Review of Irish Aid involvement in the WSS sector in sub-Saharan Africa

Volume II:

Annexes

Irish Aid supported WSS projects in sub-Saharan Africa

Final draft 17 December 1998

Irish Aid

IRC
International Water and Sanitation Centre

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Annex 1: Checklist used for the screening of Irish Aid supported WSS projects

1. Basic information

- Project title
- Duration
- Location/area
- IA contribution
- Contributions from others

2. Overall

- Immediate results achieved, how do they compare with plans
- Strengths and weaknesses
- Who benefits from projects/programmes
- Any unforeseen beneficiaries or unintended results
- Balance between hardware and software inputs
- Optimal scale and targeting in terms of efficiency and social criteria
- Any health impact studies done
- Impact project/programme on work load and status of women
- General lessons learned

3. Relevance

- Local conditions
- National WSS policy
- Irish Aid policy (especially poverty reduction)
- International developments and experiences

4. Integrated approach

- Are water supply, sanitation and hygiene education (environmental health) integrated
- Is strategy selected still considered to be relevant and appropriate
- Strengths and weaknesses

5. Project design and evolution

- How were projects identified (part of national programme, component of integrated area project)
- Who designed original project/programme and subsequent phases
- How were beneficiaries involved in planning and evolution
- Was project design coherent and realistic
- How were decisions made about balance between water, sanitation and HE
- Any evidence of needs of potential beneficiaries
- How much attention was devoted to alternative solutions
- Is sustainability addressed
- Are gender and environmental issues addressed
- Were assumptions and pre-conditions identified and addressed
- Were M&E procedures included in design
- Strengths and weaknesses

6. Institutional structures

- Implementing agency/ies
- Other institutions Involved
- Main institutional structures existing and functioning at various levels (permanent and non permanent, institutiogramme with GO, NGO, private sector, community)
- Project/programme integrated or parallel to GO structure
- Role of the government
- Role of Irish Aid
- Role of communities
- Gender balance in institutions
- Existence and involvement of private sector
- Gaps and overlaps in roles and responsibilities
- Effectiveness and functioning of institutions
- Institutional sustainability
- Strengths and weaknesses

7. Human resources

- Ratio foreign/local staff
- Local staff in up to which positions
- Gender balance in staff
- Resources spent on staff training and education
- Staff capacity at various levels to implement project/programme
- Type of training/education given, gender balance
- Strengths and weaknesses

8. Project/programme management

- Were project inputs (e.g. finance, personnel) adequate and timely
- Ware project organization and management effective and efficient
- Is reporting adequate and timely
- Has there been regular auditing of project finances
- Inter-departmental collaboration and coordination
- Collaboration and coordination with other programmes adequate and effective
- Collaboration, coordination, communication and information between and within IA country offices and IA Dublin
- Is there a IA WSS policy at country level
- Planning and implementation initiated at which level
- Gender perspective integrated and implemented
- Strengths and weaknesses

9. Monitoring and evaluation

- Regular monitoring of projects/programmes (what, by who, tools, use of information)
- Does it measure effectiveness
- Is monitoring gender specific, is impact of gender strategy measured
- Were reviews/evaluations carried out on schedule and to an acceptable standard
- Were appropriate actions taken in response to M&E reports

10. Decentralisation

- Do IA programmes fit into (local) development plans
- Institutional setting (e.g. decentralisation)
- Do IA programmes assist in decentralised planning and implementation
- Strengths and weaknesses

- Are interventions based on demands
- How are demands being requested and processed (agreements)
- Are demands reflected in planning (which level)
- Do communities contribute to WS (kind/cash to capital cost, O&M)
- How are community contributions collected, managed and used
- Are key decisions made by women and men in community (site selection, technology choice)
- Are WSS facilities being appreciated
- Are WSS facilities meeting demands and expectations of users
- Strengths and weaknesses of approach

12. Community involvement

- Was participation core objective and/or means from the outset, if not, when and how was it addressed
- What were principle forms of participation and how well did they work in practice
- Strategy/steps for community participation
- Who manages facilities
- Gender balance in local committees
- Who owns facilities
- Strengths and weaknesses

13. Sustainability of sanitation facilities

- Are facilities available, being used, functioning and being maintained
- Is technology affordable, willingness and capacity to pay
- Who uses latrine
- Is hand washing facility close by
- Do people wash hands
- Are latrines being appreciated, what are benefits, any problems
- Strengths and weaknesses

14. Sustainability of WS facilities

- Are facilities available, being used, functioning and being maintained
- Are facilities reliable (quality, quantity)
- Is technology affordable
- Are people willing and able to pay, what do they pay/contribute
- Is O&M easy how is O&M organised (manpower, tools, spares)
- What has been record regards breakdowns and repair times
- Is technology appropriate
- Who uses facilities
- What water sources are used for which purpose
- Are facilities being appreciated, what are benefits, any problems
- Strengths and weaknesses

15. Sustainability of hygiene education

- What is effect of HE on behaviour, any detectable changes in behaviour
- Are there mechanisms in place to ensure ongoing HE

16. Financial issues

- Financial contributions Irish Aid vs. local contributions on long and short term
- Is financial management of WSS facilities sustainable
- Financial sustainability of institutions
- Cost-effectiveness of project/programme, e.g. unit cost per beneficiary
- Is there commitment on the part of central and local authorities to continue support to communities
- Are cost differences between rural and urban interventions evident

17. Environmental issues

Were environmental considerations adequately taken into account from outset, if not, when and how were they introduced
Environmental impact of WSS interventions (positive and/or adverse effects)
Sustainable use of resources (water quality, quantity, land uses)

18. Final remarks

Annex 2: The projects reviewed

This annex presents the main features of each one of the projects reviewed. The findings are purely based on documentation available at Irish Aid headquarters in Dublin. Therefore it does not necessarily reflect the views and experiences from people in the field.

It is expected that this collection of summarised project sheets will contribute to an easy retrieval of information on the various WSS sector projects in general and in particular on the topics that where identified for this review. It should not be seen as a comprehensive description of on the projects.

As not all project files are homogenous regarding the information they contain, the projects descriptions do not always provide information of the same level on all the topics that were identified for the review. Consequently, the information that can be found on a specific topic is not equally elaborated on among the different projects. However, an effort was made to group the information on each project according to three main topics: the project setting, the institutional setting and the effectiveness and impact at field level.

Question marks in the text refer to information which was not clear or for which different data were presented.

2.1 Ethiopia: Sidama Development Programme
Priority country

Project title:	Sidama Development Programme
Duration:	1994 - 1998
Area:	Sidama Zone, Southern Peoples, Nations and Nationalities Region, Ethiopia.
Implementing agencies:	Zonal Water, Mines and Energy Development Bureau (town water supplies, ponds) and the Health Bureau (spring protection).
Other institutions involved:	Irish Embassy in Addis Ababa, the Sidama Development Programme, Zonal Planning Bureau, Water Supply and Sanitation Joint Committee, and the Regional Government.
Total Irish Aid contribution:	£ 2,473,500
Contributions from others:	Communities - payment for water Local government - technical equipment and maintenance assistance.

The Country Programme has been evaluated in 1997

1. Project setting

Relevance
Sidama is one of the most densely populated and poorest areas of Ethiopia. It has a long history of underdevelopment and a high prevalence of water related diseases. Only about 20% of the population has access to safe water.

Irish Aid policy in Sidama includes four guiding principles: poverty focus, participation of communities, gender sensitivity, and sustainability. Sustainability focuses on four principles: activities that can be absorbed and sustained locally, maximum use of local expertise and resources, implementation through local structures and strengthening of local capacity, and low intensity of intervention in terms of technology. The changes in governance, policy-making and economic institutions since 1991 have created a strongly supportive context for decentralized, participatory, poverty-focused and sustainable development initiatives.

Results and lessons learned
The initial focus of the programme was in highland areas, with as main activity the protection of springs. Up to June 1997, 205 springs have been protected, which is below the original targets (150 protected springs were planned for 1995). The installation of water supplies in 4 highland towns was implemented as planned.
It is estimated that approximately 300,000 people directly benefit from the construction of springs since 1994, largely in the highland areas. Stated benefits include proximity to a safe water supply, less physical demands and greater time available, particularly for women and children, a reported decrease in the incidence of water related diseases, and community autonomy in water resources management. An important contribution has been made to the development of

management and implementation capacity at the Zonal Water, Mines and Energy Development Bureau.

The approach used by the programme was found to be appropriate, innovative and effective. Feedback from beneficiaries has been positive. Although pace of implementation has been slower than originally planned, initiatives to improve efficiency have been developed and commitment of those involved is evident.

The Programme initially responded to the requirement for capacity building at the Bureau for Water, Mines and Energy Development, which has facilitated the implementation of subsequent micro-projects from this bureau. Many acknowledged needs in the field of capacity building remain at zonal and district level. A major challenge will be to strengthen the capacity of Government water officials.

Integrated approach

The focus of the programme is very much on the provision of safe water supply. Sanitation is limited to the provision of latrine facilities when institutional buildings are being constructed. There is no linkage between the construction of these buildings and the provision of water. Integration of the health, water and education activities of the programme seems to be minimal. The 1997 evaluation mission identified that support for sanitation activities has been quite limited (to latrine facilities at health centres and schools), and that it should be more effectively incorporated in the programme.

Project design and evolution

Sustainability has been anticipated from the onset, and focuses on the following factors: the involvement of communities in identification, construction and management of water supply facilities, capacity development within the Zonal Water Bureau, use of technologies that are appropriate to the local context, and the modification of a form of water catchment that is rooted in local tradition and practice.

2. Institutional setting

Institutional roles and responsibilities

Zonal Water, Mines and Energy Development Bureau (town water supplies, ponds) and the Health Bureau (spring protection).

Since the establishment of the Water Resources Department early 1996, the project is being implemented by this department, which falls under the Water, Mines and Energy Development Bureau. Before 1996 it was implemented by the Sidama Development Programme. Since the department is still under-resourced the Programme continues to play an active role in implementation.

Overall management is the responsibility of the Irish Embassy in Addis Ababa (one Irish Programme Officer assisted by locally recruited development advisors) and the Sidama Development Programme office in Awassa. At Awassa level the project is coordinated by the Head of the Zonal Planning Bureau who reports to an advisory committee composed of representatives of the key ministries (bureaus) involved in the programme. The advisory committee meets at least once a month to review programme progress, identify weaknesses and propose solutions.

Community representatives have been involved in project design and planning of activities at community level. Furthermore communities are actively involved in preparation of and actual construction.

The 1997 evaluation recommended that greater attention should be given to collaboration between infrastructure sectors as education, health, water and engineering at the planning and implementation stages of micro-projects. Also better collaboration between water and health staff in the education of communities is suggested.

Human resources

The 1997 evaluation recommended that priority attention should be given to the training and capacity building of water officials at zonal and district (Woreda) levels.

3. Effectiveness and impact at field level

Community involvement

Community participation is planned to be at the core of the project since its beginning. The 1997 evaluation confirmed that there is a strong emphasis on community participation. There is a process of consultation with community representatives in the identification and planning phases prior to decisions regarding the location of any planned water installation, in addition to community contributions to the construction and ongoing management of the installation.

The Programme has a COLTA Unit (Community Organising and Leadership Training for Action). It's activities are based on PRA and DELTA (Development Education and Leadership Teams in Action) methodologies, focusing on learning from rural people and organizing people to address their problems and work on solutions.

There is a Gender and Development approach used by IA Ethiopia. For the water project this is translated to the amount of women in local water committees, which should be at least 60%. It is found that women have a majority representation on village water committees.

Functioning and use of WS facilities

According to a hydrological survey, the protection of springs is the most favoured approach in the highland areas.

2.2 Ethiopia: Priority country — East Tigray Water Project (part of East Tigray Development Programme)

Project title:	East Tigray Water Project (part of Tigray Development Programme)
Duration:	Since 1997
Location/area:	East Tigray Zone, Tigray Region, Ethiopia.
Implementing agencies:	Implementing agency is the Water Resources Department. .
Other institutions involved:	The Co-ordination Unit and water committees are the implementing organs.
Total Irish Aid contribution:	£ 51,200 (?)
Contributions from others:	Beneficiaries of installations are expected to contribute a small fee to cover ongoing costs,

The Country Programme was evaluated in 1997.

1. Project setting

Relevance

East Tigray is the poorest and most food insecure of the areas that are assisted by Irish Aid. The area is worst affected by war and suffers from chronic food insecurity due to soil erosion, drought conditions and over population. The provision of safe drinking water has been identified as the second most important development priority (first was agricultural development) by the Tigray Regional Authorities. In 1994 an initial baseline study indicated that only 10% of the rural communities in East Tigray have access to safe water and sanitation facilities.

The changes in governance, policy-making and economic institutions since 1991 have created a strongly supportive context for decentralised, participatory, poverty-focused and sustainable development initiatives. The Regional Authorities have formulated a draft Sanitation Plan for the next five years. Action in this area has not yet reached a significant scale. The water activities are being implemented as part of a five year water development plan for the region.

Results and lessons learned

Construction outputs include the construction of 23 bore holes, 24 hand dug wells, 2 protected springs, 1 town water supply, and 200 latrines. Water supply coverage of the East and South Zones of the Tigray Region has increased from 10% to respectively 26% and 17%. Coverage of the Central Zone is 8%, that of the West Zone almost 6%. These improvements are also attributed to projects implemented by other agencies (Rest, World Vision, UNICEF and the Catholic Church).

Beneficiaries are largely those living in peripheral areas and include the poorest members of communities. Discussions with women have confirmed the benefits of the project for them, including reduced time for fetching water, less daily physical exertion, more time for other activities. In most instances, women are well represented on water committees and are ultimately responsible for the management of the water installations.

Although there has been some anecdotal reporting of a decrease in water related diseases, there is no data to demonstrate that this has in fact happened.

The implementation of this project has been satisfactory: There is a high degree of community participation in construction and management activities, there is a very positive feedback from beneficiaries, and it is very cost effective, particularly hand-dug wells and protected springs.

Qualitative aspects of monitoring should be developed, and should include the protection of water points from animals and regular water quality testing.
The sanitation programme of the East Tigray Development Programme should be revisited in the light of the draft regional plan. In the meantime, awareness of sanitation issues and latrine construction should be main streamed to a greater extent in other project activities.

Integrated approach

The 1997 mission identified that support for sanitation activities has been quite limited, and that it should be more effectively incorporated in the programme. Many of the health posts, clinics and some of the schools visited did not have a functioning water supply. Stronger inter-sectoral cooperation between the water, health and education offices is needed, as well as improved monitoring.

The evaluation team recognised that mobilisation of a community for the installation of a water supply has a very significant potential for imparting health and hygiene education, which can be strengthened.

Project design and evolution

Sustainability has been addressed in the earliest proposals, with a focus on: management and technical training of water committees, use of appropriate and well tested technology, arrangements for ongoing protection, anticipation of maintenance requirements, arrangement of cost recovery mechanism for ongoing O&M, and linkage with district Water Officials for supervision and major maintenance activities.

2. Institutional setting

Institutional structures

Implementing agency is the Water Resources Department. Other institutions involved include the Co-ordination Unit and water committees.

The responsibility for the development of water resources lies with the Water Resources Development Department of the Bureau(Ministry) for Water Resource Development, Mines and Energy.

The 1997 evaluation found a number of weaknesses in communication and coordination. In some cases, there is insufficient communication between water committees and district Water Officials. Links between water and health committees should be well established, as well as greater linkages between village water committees and district water officials. Furthermore, linkage with the experience of other agencies working in the water sector such as REST, Catholic Church, UNICEF, Water Aid, World Vision, would be beneficial.

Human resources

The 1996 evaluation found a lack of training of people involved or to be involved in the project, particularly on O&M. There is uncertainty regarding the capacity of district level Water Officials to deal with maintenance problems which are beyond the competence of water committees. There is a need for capacity building of district level water officials.

The 1997 evaluation recommended that priority attention should be given to the training and capacity building of water officials at zonal and district (Woreda) levels. Community members receive training in water resource management.

It also recommended that greater attention should be given to collaboration between infrastructure sectors as education, health, water and engineering at the planning and implementation stages of micro-projects. Better collaboration between water and health staff in the education of communities is also suggested.

Monitoring

Monitoring is being done by the Water Resources Department and the Construction Advisor of the co-ordination Unit. It largely relates to the quantitative aspects of implementation. According to the 1997 evaluation, project monitoring should include data on the participation of women in water committees and alert those involved in project implementation to the possible implications. Monitoring forms on constructed buildings should include a completion statement on water supply.

3. Effectiveness and impact at field level

Community involvement

In the 1996 evaluation it was found that since most of the water supply systems constructed are boreholes, there was no significant community participation in the process of site selection and construction. The communities had no opportunity to contribute labour or local materials. However, there is a high level of community participation in terms of labour and materials for the installation of hand dug wells and protected springs (evaluation 1997). Beneficiaries of installations are expected to contribute a small fee to cover ongoing costs.

All water supply systems have a water committee that manages, operates and maintains the system. According to the 1997 evaluation water installations are being used and effectively managed by the water committees. Each committee consists of 5 members of which at least two are women. In most instances, women are well represented on water committees and are ultimately responsible for the management of the water installations.

Functioning and use of sanitation facilities

The focus of the sanitation component has been largely on the construction of latrines in conjunction with the provision of public physical infrastructure. Many of the latrines constructed have been located in the homes of acquaintances of Zonal Health Officials and in Regional environmental sanitation offices. Whether this produces a demonstration effect is not known.

Functioning and use of WS facilities

A 1996 review indicated that most of the water systems installed were free from operational problems and were managed efficiently, except for one case where a motorised pump had been supplied. This suggests that greater thought should be given to animal-powered pumps and lifting devices. With hand pumps, there is often a long queue at peak times. Animal powered pumps, storage tanks and multiple spigots would eliminate this problem. According to the 1996 evaluation, most of the wells and pumps are not sufficiently protected due to a lack of fences.

In the cases of hand dug wells and protected springs, 20 to 30% of the capital cost is borne by the beneficiaries, which is highly cost-effective. Boreholes are considerably more expensive with lesser opportunities for community participation during construction. However, in many cases they are the only feasible option.

There is a very positive feedback on the activities from the beneficiary population. Many of the health posts, clinics and some primary schools visited during the 1997 evaluation did not have a functioning water supply.

NOTES:

- Evaluation and proposal writing for Tigray and Guraghe are combined in one mission, which has been carried out by one technical engineer. The reports are almost identical.
- The report from 1996 is very technical; however gender focus is addressed; community participation to a certain extent.

2.3 Ethiopia: Guraghe Development Programme
Priority country

Project title:	Silti and Sodo Development Programme
Duration:	1994 - 1996
Area:	Silti and Sodo Woredas (Districts), Guraghe, Zone of the Southern Peoples, Nations and Nationalities Region, Ethiopia.
Implementing agency:	The implementing agency of the project is the District Bureaus of Agriculture, Silti and Sodo Districts in Guraghe Zone.
Other institutions involved:	Irish Embassy in Addis Ababa.
Total Irish Aid contribution:	£ 473,900
Contribution of others:	Communities (materials and sometimes free labour); local authorities: supervision and monitoring of the project.

Review of the Silti and Sodo project : 1995
Evaluation country programme :1997

1. Project setting

Relevance
The area is very poor with infertile soils, resulting in considerable migration to urban areas, especially by men. There is a critical shortage of drinking water, particularly in the dry season when fetching water can take up to half a day.

The Irish Aid policy in Ethiopia includes four guiding principles: poverty focus, participation of communities, gender sensitivity, and sustainability. Sustainability focuses on four principles: activities that can be absorbed and sustained locally, maximum use of local expertise and resources, implementation through local structures and strengthening of local capacity, and low intensity of intervention in terms of technology. The changes in governance, policy-making and economic institutions since 1991 have created a strongly supportive context for decentralised, participatory, poverty-focused and sustainable development initiatives.

Results and lessons learned
In September 1996, 1 pond was constructed, and of the other 8 construction was almost completed. Also 7 springs were protected. The programme in two pilot districts appears on the whole to be relevant, carefully sited and well executed at the individual and micro-project level.

There is a great commitment of project and district staff, and significant experience has been gained from failures and successes. Participation of community in the earth work of ponds has been successful, specially at sites where women are assigned to be supervisors.

Integrated approach
The 1997 evaluation mission identified that support for sanitation activities has been quite limited, and that it should be more effectively incorporated in the programme.

Project design and evolution
Sustainability is discussed in the proposal, focusing on four principles, being providing assistance at level and pace that will allow local capacity to absorb and sustain it, maximum use of local resources and expertise, implementation through local structures with strong emphasis on strengthening local structures, and low cost technology interventions that are appropriate to the resources of the zone and individual households (see also Irish Aid policy in Section on relevance).

Gender issues are said to be integrated into all project components. However, signs of implementation of a gender strategy can only be found in relation to community committees: being that at least 70% of its members should be women.

Environmental concerns are mentioned in the proposal. Without proper justification, the proposal states that it is expected that it does not to have an negative impact on the environment.

2. Institutional setting

Institutional roles and responsibilities
The implementing agency of the project is the District Bureaus of Agriculture, Silti and Sodo Districts in Guraghe Zone. Other institutions involved include the Irish embassy in Addis Ababa.

The 1997 evaluation recommended that greater attention should be given to collaboration between infrastructure sectors as education, health, water and engineering at the planning and implementation stages of micro-projects. Also better collaboration between water and health staff in the education of communities is suggested. Many schools built lack water points.

Human resources
In 1996 it was found that for pond construction, supervisors assigned to sites are not fully aware how the works are to be carried out. Recommendations included that sufficient and relevant training should be given continuously for those that are or will be involved in the project, and sufficient technical manpower should be allocated to projects. Priority attention should be given to the training and capacity building of water officials at zonal and district (Woreda) levels.

3. Effectiveness and impact at field level

Community involvement
The project is designed to ensure community participation. Before excavation committees have to be established. Zonal and district staff are trained to develop an awareness among government officials of the need to have a community participation strategy that is not limited to the contribution of materials but involves communities in planning and management. Water committees should have at least 70% female members.

Community contribution consists of excavation of ponds and trenches and digging of wells. Although stated differently in the project proposal, it seems to be focused on labour inputs only.

Functioning and use of sanitation facilities

The focus of the sanitation component has been largely on the construction of latrines in conjunction with the provision of public physical infrastructure.

Functioning and use of WS facilities

Ponds are the most popular means of rain water harvesting in the lowland areas of Guraghe. In 1996, a number of weaknesses were found in construction: some works were not constructed to the desired level of accuracy and schedule of completion, and significant leakage and improper arrangements of facilities for washing and cattle for a number of protected springs was found.

The 1997 evaluation states possible weaknesses in the modified pond design, which include: use of average rainfall data instead of focus on low rainfall years, insufficient variation in catchment area to allow for slope, infiltration and evaporation effects, and lack of access control or rationing arrangements in he event of water supply being lower than demand. Given the expected year-round unreliability of the pond system, no further ponds should be constructed until performance of the present units have been assessed over a two year period. Water quality and quantity should be measured systematically.

NOTES:

- A lot of the proposal for extension in 1996 is literally from the Sidama project proposal.
- Earlier reports from 1995 and July 1996 are very technical; however gender focus is addressed; community participation to a certain extent.
- Evaluation and proposal writing are combined in one mission, which was carried out by a technical engineer.

2.4 Kenya: Integrated sanitation systems for low income urban communities

Project title:	Integrated sanitation systems for low income urban communities
Duration:	1998 - 1999 (one year)
Area:	Kibera settlement, Nairobi, Kenya
Implementing agencies:	United Nations Centre for Human Settlements (HABITAT).
Other institutions involved:	KWAHO (Kenyan NGO) and Manus Coffey Associates.
Total Irish Aid contribution:	US$ 80,000 (requested) in the form of technical assistance
Contributions from others:	not clear

No review or evaluation reports available (also not from HABITAT or other organisations involved).

1. Project setting

Relevance

Problems with sanitation are often most apparent in urban areas where outside defaecation is difficult or impossible. A HABITAT study shows that there is a very strong demand for a latrine emptying service and a willingness to pay for such a service. Local government and private pit emptying vehicles have been unable to address this demand; opening new pits is not an alternative due to space limitations. The proposal does not make reference to the Kenya situation, but in Kibera the technology is very much needed.

The objective of the vacu tug, a latrine pit emptying machine prototype, is to support people living in urban slum areas, who are considered to be among the poor. The project aims to assist poverty alleviation through providing affordable pit emptying services. It also purposely links income generation with environmental improvement and reduction of health risks.

Results and lessons learned

The vacu tug has proved to be fully sustainable from a technical point of view, and affordable for its target beneficiaries. Repairs can be undertaken locally without any specialised skills, and it has provided a source of regular income to some of the local community.

Integrated approach

The project focuses on sanitation in urban areas and does not have an integrated approach. It is a very technical project, with some emphasis on financial sustainability of the technology developed.

Project design and evolution

This project was initiated by HABITAT. Proposals for the design of a latrine pit emptying machine were solicited by HABITAT, and Manus Coffey Associates was awarded a sub-contract to design a prototype for trials in Kibera, namely the vacu tug. The project has been implemented for 2 years through a local Kenyan NGO called KWAHO. Plans for phase 2 include exposure of the tug to other countries for optimalisation of the technology, possibly Tanzania, Bangladesh and India, and the development of a transfer system for hauling the wastes to disposal sites in areas where the capacity of the tug would warrant transfer to a larger container.

According to the proposal, beneficiaries include urban poor, community groups, local authorities, health services, the local private sector, and women and children.
One of the project outputs is expected to be an integrated sanitation system, while the project focuses only on developing an appropriate technology for pit emptying.

Risks and assumptions not seriously addressed. Monitoring is mentioned: HABITAT will make reports available on a six monthly basis. Community participation and gender are not addressed. Sustainability of the technology is addressed in technical and financial terms. An improved environment is expected, but further not elaborated on.

2. Institutional setting

Institutional roles and responsibilities

The implementing agency is the United Nations Centre for Human Settlements (HABITAT). Other institutions involved are KWAHO (Kenyan NGO) and Manus Coffey Associates. There is no further information on the institutional embedding of the project.

3. Effectiveness and impact at field level

Functioning and sanitation facilities

The vacu tug seems until so far a very appropriate technology for pit emptying in peri urban areas. It is composed of a pedestrian controlled engine driven tug which includes a vacuum pump and pulls behind it a 500 liter sludge tank. It travels at approximately 5 km and can easily cross rough unsurfaced and potholed roads, climb relatively steep gradients, and pass through laneways as narrow as 1.35 metres wide. It is designed to be operated and maintained with the minimum of servicing and spare parts.

NOTES:

- The proposal is well written but extremely brief. The project is purely technical.
- Irish Aid has been asked by HABITAT to support the implementation of the 2nd phase of their project. Of this phase, there is only a project proposal available.

2.5 Lesotho: Priority country — Support to the Village Water Supply Programme

Project title:	Village Water Supply Programme
Duration:	1990 - 1999
Area:	Initially Berea, Lebire and Butha Buthe Districts (ceased); Now in Qacha's Nek and Mokhotlong Districts; Thaba Tseka and Qabane/Motsekuna recently included
Implementing agencies:	Department of Rural Water Supplies, which was called the Village Water Supply Section before 1995.
Other institutions involved:	Village Water Committee; District Engineer : Irish Technical Assistant funded by APSO; Government of Lesotho GOL.
Total Irish Aid contribution:	£ 2,364,600 (capital costs, maintenance of vehicles and wages and allowances for field staff)
Contributions from others:	Community (payment for water); local government (technical equipment and maintenance assistance); APSO (District Engineer); GOL (wages and allowances for office staff, subsistance allowances, fuel, and office overheads).

Country programme review: 1994.
Project reviews: 1991 and 1994.
Project evaluation: 1996.

1. Project setting

Relevance

Studies indicate that poorer people tend to live in the mountain districts, and the poorest in the more remote parts of these districts. As the Department of Rural Water Supplies serves the remoter areas of the district, poorer people will increasingly gain access to an improved system. The 1996 proposal is in line with the National Rural Water Strategy.

Results and lessons learned

The Lesotho programme started in 1975 and is Irish Aid's longest established country programme. Initially the project was implemented in Berea and Leribe, which has now ceased; now the project is in Qacha's Nek and Mokhotlong Districts. Thaba Tseka and Qabane/Motsekuna Districts are recently also being included.

Initially support was for a handpump programme in Berea District in 1987/88, and involved the drilling and installation of 256 hand pumps in 28 villages. This programme lasted 16 months (planning was 12 months). In 1988, another programme in Leribe and Butha Buthe Districts resulted in the installation of 250 hand pumps in 16 months. In total the two projects installed 489 hand pumps serving 44,000 people. A 1988 review found that engineering and construction standards were high, and reporting and monitoring procedures were good. Concern was expressed that maintenance problems were likely in future. The review

recommended to stop borehole and handpump programmes because of possible maintenance problems, focus on more easily sustainable systems such as gravity systems, and allocated funding to provide the Village Water Supply Section with a degree of continuity and security. Consequently, the focus of the project has moved from boreholes in the lowland to spring protection in highlands.

In the early years a health impact study was done, which showed that there was no evidence of improved health in the water project areas.

Efficiency 1990 - 1996:

- Qacha's Nek: 22,119 people served (31,360 planned) and 46 water points constructed and rehabilitated (52 planned);
- Mokhotlong: 16,352 people served (25,429 planned) and 52 water points constructed and rehabilitated (69 planned);
- Thaba Tseka: 13,981 people served (29,879 planned) and 34 water points constructed and rehabilitated (64 planned).

The 1996 evaluation concluded that in general construction standards are high. The water supply systems fulfill the requirement of the national standards. The area based policy has not yet been properly formulated and implemented in any district. In the past, many of the villages targeted have not been served. The department has greatly improved project planning and preparation in recent years. Water quality has been tested and no faecal coliform were found.

The most recent coverage estimate (early 1995) in Qacha's Nek District is 38%. Based on the figures of this evaluation, it will take 12,5 years to serve the complete population of the District, without taking into account rehabilitations. This also assumes that maintenance can be done and it does not include population growth.

The evaluation further recommended that less emphasis should be put on community contributions for O&M. The average amounts collected are high compared to the other mountain districts. The collection of financial contributions causes frictions within the village, and although most villagers realise the purpose of the collections, the funds are not used for maintenance purposes for several years after construction. Emphasis can be given to necessary or regular (yearly) contributions.

Suggestions from Village Water Committees include giving more emphasis on organising labour, more consultation with all members of the community before construction, and the purpose of contributions for O&M should be made clearer.

Integrated approach

There are no sanitation or health/hygiene education activities as part of the project. The review reports of 1991 and 1994 recommended the development of health and sanitation components, and a closer collaboration with the already existing rural sanitation programme. There is no evidence of follow up on this recommendation. The 1996 proposal mentioned the crucial importance of health education.

It is recommended that Irish Aid does not get too involved with sector coordination issues (integrating with sanitation and health education). This is because experiences with this, particularly of ODA, have not been successful in Lesotho. An 1993 evaluation had already recommended that relevant Government Departments

should initiate such activities. Currently Village Liaison Officers are encouraged to liaise with Village Health Workers.

Project design and evolution

Project proposal of 1989 is officially written by Government of Lesotho, GOL. In this first proposal the following issues are not discussed: community participation, gender, environmental issues, monitoring and evaluation, risks and assumptions, sanitation and hygiene, hardware vs. software, evidence of beneficiaries' needs, sustainability.

The 1996 proposal mentioned environmental issues, gender and sustainability, but does not elaborate seriously on any of the issues. No mentioning of community participation, monitoring and evaluation, risks and assumptions, hardware vs. software, evidence of beneficiaries' needs.

2. Institutional setting

Institutional roles and responsibilities

The implementing agency is the Department of Rural Water Supplies, which was called the Village Water Supply Section before 1995. Other institutions involved include Project staff and the Village Water Committee. Project staff consists of the District Engineer (Irish Technical Assistant funded by APSO), a Senior Technical Officer, Draughtsman, Construction Supervisors, Maintenance Supervisor, Village Liaison Officer and Masons, which are all funded by Irish Aid. The store keeper, accountant, mechanic, driver, labourer, watchmen are funded by GOL.

The department has made much progress in the localisation of key positions. One of the aims is to contract out construction activities to the private sector. However, up to August 1996 everything is still being done by the project. As early as 1985 the department was decentralised to Qacha's Nek.

Human resources

There is a general feeling by the district staff that their project is left out of training programmes. Only 3 out of the 14 Village Water Committees visited have received training. Of the 10 water minders interviewed, 8 considered that the training given was either inadequate or no training was given. Village Liaison Officers require more training and experience.

Monitoring and evaluation

Activities are monitored by construction supervisors (monthly site report), District Engineer (monthly progress reports), Regional Engineer (quarterly progress reports). The reviews are descriptive and mainly technical, focusing on outputs and some finances. Women's issues, environment and sustainability are mentioned but not really in-depth discussed.

3. Effectiveness and impact at field level

Demand driven approach

Village Water Committees sent an application letter to the project, and most of them waited about one year before implementation started. Because of the area based approach no prioritisation is given to individual communities on the waiting list.

Community involvement

In the first proposal (1989) villagers are required to contribute with labour. Villagers are required to elect an Village Water Committee which is then responsible for collecting a maintenance contribution from households and depositing in a bank account. They are also responsible for organising labour during construction. Minor repairs are supposed to be carried out by the water minders.

In Qacha's Nek, Mokhotlong and Thaba Tseka respectively 44%, 58% and 79% of the villages has a water minder. Less then half of them has a toolbox (respectively 41%, 21% and 48%), and most had a bank account (80%, 82% and 81%).

Community participation is influenced by the season, and is poor in winter. Tribal relationships also play a role. According to district staff poor participation is also related to not getting food or money for labour (in contrast with other government programmes), drunkenness in the afternoon, political meetings, feasts, and because villagers think the level of service is low (no house connections). The support of the village chief is seen as crucial for the success of the project.

Functioning and use of WS facilities

The 1996 evaluation concluded that Qacha's Nek has a good record regarding maintenance activities. Requests for the department maintenance services are quickly and efficiently attended.

Supporting gravity fed systems were chosen by Irish Aid after earlier experiences with hand pumps in lowland areas. In 1994 the department has re-evaluated the choice of technologies, and hand pumps are the last option.

Functioning and service level

The percentage of collection points functioning is 95% in Qacha's Nek, 90% in Mokhotlong, and 68% in Thaba Tseka. The districts exceeding the DRWS level of service standards. This indicates mis-allocation of resources. Research needs to be undertaken to ascertain the levels of service acceptable to beneficiaries.

Community contributions

Most people seem to pay for maintenance. Exceptions for the poor are made (payment in installment, brewed beer, or paying a percentage). Most people know it is for maintenance purposes and belongs to the community.

On average, women have contributed more labour during construction than men. About 30% of the people thought the construction process was a major inconvenience, mainly because it disrupted farming activities.

Appreciation of facilities

About 88% of people asked are satisfied with the level of service. The vast majority of people enjoy greater proximity to a water point, 19% stated that the queuing time is shorter, and 10% noted that there is less time required to fill containers. Also the system is felt to be more reliable. 72% Of the people interviewed felt that the service had made a difference to their lives. People perceived both positive and negative water quality and health benefits from the water supply, although majority was positive.

Water minders

Four out of 14 villages visited did not have a water minder. Statistics show percentages of villages that have a water minder in Qacha's Nek, Mokhotlong and Thaba Tseka of respectively 44%, 58% and 79%. Both from the National Data Base and from the evaluation visits, no correlation can be found between the existence of a water minder and system functioning. It appears as if a number of repairs are carried out by other villagers.

Village Water Committees

All communities visited had a Village Water Committee (about 25-30% of the communities served by the Department since 1990 were visited). When asked about their overall experience, about half of the Village Water Committees were positive, the other half negative. Negative experiences are mainly related with difficulties in organising labour and the collection of O&M contributions. Also for a number of them going to the bank is quite a troublesome.

The contribution of O&M had not been used by the majority of the Village Water Committees, and only 3 had used it for maintenance purposes (others for opening ceremony).

According to villagers, VWC members are elected democratically. According to district staff the members elected are usually the rich and/or famous members of the community, usually not the most suitable for the task.

2.6 Lesotho: Berea Rural Sanitation Project
Priority country

Project title:	Berea Rural Sanitation Project
Duration:	1988 - 1995
Area:	17 sites in Berea District
Implementing agencies:	Berea Rural Sanitation Project under the National Rural Sanitation Programme.
Other institutions involved:	Environmental Health Section of the Ministry of Health, Village Health Workers, and Local Latrine Builders.
Total Irish Aid contribution:	£ 431,140 (financial support not constant)
Contributions from others:	Government of Lesotho (GOL) (continued financial support)

Project reviews: 1990, 1993 and 1997.
Country programme review: 1994.

1. Project setting

Relevance
The first proposal mentions that, despite increased water coverage, studies have revealed that health is not improving, and therefore there is a need for sanitation. The project is part of a national sanitation programme of GOL.

Results and lessons learned
In a 1993 review, the overall programme in 10 districts which was supported by UNDP and UNICEF was found to be successful. This is primarily focused on increased coverage figures over 10 years from 15 to 35%. In 1993 review project outputs are called impressive, meaning increase in coverage. The review considers not using subsidies and involving people in a real way also successes.

In 1997 the review results were:
By the end of September 1996, 537 Local Latrine Builders were trained, 3,145 VIPs constructed, 17 work sites throughout the district established and an area coverage estimate at 80%. By the end of 1997, the project had achieved most of its set targets with the exception of VIP latrine construction at households and schools.

Low demand from the community, work in the fields during certain seasons, denial to use locally available material and poverty were identified by staff as the main reasons for the failure to reach some of the targets.

Of the 121 people interviewed, 16% had a VIP latrine, 45% had ordinary latrines and 40% had no latrines. Most of the school latrines visited were in need of maintenance in the form of replacement or repair of seat covers, fly screens, doors and roofing. The level of cleanliness of some of the latrines was also found to be poor.

Word-of-mouth was the most commonly mentioned source of information on some of the proper sanitation practices, followed by clinic/hospital, schools and Village Health Workers. None of the respondents mentioned pitsos, focus group discussions, house

to house visits, health education campaigns and HE materials. These methods are also being considered to be the corner stone of the programme.

People's perceptions on the impacts the programme has had on the environment are conflicting. Both project staff and community stakeholders felt that more support from local authorities is required to ensure the sustainability of the programme.

With the current status of most of the latrines and the low number of latrines in the villages, the effectiveness of the school sanitation programme becomes very low. School latrines pose some health risk, and students come from different villages most of which do not have improved latrines or any latrines at all.

The biggest constraint to wider adoption mentioned by all the different groups interviewed was that of poverty or lack of financial resources. All reported that people are poor and are therefore unable to pay for the material that is required to construct a latrine and the labour cost charged by the local latrine builder. A number of options to solve this problem have been discussed during the review, but no recommendation is made.

Women are found to be very good information disseminators and play a very crucial role in motivating communities to build VIP latrines. Women were also said to have better understanding of health issues.

Concluding remarks are that there is no evidence of proper community awareness raising and mobilisation. Technology is considered too expensive and no alternatives were promoted. Upgrading should have been taken into account. This was already recommended in 1993. An estimated 40% of the populations cannot afford the latrines. Hygiene education is not thoroughly elaborated; the focus (at least of reporting) is very hardware oriented.

Based on the 1997 review, it was decided to withdraw from the project.

Integrated approach

The programme is purely a sanitation programme, with seemingly from the documents a little amount of hygiene education. Already according to the 1993 review, the proposed integration with the Village Water Supply Section had failed, and rather than force integration of separate agency activities, it recommended to focus more on improved coordination.

Project design and evolution

The project proposal (1990?) only focuses on construction and training of people involved in construction. Hygiene education is not specified. There is no mentioning of alternative solutions, sustainability, gender, environment, assumptions and preconditions. Monitoring is mentioned as one of the objectives.

2. Institutional setting

Institutional roles and responsibilities

The implementing agency is the Berea Rural Sanitation Project staff under the National Rural Sanitation Programme. Other institutions Involved include the Environmental Health Section of the Ministry of Health, Village Health Workers, and Local Latrine Builders. Project staff is comprised of an Acting District Sanitation Coordinator, Technical Officers and Health Assistants.

The project is part of the National Rural Sanitation Programme of the Ministry of Health and Social Welfare. The Acting District Sanitation Coordinator (DSC) in charge of daily running of the project, coordinating all sanitation activities in the district, and supervision of staff based at sites, Health Assistants and Technical Officers. Officially the DSC is reports directly to the NRSP Coordinator in Maseru with copies to the District Medical Officer, but in practice the DSC considers the DMO as head of the department.

Technical Officers are managing all field activities, and training and initial supervision of local latrine builders. Health Assistants are expected to perform all environmental health activities (health education, follow up of TB and leprosy patients, supervision of local latrine builders, promotion of latrines, inspection of latrines and shops, etc.).

The positions of District Sanitation Coordinator and Health Assistants are established government posts, while technical Officers and drivers are not established government posts. The driver is paid through donor funds.

There is no gender balance in district sanitation staff. However, women are working as Village Health Workers and Local Latrine Builders. There are local hardware stores selling latrine components. It is not known to what extend local latrine builders are involved in this sector.

Human resources

The Acting District Sanitation Coordinator, who is in a key position for the success of the project, does not have a job description, nor does he receive any training or guidance from the national level.

According to the 4 Technical Officers operating in the district, at least another three people are needed to provide good coverage. Also a shortage of Health Assistants was reported, which places a threat to viability and effectiveness of the project. There seems to be a high drop-out rate from Local Latrine Builders, meaning that a lot of them are not active as builders after the training. Reasons mentioned are: lack of tools, other commitments and thus too high workload.

3. Effectiveness and impact at field level

Demand driven approach

There seems to be a low demand from the community for latrines (1997 review, but various opinions are voiced on this).

Project management

As money is being spent it is not based on the line items in the budget and as a result one cannot tell at any time how much money has been spent under one line item or component and how much is left.
The management capacity of the National Rural Sanitation Programme has been a cause for concern and poor project progress, the lack of project reports and the under-utilisation of funds has caused a number of donors to consider withdrawing from the programme (1997 review, in 1993 review management is called excellent).

Monitoring

Monitoring is being done at district level, national level, and by the donor. District staff reported the need for more support from the national level.

There is only reporting on latrines which have been supervised, not on sanitation improvements in the district in general. Thus spin-off is not known.

Functioning and use of WS facilities

Technically the Berea VIP latrine is very good and appreciated as such by the users (1993 review), but the main drawback is in the cost. In 1991 it was estimated that about 40% of the households had no wage earner and therefore could not afford a latrine.

2.7 Lesotho: Lesobeng Water Supply Project
Priority country

Project title:	Lesobeng Water Supply Project
Duration:	1997 - 2000 (3 years)
Area:	Mont-Martre area, Lesobeng Valley, Mantsonyane area, Lesotho
Total Irish Aid contribution:	£ 222,104 (?) (staff salaries, vehicles and construction materials)
Contribution from others:	Local contributions mainly through labour amounting to about 700,000 Maloti (total budget 1,608,000 Maloti); Department of Rural Water Supply, Primary Health Care Department and St. James' Mission Hospital; BILANCE

1. Project setting

Relevance
Water supply is second on the list of priorities in Lesotho made during a mapping exercise in 1990. The mapping revealed that the Lesobeng Valley is between 32 and 40% poorer than the central Maseru area. Clearly poverty and altitude are closely related. The remote mountain areas stand out as poorest, most distant geographically and in terms of poverty from Central Maseru.

The St. James Mission Hospital has built up considerable expertise in organising water supply in the remote mountains. The project will build water systems following nationally accepted standards of the Department of Rural Water Supply.

Planned activities and outputs
The augmentation of the project is planned to serve an estimated total of 55 water systems built in 41 villages and for 3 schools, serving a population of 4392 people. The total Lesobeng Valley includes approximately 12,000 inhabitants in about 120 villages. Adhering to national standards, which lead to project reformulation in 1994, meant a reduction from 60 to 27 villages in the first phase.

Other outputs include capacity building of Village Water Committees and water minders, a health baseline study, effective health education, and the training of project staff. Women are expected to be the main beneficiaries through reduced labour and time involved in water collection. The project will pay attention to labour organisation and division issues during VWC training to try to avoid that women get an even higher workload.

A health baseline study is planned as part of the project. The study will include prevalent water related diseases and existing health and hygiene risk behaviour, and will build on the local knowledge available.

Results and lesson learned from the first phase

An 1996 evaluation concluded that the project has been efficiently carried out, also from the financial point of view. The project goals are likely to be reached, the technical standards are high, and the national standards are generally being met, despite very difficult working environment and disappointing support from the Department of Rural Water supply.

Without the very active participation and high motivation of the Lesobeng community, and particularly the women, the first project phase could never have been a success.

The evaluation showed that the training of Village Water Committees on maintenance issues could be improved, and a pre-construction training on dealing with village contributions added. Furthermore it was suggested to carry out the long planned training for water minders.

It was also found that health education is not sufficient in quality and quantity terms, to ensure maximum health impact. It is felt desirable to involve Village Health Workers more in the project.

Other suggestions included setting up a system for the local supply of maintenance materials, setting up a steering Committee to advise the project management and review whether or not the hospital is a suitable environment to carry out this project.

Integrated approach

The project says to use an integrated approach, which is explained by a focus on water supply as core activity with community participation and health education. There is no environmental sanitation.

Project design and evolution

The Lesobeng Spring Protection Project is part of the St. James' Mission Hospital's Primary Health Care Programme initiated in 1976, and which has been financially supported by many donors. Water activities by the hospital started in 1987 (spring protection).
A proposal that focused on the construction of 60 simple water points in Lesobeng was approved by CEBEMO (now BILANCE) and started in September 1993. A revised project proposal to accommodate national construction and service level standards was approved in 1994. The project has an area based approach, trying to include every village in the area whether big or small.

The project has been designed by the hospital, based on the feedback and requests received from people in the area (number of application letters). Only low cost simple technology options are considered because of cost and availability. Some more detailed feasibility study will be undertaken on solar pumps.

Environmental effects expected include: the protection of springs should not affect the yield, the project will reduce quantities of polluted water in the vicinity of houses, the quantities of water involved will not cause negative environmental impact. Sustainability is addressed through keeping national standards, training of community institutions, and ensuring a system of local supply of materials for maintenance.

Monitoring of finances, construction and training outputs is included and in hands of the Project Coordinator and other staff. Activities undertaken as part of the HE programme will be written down. Risks and assumptions (including a logframe) are discussed and addressed as much as possible. The proposal includes possible social and economical effects, both positive and negative.

2. Institutional setting

Institutional roles and responsibilities

The implementing agency is St. James' Mission Hospital. Other institutions involved include the Department of Rural Water Supply, Ha Lephoi Clinic, Village Water Committees, water minders, Village Health Workers, and the funding agency.

The St. James' Mission Hospital's responsibilities include the employment of project staff, daily management, planning, organisation and transport of materials, supervision and training of staff, project administration, community mobilisation, training of village institutions, construction, monitoring, health baseline study, setting up health education, and reporting. By carrying out this project, the hospital becomes the second biggest NGO in Lesotho in water supply activities.

The Department of Rural Water Supply is expected to provide technical officers for surveys and designs, approval and registration of designs, delivery of training curriculum and staff to train Village Water Committees, major maintenance of completed works, and active membership in the Steering Committee.

Communities are responsible for: organisation and administration of community contributions, performing a population count, writing an application letter, assuring household contributions to the maintenance fund, contribution of local materials, transport of building materials from the project store to their village, accommodation of masons during construction, and the provision of two water minders for simple maintenance tasks.

Project management

The St. James' Mission Hospital provides the Project Management and the Project Coordinator. Arrangements for communication and coordination are rooted in the hospital's and project structure. Regular meetings and field visits are planned for.

3. Effectiveness and impact at the field level

Demand driven approach

Many villages have applied for assistance after seeing what is going on in neighbouring villages. Some have elected a Village Water Committee, collected maintenance funds, and have started gathering local materials without any encouragement from the project's side.

Community involvement

Community participation has been a component of the project since its beginning.
The project encourages, motivates and helps communities organising themselves through meetings and training, and offer advice when conflicts or problems arise.
The decision to join the project is made on community level. Then communities are required to elect a Village Water Committee and two water minders. The Committee

is responsible for organisation and administration of community contributions, performing population count, writing an application letter, assuring household contributions to the maintenance fund, contribution of local materials, transport of building materials from the project store to their village, accommodation of masons during construction, and the provision of two water minders for simple maintenance tasks.

The motivation of women to participate is greater than of men. Village Water Committees consist of 64% women, although men are more often chairperson. Women often have the role of secretary and treasurer. More than half of the water minders are women. The project promotes that water minder's tasks can easily be done by women, and that at least one of the two water minders should be female.

However, the hospital has no written policy on gender issues, and activities are generally not evaluated on their effect on gender relations. It is still a very sensitive issue in Lesotho, and especially senior staff find themselves in the middle of a tension field when confronted with high rates of domestic violence, alcohol abuse, and the spreading of sexually transmitted diseases. The hospital positions itself as a provider of curative and preventive care that should be accessible for everybody regardless of sex, age, status, etc.

Functioning and use of WS facilities

The only technology considered feasible in the mountain area is gravity fed water supply systems. Pumping systems (except for solar pumps) and boreholes are not considered feasible because of cost and availability.

Sustainability of hygiene education

Health and hygiene education is part of the project. HE activities will be based on the outcome of a baseline study.

The baseline study and HE programme will be carried out under the responsibility of the Primary Health Care Coordinator of the hospital. Village Health Workers, who belong to the government structure, are planned to play a role in the HE programme, but are not included in planning or management.

NOTE: Evaluation report 'Village water supply in remote areas; an evaluation of the Lesobeng Spring Protection Project of St. James Mission Hospital, Mantsonyane, Lesotho' by David Hall, Sechaba Consultants, 1996, does not seem to be available.

2.8 Mozambique: Country Programme
Priority country

Project title:	Country Programme
Duration:	1997 - pilot projects 1998 - 2000
Area:	Urban Water Project in Maputo; Area based support to Niassa and Inhambane Provinces; Development of national Government Programme on water
Implementing agency:	Government of Mozambique.
Other involved:	Embassy Head of Cooperation, Embassy Irish Programme and Mozambican Project Officers, Mozambican Monitoring Officer (only for IA funds), Director of Planning and Finance, Provincial Departments, and Provincial Steering Committees.
Total Irish Aid contribution:	£ 280,000

No reviews or evaluation have been carried out yet. No information or evaluation on the IA/CARE joint health education and sanitation programme

1. Project setting

Relevance
Mozambique is one of the poorest countries in the world. Water supply and sanitation services are characterised by extremely low coverage, poor service quality and weak sustainability. The access to safe water supplies is around 30%. Civil war, poor policies and the influx of several hundred thousand refugees since 1992 have contributed to this situation.

The National Water Policy of 1995 gives priority to rural people in low income groups. Important elements include participation of beneficiaries at all stages, decentralisation of water services, government no longer involved in implementation, existing sources will be rehabilitated, recruitment of staff at provincial and district levels, and involvement of the private sector. Priority will be given to areas of lowest coverage, small piped systems for schools, hospitals and commercial establishments. The government strategy will involve community maintenance of hand pumps and cost recovery through user fees.

Irish Aid policy is used in all aspects of programme planning, implementation, monitoring and evaluation. A country specific gender strategy is currently under preparation.

Results and lessons learned
A pilot programme in Niassa and Inhambane started in 1997 and included a number of pilot projects to identify key components of a comprehensive 3 year area based programme.

Results include an initial collection of data at provincial level in Niassa and Inhambane; a number of 'vertical' type projects where boreholes are constructed to support other Irish Aid activities such as schools and health posts; the identification

of a water supply project in Zimpetu; and of one in an urban area of Maputo. In such areas, many of the poorest Mozambicans live and yet pay some of the highest water charges to opportunistic private sector suppliers. The activities to be carried out in 1999 and 2000 have yet to be identified.

In northern Inhambane, Irish Aid supports a health education and sanitation pilot programme which will be co-funded and implemented by CARE. This programme enjoys considerable success and it is anticipated that improved practices will be developed, and significant results will be available for dissemination after three years.

Irish Aid involvement in water at medium term in Niassa and Inhambane provinces will be a combination of 'vertical' projects supplying water to support other IA activities. It will also support national developments such as the provincial inventories and the donor coordination.

According to the 1998 - 2000 development plan, the area based programmes are very much untested. It is proposed to continue to learn by doing and maintain a flexible response to situations as they arise. This flexibility must be reflected in the future programme in each province.

Integrated approach

The programme does not use an integrated approach, the focus is on water supply only. There is a separate health project.

Project design and evolution

Projects are identified as part of a country programme that involves both area based and sector support. There are no specific water supply projects identified yet. The projects are designed by Irish Aid Maputo, with inputs from the Government of Mozambique - GOM.

Gender, sustainability and environment are not addressed in the proposal. Monitoring is limited to standard Irish Aid monitoring procedures. In the pilot projects a number of boreholes were constructed. It is not clear whether any alternative technologies were considered. Risks and assumptions are mentioned in a satisfactory way.

2. Institutional setting

Institutional roles and responsibilities

The implementing agency is the GOM. Other institutions involved include the Embassy Head of Cooperation, Embassy Irish Programme and Mozambican Project Officers, Mozambican Monitoring Officer (only for IA funds), Director of Planning and Finance, Provincial Departments, and Provincial Steering Committees. The Country Programme will be implemented through the GOM at both provincial and national level. The role of the Irish Embassy involves financial monitoring and advising the programme.

Support to the two provinces aims to stimulate ownership by allowing management decisions to be made by the Provincial Government, and to maximise institutional sustainability by working within the capacity and wage structures existing at provincial level.

Human resources

The only Irish experts involved in the programme are at Embassy level. The Embassy also has Mozambican staff, up to Project Staff.

3. Effectiveness and impact at the field level

Community involvement

Not addressed in country programme.

Functioning and use of WS facilities

The pilot projects have only installed a number of boreholes at schools and health centres. It is not clear whether alternative technologies were considered.

2. 9 South Africa: Support to Mvula Trust

Project title:	Programme for Community Water Supply and Sanitation Service Development
Duration:	1997 - 2000 (three years)
Area:	Projects in Northern Eastern Cape, Mpumalanga and Kwazulu-Natal Provinces
Implementing agency:	Mvula Trust is the implementing agency.
Other involved:	Department of Water Affairs and Forestry; Department of Constitutional Development.
Total Irish Aid contribution:	£ 480,000 .

No reviews or evaluations carried out yet. Also no reviews or evaluations of other projects of the Trust available. However, the proposal looks very promising.

1. Project setting

Relevance

South Africa is embarking on a major programme of water and sanitation service development amongst the 18 million South Africans who lack access to safe and sustainable services.

The government water policy includes the following principles: development should be demand driven and community based, basic services are a human right, some for all rather than all for some, equitable regional allocation of development resources, water has economic value, the user pays, integrated development, and environmental integrity.

There is a lack of capacity associated with implementing projects which are sensitive to community and environmental needs, and the ongoing management of WSS infrastructure in a sustainable way. The other major problem identified is the lack of a national plan for education and training in the sector that will include schools, PHC school training and training at universities and technikons.

Irish Aid support to South Africa is exceptional since it is not a least developed country but has enormous disparities in resource distribution. It is transitional; donors are not expected to stay long, and it has the particular aim of empower those who have been disadvantaged by apartheid.

Work of Mvula Trust meets with Irish Aid policy on the following issues: support to rural and community development, provision of basic needs being WSS, poverty focus, capacity building at local level, focus on education being health and hygiene education, concern for gender issues, and policy development.

Results and lessons learned

Implementation has just started. No results known yet.

Integrated approach

As mentioned above: Water supply, sanitation and hygiene education are integrated in this project. The balance among the three and between hardware and software is not clear from the proposal.

Project design and evolution

The proposal is designed by the Mvula Trust. There is no evidence in the proposal of beneficiaries being involved in problem identification and project design. The project is an expansion of similar activities of Mvula Trust in other areas. The provinces in which the project will operate are the ones that are most severely hit by apartheid, mostly townships, with lowest coverage figures.

The proposal does not elaborate on the approaches that will be used, and it remains unclear how the balance between water, sanitation and hygiene education activities will be. Environmental issues are addressed, the Trust includes an environmental impact analysis prior to WSS implementation, which includes a feasibility study plus water sources survey. It is further addressed during appraisal and in various trainings.

Women's roles and practical and strategic needs related to WSS are recognised, and a study on the role of women, their specific training needs and options for enhancing their representation in decision making is included. An action plan is intended.

Sustainable development is assumed to be enhanced through a demand driven and client oriented approach. Monitoring and reporting procedures are mentioned. A logframe is included which specifies important assumptions.

2. Institutional setting

Institutional roles and responsibilities

Mvula Trust is the implementing agency. Other institutions involved include the Department of Water Affairs and Forestry, and the Department of Constitutional Development.

The Mvula Trust works in close partnership with various government departments, among which the Department of Constitutional Development, and the Department of Water Affairs and Forestry with whom it has a collaborative agreement and department representatives are on the Board of Trustees. The proposal does not further elaborate on the different institutions involved, nor on their roles and responsibilities. Probably the private sector is involved in implementation. Mvula Trust staff act as facilitators and monitor progress during preparation and implementation.

3. Effectiveness and impact at the field level

Demand driven approach

The approach aims to be completely demand driven, both for water supply and sanitation. A community establishes a water committee who prepares a proposal for Mvula Trust. If approved, funding is provided in tranches to the committee. The responsibility of implementation lies with the committee, who receives training.

Community involvement

Community participation is said to be one of the corner stones of the Trust's approach. The proposal does not elaborate at all on how participation will take place.

Functioning and use of sanitation facilities

The proposal mentions VIP latrines. The range of technology options feasible is not clear, nor the reasons for preferring VIPs.

2.10 South Africa: Support to the National Community Water and Sanitation Institute

Project title:	Support to the National Community Water and Sanitation Training Institute
Duration:	1996 - 2000 (5 years)
Area:	Pietersburg, South Africa
Implementing agency:	National Community Water and Sanitation Training Institute.
Others involved:	Department of Water Affairs and Forestry; University of the North: Mvula Trust; Water Research Commission.
Total Irish Aid contribution:	£ 535.344
Contribution of others:	UNICEF and United Nations Education and Training Programme for South Africa (training fees); University of the North (premises); Water Research Commission (salary of the Director)

Country Programme review: 1997.
Mid term review of support to the NCWSI: 1998

1. Project setting

Relevance

Recent evaluations have shown that there is considerable capacity in South Africa to implement projects from a civil engineering point of view. However, there is a gap in the capacity to undertake ongoing service provision effectively, particularly in rural areas. This responsibility falls primarily to rural local government working together with community based organisations; these structures are new and under-resourced.

The genesis of the institute was the White Paper on Community Water and Sanitation (1994) which stated the Minister's intention to establish the institute and specified the role it should play.

The project currently meets with Irish Aid policy, such as providing benefit to the poorest people, water and sanitation, and capacity building. This will lead to a wide range of indirect benefits related to health, the workload of women and subsistence agriculture. Furthermore it will help community development, and supports the transition of local government in the post-apartheid era, which provides the elements of partnership and accountability the IA policy demands.

Results and lessons learned

The project has been very effective. The institute, with the support of the project, has made a considerable impact and has done a great deal of useful work. It is too early to properly assess the efficiency of the project.
The institute should carry out a very much reduced, but financially sustainable, range of activities, or increase the scale and range of profitable activities to a level that will support the desired non-profit making activities.

The institute should offer tailored training to specific target groups such as district councils, rural councilors, water committees, training agents and project agents.
The feasibility study has predicted self-financing after three years and proposed a wider set of objectives, which in a large way have contributed to the problems faced during the review.

However, the 1998 review concluded that for the institute to survive beyond Irish Aid support, sound financial footing is needed. Recommended are a business plan including a detailed marketing study and evaluation of resources needed. If the institute can not shown to be sustainable, Irish Aid should seriously consider the withdraw of the remaining £ 150,000 of funds.

Integrated approach

The institute is addressing water supply, sanitation and hygiene education. The balance among the three is not clear.

Project design and evolution

The request to support the establishment of the institute to Irish Aid did come from the Minister of Water Affairs and Forestry, which has designed the proposal.

The proposals then prepared do not address sustainability, gender, environmental issues, monitoring and evaluation, and risks and assumptions.

2. Institutional setting

Institutional roles and responsibilities

The implementing agency is the National Community Water and Sanitation Training Institute. Other institutions involved include the Department of Water Affairs and Forestry, the University of the North, Mvula Trust, and the Water Research Commission.

The constitution of the institute defines its role in a very different way from the set out in the White Paper. The original proposals were quite clearly limited to research, training and liaison. However, the mission statement and goals in the feasibility study expanded the basic mission by the addition of 'contribute to capacity building in respect of human resource development, institutional strengthening and policy reform in the WSS sector'. This change was made with little justification and no discussion.

The institute has not gained the status of a statutory body, which affects its actual mandate and functioning.

Collaboration with other institutes, e.g. the National Sanitation Coordination Office which has developed guidelines for training and capacity building in sanitation projects, is not clear.

3. Effectiveness and impact at the field level

Financial issues

Funding and the activities of the institute are very poorly synchronized, primarily due to a lack of proper consideration of financial issues when setting and revising objectives.

From the beginning, the Department of Water Affairs and Forestry has stated that it would not support the institute financially and that it would have to be self-sustaining by the time the IA finished. This still is the case. Unfortunately it is now clear that the potential income from training activities will not support in the long term the wider range of activities expressed in its mission.

The feasibility study conducted in 1995 came to the unjustified conclusion that the institute would be sustainable and self-financing by the time that IA support would end.

2.11 Sudan: Village Water Supply Rehabilitation Project

Project title:	Village Water Supply Rehabilitation Project
Duration:	1st phase 1985 - 1997
Area:	Gezira, Blue Nile and White Nile Provinces in Central Sudan; 3rd phase: Kosti and Ed Duem Provinces of the White Nile State.
Implementing agency:	National Rural Water Development Corporation (also called Rural Water Authority and National Water Corporation).
Others involved:	Kosti Province Government and communities (in 3rd phase).
Total Irish Aid contribution:	£ 1,209,490
Contributions from others:	Sudanese Government; community contributions (in 3rd phase).

Reviews of the project: 1987 and 1993.

1. Project setting

Relevance

The area was selected because of the following reasons: no other donors involved, seriously affected by droughts, presence of Irish Aid dairy project, and serious problems with WSS related diseases. However, the region is the richest in Sudan (irrigated agriculture). It is mentioned that poorer areas were addressed in the 2nd and 3rd phases.

Results and lessons learned

After the first phase, 34 water yards had been constructed, giving water to 40 rural communities with a population of 100,000 and their livestock. Phase two consisted of the rehabilitation of 29 water yards, and phase three planned to rehabilitate 21 water yards. It is not clear how many water yards are functioning and being used at present.

All three phases were purely focused on hardware. No evidence of software inputs. The planned results, which were purely technical, were probably largely or completely achieved.

It is assumed that women spend less time on water collection, although they still use alternative sources.

Because of political considerations, Irish Aid has planned to phase out of the project in 1998.

Integrated approach

The project is purely a water supply project. At the end of the 2nd phase, sanitation and hygiene problems were identified during a review, but not taken up in the proposal for the third phase. This review also mentioned a more successful approach of a UNICEF project where sanitation and hygiene were included.

The 1993 review recommends to go into 3rd phase only with a comprehensive programme including sanitation and health, being prepared by a multi-disciplinary mission. Despite this recommendation, the third phase has not significantly changed from the second phase.

Project design and evolution

The project has evolved from an emergency project. It is unclear who has written the subsequent project proposals. The two project proposals available, of the 2nd and 3rd phase, are almost identical.

No evidence that the needs of potential beneficiaries have been taken into account. No study was done to look into alternative water sources. It was said that the National Rural Water Development Corporation strongly proposed the water yards. In the 1993 review alternatives are mentioned, however, nothing is done with this suggestion. Financial and technical sustainability were mentioned in the proposals for the 2nd and 3rd phase, but the problems identified during reviews were not properly addressed.

The environment is mentioned but not addressed, no assessment was made. No impact foreseen, while a number of earlier constructed water yards have run dry. Environmental problems regarding the ground water level were mentioned in the review report at the end of the 2nd phase.

In the proposal for the third phase it is mentioned that the project envisages to be beneficial for women. No evidence of a strategy or activities to particularly address women's issues.

Regarding monitoring, planning included funds for purchase to be monitored by the Irish coordinator. Furthermore, monthly progress reports were to be prepared by the field project manager for the DG of the Water Authority and the Irish coordinator in Sudan. Assumptions and pre-conditions were not identified.

2. Institutional setting

Institutional roles and responsibilities

The implementing agency is the National Rural Water Development Corporation (also called Rural Water Authority and National Water Corporation). Others involved are the Kosti Province Government and communities (in 3rd phase).

In 1994 the administrative structure of Sudan changed, and the formerly Central Region was divided into four states, Gezira, White Nile, Sennar and Blue Nile States.

The roles and responsibilities of the Bilateral Aid Programme (BAP) and the National Rural Water Development Corporation were not clear.

Project structure and relations with other institutions are not clarified. An Irish technical engineer was assigned to the project.

3. Effectiveness and impact at the field level

Demand driven approach

There is no evidence that the formulation of this project was based on existing demands, nor that it meets actual demands.

Community involvement

Community involvement was not an issue in the 1st and 2nd phase. In the proposal of the third phase community participation is mentioned in the form of the provision of cost of fuel and oil, materials, and allowances for field staff. What happened in practice is not clear.

Functioning and use of WS facilities

The technology chosen in the first and second phase (upgrading of water yards) has proven to been inappropriate and unsustainable: too expensive for the Rural Water Authority to maintain, spare parts difficult to acquire, capital cost very high. The technology was strongly suggested by the National Rural Water Development Corporation.

Alternative water sources are used to save money and avoid the salinity of the well water. In the rainy season, people drink from surface water sources that are usually shared with animals.

Water is charged at 1L.s per person in the 2nd phase, which is considered low. O&M falls under the responsibility of the National Rural Water Development Corporation. It is unclear whether this is organised on national, state or provincial level. O&M faces difficulties due to a lack of spare parts (that have to be imported from Ireland) and lack of financial resources. Technically, local people are able to do repairs, at least during the 3rd phase.

Environmental issues

Environmental considerations were not taken into account. The project assumed to have no impact on the environment. However, impacts on the environment identified include lowering of the ground water level, unsanitary conditions around water points, and possible overgrazing around water points.

The 1993 review mentions that the hydrological condition of the area does not allow for a sustainable use of the ground water resource with the technology chosen.

Financial issues

The cost per unit was found to be very high, £50,000 per water yard in the 2nd phase. In 1986 and 1987 the average cost/beneficiary was respectively £19 and £39. The per capita cost in the 3rd phase was estimated to be £5. Financially the water yards have proven to be a non-sustainable option. Not only is the investment cost very high, maintenance is too expensive for the Sudanese Government.

Both in proposals and reviews it is thought that the National Rural Water Development Corporation will not be able to financially manage the water yards on the short, medium and possible longer term. Continued external support is envisaged.

In the 1993 review it is mentioned that communities are legally obliged to contribute for water supply construction as well as pay for consumption. It is not clear how this worked out in practice. In the review the capacity of people to pay is seriously questioned.

Final remarks

Although a number of problems have been identified and suggestions made in early stages of the project, there is no evidence that the project design changed significantly over the various phases:

1) The financial and technical inappropriateness of the water yards was mentioned in a review of the first phase in 1987.
2) Sanitation and hygiene problems were identified in a review mission at the end of the second phase, but there is no evidence that it was taken up.
3) Problems with ground water levels were identified and alternatives mentioned, but not taken up.

2.12 Tanzania: Kilosa Town Water Supply Project
Priority country

Project title:	Kilosa Town Water Supply Project
Duration:	?
Area:	Kilosa Town, Kilosa District, Morogoro Region, Tanzania
Implementing agencies:	Regional Water Department and District Urban Water Department in Kilosa.
Others involved:	Ministry of Local Government.
Total Irish Aid contribution:	£ 403,000
Contributions from others:	Regional Water Department (Work, all local costs).

Review of the Kilosa Town Water Supply Project: 1993.
Country programme review: in 1996.

1. Project setting

Relevance
Tanzania is one of the poorest countries in the world, and Morogoro is one of the poorest areas in Tanzania. Basic needs poverty is widespread in Kilosa District.

The focus of Irish Aid in Tanzania is based on the government -GOT- priorities and Irish Aid policies, and comprises of rural development, education and health. New projects will be in agricultural research, tourism and local government training.

Results and lessons learned
Problems identified in 1992 include slow progress, especially in intake construction at Mkadage, poor reporting, and lack of work plans and rather ad hoc implementation.

The 1993 review concluded that an overall plan which would have been able to give a more long term direction to the somewhat disjointed scheme was not addressed. Such a plan should include detailed examination of the current drawings and plans, reassessment of the recommendations coming from previous reports, costing of simple treatment works, and the roles of communities.

The 1993 proposal as much as possible takes the recommendations of the 1993 review into account. The proposal does not only focus on the rehabilitation of the WS system, but also on increasing capacities to manage the system and develop a Water Master Plan for Kilosa town.

The implementation has gone quite well from an engineering point of view. However, the scheme is not self-sustaining from a financial point of view (government subsidies). No attempt was made to incorporate community management.

The 1996 country review and planning framework did not mention any water activity. The district based programmes in Kilosa Ulanga, Kilombero and Muheza do not include water or sanitation activities.

Integrated approach
The project is almost completely a hardware project, only focusing on water supply.

Project design and evolution
Project initiated and designed by the Development Cooperation Division. The 1992 proposal is 100% technical and very brief. Sustainability (management and funding of O&M) and environment (positive due to improved drainage) are very briefly mentioned.

The 1993 proposal is much more elaborate and comprehensive. This time risks and assumptions are mentioned, even as gender, environment, community participation, sustainability and M&E. Sustainability is elaborately discussed in terms of technical (no problems perceived) and particularly financial aspects. However, there is still no real evidence of existing needs.

2. Institutional setting

Institutional roles and responsibilities
The Regional Water Engineer and District Urban Water Engineer in Kilosa is the implementing agency. Other institutions involved include the Ministry of Local Government.

The project does not have outside technical assistance. It was identified that the Regional Water Department had the capacity and expertise to carry out the rehabilitation.

Human resources
The country programme review found that the capacity of the Rural Water Engineer in design, support and supervision of the work has been over estimated. Furthermore, there has been an shortage of about 50% on staffing levels. Also there seems to be a need for more training activities, among others of pump mechanics.

3. Effectiveness and impact at the field level

Community involvement
Community participation has not been an issue from 1988 to 1992. In the 1993 proposal it is included, as was recommended by the 1993 review. Pipeline trench excavation must be carried out by communities, and potential users are involved in choosing sites of stand posts. The solution to construct stand posts to overcome people's inability to pay for house connections was arrived after much discussion with the communities. Cleaning and reporting of faults are responsibility of the community. No special committees are established, existing community structures are being used. More community awareness campaigns are planned to increase community understanding of roles and responsibilities. The scheme is likely to remain largely government run and maintained.

2.13 Tanzania - Ireland: UCG and UDSM Hydrology Projects

Project title:	1. Support to the NUI Galway Department of Engineering Hydrology (also called University College Galway), NUI (Galway) or UCG 2. Support to the Hydrology Department of the University of Dar es Salaam, UDSM
Duration:	UCG: 1978 - 2000 UDSM: 1982 - 2000
Area:	Galway, Dar es Salaam
Implementing agency:	Hydrology Departments UCG and the UDSM
Total Irish Aid contribution:	£ 1,425,000
Contributions from others:	UCG (£ 210,000 per year and provision of premises, other fellowships)

Project review UCG: 1995.
Project review UCG and UDSM Hydrology Projects: 1997

1. Project setting

Relevance

Set against the Education and Training Policy, both projects have been successful. Even the failure of the Galway project to focus on priority countries must be set against the need for it not to compete wit the Dar es Salaam project.
Set against ODA Policy, the projects do not meet key targets such as water, sanitation, health, primary education and environment. The Galway project does not target priority countries.

The UDSM project does not have a direct focus on key development issues such as water, sanitation, health, primary education, gender, environment, sustainability and counterpart training. It also does not target priority countries. In contrast it is successful in the areas of self-reliance, partnership and bringing benefits to Ireland. Indirectly is has a significant effect on the provision of water supplies (therefore benefiting women) and management of the environment. It has been difficult to recruit qualified female candidates and qualified candidates from southern Africa.
There is less linkage with the Education and Training Policy which is directed at institutions in Ireland. The project performs badly in addressing the poorest people and the poorest countries.

Results and lessons learned

The 1997 review recommended a phasing out of the direct support to both UCG and UDSM projects over a period of 3 years, but to keep involved in supporting specific activities. For UCG these include the provision of fellowships to keep postgraduate activities going whilst seeking alternative financial sources. For the UDSM project support will be provided to the development of local staff, existing research commitments, and a fellowship scheme that is focus on the planned requirements of the priority countries.

A particular and more broadly raised concern is whether the training of MSc students is actually put to good use. Some people simply seem to attend courses for financial gains received from the fellowships, another aspect is that often senior staff holding management positions are the candidates being put forward, and are unlikely to use the highly technical training given.

Results of the UCG project include courses attended by over 300 students from 50 countries, development of a postgraduate in hydrology, about 20 MSc (of which 15 are supported by IA fellowships) and 2 or 3 PhD degrees per year, and one specialised course per year. Tangible and none tangible benefits include capacity building of individuals and indirectly institutions, improved hydrology interventions, strengthened university, UCG staff salaries and prestige for Ireland, and assistance to UDSM Hydrology project.

The following strengths of UCG were identified by the review team. The department is a very well established centre of excellence offering short courses, MSc courses and PhD research. The courses are heavily oversubscribed, and the size of intake is limited principally by the availability of fellowships. The MSc could easily increase from 15 to 25 students if more fellowships were available. The department maintains high academic standards and rightly concentrates on its main areas of expertise in which it has an international reputation. It has an excellent record in research, an impressive list of publications, and a prestigious programme of collaborative work. There is an increase in applied research and consultancy, and a positive bias is put on opportunities for women to join the course.

Weaknesses of the UCG project include curriculum focus on hydrology instead of water resources management addresses to a lesser extend the development process. Direct benefits related very poorly to direct costs. There are important indirect benefits, but they are weakly linked to the project. The cost per student is high and therefore unit cost of the project is inefficient. No track records on destinations of students.

Results of the UDSM project include the education of annually around 20 MSc students since recent years, and a total of 9 PhD students promoted or due to finish. Outputs in 1996 include 15 MSc graduates, one short course for 7 delegates and completion of two collaborative research projects. In 1997, 2 PhD degrees were supposed to be awarded. Benefits include increased capacity of students and applied research meeting local needs.

Strengths of the UDSM project are the focus of the programme which moved from academic excellence in scientific and mathematical fundamentals of hydrology to a broader area encompassing water and waste water treatment technology and applied and collaborative research. The programme enjoys a high level of suitably qualified applicants of 80 per year, from which it can select and offer fellowships to the optimal number for intake which is 20 per year. The research base has been strengthened in a broad range of water resources topics. Perhaps the most admirable aspect of the programme is the degree of integration of the research effort with the needs of the water ministries in Tanzania and other countries, and the degree to which it contributes to international programmes of study in hydrology and water resources management.

Weaknesses identified for the UDSM project include the fact that there are no externally or internally generated objectives, nor timetable for transferring control of the project to UDSM staff. After 15 years the direction and management of the project still lies very much in the hands of a project manager seconded from UCG.

A large part of the budget has for 15 years been going towards meeting an expatriate salary and other personal benefits.

Integrated approach

Subjects being thought are only related to water.

2. Institutional setting

Institutional roles and responsibilities

The projects are being implemented by the Hydrology Departments of the two universities. Irish Aid only provides the funds. In Ireland, regular meetings between university and Irish Aid staff have been held. In Dar, the project manager in practice has been functioning quite independently.

The 1997 review found conflict of objectives between UCG and Irish Aid (poverty alleviation versus providing MSc diploma and short courses).

It is likely that the UDSM programme will achieve a more independent administrative structure from the university. It is also likely that it will be recognised by UNESCO as Regional Institute for Training and Research, which will undoubtedly enhance its ability to attract good MSc and PhD candidates and increase its opportunities for participation in international research projects.

Human resources

In UDSM, local staff levels are adequate and staff are competent at teaching, research and administration. They have a good vision for the future of the project.

Project management

There is a strong contrast in the way this project is viewed by Irish Aid and the UCG team. UCG staff sees it as an academic programme rather than an aid project with inputs, outputs, deliverables and targets. It is being administered as a part of the normal activities of a university department.

In the early years management of the UDSM project lay in the hands of the UCG. Now management of the Water Resources Engineering Programme is poorly defined. Some funds are still passed through Galway. Effectively however, management and budgetary control of the programme lies with the project manager in Dar es Salaam.

3. Effectiveness and impact at the field level

Demand driven approach

Based on the amount of requests for application received yearly, it can be assumed that both MSc courses fulfill a demand.

Financial issues

UCG
Largest source of income for the UCG are the fellowships. Yearly a few students are admitted with other fellowships. Other sources of income are consultancy and contract research, neither of which was very significant in 1997. UCG makes a significant contribution in the form of staffing and resources that is covered by course fees.

The net cost to IA for MSc training is about £11K per student which is considerably in access of the norms for engineering undergraduates or for MSc by taught course. This can be made more cost effective by increasing the number of students, e.g. by increasing IA fellowships or by seeking other sources of funding.

The annual expenditure of UGC is running between £390K and £400K which is within the planned budget. Around one third goes to local (Irish) salaries, over half goes towards fellowships.

UDSM
In 1997 IA contributed about half of the funding given to the programme. The remainder comes from Germany, the Netherlands, Belgium and UNESCO, principally in the form of fellowships.

It has proven very difficult to untangle finances of the programme and the assess whether expenditure was in line with the budget plan. A tentative analysis indicated significant unplanned expenditure or over-expenditure on family travel, school fees, house maintenance and office furniture and fittings. There has been under-spending on equipment and books, research, and fellowships (which is taken op by other agencies).

The under-spending of IA funds by UDSM is primarily due to the support received from others in the form of fellowships.

2.14 Uganda: Priority country — Kibaale District Development Programme

Project title:	Kibaale District Development Programme - KDDP
Duration:	1995 - 1999
Area:	Kibaale District, Uganda
Implementing agency:	District Administration.
Others involved:	Project Coordination Unit (consisting of two expatriate advisers); Project Steering Committee; District Water Officer (coordinating all donor support to the sector as well as the implementation of activities financed by IA).
Total Irish Aid contribution:	£ 835,817
Country programme review 1996	

1. Project setting

Relevance

Access to safe water supply is with 20% in Kibaale among the lowest in the region. Kibaale is a very remote area. As 90% of people live in rural areas, this area has been consistently identified as that of greater need, in terms of poverty reduction. The District Programme is clearly focused in a poor rural area.

The District Programme comprises of five major areas, which represent the needs in the district at all levels: capacity building, education, health, feeder roads, and water and sanitation. These also reflect Irish Aid policy.

Results and lessons learned

Irish Aid, on the suggestion of the Water Department of the Ministry of Natural Resources and the Ministry of Local Government, is supporting the District Water Master Plan to achieve 100% coverage in 10 years. It also finances a 5 year plan which includes the activities of all donors supporting the sector in Kibaale District. Institutional support to District Water Officer (completion of compound, employment of additional technical staff, and support to the training of skilled workers).

Support to sanitation is confused by vertical projects relying on very expensive (and often questionable) technology such as VIP latrines. One VIP is estimated to cost US$ 560, which is well beyond the budget of rural families.

Recommendations from the 1996 review state that Irish Aid should maintain support at the current level, which is recommended at £1.3 million. The temptation to increase levels of funding will be counter productive and will drive the process away from any possible community involvement. It would also require additional staff to those available in the District. Any move in this direction would result in the development of a parallel structure and must be discouraged. Furthermore, the expanded use of PRA and other community focused planning techniques is recommended.

Integrated approach

The four objectives of the Water and Sanitation Project cover increased access to safe water supply, promotion of better health practice through HE, improvement of sanitation at institutional and household level, and improve capacities of the District Water Office. A background paper prepared for the review team notes the particular need to focus on health education.

This seems a very powerful approach, especially because of the combination of priority areas: capacity building, health, education, feeder roads, water and sanitation, and trunk road. The country programme review report suggests a major improvement of objectives for the WSS project.

Project design and evolution

The KDDP approach is based on Irish Aid experience in district programmes, particularly in Tanzania. It emphasis integration and capacity building in the District Administration, a long-term commitment, and a strong emphasis on community participation.

The focus on five main components at district level: capacity building, health, education, water supply and sanitation, and feeder roads, should present a solid base for viable basic needs support in new districts considered by Irish Aid. Extension with similar level support to Kumi and Kiboga Districts is planned. Irish Aid experience to date indicates that detailed attention to institutional support and appropriate and effective training become corner stones for effective change in the basic needs sectors.

The programme identified was suggested by the district authorities (and a number of districts was suggested by the national level). The sectors identified by the district reflect, according to them, the biggest needs in the district. The Irish Aid country office has designed the programme, no evidence of beneficiary involvement in planning.

Alternative technologies for both water supply and sanitation have been discussed and recommended by the review team. There is no research and development component for technology options. Country review and planning report contains a logframe, including important assumptions.

2. Institutional setting

Institutional roles and responsibilities

Implementing agency is the District Administration. Other institutions involved include the Project Coordination Unit (consisting of two expatriate advisers), and a Project Steering Committee. The District Water Officer has responsibility for coordinating all donor support to the sector as well as the implementation of activities financed by IA.

The KDDP design was influenced by Dutch assistance into district programmes in Tanzania and Danish experience in Rakai District, Uganda. It comprises 2 external Technical Advisers, one as overall Coordinator, the second as engineer to support any infrastructure development within the District Department of Works. In Phase 1 a Programme Coordination Unit - PCU was established. This will be fully integrated

into the district structures in Phase 2. Gradually both posts will be fully integrated and phased out at a mutually agreed date when sufficient capacity has been developed.

Human resources

Two Irish ex-patriots in the PCU to check expenditure of IA money and to give advise, who will be gradually phased out. All other staff are local staff who achieve up to implementing responsibility. Also local staff are in the Steering Committee.

About 2% of the WSS Project budget is spent on training and extension.

Decentralisation

Kibaale District has been fully decentralised in 1995. It receives a block grant from the Central Government, and a part from the revenues that are collected at sub-county level. Although District Councils will be held accountable by their electorate, decentralisation is still in a transitional stage.

3. Effectiveness and impact at the field level

Functioning and use - sustainability of WS facilities

Rainwater harvesting is suggested as alternative technology for the programme, for example for schools, which is expected to have a direct impact on health education and improved sanitation. It is recommended that the possibility of extending a cost-effective form of this technology to the household level should be explored.

Monitoring and evaluation

An internal planning and monitoring system must be established to facilitate efficient and effective implementation. It is envisaged to be designed once the additional staff are in place.

2.15 Zambia: Northern Province Development Priority country Programme

Project title:	Northern Province Development Programme
Duration:	1983 - 1998
Area:	Kasama, Mungwi, Mbala, Mpulungu, Nakonde, Isoka, Nbawalya (Mpika District) Districts Phasing out of Kasama
Implementing agency:	Northern Province Development Programme up to 1998. Since then its the D-WASHE committees.
Others involved:	Communities
Total Irish Aid contribution:	£ 4,569,2412
Contributions from others:	Communities(unskilled labour for construction and rehabilitation, maintenance funds -Kw. 30,000 in cash or kind for well spares-, initial contribution)

Kasama RWS Project review 1987.
Northern Province Development Programme review 1993.
Country programme review 1996.
Review of Irish Aid support to water sector 1998.

1. Project setting

Relevance

Government policy now encourages involvement of communities at all stages. Community involvement and management are now factors included in both policy planning nationally as well as within Irish Aid. Support to district level capacity building is in line with decentralisation policy and is supported by donors in most sectors.

The Water and Sanitation Act was promulgated in September 1997. The act makes no reference to rural water and sanitation, nor to inter-sectoral coordination, since it is primarily concerned with the setting up of commercially viable utilities. This has led to an uncertain position of responsibility for rural water supply and sanitation.
Water supply and sanitation strategies for rural areas are outlined in the National Water Policy (1994). These strategies are: i) ensuring that RWSS programmes are community based, ii) developing a well defined investment programme for sustainable RWSS, iii) promoting appropriate technology and research activities, iv) developing an emergency and contingency plan to mitigate impacts of droughts and floods, v) develop a cost recovery approach, vi) develop and implement a well articulated training programme.

Results and lessons learned

In 1997, about 27% of the Zambian programme budget was spend on WSS.
The three project areas, being Kasama, Mbala and Isoka, run as separate entities with their own budgets and plans, and to some degree their individual ways of operating.

Phase	Approach
First phase 1983 - 1988	• Community participation in construction • Little emphasis on sustainability or long term commitment • Direct response to requests, no priority listing • Health education integral part
Second phase 1988 - 1992	• Inclusion of preventive maintenance education and payment for spare parts • Scoring system for prioritising • Survey forms for extension workers and councillors • Involvement of council
Third phase 1992 - 1995	• Little change in approach • Project still largely parallel structure to GRZ • Proposed phasing in Kasama and establishment of maintenance system delayed as more construction and well deepening was required • Introduction of initial contributions
Fourth phase 1995 - 1998	• Little change in approach, apart from more emphasis on drilling, until mid 1997 • Project began re-structuring to integrate seconded staff to ministries and to build D-WASHE capacity to coordinate • In 1998 D-WASHE and associated ministries started to take over most project functions • Maintenance system still delayed

The review in 1998 has come up with the following results: Community management seems to be less effective. Communities seem able to cope with small problems such as repairing and sometimes replacing buckets, but increasing numbers of wells are going out of use with age, often for quite minor reasons. There is a tendency to keep using more than one source of water, depending on its convenience rather than its quality.

At present all districts are making efforts to develop more integrated approach.
Construction results in 1995 were 72 new wells and 27 boreholes; in 1996, 81 wells and 26 boreholes, and in 1997, 174 wells and 105 boreholes. In total up to December 1997, 710 water points were constructed and more than 216 latrines were installed. Cumulative costs per community are about $10,000, as they were in 1994. The overall cost per community compares favourably with other projects in Zambia, operating on a similar project basis. However, since 'software' components were relatively low, factors such as high transport and staffing costs have had a greater influence. It has not yet been possible to compare cost with the D-WASHE-based system.

Most capacity building above community level over the past few years has been through on-the-job training, courses for project staff, and to some extent support to the Department of Water Affairs at provincial level. In 1998, considerable effort has been put in support in D-WASHE committees.

According to the 1998 review, weaknesses include the relative low output per production centre, vulnerability to falling water levels in many wells. Also, generally it is not a demand driven approach, so low motivation to keep systems operating. Capacity building has been mainly individual not institutional (but mainly as a result of the institutional uncertainties in the sector). Building up of community management and behavioural change appears to have had limited sustained effect. It is a difficult time to lead major new responsibilities on GRZ institutions as they cannot take on new staff and have little chance to increase budgets.

Strengths in the Northern Province Water Projects include the fact that both N-WASHE and the project have put considerable effort into increasing gender awareness both within project staff and in associated committees. There is an emphasis on gender and development in training and establishment of D-WASHE to give opportunity for women to have more influence in decision-making. Irish Aid is acting as a catalyst in altering people's perceptions towards gender, which accelerates changes. Outputs include over 500 reliable sources established, serving around 100,000 people. Cost comparable to or less expensive than other project-based systems. The project is responsive to local demand, especially in Kaputa. Furthermore, highly trained personnel returned to GRZ, and technical innovations developed which are relevant to other areas.

For many people, particularly at district level, gender awareness is still regarded as a donor-driven initiative. At district and sub-district level most motivators are men, and particular effort may be needed to build up women's understanding of technical matters in that this appears to be the main way in which they may gain the respect of the community as a whole.

Integrated approach

The sanitation project will be integrated into the water project from 1998. Health education is mentioned in the annual report of 1992.

Project design and evolution

The project proposal in 1993 for extension to Isoka and Nakonde includes assumptions and risks, focusing on the provision of spares and the role of community education. The proposal trusts the project will make a positive contribution to the lives of women, based on the 1993 evaluation of the Kasama Project which came up with similar results. The 1993 project in Isoka and Nakonde expects to positively contribute to the environment, because water will stimulate gardening, and secondly health education will stimulate the construction of latrines.

2. Institutional setting

Decentralisation

Support to district level capacity building is in line with decentralisation policy and is supported by donors in most sectors. Decentralisation has put considerably more

emphasis on district level decision-making. National and district levels institutions have been strengthened, provincial level powers have been reduced.

Institutional roles and responsibilities

Implementing agency has been the Northern Province Development Programme up to 1998, since then its the D-WASHE committees. Until the beginning of 1998, the NPDP tended to operate autonomously within the districts. Acting as a parallel structure, it fed its own plans into D-WASHE rather than D-WASHE being the decision-maker in terms of objectives and programmes. Selection of communities was done on a project basis, usually with little or no referral to local council or D-WASHE priorities, and most works were carried out by project-employed staff and those seconded to the project acting quite independently of their ministries. The high degree of project dependency changed when concrete plans were made, partly under the 'Integration Strategies for Irish Aid supported WASHE Initiatives'.

The overall goal is to transferal of the functions previously undertaken by the projects to D-WASHE committees and their associated ministries. This is planned to be achieved almost completely in around twelve months. Other rural water supply projects in Zambia which have undertaken or are undertaking such integrating have taken a minimum of three years, and usually more, starting from a less project dependent base. It is now commonly accepted that the government is not able to provide all required services to rural areas, and therefore, it is moving towards becoming more a facilitator than an implementer.

One problem identified in the 1998 review is that currently almost all sectors are undergoing reforms which adversely affect their productivity in the short term.
Unlike many parts of Zambia, Northern Province district councils generally do not have district planning officers, which in other provinces have proved to be very instrumental in strengthening D-WASHE planning capacity. This strongly influences municipal budgets, which are much lower in districts without planning capacity.
Most D-WASHE committees, especially in Mbala, Mpulungu and Kaputa have made a positive effort to increase the influence of women by incorporating female teachers and community health workers, as well as one or two representative women from communities.

In Isoka and Mungwi women now take the chair in D-WASHE committees. Changing people's attitude towards gender remains difficult partially because most extension workers in health and education are men, and only in community development, which has very limited resources, there are many women to provide alternative role models for the rural population.

Human resources

Salaries, job security and motivation of government staff are low, few graduates are attracted to government service. Both in the Southern and Northern Province there is a severe lack of environmental health technicians to carry out health education.

Monitoring and evaluation

Quarterly reporting to the Development Cooperation Office was/is done by the technical advisor who is also the Project Manager. Every two years the project was/is reviewed. No evidence of further monitoring activities except for water quality monitoring and auditing.

3. Effectiveness and impact at the field level

Demand driven approach

Certain government policies have lead to a positive environment within which to establish demand-responsive systems. Demand in Kaputa appears to be significantly higher and more actively voiced than in other districts, because of safety from crocodiles, the lesser risk of cholera transmission, and lower salinity.

Community involvement

The capacity of community management to solve problems reflects the degree to which community mobilisation focused on long-term issues rather than simply motivation to be involved in construction and initial contributions. In Kasama District where well construction and community education have been undertaken for the longest period of time, it is apparent that back-up is still needed to support communities in motivation to keep their supplies in operation.

Communities appear to be ill-prepared for maintenance of water quality perhaps partly because there has previously been a considerable dependence on the project to chlorinate and pump out wells when quality declined.

The adoption of women in key roles within V-WASHE committees is a positive step in changing the perception of women's capacity to contribute to society without simply burdening them with yet more physical tasks. However, in general their roles in relation to well construction and maintenance tend to remain those which are a natural extension of their household roles of cleaning, carrying water, preparing food, etc.

Functioning and use of WS facilities

From various studies it appears that 25 to 30% of communities with protected sources use more than two sources; this number may be even higher. Except for Kaputa there is a variety of alternatives available and distances to water sources are short. A quantitative overview of how many wells are functioning and being used is not available. Surveys show that a variable proportion of wells in each district are out of use or go dry seasonally, and so do not provide a reliable supply at the most critical time of year. Overall it appears that some 72% of the wells are fully functioning, but around 60% for the districts where well construction has been going on for longest. Despite continued well-deepening, 30% went dry in Kasama District in 1997 at a time when alternative sources were most difficult to find.

In surveys carried out in 1998, over half of the buckets were found to be leaking badly or missing, on third of chains missing or in very bad state. In Mbala, of the 126 wells handed over, 37% of problems of non-use related to weak community management and 63% to technical difficulties, mainly wells drying out. The reform in 1997/98 (less field back-up activities) and low water levels in late 1997 seem to accelerate the number of wells going out. In Kaputa the situation was found to be very different because of the higher demand for water, and apparently the higher willingness to pay for and maintain supply facilities. Some wells have gone out of operation because water quality has declined in the dry season. In general water quality is good, with some 80% of improved traditional and rehabilitated wells with less than 10 FC/100ml, and water from boreholes and cylinder wells of the highest quality.

There is little data on water quality before Irish Aid intervention. However, limited sampling suggests that in Kasama the difference in quality between traditional sources and new or rehabilitated improved traditional wells is small. Only for boreholes and cylinder wells seem to show significantly better quality.

The main advantage of Irish Aid funded wells other than cylinder wells and boreholes appears to be proximity, convenience and the potential for using more water, as it was in previous surveys. Little work has been done on preferences for water sources and perceived benefits. It seems that distance remains the main reason for using a particular source. In very few cases do households tend to use one source only. Little attention has so far been paid to building up the maintenance systems needed to keep existing wells in operation. Systems of procurement need to be put in place soon.

Revolving funds were set up at district level but were returned to Kasama and seem to have become absorbed into the overall system. Therefore there is no fund at district level or any system in place to account for pieces sold, price adjustments in relation to kwacha devaluation, links to manufactures to monitor prices or negotiate discounts. there is also no call-out fee for the Department of Water Affairs, and communities are generally not aware of the real costs of such services.

Sustainability of sanitation facilities

Activities are still focused on institutions, except in Mpulungu and Mbala where low cost family facilities are being encouraged. Sanitation is now receiving more attention, especially as a component of the overall strategy to promote environmental sanitation, addressing faecal and solid waste disposal, hygiene behaviour, and safe use and storage of water.

Environmental issues

Monitoring data from Irish Aid suggest that groundwater levels are dropping over long periods of time. Further data analysis is necessary to establish how widespread and consistent this trend is.

2.16 Zambia: Support to the WASHE Programme
Priority country

Project title:	Support to the National Water, Sanitation and Hygiene Education Programme (N-WASHE)
Duration:	since 1996
Area:	Nation wide, Zambia
Implementing agency:	N-WASHE and District (D-)WASHE Committees.
Others involved:	UNICEF and the Reform Support Unit.
Total Irish Aid contribution:	in total around £ 480,000 up to July 1998 (?)
Contribution from others:	UNICEF and GRZ (only 1997) have also contributed to N-WASHE.

Country programme review: 1996.
Review of IA support to the water sector: 1998

1. Project setting

Relevance
Since the mid 1980s, the Government of the Republic of Zambia (GRZ) started serious efforts to reform the water and sanitation sector. After a number of studies, the Programme Coordination Unit was established in 1993. Its mandate includes recommending policy reforms, defining responsibilities of stakeholders, recommended reorganisation and reforms needed, and make a framework for sector planning and implementation. The PCU has members from 9 ministries and government departments.

In 1994 a strategy and institutional framework for the WSS sector, as well as a National Water Policy, were being developed. The National Water Policy includes community consultation and participation in project development, implementation, operation and maintenance, use of appropriate technology, increased emphasis on sanitation services, and financial policies to ensure financial sustainability.

.In 1993 the Community Management and Monitoring Unit was established, which since has completed the following tasks: i) a national water point inventory providing detailed information on more than 25,000 water points, ii) a standardised approach to community management issues and participatory training techniques and tools, iii) participatory tools to support health and hygiene promotion, iv) technical guidelines for RWSS, v) elaboration of the WASHE strategy as a decentralised, people oriented approach. A legal framework for the sector was developed in 1997.
Up to December 1997, one N-WASHE Team and 27 D-WASHE committees had been established.

Results and lessons learned

According to the 1998 review, district councils accept D-WASHE as 'theirs' and as the most active sub-committee to the District Development Coordination Committee. All committees have made inter-sectoral plans, and decided on their capacity to implement them. Committee members have taken on training and facilitation of sub-district support to communities, and developed their own programmes and workshops. N-WASHE is carrying out its mandate as trainer of D-WASHEs effectively.

There has been assistance to make plans in all districts in the Northern Province but funding for major implementation in only seven. Some districts have been demotivated by false expectation that support to planning implied support also to implementation.

Integration of the project into GRZ has led to: return of all seconded staff to their respective departments/ministries, laying off of most contract staff, especially those involved in well construction and community motivation handing over vehicles in some districts to support WASHE activities, and the adoption of WASHE plans (in modified form) for 1998 funding. Even in the short time in which integration has been being put into practice, D-WASHE committees have begun to take on responsibilities successfully.

The 1998 review has identified a number of strengths. Multi-disciplinary N-WASHE Team established to provide training to D-WASHEs and continue development of national guidelines. N-WASHE promotes higher profile of rural water and sanitation. Different approaches have been applied in different districts, which helps to show the range of what is practicable. Increasingly well-developed district plans. Strong support available particularly for D-WASHE district planning. Real empowerment of D-WASHE committees in three districts and increasing integration in another four. Acceptance of D-WASHE by the District Development Coordination Committee and council as being part of them. Encouragement of those in GRZ to use initiative and improvisation to achieve objectives. Giving opportunity to councils from GRZ to be seen to respond to rural demands for the first time for many years.

The review further identified a number of weaknesses. There is no national focal point for D-WASHE nor donor coordination in the sector, and there are weak links between Irish Aid and N-WASHE. There is a lack of GRZ recognition of WASHE at national level and member ministries of the Programme Coordination Unit, and a lack of national policy-making body allows donors to set up their own strategies. The GRZ lacks financial commitment to rural water supply and sanitation, and there is no strategy on future roles for N-WASHE, and responsibility of RWSS. The lack of provincial WASHE level weakens district level decision-making and links to N-WASHE. Provincial WASHE could also help to reduce the workload of N-WASHE. D-WASHE Committees are concerned at the pace at which they are being asked to take on new responsibilities which were previously undertaken by a project with full-time staff and plentiful resources.

Focus on new works both in terms of construction and participatory education has led to neglect planning of support for existing water supplies. There is an associated feeling that the primary aim of D-WASHE is to solicit donor funding, which may obscure its role in sharing and optimising the use of those (mainly human) resources which GRZ does have. There is no reference point for D-WASHE support except

through donors who encouraged their formation. There is no representative body for rural water supply and sanitation with strong links to ministry lobbying, and GRZ commitment to rural water supply and sanitation remains weak (no capital funds released in three years). Fundamental changes being undertaken in short time frame with insufficient consultation with those affected. Limited capacity of part-time committees to take over what was full time (project) management role. Lack of attention to keeping existing systems in operation and in some districts using resources available within GRZ. Danger of D-WASHE being 'groomed into donor dependence'.

There is a need to push for greater clarity in the strategies of WASHE, the formation of a national body to represent WASHE interests, to co-ordinate donors, and a greater commitment from GRZ. Stronger links with IA on national level may help to achieve this. A provincial level representation of WASHE is also needed, including a full-time advisory unite to provide some to the support the projects will no longer give, and coordinate other donors who also plan to be active in the sector in Northern Province (e.g. DFID).

Further Irish Aid advisory support to districts should be based on D-WASHE perception of their objectives and needs in relation to their taking on more project functions, so that they feel more in control of the process of change. The pace at which the new approach can supersede the old has perhaps been a bit optimistic. If integration is to allow for the development of capacity to take over most project functions, more time will be needed.

The main weakness of both the approaches in the Southern and Northern Province has been that maintenance of existing sources has largely been neglected. The concentration by D-WASHE committees on new works tends to have lead to high donor dependence and numbers of existing supplies falling out of use. The Northern Province strategy implies a gradual build-up of capacity alongside a rapid reduction of in project-based activities. This is in contrast to the UNICEF approach which puts a gradual build-up of GRZ capacity alongside a project-type management and rapid contractor-based implementation.

If Irish Aid is to take an increasingly faciltatory role, plans for future support need to respond to D-WASHE views of the rate at which GRZ has the capacity to take over project functions and district and sub-district level. The objective has been well defined by IA but those taking on the responsibilities need to feel that they have more control over how it is achieved.

Integrated approach

There is still relative little government recognition of the advantages of the inter-sectoral approach. The WASHE concept is therefore to a large degree donor driven.

Project design and evolution

Irish Aid has adopted slightly different approaches in the different districts all of which contrast wit the model chosen by UNICEF for the Southern and Eastern Provinces.

2. Institutional setting

Institutional roles and responsibilities

The N-WASHE and D-WASHE Committees are implementing the project. Other institutions involved include UNICEF and the Reform Support Unit.

Within provinces, projects are determining what contributions communities should make, how much subsidy to give spare parts, what choice in technology to give communities and many other aspects for which guidelines should be being formulated by GRZ. In addition UNICEF and IA are acting as contact points and standard-setters for district plans and donor funding, among many other roles which are pro-active rather than catalytic. This they are doing in the absence of any national body with the mandate to undertake these roles, but by doing so are perhaps retarding the development of any such body.

Irish Aid has envisaged D-WASHE as fulfilling all management roles that the projects have previously undertaken within 12 months, and implementation through member GRZ organisations. UNICEF puts management largely in their own hands and those of contractors (NGOs and drilling companies), with D-WASHEs mainly as planners and monitors of progress. The Programme Coordination Unit is and inter-sectoral committee at Permanent Secretary level which is the coordinating body for water sector reform in GRZ.

There is still little recognition of the WASHE concept at national level. Indicators of this are: i) district budgets which include WASHE activities do not get approved, ii) no provision made for a national body to represent D-WASHEs within either the Ministry of Local Government and Housing or the Department of Water Affairs, and iii) extension staff job descriptions do not include an inter-sectoral role. This situation mainly results from the WASHE concept being a bottom-up approach. As a result, there is no clear strategy, no analysis of the transition stages, and no definition of how WASHE will fit into the reorganised sector when the Ministry of Local Government and Housing takes full responsibility for rural services.

Both N-WASHE and the Reform support Unit, which are now answerable to the Ministry of Energy and Water Development, are regarded as temporary organisations which will be phased out as reform structures become operational. Apart from training and facilitation, N-WASHE is assisting the development of a rural water supply strategy to accompany the environmental sanitation strategy which has been developed with UNICEF support.

The workload of the N-WASHE Team is very high, among others due to the high level of N-WASHE support that UNICEF has planned for its 10 districts. These plans are usually defined by UNICEF who coordinates directly with N-WASHE, rather than contact between D and N-WASHE.

The capacity of the D-WASHE committees may be a limiting factor in the pace at which responsibilities can be transferred and implementation be totally by GRZ or contract. Also the capacity of departments may limit this transfer. In 1998 most councils identify D-WASHE committees as being part of the government rather than as an NGO tacked on to them. In the 1998 review no communities were found to be aware of the D-WASHE and sub-D-WASHE committees and their roles. The result

has been an acceleration in the rate at which wells are going out of use, especially among the older wells in Kasama.
Two modules for WSS implementation in Northern Province are developing, both with their own advantages. In one module, the Department of Water Affairs is one of the implementors at district level, together with education, health, community development and agriculture. All these departments are coordinated by D-WASHE committee. This module is used in some form in most districts. In the other module, water activities are integrated into the activities of education, health, community development and agriculture, which again are coordinated by the D-WASHE committee. Each department arranges its own programme for mobilisation, behavioural change and promotion of environmental sanitation. This module is being used in Mbala, Mpulungu and to a lesser extent in Kaputa. To some degree the model to be adopted should depend on the capacities of each district, particularly that of the Department of Water Affairs. During a transition phase to full integration, the second module is more difficult to implement because it requires more capacity and resources in each ministry at district level. However, in the long term the second model is said to have the potential to increase district capacity more.

Human resources

The N-WASHE Team trains D-WASHE committees in participatory methods including PRA, aspects of water supply and sanitation, gender issues and planning.
There is a need for N-WASHE support in the planning process for at least another year. Furthermore, D-WASHE committees have identified training needs regarding procurement of spares, accounting, running revolving funds, low technology water quality maintenance, and contract management. All D-WASHE committees are active in holding workshops for sub-district staff.

Project management

All districts produced plans on which funding for 1998 is based (in modified form). Some D-WASHE committees have been making plans since 1996, but 1998 was the first year that IA used these plans as a basis for funding. For the first time different ministries have worked together to pool knowledge and resources, and are aware of each other's plans. Community mobilisation is being managed by D-WASHE committees only since 1997/98 except Kaputa. The coordination of sanitation construction is mainly done by Irish Aid.

The management of construction of water points is still mainly done by Irish Aid. Most works in 1998 have been labour-only contracts under Irish Aid management. Kaputa D-WASHE is now selecting drilling contractors. District and provincial bodies are happy with the routing of funds via D-WASHE, with the Council Secretary as the individual responsible for funds being used as per the itemised contracts signed.
Systems for signatories to accounts are well set up. However, it is not clear what authority the council would have if any malpractice is found within one of the ministries. The planning calendar of UNICEF does not fit with GRZ for budgets by September so that WASHE activities are very dependent on donors.

Decentralisation

In some districts the support of N-WASHE concerning planning was felt to be very beneficial for the whole council.

3. Effectiveness and impact at the field level

Demand driven approach

Mbala and Mpulungu developed and completed district-wide survey and discussed selection criteria where demand exceeds supply. Kaputa has carried out a needs assessment for communities applying since 1995. Isoka uses selection criteria.

Functioning and use of WS facilities

There is flexibility in and employment of different technologies to suit different social and physical environments. Trial of different techniques for construction and different levels of community involvement. Promotion of low maintenance elements such as bucket cage and (possibly) bucket pump.

Almost no consideration given to maintenance of existing water points, and generally not included in plans. Lack of systematic hydro-geological information for technology selection and well design for reliable year-round supplies. Lack of training on handpump installation and maintenance. Lack of consideration of low cost improvements to unprotected sources. No comparative information on recurrent costs/life expectancy of bucket pump and handpump systems in steel and plastic cased boreholes. Lack of experience in and systems for spare parts procurement and sale in private or public sector.

Sustainability of hygiene education

Management and coordination of HE, behavioural change and environmental sanitation programmes is just beginning. Lack of IEC materials is a constraint in most districts except Mbala.

Monitoring

All D-WASHEs are active in monitoring and for that they are assisted by provision of allowances.

2.17 Zambia: UNICEF WASHE Programme in Southern Priority country Province

Project title:	Community-based Water, Sanitation and Hygiene Education Project in Mazabuka and Choma Districts
Duration:	1997 - 1998 (12 months)
Area:	Mazabuka and Choma Districts, Southern Province, Zambia
Implementing agency:	District WASHE committees (involving GRZ Departments and NGOs).
Others involved:	Community Management and Monitoring Unit, National WASHE Training Unit, District Councils, Department of Infrastructure and Services, Ministry of Local Government and Housing, Department of Water Affairs, Ministry of Energy and Water Development, UNICEF and the communities.
Total Irish Aid contribution:	over £ 200,000 (?) (1998 review)
Contributions from others:	UNICEF - US$ 128,396 Communities US$ 336,400 or $3,266 per community,

Country programme review: 1996.
Review of IA support to water sector: 1998.

1. Project setting

Relevance

The area is very vulnerable to droughts. UNICEF has experience in the Southern and Eastern Province, Irish Aid in the Northern Province.

Results and lessons learned

Beneficiaries planned to include 23,000 people to have safe water supply and 2,400 people with sanitation (45 rehabilitated and 65 new handpump facilities are planned to be installed).

Outputs in 1997 include 57 new boreholes, 23 drilled-in-wells, and 23 pump replacements or repairs. Implementation through UNICEF retains more of a project, and thus non-GRZ, structure. It has helped to achieve high outputs at low cost, average per community £2,300. At present all districts are making efforts to develop more integrated approach.

Strengths of the project include the achievement of high coverage in a drought-prone area. Almost 20,000 people have benefited from just one year's output. Cost effective systems through research in cost reduction and well defined policies. Well formulated training programmes for district and sub-district levels.

Weaknesses identified by the 1998 evaluation include the fact that D-WASHE and sub-district level support are both developing but regarded as UNICEF tools,

perhaps because of the early emphasis on getting results on the ground, while building up institutional capacity requires a longer time frame. Community management seems to be less effective. Communities seem able to cope with small problems such as repairing and sometimes replacing buckets, but increasing numbers of wells are going out of use with age, often for quite minor reasons. There is a tendency to keep using more than one source of water, depending on its convenience rather than its quality. Not yet fully demand driven approach.
No clear definitions of responsibilities at different levels. Sub-district support to communities is largely not using GRZ resources but may not be affordable to communities at present.

A comparison between the programmes in the Southern with Northern Province shows that both are at start of major institutional capacity building, and in transition stage. In Southern Province many of the management roles of a project are taken up by UNICEF and NGOs. The Northern Province Programme seeks to put these functions in GRZ with D-WASHE. Both have started off concentrating on new works rather than maintenance of existing ones and D-WASHEs therefore have developed with strong donor orientation. Northern Programme is using GRZ extension staff as backbone at sub-district level, Southern Programme putting more onus on community financed system. Southern Province systems are geared to a single water point technology.

Integrated approach

The project mentions water supply and improved sanitation and hygiene practices as objectives. However, only water supply is being discussed in the proposal. This one year project is not having an integrated approach.

So far most efforts have gone into the well construction programme, and the building up of sub-district capacity. Sanitation in terms of Sanplat and latrine construction has lagged behind. Uptake of sanplats is slow but gaining momentum in some areas. The integration of latrines, hand washing, safe storage of food and drinking water, garbage pits and means of managing waste water are planned to be addressed more fully in 1998.

Project design and evolution

The project will provide continuation and follow up for activities started in 1995/96 in the two districts, and is designed by UNICEF. The proposal builds on roles and responsibilities of the various stakeholders involved, among others communities, D-WASHE committees, private contractors and NGOs. District and community capacity building is central in the proposal. A participatory approach to help communities will be developed. The project wants to develop simple systems to monitor progress and the effectiveness of community WASHE initiatives. More attention to the strengthening of pump maintenance capacities at the community and district levels will be given, and private sector will be encouraged in this area. Alternative water technologies such as rainwater harvesting will be explored. The proposal includes a logframe, which mentions important assumptions. They are not discussed in the proposal. The balance between water, sanitation and hygiene education is not discussed. Sanitation is mentioned, but only water supply is further elaborated on. Sustainability is not specifically addressed, but technology choice and institutional setting are discussed. Gender and environmental issues are not addressed.

The proposal has a good focus on capacity building of D-WASHE committees, and adopted a seemingly sound strategy for technology promotion combined with research on alternatives. However, it does not elaborate at all on the following issues: community participation and management, gender issues, organisation of O&M, financial sustainability, how monitoring will be developed and implemented, how a demand driven approach will be operationalised, and how sanitation and hygiene education activities will be designed, planned and implemented.

2. Institutional setting

Institutional roles and responsibilities

Implementing agencies are the District WASHE committees (involving GRZ Departments and NGOs). Other institutions involved include Community Management and Monitoring Unit, National WASHE Training Unit, District Councils, Department of Infrastructure and Services, Ministry of Local Government and Housing, Department of Water Affairs, Ministry of Energy and Water Development, and UNICEF.

Roles of D-WASHE committees, Environmental Health Technicians and local NGOs are clarified in the project proposal. UNICEF manages WASHE activities in 10 districts. Rather than have a project level presence in districts, they contract NGOs to carry out much of this function.

Contracts for the construction of new boreholes will be tendered out to the private sector. The project will explore all possibilities for involving the private sector in transportation of cement, making and selling of sanplats to communities or project, and the repair of pumps.

UNICEF will be responsible for the tendering and contracting of private companies. The main role of NGOs is to get the process started at community and sub-district level, providing facilitation to communities and training to sub-district support personnel. When construction is in areas where field staff is already trained and active, their main role is as liaison with them, providing allowances and monitoring progress.

D-WASHE committees are active but focused mainly on the UNICEF programme. Plans go to UNICEF for approval and to the District Development Coordination Committee only for information. D-WASHE committees are aware of all activities in their district, but neither they nor councils are active in coordination. There seems to be a lack of clarity in the involvement of GRZ sub-district level systems.

Human resources

Both in the Southern and Northern Province there is a severe lack of environmental health technicians to carry out health education. UNICEF is building up a sub-district structure which is specifically for WASHE activities and is to be funded by community payments for services, such as pump menders. In the areas visited all pumps were said to be working, and pump menders had successfully solved problems so far, and has also repaired some private hand pumps. At the community level caretakers receive training in pump maintenance, committees in management and responsibilities, and treasurers in fund collection and management.

Project management

Overall project coordination will be provided by the Programme Coordination Unit. The Community Management and Monitoring Unit will provide technical and operational guidance and support the development of innovative community based approaches. The N-WASHE Team is responsible for supporting D-WASHE committee training and capacity building activities.

The Management Team of the project will be composed of representatives from the Ministry of Energy and Water, the Ministry of Education, the Ministry of Health, the Ministry of Local Government and Housing, and UNICEF. The management team reviews progress and bottlenecks, advises on future action, and is responsible for ensuring coordination with other sectors.

At district level, the D-WASHE committee Chairperson acts as project coordinator, responsible for coordinating government, NGO and private sector contributions to the district WASHE plan. The Chairperson is responsible for implementation of the agreement signed between UNICEF and the D-WASHE committee. The D-WASHE committee reports to the District Development Coordination Committee, with a copy to UNICEF. The D-WASHE system is at present oriented almost totally to the UNICEF programme and in this role it is operating satisfactorily.

Some delays are occurring through problems of funding. These relate partly to UNICEF headquarters delay in processing funds when received, but also at local level from relatively minor accounting problems. Funding then comes late in the year for activities which need to be well advanced before the wet season. The planning calendar of UNICEF does not fit with GRZ for budgets by September so that WASHE activities are very dependent on donors.

Decentralisation

Proposal very much in line with decentralisation to district and village levels. Strengthening of D-WASHE committees by the National WASHE Training Unit is planned for.

3. Effectiveness and impact at the field level

Demand driven approach

The N-WASHE Team assists D-WASHE committees and involved NGOs in the preparation of an annual action plan which gives priority listings of water points to be rehabilitated or developed, based on data from the Community Management and Monitoring Unit.

Technology is planned to be chosen by the community. Technologies with no negative impact on the environment will be promoted. Use of local materials and construction that is suitable to local conditions and practices will be promoted. Rehabilitation or repair will be preferred to new construction. In practice the project only promotes one technology.

Identification of communities is left to D-WASHE committees but their targeting is not always good, and the time to identify new communities is not always adequate. There seems to be a tendency to replace hand-dug wells even if their supply has been reliable.

Community involvement
The project builds on participatory approaches to build ownership, defining roles and partnerships.

Functioning and use of WS facilities
Visits suggest that many people are still using alternative sources. This may occur partly because health education impact takes time to develop. The dispersed nature of communities means that at most times many houses may be nearer to an alternative source than to the new one.

The present subsidy on spare parts is very high, kits which cost US$ 90 in Lusaka are being sold for US$ 5, so that affordability of the system to communities is not really being tested. This is partly caused by a real pressure on resources combined with a history of donor dependency.

Many of the wells in the two districts are not at present covered by any maintenance system. D-WASHE plans still need to spread to cover all types of well and to encourage spare parts provision through the private sector.

Monitoring and evaluation
D-WASHE committees and NGOs are planned to be responsible for monitoring the implementation of borehole construction work by private companies.

Final remarks
The 1998 evaluation team seems to have a bit of a bias against the UNICEF programme.

2.18 Zambia: Kasama Rural Sanitation Project

Priority country

Project title:	Kasama Rural Sanitation Project
Duration:	1993 - 1998 (?)
Area:	Kasama District, Northern Province, Zambia
Implementing agency:	Irish Aid project team based in Kasama.
Others involved:	include the Ministry of Health, Ministry of Education, Schools, villages close to schools, Rural Health Centres, Parent and Teacher Associations, Community Education and Participation Teams, Neighbourhood Health Committees, Village Health Committees, District Water, Sanitation and Health Education Team (WASHE), and the District Health Management Team.
Total Irish Aid contribution:	£ 540,600
Contributions from others:	Communities: payment of latrines

Country programme review :1996.
Review Kasama Rural Sanitation Project 1997.

1. Project setting

Relevance

The Kasama Rural Water Project has constructed and rehabilitated 291 wells, of which over 80% perform acceptably (1992). Some sanitation initiatives can be seen, but no major sanitation project has been implemented. There is a justification to complement the water project. The sanitation project will aim especially at schools that have been provided with a well.

Results and lessons learned

Results identified in the 1997 review include the construction of 697 latrines at 47 primary schools, 15 rural health centres and 6 villages, training of 5 main and 20 sub-contractors in latrine construction (pour flush and VIP), one Community Education and Participation team trained to carry out Health and Hygiene meetings, 330 Health and Hygiene meetings conducted with Village Health Committees and Parent Teachers Associations. Furthermore, a number of latrine designs were tested as to their suitability in terms of cost, functioning and cultural acceptability, and adopted. How the results compare with the planning is not clear. Most DWASHE committees have incorporated a significant element of latrine construction (generally VIPs) into their plans.

Strengths of the project include the high level of awareness on the need of latrine provision among Parent Teacher Associations and Village Health Committees, and the fact that community institutions are able to mobilise communities to contribute materials and time for latrine construction.

General lessons learned in the 1997 evaluation include that effective community mobilisation and awareness raising to create a demand are vital to overall project implementation. Community participation must be the core of the project for long

term sustainability, in particular related to local resource mobilisation, O&M, speeding up of project implementation. Training of the target group strengthens community participation, improved project implementation and overall management and maintenance of the facilities. Training of local builders helps to promote latrine construction outside the project area and increases construction skills in the area. Linking health and social impacts of the project is important (taking cognisance of the impact of social change on the health status), and therefore recognising social impacts.

Technology selection should be done by the user community, and as they have an input on design in relation to local acceptability, privacy, durability, etc., it will increase ownership. Project implementors should not promote a specific technology but advise on various options. The pour flush latrine is not suitable for transient populations such as those at Rural Health Centres or in areas where there is no water. Sanitation should not be seen as 'just health' but be integrated with water and other health projects. There is a need to strengthen links with other projects and the GRZ, especially with D-WASHE. Using contractors in stead of directly employing brick layers eases implementation because contractors are then responsible for the final construction, supervision is easier, job descriptions are clearer, planning is simplified, and implementation is more cost effective.

The evaluation team was unable to determine the health impact of the project. Beneficiaries are school going children and patients who visit the health centres. It is hoped that the project has a spin off to neighbouring communities. No gender impact assessment has been done, so it is not known whether the burden of women for fetching water for the latrine has increased, neither is it known whether the use of latrines by girls in schools in influenced by sex segregation of the facilities. While it is acknowledged that much has been achieved under the project, it appears that most of the activities have been hardware oriented and focused on the provision of latrines rather than on the promotion of sanitation.

Integrated approach

The project is meant to complement the existing Kasama Rural Water Supply Project.

Project design and evolution

The project proposal was prepared by the Coordinator of the Kasama/Mbala Rural Development Programme (Irish). There is no evidence of beneficiary involvement in design, planning and evolvement. The project design does not address institutional or financial sustainability in any way. No evidence that the proposal is based on local needs.

A number of technology options for waste disposal are considered. There is no evidence that this is based on earlier experience in the project area or country. The alternatives are discussed from a technical and financial point of view, social acceptance is not mentioned. Sustainablity is not addressed, nor are gender issues. The possible pollution of the ground water by pit latrines is discussed and found not to be a serious threat. A logframe is made which includes important assumptions. There is no evidence that anything will be or is done with this. M&E procedures are not included in the design.

Weaknesses in the design seem to be: no clear objectives and expected results, no monitoring and evaluation strategy or plan, no planning and management details, lack of attention to institutional issues such as responsibilities and capacities (and thus sustainability), lack of attention to financial sustainability, no attention to collaboration and coordination with similar activities in the country, no linkage with national policies and developments.

A strength probably is that it links up and closely ties up with an existing water project, although this might also raise conflicts, e.g. in terms of workload and available resources. Also it puts community participation at the centre of the project approach.

2. Institutional setting

Institutional roles and responsibilities

The implementing agency is an Irish Aid project team based in Kasama. Other institutions involved include the Ministry of Health, Ministry of Education, Schools, villages close to schools, Rural Health Centres, Parent and Teacher Associations, Community Education and Participation Teams, Neighbourhood Health Committees, Village Health Committees, District Water, Sanitation and Health Education Team (WASHE), and the District Health Management Team.

The project has been set up and is operational from the Irish Aid offices in Kasama. It is managed by a Ministry of Health seconded Environmental Health Technician, who is supported by a Health Education Officer (also MoH), a construction supervisor, a bricklayer, 4 drivers and 4 security guards. The project is working as an independent structure from GRZ and Irish Aid is actually implementing the entire project. The project is viewed as 'Irish Aid' despite the fact that both the Project Manager and the Health Education Officer are both seconded from the Ministry of Health. The secondment of the officers has resulted in undermining the capacity within the Ministry rather than building it.

The responsibility for HE has been given to the seconded Health Education Officer who has the same responsibility for the water project. Since he is based in Irish Aid offices, it is difficult for him to get support from his ministry, as he is regarded as the person responsible for the Irish Aid projects. Other articulated negative effects of this secondment are: the officer is unable to assist the ministry with its own HE activities, the risk exists that conflicting methodologies are being used, the project works independently from the ministry.

The role of the District Health Management Team and the District WASHE team in the project is not yet clear. Because of sector reforms the seconding of health staff to the project probably will be reviewed. Builders (brick layers) were first employed directly by Irish Aid but since 1995 been formed into two independent contracting units.

Increased integration with other Irish Aid projects in the area (KAPEP Project, the urban upgrading project, and the support provided to the WASHE Programme) is recommended in the 1997 evaluation. Planning carried out with communities on materials and construction should be more integrated within the sector, probably through the D-WASHE. The project does not have a clear gender strategy.

Human resources

The project has trained and thereby possibly strengthened community institutions. Training given include the training of one multi-sectoral Community Education and Participation Team, and the training of 5 main and 20 sub-contractors in the construction of latrines.

Decentralisation

Probably the establishment of the District Health Management Team and the D-WASHE are in the light of ongoing decentralisation. Up to the evaluation in 1997 the project had not changed its institutional set-up or working methods because of this.

3. Effectiveness and impact at the field level

Demand driven approach

There is a general awareness of the need for safe disposal of excreta, particularly at the health and educational institutions. Technically, the identification of institutions targeted is done by district health and education officials who supply lists of institutions to the project manager is Irish Aid. In reality prioritisation is based on readiness of the institution or community. Interventions are based on demands.
Effective community mobilisation and awareness raising has created a demand for latrines. Communities contribute in the form of local materials and labour. This is organised through community institutions.

Apparently technology choice has gradually moved from the project officers to the community members themselves. It is not clear in how many cases communities themselves are now choosing the most appropriate technology.

There is no gender strategy, and it is not clear whether needs and demands from the community are of both men and women, e.g. regarding siting of the facility and separate facilities for men and women.

Community involvement

The project design is based on a community participation approach, where self-help will be a major aspect of the programme. The planned steps for community participation include: development and if necessary generation of problem and solution awareness, promotion of safe excreta disposal amongst all members of society, local committees that are responsible for organising labour for pit digging and lining, constructing a superstructure, site cleaning, organising utensils for cleaning and stimulation of community participation.

There is no gender strategy, and it is not clear whether both men and women are involved in the project, or whether there is a gender balance in community institutions.

Actual steps in community involvement (evaluation 1997)

1. Meetings with community based groups (Parent Teaches Associations, Village Health Committees, Neighbourhood Health Committees) to inform about the project;
2. Discussion of technology options;
3. Selection of design by committees;
4. Discussion on community contributions such as digging, collection of sand, burning and transportation of bricks;
5. Committees mobilise community to meet contributions;
6. Delivery of materials and contracting of builders by project staff;
7. Construction.
8. Latrines are handed over to recipients who are then responsible for O&M.

Lessons learned with community participation

Communities play and active role in the contribution of materials and ten preparation for construction. There appears to be a minimal role for communities regarding monitoring of the construction, which is done by IA. Just material input is being monitored by the Parent Teacher Association. O&M is taken up by the schools.
There is a very high sense of ownership of the latrines in all schools visited during the evaluation. In Rural Health Centres latrines are much more seen as owned by the project. This has resulted in a dependency for ongoing support for O&M.

Functioning and use of sanitation facilities

The technologies offered have been pretested and adopted and are now found to be culturally appropriate, low cost and durable. The latrines visited by the evaluation team were all of very high construction quality. The pour flush latrine (90% of the constructed latrines) is not functioning in cases where there is no water (drying out wells, broken hand pumps, leaking or empty tanks). The direct drop latrine (VIP like) does not prevent flies coming in and out. Latrine designs are large, material inputs and cost could be reduced. Communities are not able to replicate design (reason not stated). During the pilot phase users were not given the room to choose a technology, and emphasis was on the pour flush system. The technology seems affordable for community institutions.

Sustainability of hygiene education

According to the 1997 evaluation, hygiene education does not appear to be cental to the overall implementation strategy of the project, and resultant changes in sanitation practices are not envisaged. Hygiene education is given before or after latrine construction. It is combined with social mobilisation for latrine construction resulting in a focus on information about latrine construction and technology selection rather than addressing issues of attitudes, practices and behavioural change. At Rural Health Centres little or no focus is places on user education resulting in many cases in the misuse of latrines. Teachers in all schools visited were unable to articulate the content of the health and hygiene education activities which the undertake with their pupils. The linkage between improved sanitation practices and health status does not appear to be included in any of the health messages. The focus is placed on the link between water and sanitation, possibly resulting in more non-use of facilities when water is not available.

The evaluation recommends that the project looks into new developments in the field of HE and incorporates them into the project, specifically referring to the use of participatory approaches and materials, and HE not being merely information provision but being aimed at changing behaviour. Despite establishment of the Community Education and Participation teams and the ongoing training and exposure of Rural Health Centre staff, HE appears to remain centralised.
It is not clear whether HE materials distributed, such as the sanitation ladder, are actually used in the field.

Financial issues

The unit cost of the delivery in the fist 5 years of the project has been £773 per latrine. This represents 68% of the project cost. This involved the period before privatisation of the builders, and also includes the purchase of vehicles. The accumulation of all project resources within IA has isolated the input of the project from other government departments.

Environmental issues

The environment around schools and health centres seems to be improved through the provision and use of latrines. No impact assessment on the burning of bricks has been made. Bricks for houses are normally sun dried. Environmental concerns, namely ground water pollution by pit latrines and the effects of brick burning, were mentioned in the project design, but there is no clearly stated environmental strategy.

2.19 Zambia: Urban Upgrading Projects
Priority country

Project title:	Urban Upgrading Projects in various areas After 1996: Promotion of Community Managed Urban Services Project
Duration:	1991 - 2001
Area:	Kamanga, Ndeke, Chiba and Maround compounds (communities)
Implementing agencies:	Irish Aid
Others involved:	Community Based Organisations, Local Government Departments, NGOs.
Irish Aid contribution:	£ 3,220,838
Contribution from others:	

Project reviews on Kamanga, Ndeke, Chiba and Maround Projects.
Compound upgrading Zambia review: 1997.

1. Project setting

Relevance
There is an urban upgrading policy guidelines paper, prepared the by a working group in Zambia and published by Irish Aid Zambia. It includes context, relevant legislation, urban framework issues from the WB, community as an institution, sectoral areas such as water and sanitation, institutional and inter-sectoral issues, and recommendations and conclusion. The project strategy is in line with this policy. Irish Aid support to all four sites is justified in terms of location and poverty focus. Support given is and was relevant to the needs and priorities of communities, both women and men. In Zambia, about 40% of 8.3 million citizens live in urban areas. Overall sector reform is geared towards decentralisation, self-reliance, deregulation and privatisation.

Results and lessons learned
No health impact study was done.
The major achievement in Kamanga is that it has showed that disadvantaged and resource-poor communities can themselves manage key services such as water supply. All projects have shown a capacity to learn by doing and to shift over time. Lessons have also been transferred between projects.

In general there is a good degree of both allocative efficiency, in terms of the level and mix of services that residents want and need, and technical efficiency, in relation to output per unit of input.

It is too early to assess impact in any of the projects, but some indication of outcomes is emerging, particularly in Kamanga and Ndeke. It seems that initial gender strategy and planning were inadequately addressed which resulted in an over emphasis on delivery of infrastructure and an unacceptable work burden on women residents. Women contributed three quarter of the voluntary labour during implementation.

There has been an impressive investment in capacity building in Kamanga and Ndeke with large numbers of training sessions, health education, drama, workshops and meetings. These covered a wide range of topics, such as leadership, technical skills, craft and micro enterprise skills, and gender awareness.

Recommendations

There is a need for clearer desegregation of target groups, for example owners and renters, in order to ensure that they are reached and will benefit.
The remaining period of the project needs to give attention to the development of sustainable management systems for the community services developed. Options for increasing responsibility and contribution of communities for O&M should be explored.

Emphasis should be placed on fostering group and individual enterprise rather than on poor people filling long term voluntary posts in community management. Priority should go to ensuring that participation brings net benefits to all residents, especially the poorest women and men.

The Residents' Development Committees should be a continued focus of capacity building of the remainder of the project, in such a way that it further strengthens their power, accountability and ownership.

Integrated approach

The projects include water supply, sanitation and solid waste issues.

Project design and evolution

Initial project design focused on service delivery, especially the Kamanga and Ndeke projects. Sustainability was not clearly at the forefront at the beginning, and thus no clear strategies were developed. Now sustainability is addressed mainly in terms of appropriate technology and training for O&M.

Needs assessment surveys and community profiles were conducted in all four projects but well after projects were designed and operational. Increased self-reliance of communities should be the main objective of the next phase. This implies a greater contribution by the communities, and a progressively reduced role for project assistance.

2. Institutional setting

Institutional roles and responsibilities

The implementing agency is Irish Aid. Other institutions involved are Community Based Organisations, Local Government Departments and NGOs.

The approach has had an impact outside the immediate communities through involvement of local authorities, line ministries and NGOs. Collaboration with NGOs has been an effective strategy. Democratically elected and representative structures, e.g. the Residents' Development Committees are in place and functioning. Some have their difficulties, such as political interference and finding individuals with time, skills and commitment to meet the demands of a developing institution.

There is a need to identify the minimum institutional structure required to support activities. The major role of the Residents' Development Committees is to facilitate communication between the project and the community.

Human resources

One Irish Aid technical adviser in every project; the rest is local staff.

Project/programme management

The project framework should be reviewed annually with the Residents' Development Committees, and changes made to suit the dynamics of the situation.

3. Effectiveness and impact at the field level

Community involvement

The projects have demonstrated the viability of community management and the possibilities for partnership between residents and local authorities. In all projects initial thrust was provision of services and community participation. Empowerment was not clearly at the forefront in the beginning.

There has been a lot of debate within IA Zambia on the best approach to community participation, and there has been a noticeable shift in views from seeing it as a tool to introduce basic needs as to seeing it as an objective. Dilemma's faced include implementation vs. empowerment, capacity building through training vs. through doing, community labour vs. self help, voluntarism vs. payment, project delivering vs. supporting, decision making and locus of responsibility.

Lessons learned on participatory strategies include:
The formation of community based organisations, the Residents' Development Committee and Section RDCs. None of the compounds had CBOs prior to IA intervention, and this shift from political to civic forms of leadership is a new experience for residents.

The project has developed an appropriate gender approach. Women have suffered from the strategy of mobilising free labour on household basis. Because of the myth that women have free time, combined with the voluntary nature of community labour and absence of alternatives, such as payments or penalties for those who do not work, have made women's participation effectively that they are subsidising the men.

Working with international, Zambia based NGOs provides the communities with further linkages and communication channels which will probably (to a certain extend) remain when IA withdraws.

Involvement of local authorities in identification of compounds and as much as possible in implementation. Also building relationships between communities and councils, which are often disturbed after neglect, is found very important.

Technical assistance from mainly Zambia and one Irish technical assistant who have considerable expertise. The CTA is involved on a hands-off basis.

Scoping and pacing of project objectives and activities, not too many things at the same time, together with sufficient preparatory organisational strengthening during planning before implementation with community labour.

In Kamanga, Ndeke and Chiba the communities claim ownership.

Functioning and use of WS facilities

The amount of money being collected is not enough for O&M, and in the three projects where service charges are levied insufficient attention is being given to collection of those charges. The technologies used in the four projects are considered to be the most appropriate for the given environment.

In Kamanga and Ndeke only bore holes are feasible; spring protection is the issue in Chiba; in Maround the compound is connected to the Mbala municipality distribution network, that is upgraded under the Capital and Training Project.

Technologies are also considered to be least cost options, and the water supply systems are currently affordable to the residents. Although O&M is taking place, here are also problems with O&M. Construction standards might be one of the reasons.

Functioning and use sanitation facilities

Sanitation is not yet a significant focus of activity in Maround and Chiba projects. Even in Kamanga and Ndeke relatively little has been done. The technology seems to vary between sanplat and VIP, and at this stage it is not clear what the people prefer or what the projects are advocating. While there was considerable interest shown in improved latrines in Kamanga, and 52% of the households applied for their construction, so far just 2% have been built. Cost might be one of the reasons.
The projects are aware that further work is required to identify a suitable, affordable design for residents.

There is a strong focus on training builders, a limited subsidy to the family and health education awareness. In Ndeke and Kamanga the health and sanitation awareness activities are chiefly being implemented by NGOs, with IA implementing the technology and infrastructure components. Studies for refuse removal have been done for Kamanga and Ndeke compounds but the solutions recommended may not be sustainable. The Kamanga Project, in an effort to compliment community initiatives, has provided a lorry to carry solid wastes with community members paying for the fuel. However, this arrangement is not sustainable in the long term.

Sustainability of hygiene education

Extensive HE activities have said to be carried out. However, there is no elaboration on the approach used. Impact and other results are not known.

Financial issues

The Kamanga and Ndeke projects have contributed to developing the commitment of the respective councils and of the ministry to supporting compounds such as these.

A 1996 report indicates that per capita investment in water is approximately US$ 12 (excluding overhead of the project), which is considerable lower than that used in other projects such as a WB funded project where the capita cost is estimated at US$ 25.

Monitoring and evaluation

Projects should develop informative monitoring systems to track progress on process issues. Community monitoring is intended to be developed.

2.20 Zambia: Capital and training project

Priority country

Project title:	Capital and Training Project
Duration:	1995 -
Area:	Mbala, Kasama and Isoka Districts, Northern Province, and Mazabuka District, Southern Province
Implementing agency:	Capital and Training Project.
Others involved:	Department of Water Affairs and the Mbala District Council.
Total Irish Aid contribution:	£ 1,580,050
Contributions from others:	inputs from client departments is included but not specified. There are no guidelines, and in general they are only a small portion of the overall cost.

Country programme review 1996.
Project review 1997.

1. Project setting

Relevance

Urban water supply facilities in Mbala, Nakonde and Isoka municipality have been neglected and serve a much larger population now. There is a large number of breakdowns, low revenue collection, and low motivation of involved staff. There is an urgent need for rehabilitation. Water sector reform is being implemented within the context of the Public Sector Reform Programme, which focuses on decentralisation and improved efficiency and effectiveness of the public sector. The project satisfies the need for flexibility during the transition period.

Concerning Irish Aid policy: it is assumed that the project has contributed to improving the quality of life of beneficiaries, the project plays a role in capacity building, and it is addressing basic needs (water and health).

Results and lessons learned

Although the project says to focus on both capital and training, the majority of the funds and expertise are focused on hardware. Two technical engineers are the main responsible and training advise is only focused on technical issues.

The 1997 review showed that the project was effective in meeting its objectives, and well integrated in government structures in the Northern Province. It has improved water supply and to a lesser extent the quality, especially in Mbala. Overall efficiency was good: it encouraged accountability in client departments, administrative costs were low, and management was effective in approving and implementing the project. Cost effectiveness could be improved, especially in health sector.

Some problems were found with client departments not being able to meet running and replacement cost, as well as weak maintenance systems. The project meets with Irish Aid guidelines, but greater levels of community involvement should be explored.

The training budget is very small compared to the capital inputs and there is a poor definition of the types of training that are eligible. In 1995 no training was undertaken because no applications were received.

There is not enough inclusion of women or the community in preparation and monitoring.

The review recommends continued funding of the project with an increased number of districts and budget. However, it would be better to focus on one region (not both Northern and Southern Province). The poor focus on training needs should be urgently addressed. Training should focus on maintenance and human resources development, and should be in line with any *national* capacity building programme.

The Irish Aid management team should hold pre implementation workshops with all client departments. Client departments should nominate a key liaison person to work with the management team at all stages of the project. The subcommittee should have clearer guidelines for approving projects, and members of the committee should not be involved in making applications. Client departments should involve the community more in pre implementation, consultation should involve those directly benefiting from the project, both women and men. The issue of sustainability should be considered more in detail.

Integrated approach

The project only focuses on water supply.

Project design and evolution

Under the Northern Province rural water programme, it was found that providing a small but strategic capital and training fund would assist the government Social Sector Rehabilitation and Development Programme. The project has been designed by Irish Aid Zambia, no evidence of beneficiary involvement or real needs. It is not clear why these four urban schemes were selected.

The project objectives are not formulated very well, one is on improving facilities, one on cooperation, and one on improving management of hospitals. Gender and environmental concerns were included in the Memorandum of Understanding and in the project proposal. Sustainability is addressed only in terms of human resources. The proposal mentions assumptions and risks, which all focus on the Zambian structure and conditions. The proposal is very brief and does not discuss any approach or strategy.

2. Institutional setting

Decentralisation

The project is set up to facilitate the decentralisation process which is at the core of the sector reform. The hand-over of the Department of Water Affairs to local district councils is proceeding but the schedule is unclear. A number of district councils, particularly Isoka and Nakonde, were unhappy with their level of involvement with the project to date. A number of district councils expressed their desire to be involved in the subcommittee and thus approval process.

Institutional roles and responsibilities

The Capital and Training Project is the implementing agency. Other institutions involved are the Department of Water Affairs and the Mbala District Council. The project manager provides technical advice on training and electrical engineering, and the technical advisor advises on civil engineering.

The project mainly works as a funding programme, which each intervention forming a separate project.

The Department of Water Affairs lacks the capacity to carry out their role in the sector reform. There is a problem in poor understanding by the client departments of the role of the management team, and they have a reactive rather than pro-active approach to partnership. The experience gained by the management team through implementation should be transferred as far as possible to client departments. Project approval and implementation has focused on the inputs required rather than its outputs.

Human resources

There is an Irish Aid Management team, a steering committee with Irish Aid staff, and a subcommittee with Irish Aid staff. Although it is presented as a partnership approach, there seems to be a heavy weight of Irish Aid staff. The Department of Water Affairs lacks the capacity to carry out their role in implementation.

Monitoring and evaluation

Each project funded is subject to ongoing monitoring to ensure that is complies with the MoU. Where this is not the case funding may be suspended. Monitoring indicators generally measure inputs of the project. There is not enough consideration for gender and environmental issues in monitoring and review.

3. Effectiveness and impact at the field level

Community involvement

Particularly in Mbala District communities have been involved in the project.
Women mention improvements in terms of reduced conflicts over water and a reduction of sickness. There should be better consultation with all beneficiaries.

Functioning and use of WS facilities

Revenue collection has slightly increased in all districts after rehabilitation, but is in 3 districts below 30% of what has been billed.

Not enough is being done to ensure good maintenance. Trained operators, electricians and plumbers do not have any guidelines or basic tools.

2.21 Zimbabwe: Participatory Hygiene Education and Sanitation Project

Project title:	Participatory Hygiene Education and Sanitation Project
Duration:	Initially 3 years (1995 - 1998)
Area:	Matebeleland, Zimbabwe
Implementing agencies:	UNICEF and the Ministry of Health and Child Welfare.
Others involved:	National Action Committee, National Coordination Unit, Provincial Water and Sanitation Sub-Committee, Ministry of Local Government, District Water and Sanitation Sub-Committee, and the Ward Development Committee.
Total Irish Aid contribution:	£ 521,800
Contribution of others:	Not clear

Evaluation of the project: 1997.
Synthesis paper on IA involvement in Zimbabwe, 1998.

1. Project setting

Relevance

It addresses the poorest region of Zimbabwe and that most affected by the ongoing drought. It also addresses the basic needs of the poorest section of the population. Problems identified include low sanitation coverage (21% for rural areas in 1990), unhygienic water collection and storage, lack of hand washing practice, no use of latrine by children under five.

The project is fully supported by the Zimbabwean authorities who have effectively implemented the pilot phase. In 1993, WHO and UNDP/WB WSS Group for East Africa introduced the PHAST initiative in the region. The Ministry of Health and Child Welfare has fully endorsed a participatory approach for hygiene education for the country in 1995 after a successful pilot project in three districts.

Results and lessons learned

The balance between hardware and software inputs seems to be satisfactory. The project is very widely spread (national coverage has taken off at far greater pace than anticipated), but because no monitoring is being done efficiency and effectiveness are unknown. A major concern regarding going to scale is to do with the health benefits. At this moment not enough is known within the project to draw conclusions on this.

The evaluation of 1997 has come up with a number of results. It is not known if the originally stated desired outputs are being realised. Completion of a toolkit and trainer's kit (with support from Belgium Govt.). People at provincial, district, sub-district and ward level trained in PHE. The estimated minimum number of people trained was 9,232 in November 1997; of these, over 1,184 have been supported directly by Irish Aid.

At community level, an estimated 1,788 persons have been trained in construction of latrines and upgrading family wells; all were supported by Irish Aid, almost 20% was

female. Over 4,000 community sessions on PHE have been organised (no cost involved). Irish Aid has supported the construction of 2,460 latrines (programme total 4,628), the production of 10,000 copies of manuals on latrine construction and well upgrading, and the upgrading of 1.074 wells (programme total 5,373). Strengthened communities and particularly women in terms of cohesion and being the decision makers of their own development. Key behaviour changes (not specified). Mass coverage of the vision of PHE has been achieved, people can articulate vision to some degree. HE has a higher profile. Women are taking up a more active role in WSS, and attitudes of particularly field staff (Environmental Health Technicians) is changing.

The PHAST approach has been accepted at the various levels, and is being implemented with good results. The traditional approach to HE is being challenged.
The project uses a low profile gender approach which seems to work well.
The UNICEF Project Officer being a woman has proved to be very important in raising the gender issue. The participatory tools have facilitated the involvement and a more active role for women.

The approach is often not fully understood and reduced to 'a set of tools' which has led to a failure to facilitate the process in a pro-active, strategic manner.
No guidelines or quality control (monitoring, reporting) to ensure quality of training at the three levels. Capacity of trainers/facilitators not always up to standard, which undermines the approach. Number of people trained by far outnumbers the number of distributed kits; some 90% of the trained people have limited or no access to these materials. No follow-up or refresher training given up to date.

Poor management of training and other activities at district and lower levels. It does not follow the project cycle and depends heavily on the capacities of the district staff. The project did not manage to train women as builders; the absence of follow up and monitoring means that little is known about the productivity patterns of the 20% female builders that has been trained.

The value of the PHE experience and actual learning process is contributing enormously to development work. The idea is excellent, but there have been some problems in implementation due to both lack of adequate resources and organisation. The project should facilitate a process within the Ministry of Health that focuses on consolidation at all levels of the project's sphere of influence and operation.

Integrated approach

The project is being implemented within the District Integrated Rural Water Supply and Sanitation Programme. Although the focus is on sanitation and hygiene, an effect on the improvement of water sources is expected. Materials for upgrading family wells will be provided. Integration of PHE and CBM receives inadequate attention (1997 evaluation).

Project design and evolution

UNICEF and the Ministry of Health and Child Welfare have been involved in similar hygiene education and sanitation projects in other districts with support from other donors since 1993. A lack of financial resources has led to the formulation of this project. UNICEF has designed the project proposal upon request of the MoH&CW.

The participatory approach is intended to be gender sensitive, and much of the activities will be particularly aimed at women (e.g.. latrine construction). It is expected that the role of women in workshops as well as the resulting behavioural changes and health improvements will enhance the empowerment of women and improve gender imbalances. It is expected that the project will increase women's responsibilities and workload in the beginning, but that it will reduce burdens in the medium to longer term.

Regular reporting, field visits from the embassy and annual accounting have been included in project design. Day to day monitoring was planned to be carried out by Environmental Health Technicians. A formal evaluation is planned for the end of the first year.

By facilitating the disposal of human waste the project is expected to have a significant positive effect on the environment. Furthermore, care for the use of wood and other environmental concerns as soil erosion is planned to be taken into account. A study is planned to determine how environmentally sound practices can be incorporated in the overall programme. Sustainability is addressed in institutional terms, stressing the fact that the project will operate within existing governmental structures. At community level, self-help is being promoted that will further strengthen sustainability. There is no mentioning of the needs of potential beneficiaries, nor of any alternative solutions. Risks and assumptions are mentioned but not properly addressed.

Generally the project seems very well designed, especially because it is based on an internationally developed and tested approach and it builds on the success of the pilot project

2. Institutional setting

Institutional roles and responsibilities

Implementing agencies are UNICEF and the Ministry of Health and Child Welfare.
Other organisations involved are the National Action Committee, National Coordination Unit, Provincial Water and Sanitation Sub-Committee, Ministry of Local Government, District Water and Sanitation Sub-Committee, and the Ward Development Committee.

The District Water and Sanitation Sub-Committee coordinates an Integrated Rural Water Supply and Sanitation Project IRSSWP). The project will function under the Environmental Health Department of the Ministry of Health. No new structures will be created. No evidence of existence of the private sector.

Impressive degree of support and coordination amongst the various Zimbabwean ministries involved (according to Irish Embassy staff).

Decentralisation

The Prime Ministers Directive of 1984 encourages decentralised planning in the form of a demand driven approach starting with the community, through to the ward, district, province and national level. The Provincial Act of 1985 and the Rural District Council Act of 1988 promote decentralised planning and management of development activities within their spheres of influence.

Human resources

Training forms a large part of the programme. There is no monitoring/reporting or quality guideline for the training given (3 layer ToT system). Training strategy should be improved.

3. Effectiveness and impact at the field level

Demand driven approach

No evidence yet of a demand driven environment. It is likely to be too early to draw conclusions on this. In the areas where AFRICARE and Mvaramanzi Trust are operating, there is a demand for hygiene enabling facilities, in particular latrines. It is not clear whether this is because of the PHE or the subsidy. However, there are some isolated cases where PHE is considered to be having an impact and creating a demand for hygiene enabling facilities. These instances are thought to be more associated with individuals running the PHE than the presence of PHE activities per se.

The construction of hand washing facilities, which is included in latrine construction, seems to be more supply than demand driven. Most of the facilities constructed are not being used. Communities contribute with labour.

2.22 Zimbabwe: Bubi Integrated Rural Water and Sanitation Project

Project title:	Bubi Integrated Rural Water and Sanitation Project
Duration:	1996 - 1998 (initially two years)
Area:	Bubi District, Matabeleland North, Zimbabwe
Implementing agency:	National Coordination Unit in the Ministry of Local Government, Rural & Urban Development, Bubi Rural District Council, Irish Aid
Others involved:	Local communities
Irish Aid contribution:	£ 300,000
Contribution from others:	Local communities contribute labour, pay for the improved latrines

Synthesis paper on Irish Aid involvement in Zimbabwe, 1998.

1. Project setting

Relevance

In 1987 the GOZ formulated a clear national approach to rural water supply and sanitation sector development. A national programme was embarked upon to implement WSS projects in the 55 districts of the country. The programme includes the provision of safe water through a primary supply to all people in rural areas (WSS coverage in urban areas is 100%), all primary water supplies are fully functioning, health and hygiene is included, and 50% of the households should have at least a Blair latrine.

Bubi district has experienced increasing drought and poor rainfall seasons, and does not have major donor assistance to the WSS sector since independence in 1980. Five of the 10 major diseases in Zimbabwe are WSS related and are on the increase in Bubi District. Coverage of water supply and sanitation in Bubi District are 66% and 11% (national averages are 74% and 21% in 1990).

The project is in line with the agreed development cooperation focus between the two governments on the Matabeleland region.

Poverty alleviation is addressed: the project is expected to contribute to improved health and basic needs of the poorest section of the population. Subsidies on water supply are provided, and water will support livestock farming which is the major source of income in the area. Community participation and capacity building will help communities to identify problems and find solutions to overcome poverty.

Results and lessons learned
Project proposal has been submitted to Dublin in 1996. Current status unknown.
The proposal looks very good!! (integrated approach, capacity building at community and district level, community participation corner stone, implementation through GO structure, no TA, proposal identified by GOZ).

Integrated approach
The project addresses both water supply and sanitation, and includes the PHAST approach to achieve its objectives.

Project design and evolution
The project emanated from the Zimbabwean authorities. In 1995 the Zimbabwean Ministry of Finance requested Irish Aid to consider funding for a 5 year WSS proposal in the district. This is part of the national water plan. Bubi District initially prepared its integrated water and sanitation proposal in 1988/89 with revisions in 1991/2 when it received approval from the National Action Committee. The proposal was again updated in 1995 using a village based consultative inventory. The project has a very clear linkage with the UNICEF executed PHE project.

Environmental issues are discussed, particularly drainage, safe disposal of excreta, and the approval of forestry and agriculture departments. Women will be particularly targeted by the project. This may indirectly improve the status and empowerment of women. Water supply and sanitation facilities are expected to be directly beneficial to women in terms of reduced walking distance and privacy respectively. Participatory training methodologies used are gender sensitive and gender specific and are aimed to increase gender awareness. It is aimed that at least 50% of the latrine builders trained to be woman. Initially project activities may have the effect of adding to women's responsibilities and workload.

Sustainability is discussed in terms of community ownership which is envisaged to be established through community based planning and implementation. Training and the use of participatory methodologies will build the capacities of communities. Furthermore the project will focus on building the capacity of the district. Monitoring and evaluation is being discussed, particularly being regular meetings, auditing of IA funds, regular reporting to IA, field visits from IA Lusaka, a mid-term review, and a KAP survey.

Project/programme management
The proposal mentions linkages with other donor assisted projects

2. Institutional setting

Institutional roles and responsibilities
Implementing agencies are the National Coordination Unit in the Ministry of Local Government, Rural & Urban Development, Bubi Rural District Council, Irish Aid.

GOZ and Bubi Rural District Council have the responsibility of project management and monitoring as part of the national plan, staff, training & follow up, preparation of implementation plans, administration and office facilities, vehicle maintenance, disbursement and financial issues. Local communities pay for the improved latrines physical infrastructure, contribute labour, collection of money for maintenance,

community planning, management and training. IA principle inputs are vehicles, equipment, construction materials, logistical support costs, training, monitoring and evaluation.

Roles and responsibilities of the National Action Committee Sector Ministries are identified under the national WSS policy.

3. Effectiveness and impact at the field level

Community involvement

A community participation and community capacity building approach are at the basis of the project.

2.23 Zimbabwe: Community Based Management of water supplies

Project title:	Community Based Management of water supplies in three Districts in Matebeleland, Zimbabwe
Duration:	1997 - 2000 (3 years)
Area:	Tsholotsho, Bulilimamangwe and Umguza Districts
Implementing Agencies:	Ministry of Finance (coordination); District Development Fund, Ministry of Local Government, Rural and Urban Development, National Coordination Unit, Ministry of National Affairs, Employment Creation and Cooperatives, and Rural District Councils of Tsholotsho, Bulilimamangwe and Umguza.
Others involved:	UNICEF, National Action Committee, District Water and Sanitation Sub-committee, Ward Development Committee, Village Development Committee.
Total Irish Aid contribution:	£ 361,590
Contribution from others:	Not clear

Synthesis paper on IA involvement in Zimbabwe, 1998.

1. Project setting

Relevance

Although as a country Zimbabwe is not as poor as other countries, 61% of the population live in poverty. Matabeleland's vulnerability to chronic drought and late exposure to development assistance determine its relative underdeveloped situation compared to the rest of the country. It is the driest region in the country. Water supply and sanitation coverage in Matabeleland are 25% and 10% compared to national averages of 74% and 21%. Problems with the old O&M system seem to justify a new approach that is more community based. Pilot project showed good results (evaluation pilot project was carried out by UNICEF). World-wide there are many problems with O&M of water supplies; more community based management systems seem to offer a good alternative.

Concerning Irish Aid policy: the project is envisaged to contribute to poverty reduction, women will be addressed specifically (WID), the mentioned care for the environment is merely lip service.

Results and lessons learned

The project includes both hardware and software inputs. Although not specified, it seems that there is a strong focus on hardware (maybe also because for many that is easier to specify). Budget specifications difficult to make, and questionable.

Integrated approach

The overall objective of the project focuses on increasing water supply coverage through community management. Immediate objectives include the improvement of hygiene behaviour. No sanitation component. However, the IA funded HE and sanitation project is conducted in the same area, and enhancement of the integrated approach is envisaged.

Improved hygiene behaviour is expected to be a spin off from the project (community involvement leading to ownership resulting in behaviour change). Clean water points surroundings and containers are mentioned. Seems to be a large amount of wishful thinking.

Project design and evolution

The project is the result of a Chivi District pilot project that began in 1992 with technical and financial assistance from UNICEF. UNICEF probably has designed both the pilot and follow up project.

The project design looks realistic and coherent, although some of the objectives and expected outputs are merely mentioned as lip service (environmental care, change in hygiene behaviour). It is not clear why a choice is made for a focus on water supply only, no indication of the needs of the beneficiaries, no mentioning of investigating alternative solutions. The proposal mentions the special targeting of women, which may raise their work load. The focus is more WID than gender. The project aims at overall management of the water environment, but this is not worked properly (it mentions only a clean water point surroundings and clean container). A number of risks and assumptions has been identified related to the commitment of the GoZ, the change from hand pumps to piped water schemes, the possibility of drought, the continuing political support for decentralisation. A logframe is also included. No M&E procedures in proposal, only OVIs in logframe.

2. Institutional setting

Institutional roles and responsibilities

In line with the decentralisation process, the Rural District Councils have become active members of the district Water and Sanitation Sub-committee, playing a key role in programme coordination, community mobilisation and financial accountability. They have now taken up the full responsibility of coordinating and managing water and sanitation programmes, whilst the sector ministries act as their technical advisors. At provincial level, coordination is done by the RDCs' parent Ministry of Local Government, Rural and Urban Development. In pilot project role of districts has grown, sometimes resulting in friction with provincial level (which did not always want to decentralise responsibilities).

Decentralisation

Proposed project seems to fit into decentralisation policy.

3. Effectiveness and impact at field level

Community involvement

Community management is explicit objective. Strategy/steps to realise community involvement and management are minimal: basically a PRA problem identification and a technical training of a caretaker. Communities are asked to contribute with food (during training) and labour during rehabilitation. Afterwards they are expected to organise and pay for O&M.

Functioning and use of WS facilities

In terms of functioning and O&M (reduced break down time) the pilot project has shown a considerable improvement (85% of hand pumps functioning; downtime reduced from 6 months to 48 hours).

Final remarks

The project focuses strongly on technical inputs (water source rehabilitation) and training of various stakeholders. Institutional strengthening to realise and ensure community management is minimal. One training of government staff is envisaged to change their attitude and management style.

Other water project in Zimbabwe:

Hydro fracturing of boreholes

Executed by the Ministry of Local Government, the Department of Water Development and UNICEF, in response to the drought of 1994/95. It was approved for a period of 12 months in which it would rehabilitate 250 boreholes.

Strengths

The project has been well planned, implemented and monitored.

Weaknesses:

The number of successful Hydro fracturing interventions has been less than expected, with 17,000 people benefitting as opposed to the expected 78,000. Therefore the intervention was relatively high cost per capita.
Community involvement could have been improved.