding places for flies and mosquitoes.
10. Degree to which children are aware of health education as opposed to adults.
11. Diarrheal disease management.
12. Traditional (beliefs) remedies to water and sanitation diseases.
13. Traditional beliefs to caustic agents for diseases.

Impacts

A. Water

1. Time spent collecting water.
2. Reduction of water borne diseases.
3. Increased number of O & M funds in place.
4. Empowerment of women (indicators: on committees and in leadership positions)
5. Reduction in 'down time' at water points, ie. time it takes to get water points repaired.
6. Improved care of water points.
7. No of fully functioning water point committees.
8. Institutional impact: greater availability of spares, technical support.
9. Increase water use n home, baths, etc.
10. Increase no. in use of water points.

B. Latrines

1. Reduction in diseases.
2. Increase number of people using/self-initiating latrines project.
3. % of total population using latrines.

C. Health Education

1. Decrease water borne diseases.
2. Behavioral changes eg. hand washing.
3. Increased knowledge in health management.

AFRICARE FUND RAISING

Will depend on types of projects/proposals for country projects that will come out of country Project Start-up Workshops.

Resident Representatives should take lead in reviewing possible local donors for RWSS and H projects.

- * Responsible for informing potential donors and for sending information on potential funding to Africare/Washington and Regional Project Managers.

Lowther to send out memo on funding ideas/suggestions and format.

- * Emphasize UN Agencies and other bi-lateral donors.

Resident Representatives, Regional Project Managers and Country Managers all responsible for writing proposals.

Need a written fund-raising strategy for the 3 years:

- . Targets
- . Potential donors
- . Responsibilities
- . Timing

Task for Work Plans

1. Brainstorm the major activities that need to be done over the next 6 - 12 months in your country.
2. Review your list and number the activities in chronological order.
3. Complete the work Plan form:
 - . Note organization/people involved for each activity.
 - . Estimate by month/year the start and end date of each activity.

Appendix I

DRAFT COUNTRY WORKPLANS

AFRICARE REGIONAL WATER, SANITATION AND HEALTH PROJECT
DRAFT WORK PLAN FOR ZIMBABWE

DAY SIX

Prepared 14 December 92 by:-

Kevin Clements, Africare Resident Representative
 Alford Garikayi, Africare Project Coordinator
 Marian Marseille, Africare Regional Project Manager

ACTIVITY	GROUPS/PERSONS INVOLVED	START	END
1. Further refine DIP-selection criteria, outputs, budget	Project Manager	21/12	31/12
2. Contact NAC, discuss and identify need deficit area's in country	Resident Representative, Project Manager		31/12
3. Contact D.A's and explain project. DA will arrange meeting with district govt. officials	Resident Representative Project Manager	1/1	8/1
4. Inform province and governor	Resident Representative, Project Manager		8/1
5. Meet with district government teams (DWSSC)	Resident Representative	11/1	22/1
6. Field visit to verify basic info 1,2, and condition of W & S facilities, presence of maintenance teams etc	Project Manager and relevant district officials	25/1	29/1
7. Project start-up workshop	Project Manager, Resident Representative, Regional Manager officials, participants	8/2	12/2
8. Sign project accord with GOZ	Resident Representative, Government	15/2	19/2

	officials		
9. Write and submit Zimbabwe DIP to Washington	Project Manager	22/2	26/2
10. Begin hiring personnel	Project Manager	22/2	22/4
11. Baseline survey	Hired temporary staff	1/3	1/4
12. Begin purchasing project inputs and supplies	Project Manager	1/3	--
13. Training of Africare personnel		26/4	21/5
14. Locate office and accommodation for field staff		26/4	21/5
15. Project personnel locate to project sites		23/5	

AFRICARE REGIONAL WATER, SANITATION AND HEALTH PROJECT

DRAFT WORK PLAN FOR ZAMBIA

Prepared 14 December 1992 by:

McDonald Homer, Africare Resident Representative
Mathias Moonde, Africare Project Coordinator
Kevin Lowther, Africare Regional Director, Southern Africa

ACTIVITY	GROUP/PERSONS INVOLVED	START	END
1. Inform people about workshop	Africare/Country Project Manager	12/92	1/93
2. Contact/identify key contacts in GRZ	Africare/Country Project Manager	12/92	1/93
3. Brief USAID on pre-startup workshop and plans	"	"	"
4. Develop 1-2 page summary sheet on project	"	"	"
5. Plan start-up workshop	"	"	1/93
6. Locate place to have start-up workshop	"	1/93	1/93
7. Assess admin & other implications for Africare/Zambia management	"	"	"
8. Review criteria for target areas	Africare/W/DWA, MOH, DSD	"	"
9. Plan/initiate procurement of vehicles	Africare/PM & Rep	"	"
10. Identify funding areas.	Africare Rep.	"	"
11. Consult W/other NGOs (local & Int)	Africare Country Manager and Rep	"	--
12. Gather data on other GRZ W/S projects	"	"	1/93
13. Explore spare parts	"	"	"

market pipeline/ availability (water affairs, private sector)			
14. Hold country workshop	Regional Manager Country Manager, Res. Rep	Mid Jan	Mid Jan
15. Identify target area(s)	Workshop participants (from list prepared from activity 8)	"	"
16. Instrument to gather data on target areas	"	"	"
17. Assess other NGO's approaches to O & M	Workshop participants	"	"
18. Assess what services private sector/NGOs provide in terms of maintenance for water points	Africare/Project Managers	2/93	2/93
19. Establish monitoring/ evaluation plan	Start/up workshop participants	2/93	2/93
20. Develop evaluation instrument	"	"	"
21. Design country workplan (annual & quarterly)	"	"	"
22. Prepare country-specific fund raising strategy	Africare/ Country Project Manager and Res Rep	3/93	3/93
23. Identify stuff/interview	"	3/93	4/93
24. Form project coordination committees (nutritional level)	MOH, DSD, DWA	3/93	3/93
25. Provincial committee level	"	"	"
26. Gather sector studies on selected districts	"	"	"
27. Prepare quarterly	First rpt due	"	"

reports (1st)	Jan 93 Africare Rep.		
28. Discuss project implementation at provincial/district level	Africare Rep/pm	2/93	3/93
29. Conclude project agreement W/GRZ	"	"	"
30. Consult MOH on standard handpumps	"	"	"
31. Consult Water Affairs on standard handpumps	"	"	"
32. Agree on specific pump/latrine technology to be used	"	"	"
33. Identify local enumerators to conduct baseline studies	Rural Development Sociology Bureau	5/93	5/93
34. Gather baseline data on villages in target areas.	"	"	6/93
35. Develop training methodologies/materials	Africare Regional Managers/Country PM & GRZ	"	"
36. Form/train construction teams	Country PM and Rep	3/93	6/93
37. Initiate community mobilization in target areas	Africare staff	"	"
38. Form/train VHC/WCs	Regional Manager & Country Project, Manager and Water/San. supervisors	6/95	
39. Assess constraints on key supplies, eg cement	Country Manager & Admin officer	"	"
40. Estimate resource/info	Africare Project	3/93	On

base on Water/Sanitation	Manager		
41. Complete (x) project proposals for matching funds	Project Manager & Res Rep	"	"
42. Begin construction of latrines	Country Manager & Africare Construction	6/93	
43. Begin construction of water points	"	8/93	
44. Cross-fertilization visits by water technicians	Africare construction teams	9/93	10/93
45. Annual coordination meeting	RDO, Res. Rep. Country Manager and GRZ	10/93	

AFRICARE REGIONAL WATER, SANITATION AND HEALTH PROJECT

DRAFT WORK PLAN FOR MALAWI

Prepared 14 December 1992 by:

Phyllis Jones, Africare Resident Representative
Steef Kruitwagen, Africare Regional Project Manager
Chimwemwe Nyimba, CDO Ministry of Women, Children's
Affairs and Community Services
Ben Chandiyamba, NH. HESP Coordinator, Ministry of Health
Fabiano Kwaule, Project Manager. Community Water Supply
Ministry of Works Water Department
Kabuka Banda, Senior Hydrogeologist MOW Water Department

ACTIVITY	GROUPS/PERSONS INVOLVED	START	END
1. Ministry staff debriefing of senior officials	Kabuka/Ben/Nyimba/Fabiano	Dec 92	Dec 92
2. Conduct meeting to discuss project with government - by Ministry (controller level)	Africare staff	Jan 93	Jan 93
3. Establish research/info center	Africare staff	Dec 92	on-going
4. Design/carry out needs assessment to determine district(s)	Project Coordination Committee	Jan 93	Mar 93
4b. Submit DIP targets to Washington	Resident Representative/Regional Project Managers	Jan 93	Feb 93
5. Identify other actors (NGO's)	Project Coordination Committee	Dec 92	Mar 93
6. Establish district/office storage	Africare staff	Apr 93	Apr 93
7. Recruit/hire Africare supervisors	Africare	Apr 93	May 93

8. Plan start-up workshop	Project Coordination Committee	Mar 93	May 93
9. Develop training materials plan for Africare staff orientation (supervisors/ext. workers/construction teams)	Africare staff	Feb 93	Apr 93
10. Implement 2 week on-the-job training for supervisors (Africare) and orientation	Africare staff	May 93	May 93
11. Development of Project Accord	Africare staff	Apr 93	Apr 93
12. Signing of Project Accord	Africare and Government	May 93	May 93
13. Develop Project Proposals	Africare staff	Mar 93	on-going
14. Introduce project to DDC	Africare staff	May 93	May 93
15. Implement project start-up workshop	Project Coordination Committee	June 93	June 93
16. Recruit/hire extension staff and construction crew	Africare staff	May 93	June 93
17. Implement orientation and 2 week on-the-job training of extension workers and construction crew	Africare staff	June 93	July 93
18. Develop/test and refine baseline survey instrument	Africare staff	July 93	July 93
19. Implement the baseline survey	District staff	July 93	July 93
20. Compile/report baseline findings	Africare/district staff	Aug 93	Aug 93
21. Choose technologies to	Project	Aug 93	Aug 93

be used in project/devise methodologies to be employed	Coordination Committee		
22. Determine project inputs	Africare	Aug 93	Aug 93
23. Procure project inputs	Africare	Aug 93	On-going
24. Develop training materials/plans for integrated training and village based activities	Government staff national/ district Africare staff	Aug 93	Aug 93
25. Implement integrated training and develop data collection and reporting systems/develop monthly work schedules	Project Coordination Committee	Sept 93	Sept 93
26. Conduct bi-annual review and re-planning workshop	Project Coordination Committee	Jun Dec	on-going
27. Mobilize communities	Village extension workers	Sept 93	on-going
28. Monitoring/evaluation at village level	District staff	Sept 93	on-going
29. Select/train VH/WC's	Village Extension Workers/ communities	Sept 93	on-going
30. Introduce latrine and health education programs	Village Extension Workers	Sept 93	on-going
31. Construction of water points	Construction crew/communities	Oct 93	on-going
32. Implement staff appraisal assess potential for development	District supervisors (government/ Africare)	Dec 93	Dec 93

Appendix J

SUMMARY OF WORKSHOP EVALUATION

AFRICARE PROJECT PREPARATION WORKSHOP
EVALUATION FORM

A. Workshop Goals:

The goals of the workshop are listed below. Mark the number that most closely indicates how you feel each goal has been achieved. The scale is from 1 (low, goal not achieved) to 5 (high, goal achieved very well).

Not Achieved

Achieved Very Well

PHASE I:

- | | | | | | | |
|----|---|---|---|--------|--------|---|
| 1. | Provide an opportunity for the expanded Africare team to become better acquainted. | 1 | 2 | 3 | 4 | 5 |
| | | | | | (4.66) | |
| 2. | Share background on the development of the draft Detailed Implementation Plan (DIP). | 1 | 2 | 3 | 4 | 5 |
| | | | | | (4.08) | |
| 3. | Review, critique, and refine the draft DIP. | 1 | 2 | 3 | 4 | 5 |
| | | | | (3.66) | | |
| 4. | Achieve agreement and commitment to the revised DIP, including the overall regional and country specific implementational strategy. | 1 | 2 | 3 | 4 | 5 |
| | | | | (3.41) | | |
| 5. | Agree on the management roles and responsibilities | 1 | 2 | 3 | 4 | 5 |
| | | | | | (4.08) | |
| 6. | Identify the important aspects that need to be considered in order to ensure successful implementation of the project. | 1 | 2 | 3 | 4 | 5 |
| | | | | | (4.66) | |

PHASE II

- | | | | | | | |
|----|---|---|---|---|--------|---|
| 7. | Exchange information that is essential for the start-up of the project in Malawi. | 1 | 2 | 3 | 4 | 5 |
| | | | | | (4.58) | |

8. Achieve agreement and commitment regarding Malawi's specific project goals and activities.
- 1 2 3 4 4.33 5
9. To identify who should be members of the expanded Malawi project team.
- 1 2 3 4 4.41 5
10. To identify, clarify, and agree on the roles and responsibilities of the project implementors.
- 1 2 3 4 4.08 5
11. To develop work plans for the next six to twelve months for Malawi, Zambia, and Zimbabwe.
- 1 2 3 4 4.16 5
12. To model how to plan, organize, and facilitate a Project Start-Up Workshop.
- 1 2 3 4 3.91 5

B. Opinions and Feedback

Please answer the following questions as thoughtfully as you can within the time. Your answers will help us plan other conferences in the future and will also indicate if there are concerns which need to be addressed in follow-up activities.

1. What do you think has been the primary benefit of this workshop?

2. What workshop activity could have been done better?

3. Do you believe there are unresolved issues that should^{be} dealt with in follow-up activities? What are they, and what should be done about them?

4. What comments do you have about the workshop arrangements and accommodations?
Room Accommodations
Conference Room
WASH Documentation
Other aspects

5. What final comments do you have for the workshop facilitator(s) on his or her performance?

Questions

1. What do you think has been the primary benefit of this workshop?

It has helped to raise the various issues we must address in order to have a successful project. How each rep. will address these issues will vary (to some extent), however, I believe has raised what we should all be aware of.

Discussing the DIP and the overall goals/purposes of the project has been helpful compared to reading the DIP and project document. The discussions have helped me to understand the project better including my responsibilities to it.

-Team building

-Getting the Malawi project one major step further.

Broaden, deepen understandings of a dynamic set of factors that determine the outcome of a development project.

We have shared important aspects in writing a detailed implementation plan for a community based development project which requires multisectoral collaboration.

To surface issues which otherwise would have been missed, to ensure common understanding of project objectives and to develop commitment to project goals.

I think that the workshop has given the participants a much better basis for planning.

The joint planning and agreements on approaches and management issues.

It has shown that such workshops serve to clearly inform participants background about the planned project and get their input, (based on their experiences) into the plan.

Improve communication among various parties regarding project issues (general).

To get to understand better the ins and outs of the project.

Having integrated inputs to the DIP.

2. What workshop activity could have been done better?

Analysis of the DIP document was flawed because there were so many errors, incorrect assumptions, etc. Rather than trying to reconstruct a flawed document we should have begun work to prepare a new DIP. If we were given a useful DIP format the exchange could have been more focused and more productive.

While accepting that specific country DIPS should come-up with specific project output in

figures, I wished we attempted this section. However, this would you had extended implications on time. Generally all activities have been tackled to my satisfaction.

-The revision of the overall DIP general point was the _____ point.
-More contact before the workshop on DIP/discussion paper. No. of participants and type, etc. would have been useful to make it an even better workshop.

1. Involvement/participation of officials from Zambia and Zimbabwe.
2. Budget analysis to assess % of _____ and implementation costs vis-a-vis the % that finally "lands of the ground".

The organization would have been better if government participants from Zimbabwe and Zambia were included as well.

Beats me.

The revision and analysis of the DIP. Should have been less time spent.

The modeling and planning and organizing, facilitate a start-up workshop needed much more time.

More closer link between implementation issues and work plan development.

Refining the DIP (shorter) More time to discuss workplans after their presentation.

Question of resource (financial) implication for project participating on ministries.

3. **Do you believe there are unresolved issues that should be dealt with in follow-up activities? What are they, and what should be done about them?**
 1. Although USAID has given their blessing to the proposed DIP format I believe that a more detailed format would serve the 3 country offices much better. I would like to see a better DIP format.
 2. How will gov't workers really be supported (transport, allowances) under the project?

Specific project goals need to be tackled at country level.

-Communication, co-planning of activities, working together across borders in 5 offices is something important that has to get its final shape in the next months, same with exact definition of roles and responsibilities on AFR staff level.

Provision of water and sanitation - yes for primary health but is that all, is that the ultimate?

Follow-up activities are therefore necessary - such as, assess the response of the communities - so as to provide a base of the next stage of development such as food production etc.

Objective workplans for Zimbabwe and Zambia are required since what we had in this workshop were just tentative.

We did not discuss the WASH approach to community mobilization and implementation. This needs to be incorporated into specific country workplans and training sessions.

The integration of the water and sanitation components.

None

a. There are mixed interpretation of project start-up workshops - what they are about - who to be involved - should be defined more specifically.

b. Fund raising vs. proposals from countries .. the memos to be sent by Reg. Director will clarify these.

- Regional project managers workplan.

- Develop a draft plan and have Washington review and approve (with input from countries and information obtained during this workshop).

Clarify roles of different managers input of regional managers Zimbabwe and Zambia

Financial resource implications for other participating agencies.

4. What comments do you have about the workshop arrangements and accommodations?

Room accommodations

Conference Room

WASH Documentation

Other aspects

Room Accommodations

Ok

Satisfactory

Good, no comments. Thanks to Kwacha for all the typing work.

Average conditions

Good, but some mosquito bites at night.

Spartan, but livable

Good but expensive

Ok

Fine (comfortable, convenient)

Ok
Nice - try Ryalls Hotel next time - too quiet here.

Conference Room

Ok
Satisfactory
Average conditions
Adequate for the group
Fine
Good
Ok
Fine/adequate
Good
Ok
Nice

WASH Documentation

Great
Satisfactory
Good
Available
Excellent
Good
Ok
Adequate
More copies were required
Ok
Adequate

Other Aspects

Information to participants should be specific and give define duration of workshop.
Food reasonably offered but there is room for improvement.

Transport for gov't officers was not properly considered. We only had transport to and from

the workshop, but not for traveling around. This is the first time I went to a workshop by bus.

Hotel staff - very friendly, courteous.

I felt that a more useful starting point could have been with the country implementation plans.

All other issues could have iminated from this.

Subsistence allowances, which were apparently based on normal duty allowances, were too

low and since they were per diems departure day should have been inclusive.
The service in the restaurant was not quite satisfactory.
Transport for _____ participants - bus not very convenient.

5. What final comments do you have for the workshop facilitator(s) on his or her performance?

The facilitator did a great job considering the nature of the issues at hand, eq. project start-up vs. project design.

Well done by all and wish them all the best in all their endeavors.

Done a good job. Let's get started with the project now!

Showed (all) tremendous experience which was measured and appropriately applied. Well done.

Good facilitation, but more inputs could have benefited us more. Such inputs could be in terms of summaries or generalizations based on what participants contributed.

Good team chemistry. Kept things moving. Clear explanations. Made good suggestions without trying to tell us "how to do" our project. Clearly were committed to the project.

I felt that all the material covered in the workshop was very useful except the time we spent going over the DIP. The most useful for me was outlining our specific country implementation plans. The facilitators were excellent in terms of their organization of the material and overall presence. It was a pleasure to work with them.

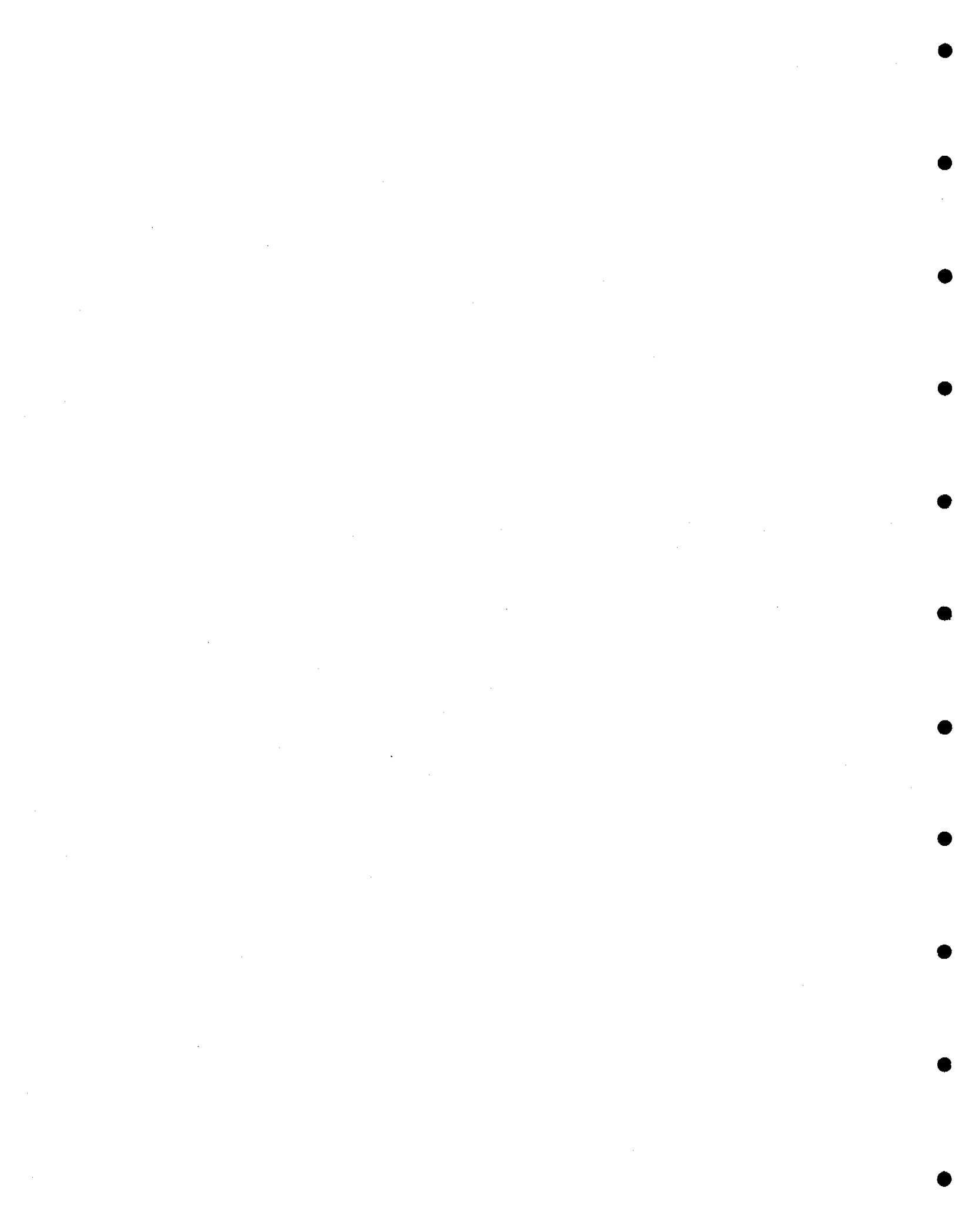
It was quite a good workshop _____ from being oriented to this proposed new project, a lot has been learned in terms of issues which are very crucial in the WSS sector.

Timely presentations: facilitators saw that sessions were completed in time as anticipated and acted promptly when fatigue or boredom became apparent on the part of the participants - eg. pushing or/speeding up when sessions apparently dragged on.

Excellent!! Essential to achieving workshop objectives.

They all did a good job.

Very good (all 3)



Appendix K

DETAILED IMPLEMENTATION PLAN (DIP)

FINAL VERSION

Africa Regional Water, Sanitation and Health Project Detailed Implementation Plan

● Executive Summary

1. **Introduction/Background**
General - Experience - Needs - Countries
2. **Goals and Objectives**
3. **Implementation Strategy**
General components
Specifics
Country
4. **Training Component**
5. **Monitoring/Evaluation**
6. **Management**
7. **Time Frame/Schedule of Implementation**
8. **Budget**
9. **Log Frame**

1. Introduction/Background

Africare has been committed since its inception in 1971 to improving the quality of life in rural Africa, with an emphasis on water, health, and food security. To achieve these broad goals, Africare has sought to support self-help projects, to work through host governments, and to strengthen indigenous structures. Although much has been achieved through these means, Africare in recent years has sometimes adapted its traditional approach to development in response to changing conditions, especially the increasing difficulty governments are facing in delivering basic services to their citizens.

In Southern Africa, for instance, Africare has established its own water teams in Malawi, Zimbabwe, and Zambia to implement emergency village water projects in refugee-impacted and drought-affected areas. Although it has done so in close consultation with the respective national water departments and local authorities, in order to ensure that water is made available in regions of acute need, Africare in effect, has compromised its long-held emphasis on self-help and on working through governments.

Having developed its own considerable capacity within Southern Africa in the water and sanitation sector, Africare proposes to use this expertise to strengthen community-based responses to the mounting need for reliable rural water supplies and a healthier environment. Africare is initiating this \$3 million, three-year regional project to reduce the incidence of water and fecal-borne diseases in the Southern African nations of Malawi, Zambia, and Zimbabwe. In addition to strengthening Africare's capacity to implement rural water supply and sanitation projects, this project is designed to strengthen indigenous capacity. One approach will be to reinforce Africare's emphasis on developing local institutional capacity. This project addresses two of Africare's original and long-standing goals, improved water and health, and is intended to integrate management of Africare's growing portfolio of water and sanitation projects in Southern Africa. An estimated ###,### persons, more than half of them women, will be served by this project, through provision of hygiene education, improving their access to and quality of water, and increasing their access to and use of latrines.

At the project's completion in late-1995, Africare will have substantially enhanced its capacity to plan and implement integrated water and sanitation projects. This capacity will be institutionalized within Africare itself and increased among the government, local NGOs and private enterprises spawned by the project. It is latter two groups through which Africare expects increasingly to direct its financial and technical support in the water and sanitation sector in Southern Africa.

This project has been inspired, in part, by Africare's ad hoc development of teams of individuals trained in the basics of spring protection, well-sinking, and the siting and construction of family latrines. In this project these

technical teams will work with extension workers to implement village level integrated rural water supply and sanitation programs. The extension workers are government and Africare employees who will be responsible for activities at the village level, including coordination. The project design has evolved from Africare's considerable experience with water and sanitation projects in Southern Africa, its emphasis on working through existing governmental and non-governmental structures, and its well-established working relations with the health ministries and water affairs departments in each of the target countries.

It has become increasingly apparent, however, that there is little regional cross-fertilization of experience in the water and sanitation field. Apart from the tendency to implement these as separate, rather than mutually-supportive projects, there is virtually no sharing of technical knowledge across borders. This applies both to Africare and to the countries themselves. A good example is the "boxed," or protected spring. Africare has been responsible for introducing this concept to the Chiradzulu, Mangochi, and Ntcheu districts in Malawi, where it is especially suitable and cost-effective. Africare has trained its own teams of "water technicians" how to site and protect a natural spring. It has also encouraged young Malawi polytechnic graduates to improve the design. The project has helped meet the increased water needs of refugee-impacted villages near the Mozambique border. This technology is not widely used in parts of Zambia and Zimbabwe where natural springs exist. How, then, to disseminate this technology--and others--throughout the region? This project plans to address that question.

The overall management of this project will be the responsibility of Africare's Washington-based Regional Director for Southern Africa, with support from existing headquarters staff. The Regional Director (the contact person for this proposal) has been intimately involved in Africare's programming in Southern Africa since 1978. It is the Regional Project Managers who will be responsible for providing technical support, training and monitoring, and will work with Africare's Country Project Managers in the target countries. They will play a critical role in technology transfer and in training of water, sanitation, and hygiene education teams.

Broadly stated, the purpose of this project is to improve the quality of life, especially of women and children, and increase productivity through the provision of adequate safe water and sanitation. The project goal is to reduce the incidence of water- and fecal- borne diseases in rural areas of Malawi, Zambia and Zimbabwe through collateral improvements in water access and quality as well as more sanitary disposal of human fecal waste. The level of achievement of this goal will be measured through behavioral changes such as use of latrines and the washing of hands after defecation and before preparing food. Appropriate indicators for these and other improved practices will be developed and incorporated in baseline surveys and periodic monitoring

surveys.

This project will achieve this goal by strengthening the local capacity of the government, local NGOs and/or private enterprises, and Africare itself. This strengthening will be accomplished principally through local and regional workshops, provision of technical assistance, technology transfer, training, sharing of expertise and experiences on technology and village level operations and maintenance, and resources among these groups. Since this project will work closely with the government, it will be consistent with government national plans.

This project will emphasize training of water and sanitation technicians, who will work in teams, either for Africare directly or under government departments. At the village level these teams will coordinate their activities with the extension worker to ensure an integrated water supply, sanitation and health approach. This will strengthen the mutually-reinforcing effects of clean water and a clean environment on health in target villages. An important and innovative component to the project will be the promotion of the protected spring to Zambia and Zimbabwe and its adaptation to local circumstances.

Finally, this project will explore ways to "privatize" development of village water resources and sanitation facilities. Water and sanitation technicians trained under the project will be encouraged and assisted to establish their own NGOs or private enterprises. The premise is that governments will not be able to meet the total demand for construction or maintenance of water points and latrines, and that NGOs, the government, and ultimately the rural residents - collectively and individually - represent a potential market for persons skilled in repairing, siting and constructing wells and protected springs, as well as pit latrines. These private enterprises and NGOs will need to work with other NGOs and governments on insuring the provision of the social services necessary for effective and sustainable water supply and sanitation systems.

Although the project is funded over three years, it is assumed for the purposes of this detailed implementation plan (DIP) that a fourth, and possibly fifth year will be needed to ensure effective implementation as originally proposed by Africare.

2.0 Goals and Objectives

Africare will implement a Rural Water, Sanitation and Health project, that includes a community participation and hygiene education component, in three southern African countries: Malawi, Zambia and Zimbabwe. Each country-specific plan will target a total of approximately ### villages in a three-year period. The project will be implemented by a project team in each country, which will be managed by a project management team located in Malawi. The project will build on existing Africare/government water supply, sanitation, and health projects in the countries.

Most water and sanitation guidelines concentrate on community involvement. This project focuses on community involvement using the extension worker as the link between the project and the community. The roles of other individuals and groups involved are the country project management team, the village leaders, the village health and water committees, the construction crew (consisting of community volunteers and/or skilled laborers (normally hired for the duration of the project)), and appropriate host country government officials. This project will train local technicians who may later contract to work on local rural water supply and sanitation activities.

The goal of this project is to improve the health of the targeted villages by:

- changing the hygiene behavior of the community members, through hygiene education programs;
- having a significant proportion of village households construct and use a latrine;
- through community involvement, creating access to safe water by protection of a spring or by construction/rehabilitation of a shallow well equipped with a hand pump;
- training technical teams to build spring water systems, wells, hand pumps, and latrines;
- developing O&M capacity at the village level; and
- supporting the development of local NGOs and/or private enterprises in the water supply and sanitation sector.

The project is intended to strengthen local capacity to develop and maintain community water and sanitation facilities with an emphasis on community involvement and by encouraging local project technical staff to become independent entrepreneurs or to establish NGOs.

3.0 Implementation Strategy

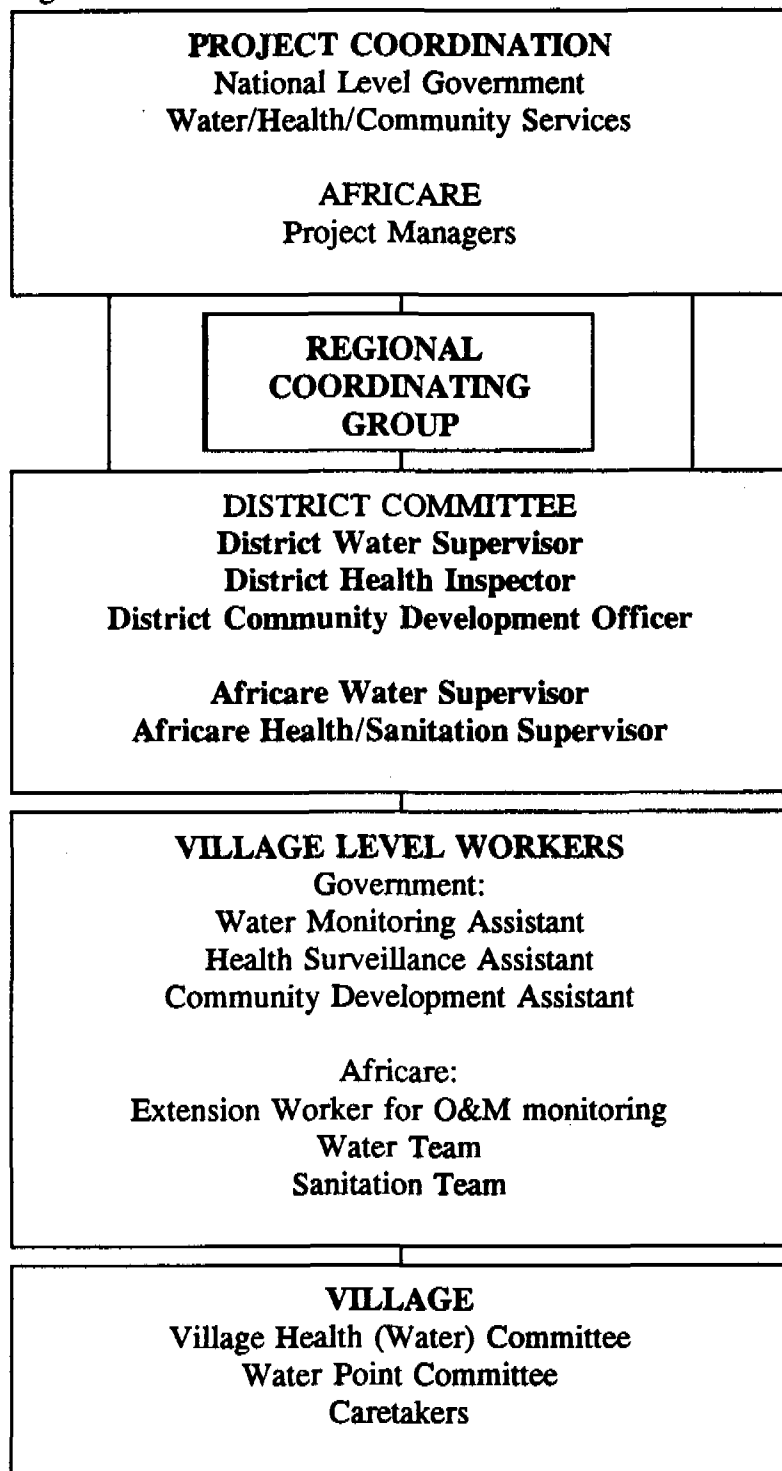
This rural water, sanitation, and health project is based upon the integrated implementation of community participation, hygiene education, sanitation, and appropriate water supply technology components within the framework of the host country's institutional capacity. The overall intent of an integrated approach being to maximize the impact of a water supply and sanitation

project on the community and its sustainability. The integration of these components is strengthened by: 1) the Africare management team; 2) the involvement of the appropriate ministries; 3) the cross training of the various Africare technical supervisors and teams; 4) the sequence of the implementation at the village level through the extension worker(s); and 5) the focus on the village health (water) committee. The host country's institutional capacity will be strengthened through coordination and training activities with project staff. The assumption used in the project design are found in Table 3.1 and may vary depending upon country and specific region. One proposed schematic for the interactions of the key implementors, including the village level is shown in Figure 3.1.

Table 3.1 Key Project Assumptions for Africare Project

Family Size	-	6 Members
Village Size	-	546 Members
Committee Size	-	20 People
Number of People/Well	-	
Number of People/Spring	-	

Figure 3.1



Africare will select those villages which meet the minimal criteria within the region, province, or district the various country governments assign them.

Factors to be considered by Africare include:

- not in an emergency drought area;
- non-refugee community;
- water source technology to be used;
- expressed desire by village, especially in terms of O&M;
- incidence of diarrheal diseases; and
- area not targeted by other NGOs working in sector.
- opportunity to introduce appropriate technology (i.e., the protected spring)

Other factors to be considered as secondary criteria will be a government's experience in working in the area, extension workers' capabilities, and logistical considerations. Once the various country governments approve of the general area for Africare's activity, an in-depth demographic, health status, and hydrological inventory will be initiated by the project team members. Africare has demonstrated success working through local structures. These organizations would be used early on in the site selection process.

The targets for the three country project are shown in Table 3.2.

Table 3.2 Targets for 3-Year Project

	<u>Zambia</u>		<u>Zimbabwe</u>		<u>Malawi</u>	
A. Improved Access to Water	<u>50,000</u>	<u>(30,000)</u>	<u>50,000</u>	<u>(30,000)</u>	<u>80,000</u>	<u>(45,000)</u>
B. Villages	83		83		133	
C. Latrines	<u>25,000</u>		<u>35,000</u>		<u>40,000</u>	
D. Hygiene Education	30,000	60.0%	40,000	80.0%	50,000	62.0%
E. Water & Sanitation-	75		25		24	
F. Sanitation/ Water Supply	50%		70%		70%	

A. Targeted beneficiaries receiving safe drinking water. (indirect beneficiaries, are those using the water source that are not from the village)

- B. Approximate number of villages targeted in each country.
- C. Number of beneficiaries properly utilizing a latrine.
- D. Number of beneficiaries receiving hygiene education messages.
- E. Number of trained water and sanitation technicians.
- F. Percent of beneficiaries receiving water supply who also have latrines.

In order to implement this project effectively and in an integrated manner the following guideline should be used in the scheduling of major activities. It is assumed that the government has been contacted, key individuals/organizations identified to be invited to the project start-up workshop, preliminary work done on district selection for project target, including project identification (information regarding district, including water and sanitation needs and capabilities, etc.).

Country Project Start Up: Complete the detailed plans for the project, marshal personnel and commodities needed for the project, and develop a work plan.

Selected Project Villages: Establish selection criteria, collect information on potential sites, make final selection, and obtain confirmation of community interest.

Contact Community: Meet with large and small groups of villagers to explain the project, carry out a rural household survey, and obtain community's commitment to the project.

Set Up Health (Water) Committee: Inform the community about the responsibilities of a health (water) committee, select committee members, and arrange a contract between the community and the committee.

Prepare Health (Water) Committee: Train the committee in the skills needed and assist the committee to carry out its initial tasks: adopting rules on water use, establish an O&M fund, preparing for construction, and selecting a pump caretaker.

Review and Strengthen Basic Processes of Environmental Sanitation: Train extension workers and health (water) committees for their hygiene education work, hold community meetings on hygiene and environmental sanitation, conduct a health practices survey, and introduce and plan for latrine

construction.

Construct Water System: Train all personnel involved in construction, assist health (water) committee to supervise construction, and place system in service.

Operate and Maintain Systems: Establish routine work patterns for health (water) committees, pump and latrine caretakers, and community members.

Monitor and Disengage: Gradually shift full responsibility for the water and sanitation system to the community, providing a formal "handing over" event.

The extension workers from all sectors will help the community to develop the skills necessary and complete certain activities required for each of the four components of the project--the community development, the health education, the sanitation system, and the water system. With the above implementation guideline in mind it is important that the various extension workers be aware of each other's efforts at each stage to ensure the adequate coordination needed for an integrative approach.

3.1 Hygiene Education/Community Participation

In order to carry out any successful, sustainable rural water, sanitation, and health project, the community needs to participate. This participation is elicited through the work of the community development extension agent who trains the village health (water) committee (VHC) on skills necessary for community mobilization, meeting procedures and so on.

Generally it takes at least six months to go through the community participation and hygiene education stages before actual construction begins. That amount of time is needed for the community to develop the necessary skills in management capability, use of system (through hygiene education), and technical maintenance. In fact, experience from various projects suggests that anything less than six months is insufficient preparatory time. This would be the case when, for example, the community is expected to maintain a system which includes pumps, as well as to manage a monthly fee collection for a maintenance fund. As a rule of thumb, the more that people are expected to do to maintain the water and sanitation system, the more attention needs to be given to community capacity-building before the system is installed. This means developing community-based institutions to care for improved systems and training persons to work in them.

Health extension workers within the Ministry of Health or other appropriate ministries will be the principal workers of change for the project. They will be

responsible for identifying and training the village health committees and to monitor their involvement in the integrated project. Each village will have a VHC which will be responsible for conducting the ongoing hygiene education messages and to assist in the planning, designing, constructing, and O & M of the water system and sanitation program. This committee will rely on existing village formal and informal structures, as they exist, or assist the village in the organization of the committee if they do not exist. These committees should include key women in the village as well as any person with experience in health and/or education. A representative of this committee will be the key contact for the Africare project in the village. Local and district level extension workers, village health workers, and/or rural health nurses will be active project team members and will serve as the continuing VHC contact after the project has ended.

3.2 Sanitation

The goal for the sanitation component of the project is to have ##% of all villages using latrines by the end of three years and ##% by the end of five years. At 70% sanitation coverage it is assumed that sufficient protection of water and food is afforded to minimize the probability of human infection of water borne diseases. Africare's sanitation strategy relies on a hygiene education foundation principally implemented by the VHCs and followed by a village level latrine construction training program. This training program will target village technicians, masons, and/or carpenters so that they will be able to build latrines within their village. These training sessions will be carried out by the trained Africare sanitation teams. Each country will have a sanitation team supervisor who will plan and manage the training/demonstration activities of these sanitation teams. The sanitation teams will be cross-trained in the integrated approach necessary to implement an integrated water, sanitation and health project. In order to maximize the impact of the sanitation systems it is beneficial that the health education and sanitation components are implemented by the same person with minimal lag time between. The implementation schedule of the sanitation and water systems will be dependent on expressed village need and desire.

3.3 Water Supply

Water systems are the technical focus of this project. Africare will train water technicians to help implement this component of the project. In addition to this subsector, these technicians will be cross-trained in the integrated approach necessary for a comprehensive water, sanitation, and health project. As with the sanitation teams, each country will have a water supervisor who will plan and manage the water teams. The water technician will work closely with the VHC and other local leaders in the planning phase of the project, including technology

selection. This is especially critical for the operation and maintenance of the water system. All construction should be implemented maximizing community participation.

Africare's success with boxed spring gravity water systems will be the technology of choice if conditions permit. These spring water systems will include a safe protection of the spring source, a main line, possible storage, taps, pads with drainage and soakaways. The water technician will work closely with the VHC in the planning phase of the project specifically dealing with spring locations, tap locations, drainage design, etc.. Water technicians will do the technical plans and the design of the system. The water team will also do the construction of the system with assistance from the community.

In certain sites in the three countries hand dug well rehabilitation will be the prime water supply alternative. These hand dug wells will be cleaned, perhaps deepened, headwalls rebuilt, pads reconstructed, and bucket removing devices replaced or upgraded (for example - a hand pump).

There will be some sites where new wells will have to be dug. It is anticipated that certain villages will not have access to a spring water source. These new hand dug wells will involve a level of community participation in their planning and construction. The water team will work closely with the VHC on these matters.

3.4 Project Preparation Workshop

A project preparation workshop was held in Malawi in early December for the key project members and for government counterparts in Malawi. The purpose of this workshop was to reach agreement on the goals, objectives, and strategies of the project and to agree on management roles and responsibilities of the Africare team. The workshop also provided an opportunity for project level and country level issues to be identified and discussed. A plan of action was developed for those issues not resolved and tasks associated with implementation during the first 6 months of the project. It is envisioned that country level project start-up workshop will be implemented for country level staff, NGO representatives, and government counterparts for Malawi, Zambia, and Zimbabwe.

3.5 The Role of Women

The Africare project recognizes the significance of designing a water, sanitation, health project around the role of women. Women in the villages are the targets of the hygiene education, the collectors and users of water, and responsible for household sanitation. They are the principal focus of the project. Every step of the project must consider the informal and formal inclusion of women in the village as decision makers, informal teachers, training to become

water/sanitation technicians, members of the VHC, water system caretakers, and as users of a water/sanitation technology.

3.6 Baseline Information

One of the major decisions to be made at the project start-up workshop is the nature of the baseline information gathering instrument. In order to effectively target a Region or District to work in, an initial project identification data collection phase needs to be implemented. This includes information on the health statistics of the district, initial Knowledge, Attitudes and Practices survey (KAP), hydrological data, water and sanitation facilities available, health education systems, NGO activity, government personnel, etc.. Some of this information must be obtained by random surveys in the targeted regions (e.g. KAP, facilities). The objective of this activity is to determine the KAP concerning hygiene and sanitation practices as well as to map the water supply opportunities in a project area. Based on this study the project will be able to refine its strategy. This study also maps the conditions before (pre) the project is implemented and will be followed by an after project survey for evaluation purposes.

A first cut of an appropriate baseline survey should be available for the project start-up workshop. The baseline survey will be carried out at each village and will include: community diagnosis, facility inventory (sanitation, water, etc.), socioeconomic information, health statistics, local structure, resources, and a KAP. The community diagnosis, facility inventory, and so on will be carried out at each site in the project through the VHC. This survey will be necessary for planning and designing the hygiene education, water supply, and sanitation component of the project for this village. The KAP component and other identified appropriate indicators will be used in monitoring and evaluation. Once the nature of this instrument has been decided project staff will field test the instrument, develop a guide for its implementation, identify and train the enumerators.

Health extension workers and Africare staff will be trained in both implementing the survey and in analyzing the data. The extension workers will then be trained to teach members of the VHC in how to gather information in an informal manner to assist in evaluation of the hygiene education (HE) component of the project. A monitoring survey targeting developed indicators will be performed at the end of the project. The comparison of the pre and post "indicator" surveys will be one of the evaluation tools used to measure progress. It is envisioned that some villages will be at the completion stage earlier than others allowing for success and failure factors to be considered for sites not started or in progress. This concept should be designed into the project. The first villages to be considered in the project should have a water source available

and be heavily monitored to allow the project staff to maximize their learning. The first villages should also be ones with a high degree of built-in success factors.

3.7 Sustainability

In order for any water, sanitation, and health project to be successful the issue of sustainability needs to be adequately addressed. This project is designed with the following sustainable attributes: 1) capacity building of host government; 2) a focus on community organization and input into all components, including technology; 3) an integrated approach; 4) training of appropriate villagers of planning, designing, and constructing latrines; 5) a community organization capable of identifying unsafe sanitation practices, monitoring safe use of water and proper use of latrines, and implementing, on an on-going basis, hygiene education to the village; 6) providing the framework for an O&M structure at the village level, for example establishing a O&M fund when appropriate; 7) providing an opportunity for a formal "handing over" of village facilities to the community and/or government; 8) involving women in all aspects of the project; and 9) supporting local NGO and private enterprises that spin off from this project.

4.0 Training Component

In order to implement an effective rural water, sanitation, and health project it is critical that the training components be integrated. For this reason village level Africare and government workers involved in this project will be trained in an integrated approach, regardless of their sector activity. There will be four separate training components: community participation, hygiene education, water, and sanitation. Extension workers will be the target for community participation and hygiene education and will train the village health committee, and the technical teams on these principles. The technical teams will be trained in water and/or sanitation - construction and related community participation (O&M) and hygiene education issues. It is the Africare project managers who integrate these training sessions, though at the village level, integration is achieved by the extension worker.

4.1 Community Participation

The extension worker will be the lead staff in community participation. They will need to be able to train VHC members in a wide variety of skills which contribute to the sustainability of this project. During the project start-up workshop the number of VHCs to be covered for each extension worker will be specified. A workshop will be held for extension workers to develop and field

test the baseline survey. Also at the start of the project a one-week community participation training program for the extension workers will be implemented.

As sites are selected and VHC organized the extension workers will train the VHC members in community participation methods and techniques. All targeted villages will receive this level of training over the life of the project. It is the committee, together with the extension agent, who analyzes community health priorities and develops an operational plan of action.

The VHC needs considerable training before it is able to effectively manage a water system that will ensure proper utilization and sustainability. This training occurs at the regular, appointed time with the extension worker one day every other week. The sessions should emphasize learning by doing, role-playing, demonstrations, problem solving, and, if possible, visits to villages where projects are more advanced.

At the end of the six months the VHC should know how to use the problem-solving approach, how to provide the community with hygiene education, and how to set up and manage an operation and maintenance fund.

Initially, the extension worker will take a lead role in organizing meetings on specific water, sanitation, and health related activities. In this initial phase, the committee's role is to encourage all community members to attend health training sessions and to help the extension worker make the training activities relevant to local problems.

The educational responsibilities of the VHC increase gradually, and by the time that the water system is ready to be installed, the VHC should be able to organize and present educational activities without the extension worker. Gradually it will be able to take on more responsibility for scheduling, leading, and carrying out educational activities. This training period focuses on what makes water safe or unsafe and what people's perceptions are about common community diseases.

Towards the end of the training period, the committee members take the initiative in identifying the topics and inviting speakers on other health issues which are relevant to the village. The committee also agrees to share its experiences with other communities when asked.

Problem-solving skills are demonstrated by the extension worker to the VHC when a problem arises. First, a "problem" is viewed as "a challenge." Then, the committee members and the extension worker together analyze what resources the village has, what resources it must obtain, and how it will obtain them to solve the problem. The committee then develops a plan to solve the problem outlining who does what and when. As each "problem" occurs, committee members become more adept at using problem-solving skills.

The communities will be involved in a wide variety of activities in support of the hygiene education, latrine and water system components of the project. The community, through the VHC will assist in gathering building materials (e.g. gravel, sand, water, wood, ect.), excavation for springs and latrines, contribute

money or resources for the O&M water system fund, gathering data about the community, implement hygiene education, and maintain an active community organization.

Table 4.1 Training Component Community Participation

<u>Training Topics</u>	<u>Who Will Receive The Training</u>	<u>Who Will Do The Training</u>	<u>When In The Project</u>	<u>Length of Activity</u>	<u>Number of Trainees</u>
Baseline Survey in Village	Extension workers	Africare/Gov't	SOP	1 Week	15 - 20
Baseline KAP	Enumerators	Africare/Gov't	First 6 mo.	1 Week	15 - 20
Project Orientation	Extension workers	Africare/Gov't	SOP	2 days ea. Year	24
Community Participation	Extension workers	Africare/Gov't	SOP	1 Week	15 - 20
Role & Function of VHC	Village Health Committee	Extension Workers	First 18 mo.	10 Sessions 4 Hrs.	540

4.2 Hygiene Education

The extension workers will be responsible for the overall hygiene education program of the project. The hygiene education country supervisor will develop approaches, methods, and techniques to assist the extension workers and VHC in implementing the hygiene education component. A workshop will be held at the start of the project to cover these topics. The hygiene education supervisor will implement a 2-day orientation course for the water supply and sanitation team members in the health project strategy and in ways they can assist in the integrated project. The extension workers will have the primary responsibility to train the VHC members in the ongoing hygiene education program to be coordinated with the village latrine construction program, the water system program, and the ongoing community activities. This workshop will focus on specific issues identified in the baseline study, including the KAP, appropriate hygiene education methods, and other means.

The extension worker, together with the VHC, analyzes the results of the baseline survey and the "problem areas" from the community map. Together, they discuss why these problems are detrimental to the health of the community and how they are relevant to an overall water and sanitation project. The experiment showing oral-fecal chain is discussed again, emphasizing the problem

areas.

The VHC, with the help of the extension worker, prioritizes the identified behaviors needing action. The ranking for prioritization will depend on how easy it is to implement the remedial action and how quickly results will be evident. Having identified which behaviors should be tackled first, each of the members of the VHC develops a plan of action.

Table 4.2 Training Component Hygiene Education

<u>Training Topics</u>	<u>Who Will Receive The Training</u>	<u>Who Will Do The Training</u>	<u>When In The Project</u>	<u>Length of Activity</u>	<u>Number of Trainees</u>
Hygiene Education Programming, Topics and methods	Extension Workers	Africare/Gov't	SOP	1 Week	15 - 10
Project Orientation	WS/S Teams	Africare/Gov't	SOP	2 Days ea. Year	24
Village Health Committee HE Responsibility, Techniques, etc.	VHC	Extension Workers	Entire Project	5 Sessions @ 2 Hrs.	540

4.3 Water Supply Component

The Africare water teams will be trained in spring protection, spring construction, handling well rehabilitation, and hand dug well construction techniques. Africare has had successful experiences in these types of technologies. The workshop will focus on gathering and transferring that experience and identifying innovative approaches to the use of this technology. This workshop will be scheduled early in the project.

It is from this technical staff that the potential entrepreneurial water teams will develop. There will be practical, on-the-job training. This workshop will also focus on certain aspects of contracting, specifications, and marketing. Project management skills will be learned from project staff as they work alongside one another through the first years of the project.

The water teams will be responsible for training the VHC in village level water system maintenance and upgrade. They will be responsible for insuring that VHC members have the tools and techniques to insure the ongoing safe water production of the system. The water teams will spend one day annually with the HE and sanitation team members cross training them in water system technologies and the need for continuing environmental surveillance to insure

its protection.

The water technician presents the results of the technical data collected with the community and discusses their implications in terms of costs for installation, maintenance, and eventual replacement. If communities have to provide the materials needed during the construction phase, sometimes committee members might opt for cheaper commodities. They may choose to pay for locally made pipe instead of imported, or to collect more sand rather than buy additional cement bags. The engineer/technician here will need to provide advice on the implications of these trade-offs.

The data collected during the baseline survey will provide the indicators necessary to discuss affordability and maintenance implications with the committee. This can be done with either the village health committee or with a subcommittee on finance and management. The financial data are collected on the following:

- water availability and consumption;
- the total cost of the system, broken down by cash and in-kind costs (e.g., labor, local materials);
- an estimate of community contributions to development or social activities, or any other way to estimate disposable income;
- estimates of what the community is willing to invest in the water and sanitation system (the balance will be either the subsidy from the donor agency or the loan a community might need).

The project technicians here can discuss various technology options and their cost implications to the community. This exercise is very important as it provides the committee with the skills necessary to deal with major breakdowns or system replacements. Indeed, it is the training in such a step that helps to ensure sustainability.

As discussed earlier, the extension worker provides training to the VHC in establishing and managing an operation and maintenance (O&M) fund. The O&M fund is needed to pay all expenses related to keeping the pump and related accessories in proper working order. Establishing the fund may be a contractual prerequisite for construction or water point improvement.

Several alternative strategies for raising money for the O&M fund have been successfully employed by various communities. Family or household contributions of a fixed amount from all beneficiaries is the most common means of building the fund. Some villages establish a communal garden or field, the profits from which are used for the fund. In some projects people pay by the bucket or unit volume of water consumed. Each community must determine which of these strategies is best for it. It is the committee's role to

lead discussions within the village to arrive at a consensus on fund raising and to assure broad support, including agreement on what should be done with non-payers.

The project must establish a specific amount to be raised for the fund, based on the real costs of O&M for the pump or technology chosen. After the means of raising money has been decided, the committee establishes a schedule to collect the money and notifies the extension worker. In some cases, such as using the profits from gardens, it may take many months to build up the necessary fund.

The committee members will need specialized training in managing the fund. The treasurer of the committee is given the responsibility for managing the fund and is usually assisted by the secretary. The treasurer must be trained in bookkeeping and be able to maintain accurate records of who has contributed to the fund and what uses have been made of it. Literacy and numeracy are obviously required for these positions. In some rural villages this may be a problem, and the worker will need to work out innovative solutions. In most countries it is recommended that a bank account be established for the fund. Where this is not possible, the funds must be kept in a safe place within the village. In some countries, such as Tunisia, committees have to be legally incorporated to collect fees. This incorporation process sometimes takes months and requires the signature of a government authority.

Table 4.3 Training Component - Water Supply

<u>Training Topics</u>	<u>Who Will Receive The Training</u>	<u>Who Will Do The Training</u>	<u>When In The Project</u>	<u>Length of Activity</u>	<u>Number of Trainees</u>
Spring Protection Techniques - Hand Well Upgrading	Africare Water Team	Africare/Gov't	SOP	2 Weeks	12
Village Level Water System O & M	Village Level O & M	Africare's Water Teams	Over the Project Period	6 Sessions @ 4 Hrs. ea.	540
Project Overview	Extension Workers and Sanitation Team	Africare's Water Teams	Annually	1 Day	12

4.4 Sanitation Component

A workshop will be held for Africare's sanitation teams to develop a range of latrine styles for the various countries depending on experiences in the technologies and what would be appropriate for a given country. Construction techniques and building material alternatives will be presented at this workshop.

Two days of the workshop will be devoted to village training methods and demonstration methods, since these teams will have the responsibility to train village latrine construction teams.

The sanitation teams will train village latrine construction teams and will construct latrines for each village based upon demand established through the VHC and priorities established to protect the water supply. The sanitation teams will cross train the extension workers and water team members in latrine siting, construction, and maintenance. It is envisioned that some operational research will be performed in the area of alternative latrine designs and materials. A site could be used, early in the project to determine user acceptance, ease of construction, use of alternative materials, ownership issues etc. for villagers.

Table 4.4 Training Component - Sanitation

<u>Training Topics</u>	<u>Who Will Receive The Training</u>	<u>Who Will Do The Training</u>	<u>When In The Project</u>	<u>Length of Activity</u>	<u>Number of Trainees</u>
Approp. Latrine Design, Construct. Methods	Africare Sanitation Teams	Africare/Gov't	SOP	2 Weeks	12
Approp. Latrine Design, Construct. Methods	Village Latrine Teams (VHC)	Africare Sanitation Teams	Over the Project Period	6 Sessions @ 6 Hrs. ea.	540
Project Overview	Extension Workers & <u>Water Teams</u>	Africare/Gov't	Annually SOP	2 Days ea. Yr.	12

5.0 Monitoring and Evaluation

Evaluation of the project will be conducted informally, at country level, early in year two, when all parties involved will meet to review progress and reassess objectives and implementation strategies. An external evaluation will be scheduled after two years, leaving adequate time to make any mid-course changes recommended. The program managers will prepare a simple reporting format to record relevant information regarding individual communities participating such as:

- numbers of latrines constructed/coverage;
- use of latrines;
- number of wells constructed/coverage;
- number of wells functioning;
- funds contributed or other contributions by users for O&M
- behavioral changes among users: e.g. improvements in water storage, hygiene practices, refuse disposal;

- caretakers record of problems and how they were resolved;
- number of villages with regulations on use of water source/latrines;
- number of spare parts available;
- number of people trained, % women;
- number of water/sanitation enterprises or local NGOs formed and operating; and
- number of women in village health committees, village water committees, caretakers, extension workers, technical teams.

The team leaders (water, sanitation, health, community development) in each country will file reports on the above indicators monthly to quarterly, with the country Africare office and appropriate government offices. Country totals will be collected for the program.

The success of the implementation of this project is highly dependent on an appropriate monitoring and evaluation (M & E) plan for each component of the project. This will be designed during the project start-up workshop. The sustainable feature of the M & E plan will be the VHC's ability to maintain the hygiene education program through a village level implementation and monitoring process. The VHC will determine their goals, objectives, methods, topics, and scheduling, and indicators. They will be trained to implement this appropriate level health education program with technical backup from the community development extension worker.

The VHC, with the water point committee (if separate) and caretaker(s) will also be responsible for the collection and disbursement of village contributions to maintain and/or upgrade the water system. The VHC will monitor this activity.

The latrine construction supervisor will be responsible for monitoring and evaluating the training and progress of the village latrine construction team. The water supervisor will be responsible for monitoring and evaluating the training and the effectiveness of the water system construction teams. Since these teams are the potential teams to be developed into entrepreneurial contractors they will also assess their potential for this transition.

The community extension workers in each of the regions/districts/provinces will work closely with country project staff, NGOs, and ministry level personnel in tracking the progress of each village's health committee. Their work will be evaluated by their supervisors.

A communication system will be developed between the government/Africare and VHC so as to allow the flow of information in both directions (see Figure 3.1). The frequency of site visits will be determined by country and project site. During these visits it will be important to interview the beneficiaries.

6.0 Project Management

Overall direction of the project will be provided by the Regional Director for Southern Africa based in Washington. The respective Africare Country Project Managers will be responsible for overseeing the design and implementation of country specific activities.

The Regional Project Managers, one responsible for water and the other for sanitation and health, will be located in Malawi. Country Project Managers will be posted in Zambia and Zimbabwe. Composition of country management teams can only be determined after a country project startup workshop and on a country specific basis. Further outcomes from this agreement would be the role of the government and other support agencies.

7.0 Implementation Schedule

The project was formally started with the project preparation workshop in the first two weeks of December, 1992 in Malawi. Project staff will be in place at the country level, with water, sanitation, and HE supervisors to be hired in late December through February. A country level project start-up workshop will then be held in each of the three countries to initiate the specific country level, goals and strategies. Early in the first year the site selection process will begin in concert with the various responsible government ministries, NGOs, and regional and district extension workers. The site selection process will be a continuing process through the second year of the project. The project implementation schedule for the three year period is shown in Table 7.1.

Table 7.1 Project Africare Schedule of Activities

<u>ACTIVITY</u>	<u>YEAR 1</u>	<u>YEAR 2</u>	<u>YEAR 3</u>
Project Startup Workshop	—		
Country Staff Hired	—		
Country Level Project Coordination Meeting	—	—	—
Potential Sites Selected for Project	—————		
In-Country Technical Training-Africa Staff	—		
Gov't & NGO Counterparts Identified	—		
Information Gathering Instruments Developed and Field Tested	—		
Community Participation Training/VHC	—————		
Training of Village Latrine Construction Teams	—————		
Monitoring and Evaluation	—	—	—
Project Coordination/Mgt. Annual Meeting		—	—
Implementation of Community Participation and Hygiene Education	—————		
Implementation of Latrine Construction		—————	
Implementation of Water System		—————	
Water Supply Team Entrapenural Training		—	

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Table 7.2 Village Level Schedule of Activities - Typical Implementation

<u>ACTIVITY</u>	<u>YEAR 1</u>	<u>YEAR 2</u>	<u>YEAR 3</u>
Information Collected at District, Regional level, site selection	—		
Visit by Extension worker to collect information and inform VHC of potential project	—		
VHC Organized and trained baseline survey conducted	—		
Select communities baseline KAP survey conducted	—		
VHC trained in appropriate HE methods	—		
VHC develops HE program	—		
Hygiene education program implemented	-----		
Latrine construction teams trained examples constructed (operation & research)		-----	
VHC trained in assisting water supply construction - O&M fund established	-----		
Water system constructed		—	
Water system inspected and routine maintenance, repair, enhancement			—

Early in the project, within the first 3 to 4 months, NGOs will be identified

to assist in the implementation of the project. Africare will rely on their experiences in the past with NGOs on a wide variety of types of projects in assisting them in this project.

In-country technical staff will be trained in areas of water supply development (spring capturing and hand dug wells), latrine construction, and hygiene education methods and techniques and baseline KAP data collection and analysis. A baseline survey will be performed on each village by the health extension workers, Africare staff with assistance from the VHC.

A KAP information gathering instrument will be developed and field tested for implementation on selected representative sites with each country project area.

The health extension workers will be trained by Africare staff, Ministry level professionals, and experienced NGOs in community organization and informal hygiene education programming and teaching methods.

Village latrine construction teams will be trained as village latrine construction activities are initiated. Several small village and/or multiple village latrine construction workshops will be implemented in conjunction with the hygiene education programming. These workshops will occur over the entire length of the three year project.

Monitoring and evaluation as a formal activity will result in a semi-annual progress report for each country. These semi-annual reports will be used to document progress and to assess strategies and practices for the remainder of the project.

The project will require annual project management meetings to evaluate progress to date and to determine the approach for the remainder of the project.

Activity with the VHC will continue by various members of the project staff over the three year period of the project. Coordination of project staff becomes more critical as the project progresses and more villages are involved. In the later phases a village contact might be only through the health extension worker for example. The same is somewhat true with the sanitation and water teams as they move through the project.

Entrepreneurial training will be a specific activity later in the life of the project. As teams are identified and trained they will be involved in training activities to insure they have the skills to operate water system contractors.

7.1 Malawi

The regional program manager and Africare's existing Malawi water technicians will train 15 Zambian, Zimbabwean and Malawian counterparts in how to site and protect natural springs. Training will be conducted within a district where the Africare teams are working and will stress practical, hands-on instruction. Africare has used this approach in Malawi with good results.

The Africare water technicians will train five community members at each water point established in proper maintenance of the well or spring. This is

especially important for protected springs. Most trainees are likely to be recruited from or recommended by the VHC.

Malawi Government Health Surveillance Assistants and health education staff will train about 20 people in each target community in the importance of clean water and a clean environment. One-day community-based workshops will be held following completion of the water point and latrines.

The chief water technician will supervise training annually of six new water and sanitation technicians. The emphasis will be on practical instruction and on-the-job experience.

The training of water and sanitation technicians who express interest in forming self-supporting bodies will draw heavily on Africare's experience in helping village-based groups to operate small-scale agribusinesses. Africare will draw upon its in-house expertise in terms of PVO management. It also will draw upon the considerable Malawian institutional resources available to support entrepreneurial management.

		Year	
		1	2
3			
Springs protected	50	60	70
Shallow wells constructed	25	25	25
Family latrines built	200	300	500
Persons trained to maintain springs and wells	375	425	475
Community members receiving health education related to water and sanitation	1,500	1,700	1,900
Water/sanitation technicians trained		6	6
Third country water affairs workers trained in spring tech.	15		
Self-supporting water teams operating independently			

7.2 Zimbabwe

In Zimbabwe this project implementation plan will dovetail into the National Rural Water Supply and Sanitation Program already in place and coordinated by the National Action Committee (NAC). Coordination with this project will be vertical with the Government of Zimbabwe through the NAC and horizontal with other NGOs. Formal agreement on target areas with the Government of Zimbabwe (Ministry of Local Government, Rural and Urban Development) is to be sought at the inception of this project. Coordination with other NGOs will be informal. The differences in hydrology and surface water resources available shall necessitate adoption of flexible technologies from one area to another. Targets shall therefore vary in order to be accommodated within the budgets available.

Training will play a paramount role in the success of the project. Before undertaking activities in a new area, Africare will recruit persons from that region who have experience in water and sanitation, or are interested in learning the necessary skills. Africare typically will work with the Ministry of Health, the District Development Fund (DDF) and possibly other PVOs operating in the area to provide comprehensive training. The Ministry, several DDFs and such PVOs as Redd Barna and Save the Children UK already train their water teams in the manner proposed.

Training will be practically-oriented and stress hands-on experience. Training will be tailored to local circumstances. Persons who will be working in the Eastern Highlands will learn to protect natural springs, which are limited to that region; those trained to work in Matabeleland South will focus on "deep" wells (there is a high failure rate for wells that are shallow).

Promising water and sanitation teams capable of availing services to surrounding environments shall be encouraged to start their own enterprises at the end of year two. These teams are to be based at rural service centers and growth points. District Councils are to be approached to assist by providing/leasing premises from which they can operate. Beginning in the third year, technicians who want to form small-scale enterprises--providing services to communities, government and PVOs--will receive management training and follow-up support from the Africare agribusiness training officer.

<u>3</u>	<u>1</u>	<u>Year</u>	
		<u>2</u>	
Shallow wells constructed	50	50	50
Family wells rehabilitated	500	500	500
Springs protected	5	10	10
Family latrines constructed	500	750	750
Community members trained to maintain springs and shallow wells	325	375	375
Community members receiving health education related to water and sanitation	1,300	1,500	1,500
Water/sanitation technicians trained	15	15	15
Water/sanitation small-scale enterprises formed and operating			

7.3 Zambia

The third and fourth National Health Development Plan placed emphasis on improving rural water supply and sanitation. The implementors of this Plan included the Department of Water Affairs, the Ministry of Health, the Ministry of Social Services, and the Ministry of Local Government and Housing. It is the former three that have been key partners in the past. The link between the government and this project may be through the Ministry of Health's Control of Diarrheal Diseases (CDD) Program. Originally this program was intended to target the management and not the prevention of diarrheal diseases. Presently there are a total of 24 districts targeted for prevention - i.e. provision of water supply and sanitation.

Before undertaking activities in a new area, Africare will recruit persons from that region who have experience in water and sanitation, or are interested in learning the necessary skills. Africare will work with the Ministry of Health, Department of Water Affairs, and the Ministry of Social Services to provide

comprehensive training in water project design and implementation, installation of improved latrines and community hygiene. Since the VHCs work with the extension worker (health assistant), technicians will need to be trained to work together with the extension workers at the village level.

Training will be practically-oriented, stress hands-on experience, and will be tailored to local circumstances. For instance, persons working in Northern Province may receive training in the siting and protection of natural springs, as well as standard well construction.

<u>3</u>	1	Year	
		<u>2</u>	
Springs protected	5	10	15
Shallow wells constructed	25	40	50
Shallow wells rehabilitated	15	25	50
Family latrines constructed	50	150	350
Community members receiving health education related to water and sanitation	600	1,000	1300
Water technicians trained	15	15	15
Self-supporting water/sanitation teams operating independently			2

APPENDIX 1
Evaluation Framework for Community Participation

The evaluation for community management capability was built in the process of developing the various project outputs. These outputs have consisted of the following:

- The formation of the committee
- The construction of facilities
- Fee collection and financial management
- The daily functions of caretaker of the source
- Regular maintenance
- Environmental hygiene improvements

The project's inputs into achieving these outputs have consisted of:

- Training hours for extension workers
- Materials developed for training
- Resources allocated for extension
- Institutional support and strengthening
- Training capability of community committees

The community participation "behaviors" that have been developed would consist of:

- Membership/participation
- Decision-making capability
- Leadership

- Knowledge and support

In evaluating these community participation "behaviors", the following indicators can be used:

1. Membership/participation

- composition
- tenure
- representativeness
- selection/recruitment

2. Decision-making

- Agenda setting
- Who makes decisions
- Who participates in decision-making
- How are decisions made

3. Leadership

- How are they selected
- How representative are they
- How long do they stay (tenure)

4. Knowledge and support

- Level of awareness of what has gone on in the community
- Level of expression of agreement/disagreement
- Attitudes

- **Willingness to participate in WS&S functions**

In summary, the following conceptual model might be used (see next page).

COMMUNITY PARTICIPATION

1. ● EOP - Ownership theirs do we want them to accept a solution or select an alternative?

(gravity wells - bucket - shallow - spring _____)

- If only one alternative it is important to justify the all to the community.
- Inventory/build and/or enhance existing community organizations.
 - * their needs/experience solving problems
 - * their past experiences with develop. organization.
 - * inventory of skills
 - * other active organization, Gov't, NGOs etc.
 - * key people, women-informal leaders
 - * existing health structure - role in the project complimented
 - * economic pattern
 - * water and sanitation practices/baseline
 - * community structure

2. ● Select - intermediate person or group (2)

● Average work through/one contact person

- Explain in details the project YN
 - * their role in project period — —
 - * their role in long run — —
- Be flexible/be ready
people didn't have pots
no soap available
- Have alternatives/opportunities

2A. Existing he workers - focus on the step

3. Communities ready when
- collect materials
 - support WS team
 - form committees - health committee/gov't
 - list of volunteers
 - signed contract/guarantee for the project
 - community contacts Africa

4. Implementation/Mobilization

- **Baseline study/HE - Indicators**
- **Train community volunteers in HE**
How are you going to train HE - share experience
- **Initiate the community HE program**

- Planning for WS/S system
 - focus on health
 - latrine coverage
 - appropriate technology
5. Marketing Need for Latrine (Reflected in training)
- Train latrine construction
 - Teams - build - examples
 - Integrate into HE - messages
 - Develop a list of people
 - Interested in latrines
 - Making it themselves
6. WS intervention begins after
- How does community show they are ready - maintenance fund
7. Sustainability/Village-local- gov't - NBUs- Africa
- WS
 - Latrine
 - HE
 - Community participation
 - Privatization

HYGIENE EDUCATION COMPONENT

- Baseline study - project & gov't
 - Cultural beliefs and understanding - discuss
- TOT/health committee and other village organizations (village level)
- Develop HE program - what, when, how
 - goals and objectives of WSS/HE project
 - concept/nurses and rural health clinics
 - about the project/prevention
- Targets, messages, methods
 - phasing, M/E
 - community development skills

- Practice messages
 - HE program is distributed over the life of the project
- HE is integrated into existing structure
- Local committee is viable - new topics

SANITATION (LATRINES)

- Baseline Study
 - types of sanitation technology
 - existing water sources
- Technology choice (appropriate technology)
 - design
- Operational Research - Alternative technologies/technology develop.
 - acceptance/arch./design
- Train teams to construct latrines - alternative materials
 - Train latrine teams in project goals
 - Objective - HE messages/marketing
- Team is made up of village level artisans
 - Question are the teams new contractors
 - Assist their neighbors
- Wash stand incorporated into design
- M/E to feedback to project

WATER SUPPLY

- Baseline studies
 - existing sources/past history
 - sources of contamination
 - uses of water/demography
 - how will new source relate to existing sources/need- quality, quantity, seasonal

availability, new uses

- **Planning/design issues**
 - technology available
 - location(s)
 - material requirements
 - cost, labor requirement
 - scheduling of construction

- **Assemble and train water teams**
 - determine existing capacity - high turnover new team members

- **Village O & M function**
 - organized, trained, and equipped
 - goals and objective of the project
 - HE messages, cross training

- **Determine gov't role**
(technology, gov't programs, etc.)

- **Role of monitoring and evaluation**

- **Spare parts inventory system**
gov't
village
project - short to long term

SITE SELECTION CRITERIA

H + Communities deadlines

H + Not a drought area (stable)

Availability of an aquifer reached by hand dug wells

H + High water table or annual springs (sufficient Q)

Appropriate technology

Activities of other NGO's

L + Logistical considerations

L + Gov't approval/if they have a responsibility

Experiences with gov't project

- * State Africa's approach early in DIP

Responses to Comments

2. Goals and Objectives

- Placed the goal statement into the DIP no disagreement
- Concern about intended to strengthen local capacity - always an objective - the history in Malawi is that government support is waning - question of strategy - how do you strengthen a Ministry that is losing staff, resources, and influence?

Perhaps the best way to strengthen capacity is to demonstrate a "self sufficient" approach that the government can use as a model for their programs and donor programs.

3. Project Personnel

- Included - I talked about in relationship to our discussion - I did not develop a section on personnel - good addition.

4. Strategy

- I will de-emphasize latrine construction - will include all suggestions.

5. VHC

I will strengthen the extension workers role - some realities though - there are enough health workers available to implement on-going HE needs - good intentions will fall victim to project schedules and will be overrun by water supply activities. The idea is to place a lot of emphasis and resources upfront on community organizations and HE - diffusion theory implies the process will work.

Some questions about government structures - what is their capacity? -perhaps that should be the site selection criteria utilized - the Ministry will always say they have capacity - the field staff are continually plugged into project without any discussions from the regional and national level.

6. Comment

Top down design of a VHC - sorry I can't get the point about the top down design of a VHC - the only structure existing or developed, left after the project that will be wholly

capable of maintaining to project will be the VHC or its equivalent - I think the mistake is to rely to strong on the role the government agencies will play.

Sustainability

Include your comments

7. **M & E - will include your comments.**
8. **Training - Will add your comments.**
9. **Baseline -**