

DRAFTZIMBABWE
Manicaland/Mashonaland East**REVIEW OF THE SIDA-SUPPORTED HEALTH, WATER AND SANITATION PROGRAMME**

April 1991

*Uno Winblad***SUMMARY**

This is the report of a SIDA consultancy mission carried out in late March and early April 1991. The task of the mission was to review the ongoing programme in Manicaland and the new programme in Mashonaland East. The report is based on five days of field visits in Mashonaland East and BRL's test sites outside Harare, discussions with programme staff at MoH and in the two provinces as well as desk studies of relevant documents.

Over the past five years the SIDA funded programme in Manicaland has assisted households and local communities in constructing more than 23,000 Blair latrines and 1,800 water points. The training of latrine and well builders has now been extended to all districts and so has health and hygiene education.

The problems discussed in last year's consultancy report remain: shortage of building materials, particularly cement, and lack of transport. As a result the programme is far behind its targets. For instance only 3,000 household latrines were constructed in 1990 although the Manicaland programme has the capacity to produce at least 9,000 per year. The newly started Mashonaland East programme is experiencing similar problems.

The main reason for the low productivity is the government's cumbersome procurement procedures and particularly its inability to pay suppliers on time. UNICEF, Save the Children and other NGOs have no problem in obtaining cement and other building materials they require for similar projects.

The main conclusion of this report is that SIDA funds for the Manicaland and the Mashonaland East Health, Water and Sanitation programmes should in the future be channelled through some autonomous body or a parastatal.

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ABBREVIATIONS

BRL	Blair Research Laboratory
DCO	Development Cooperation Office (SIDA)
DDF	District Development Fund
EHT	Environmental Health Technician
MCCD	Ministry of Cooperatives and Com.Dev.
MoH	Ministry of Health
NGO	Non government organization
PEHO	Provincial Environmental Health Officer
PHEO	Provincial Health Education Officer
PMD	Provincial Medical Director
SIDA	Swedish International Development Authority
VCW	Village Community Worker

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INTRODUCTION

General

Within the framework of Swedish support to Zimbabwe's health sector, SIDA has since 1985 been funding the Manicaland Health, Water and Sanitation Programme. A similar programme was started in Mashonaland East in 1990. This is the report of a SIDA consultancy mission carried out during two weeks in March/April 1991 by Uno Winblad.

Mission objectives and terms of reference

The main objective is to review performance and achievements in the project in relation to targets and to identify the need for changes in project organization, staffing, technologies or project components. The terms of reference are attached, see Appendix I.

Method

I spent 13 days in Zimbabwe: four in Mashonaland East, three in Manicaland and six in Harare. During this time I reviewed background papers, the project documents of May 1990 and a number of project reports. A list of documents is enclosed as Appendix III. Information from the document review was supplemented by observations, facts and opinions obtained from field visits and meetings, see Appendix II.

Acknowledgements

I am very grateful to the many persons whose cooperation made this mission possible. Officers in Mashonaland East had to spend their weekend taking me to project villages and thanks to the cooperation of Dr Peter Morgan and his staff I was even able to use the Easter holidays for field visits.

The views and interpretations in this report are those of my own and should not be attributed to officials of SIDA or the Government of Zimbabwe.

FINDINGS

Manicaland

The programme has five components:

- *water supply* (spring protection, communal shallow wells, family wells)
- *sanitation* (household latrines, school latrines, handwashing tanks);
- *training* (management, builders);
- *health and hygiene education* (development of h&h ed atrlis,

h&h education workshops, general h&h education);
- *special studies.*

water supply

The total output of SIDA funded water points during Phase I-III (July 1986 - June 1990) was 1,699. The targets for Phase IV (July 1990 - June 1993) are 1,950: 150 protected springs, 600 communal shallow wells and 1,200 family wells.

Between July and December 1990 the programme completed 18 springs (= 72% of adjusted target), 38 communal wells (= 38% of adjusted target) and 34 family wells (= 17% of adjusted target). The shortfall is primarily due to problems in the procurement of cement. There have also been problems in the supply of Bucket pumps, PVC pipes and lids for family wells.

sanitation

The total output of SIDA funded latrines during Phase I-III was 21,718 household latrines (almost all of them double units), 212 school latrines and 73 handwashing tanks. The targets for Phase IV are 19,700 household latrines (single units), 135 school latrines and 135 handwashing tanks.

Between July and December 1990 the programme completed 1,636 household latrines (= 45% of adjusted target) and 53 school latrines (= more than double the adjusted target). No handwashing tanks were completed during this period. The shortfall in the completion of household latrines and handwashing tanks is primarily due to problems in the procurement of cement.

Most of the latrines constructed during Phase I-III were never provided with fly screens. The fly screens supplied by SIDA's Purchase Division (see the consultant's report of May 1990, p. 18) have since been delivered to Manicaland and distributed to EHTs. No information is available on the number of latrines actually fitted with fly screens.

training

The Project Management Handbook mentioned in the project document of May 1990 has just been printed. It has not yet been distributed nor has it been used in any training programme. The Handbook, sponsored by SIDA, was prepared by Colleen Butcher of Plan Inc., Zimbabwe. It is primarily intended for staff working at the provincial level but may also be used for training HQ and district staff.

Latrine and well builders are now trained under the SIDA funded programme. The Builder Trainer previously active in Manicaland under the NORAD funded Integrated Projects has been hired by MoH on a 12 months contract from July 1990. During the first six months of Phase IV

the Builder Trainer trained 240 people including all the EHTs and TEHTs of five districts in Manicaland. The remaining two districts are to be covered during the first six months of 1991.

The training programmes are arranged district-wise. All the EHTs and TEHTs of the district (normally 18-20) are invited to a 5-day demonstration/training. A number of local builders (20-30) are also invited. They are taught how to build the "3-bag" and the "4-bag" Blair latrine and the upgraded family well. According to the Builder Trainer, Mr M.Jhamba, this training is not enough and needs to be extended.

health and hygiene education

Since January 1990 Manicaland has had a local, full-time consultant Health & Hygiene Educator responsible for the detailed planning of programme related health and hygiene activities. The main activity of this consultant has been health and hygiene education workshops for EHTs, nurses, VCWs, teachers and local leaders. The workshops generally last for three days and the number of participants range from 40 to over 100. Provincial and district health staff and personnel from MCCD, DDF and various NGOs are supposed to act as facilitators. The workshop programme covers communication skills, water and sanitation related diseases, hygiene related aspects of handpump operation and maintenance and the role of local leaders and schools in hygiene education.

Over the past eight months the mobility of the Health & Hygiene Educator has been hampered for lack of transport in spite of the fact that the budget has adequate provisions for vehicle hire (Z\$125,000 for the three-year period).

During this brief mission it has been extremely difficult to obtain meaningful and comprehensive information on the programme's health and hygiene activities. The project document (May 1990) mentions on p.19 that "A strategy paper incorporating the experience gained in Manicaland during the first year of activity of the Project Health & Hygiene Educator's is being prepared. This will propose a model for intensifying health and hygiene education in the water and sanitation programme nation wide." No such document has yet been prepared (?) but when it is, it should form the basis for a discussion of the possibilities for strengthening the health and hygiene education component within the SIDA funded Manicaland and Mashonaland East programmes.

The kit of health education materials to be supplied to EHTs has not yet been distributed although it has been available at MoH HQ for over a year. The reason given, in January last year and again during this mission, is that the Environmental Health Department has not yet found a suitable bag for the kit!

special studies

The project document lists a number of special studies to be carried out during Phase IV. The major one is on the development of Blair latrines requiring less cement.

During Phase I-III the Manicaland programme advocated for household use the double unit Blair latrine with a donor input of 7 bags of cement. A consultant's report (Winblad 1989, p.14) recommended a revision of standard designs for all construction activities within the programme. Another report (Olsson, Savanhu, Winblad 1990, p.40) recommended that the SIDA funded subsidy for household latrines "should with immediate effect be maximized to the subsidy given in the rest of Zimbabwe: 5 bags of cement ...". BRL has now developed and field tested 3- and 4-bag versions of the Blair latrine and manuals have been produced. Work continues on the development of 1.5- and 2-bag models. The 3- and 4-bag models have already been introduced in Manicaland and Mashonaland East.

One of the other studies mentioned in the project document, evaluation of the impact of family wells, is in progress at the BRL.

MASHONALAND EAST

The new Mashonaland East programme follows the Manicaland pattern: it has the same five components and a similar budget. The Mashonaland East programme started in July last year with mobilization and training activities. The implementation strategy is based on starting activities in every ward of six targeted districts. (The two remaining districts are covered by similar programmes funded by other agencies.) In each ward one village has been selected for total coverage. This strategy means that every ward and every EHT will be involved in the programme.

At present activities have started in four districts: U.M.P., Wedza, Marondera and Murehwa.

So far the programme has trained 185 builders, out of which 50 are women. By mid-March 79 household latrines had been completed and another 131 were under construction. Six shallow wells have been fitted with bucket pumps and 26 family wells had been constructed/upgraded.

Together with the concerned staff I visited project areas in three districts. The first day was spent in the Wye Valley Resettlement Area in Wedza district. The first village consisted of 48 households. This village was selected because the villagers were already well organized and highly motivated. Work started in September 1990 with the formation of a Project Committee.

All but one of the households had been provided with a Blair latrine, five household had built new or upgraded existing family wells, two wells, on private land but used by several households, had been fitted

with Bucket pumps and most households had been assisted in the construction of washing-stand cum pot-rack. The total subsidy per household was 8,5 bags of cement plus a windlass. One member from each household was trained as a builder and the construction work was carried out as a joint effort.

The second day we visited project sites in Murewa district and the third day in Chiota district. In all the wards visited the enthusiasm and competence of the local EHTs and VCWs was striking. The quality of the construction work for Blair latrines and family wells was very high, actually the highest I have seen anywhere in Africa.

The field visits also raised some questions about target groups. My impression is that most of the beneficiaries do not belong to the category "the 50% poorest" but rather to "the 30% richest".

DISCUSSION

The consultant's reports from February 1988, March 1989 and May 1990 discuss a number of issues related to the SIDA funded programmes. Most of the comments are still valid. In this report I shall concentrate on a problem which, if not resolved, might jeopardize the future of the two programmes: *the problem of procurement of materials*.

The two SIDA funded programmes are heavily dependent on cement. As much as 75% of the respective project budgets are directly or indirectly related to the use of cement. The Manicaland programme experienced periodic cement shortages already in 1986 but since then the problem has turned more serious and is now chronic. The lack of cement is reflected in the output of SIDA funded household Blair latrines. The proposed target for 1988-1990 was 10,000 units per year. The actual output in 1987 was 9,000, in 1988 6,000, in 1989 3,000 and in 1990 3,000. Lack of cement is also quoted as the main reason for the very slow start of the Mashonaland East programme.

The problem has been attributed to a national lack of cement but is rather due to government's inefficient procurement procedures. Organizations like UNICEF, Save the Children, Christian Care and other NGOs active in Zimbabwe have no problems in obtaining cement for its water and sanitation programmes.

The Manicaland programme is able to obtain cement of PC 45 quality from the cement factory in Bulawayo provided it takes delivery of a full railway bogie (= 876 bags). The price delivered in Mutare is Z\$8.50 per bag. Last year the Manicaland programme took delivery of three such bogie-loads but was then told by MoH that according to Treasury Circular No 2 of 17 August 1990 this type of procurement was irregular and had to be stopped. Purchases above Z\$5,000 must be submitted for tender and the price of one bogie-load was Z\$7,500. Besides, MoH has not yet paid any of the three invoices from the manufacturer.

This story illustrates that government regulations can make it difficult or next to impossible for the programme to avail itself of market opportunities. In this particular case it should be possible to solve the problem because the Treasury Circular states that "... exemption and extension of limits will be considered for those who can show adequate performance in these areas."

The non-payment of invoices is more serious. Inordinate delays in the payment of goods delivered is the rule in this programme. Suppliers may have to wait for a year or two until they are paid. Eventually they refuse to deliver goods requisitioned by MoH.

In a situation of short supply, nowadays the normal situation in Zimbabwe, it is often necessary to pay cash on delivery in order to obtain goods. Parastatals and NGOs can do that but government rules do not allow cash transactions.

The situation can be described as follows: Each of the two provinces has a field level capacity to produce 10,000 Blair latrines and several hundred improved/new wells and springs per year. SIDA has allocated sufficient funds for the purchase of all the materials and equipment required. In between the funding agency and the field level workers there is a government machinery incapable of procuring goods in a rational and cost-effective way and of paying bills and allowances within reasonable time.

There are basically two solutions:

- change government rules and put competent, ^{the} committed officers in charge;
- devise a bypass solution.

Nobody seems to believe that the first alternative is feasible. As for bypass solutions there are several possibilities. Instead of channelling project funds through MoH they could be channelled through an autonomous body, for instance The Blair Research Trust Fund, UNICEF, Save the Children Fund (UK) or a new body, set up specifically for the purpose.

FINANCIAL REPORT

The budget of May 1988 allocated Z\$2.7mn for SIDA funded activities during Phase III. The total SIDA disbursement during Phase III was Z\$1.5mn.

Budget, SIDA disbursements and actual programme expenditures during the first six months of Phase IV are outlined in the following table.

Table 1: *Financial status - draft summary*

<i>activity</i>	<i>Manicaland</i>	<i>Mashonaland East</i>
water & sanitation	640,000	470,000
health education	95,000	70,000
others	91,000	254,000
Total SIDA disbursement July - Dec 1990	826,000	794,000
50% of first yr budget	647,300	489,720
Actual expenditures	256,000	429,562*

* July 1990 - Feb 1991

During the same period SIDA disbursements to BLR amount to Z\$60,000. The budgeted amount (50% of first year budget) is 70,000.

Due to incomplete and somewhat inconsistent financial reporting plus the limited time available for this mission I am unable to present an analysis of the expenditure pattern.

REPORTING

The following reports are supposed to be submitted to SIDA:

- quarterly progress reports from each province;
- a consolidated annual report at the end of the financial year;
- a workplan for 1991/92.

Only a few of these reports have been received and the so called "Annual Workplan" is no more than an unrealistic budget estimate.

The reporting system should be overhauled. The format of the quarterly reports should be revised and standardized. The consolidated annual report should contain a list of all project reports prepared during the year (title, date, author). Report writing should be included in the management training.

EVALUATION AND REVIEWS

A mid-term assessment of the Manicaland and the Mashonaland East programmes should be carried out in September/October 1992 as suggested in the respective project documents.

CONCLUSIONS AND RECOMMENDATIONS

The Manicaland programme is proceeding at a much slower pace than envisaged in the project document. This is mainly due to problems in the procurement of cement. In terms of output of latrines and water points the achievements during 1990 were similar to those of 1989.

The Mashonaland East programme has made a good start but also there a lack of cement is hampering progress. The standard of construction of the latrines and family wells built so far is remarkably high.

Blair Research Laboratory has continued its development of latrines requiring less cement. Manuals for the "3-bag" and the "4-bag" models have been produced and the Builder Trainers in both provinces are now demonstrating these models to EHTs and local builders.

The programmes' dependence on donor funds is very high as pointed out in last year's report. BRL's work on latrines requiring less cement is, however, very promising and should, when implemented in the provinces, improve the affordability of the Blair latrine.

The low productivity of the programmes is basically due to the government's cumbersome procurement procedures and MoH's inability to pay bills within reasonable time. Unless MoH can streamline its ~~these~~ procedures and put competent and effective officers in charge I see no other way out of this impasse than the establishment of a bypass solution.

I recommend that SIDA funds for the Manicaland and Mashonaland East Health, Water and Sanitation programmes in the future are channelled through an autonomous body - a trust fund, a parastatal or a NGO - rather than through MoH.

SIDA
Ministry of Health

TERMS OF REFERENCE
February 22, 1991

MID-TERM REVIEW OF THE SIDA SUPPORTED
MANICALAND/MASHONALAND EAST HEALTH, WATER AND
SANITATION PROGRAMME, ZIMBABWE

Background

As part of the Zimbabwean - Swedish co-operation in the health sector SIDA supports health, water and sanitation projects in the Manicaland and Mashonaland East provinces in Zimbabwe. Support to the Manicaland project commenced in 1985 while support to the Mashonaland East project began in 1990. Part of the support is geared towards development activities performed by the Blair Research Institute.

The objectives of the programme are to improve the living conditions for people in the communal areas through the provision of protected water supplies, improved sanitation facilities and health education for better hygienic practices.

The programme will be discussed during the joint annual consultations on the co-operation in the health sector which is scheduled to take place 2-12 April, 1991. As a preparation of these consultations a review of the progress in the projects will be carried out by a consultant. The results and recommendations from the review will constitute an important input to the discussions during the annual consultations.

Objectives of the review

The main objective is to review performance and achievements in the projects in relation to targets, and to assess the relevance of set objectives and targets set out in the project documents. The review should give a monitoring feed-back to the projects, and assessments and recommendations should be phrased accordingly.

Issues that should be given special attention

The consultant should pay particular attention to

- Review of achievements and resource utilization during 1990/91 in relation to project documents and budgets,

- assessment of implication on project activities caused by the shortage of cement,
- review of measures taken to remedy the shortage of cement for the projects, and measures taken to gear the projects towards activities not requiring cement,
- general assessment of the sustainability, affordability and replicability of services and facilities provided in view of long-term programme objectives; identification and review of any activities performed, aimed at increasing sustainability etc.,
- identification of needs for changes in present project organization, staffing, technologies or project components,
- identification of need for additional studies or development work,
- review of the contents of the proposed workplan for 1991/92 with respect to performance and achievements during 1990/91. (A proposed workplan for 1991/92 is supposed to be available on the consultant's arrival in Zimbabwe.)

During the work the Consultant shall liaise with the Ministry of Health, the Blair Research Institute, relevant officers in the Manicaland and the Mashonaland East provinces and with other officials considered appropriate by the Consultant.

Time schedule and reporting

The review shall take place in Zimbabwe during the period 21 March - 2 April, 1991. The Consultant shall present his findings in a report, written in English, which shall be submitted to SIDA and the Ministry of Health on 2 April, 1991. The consultant shall on the same day or prior to departure from Zimbabwe, to the Ministry and SIDA at a joint meeting present his findings and main recommendations including supporting arguments.

Manpower

The consultancy will be carried out by Mr Uno Winblad.

Miscellaneous

The Ministry of Health will make all necessary documentation available to the Consultant and will assist in making appointments etc.

ITINERARY, MEETINGS AND FIELD VISITS

- 21 March arrival HARARE
meeting SIDA/DCO
meeting Dr P. Morgan
- 22 meeting Mrs D. Savannahu
meeting Environmental Health Department, MoH
meeting Blair Research Laboratory
meeting PEHO's office, MARONDERA
- 23 field visits, Wedza district, Mashonaland East
- 24 field visits, Murewa district, Mashonaland East
- 25 field visits, Chiota district, Mashonaland East
debriefing meeting with Mashonaland Est staff
- 26 meeting, PEHO's office, MUTARE
- 27-28 report writing, JULIASDALE
- 29 travel JULIASDALE - HARARE
- 30 field visit, BRL's test site, Epworth
- 31 report writing
- 1 April field visit, BRL's test sites, Henderson
- 2 debriefing meeting, Environmental Health Department, MoH
meeting SIDA's health sector review team
departure for STOCKHOLM

LIST OF PEOPLE MET

Mashonaland East

Mrs Bhowa	EHT
Mr Dzoto, P	PEHO
Ms Chakwizira, P	EHT
Mr Chalawinga	Chairman, Wye valley Project Cttee
Mr Charangwa	EHT
Mr Chirowa	EHT
Mr Chisango	FO Supervisor
Mr Chitowa	Builder Trainer
Mr Gunda	EHT
Mr Jambwa	SEHT
Mr Jonga, M	PEHO
Mr Mazanza	Builder Trainer (BRL)
Mr Manzira	Chairman, Murevgerwi village Project Cttee
Mr Muchando	HEO (SIDA funded programme)
Mr Mukwenya	EHT
Mr Mushambi	Member, Wye valley Project Cttee
Mr Mushaninga	PDO
Mr Murahwa	SEHT
Mr Mutema	PHSA
Mr Mvududu, M	EHT
Mr Padiwa	EHT
Mrs Sango	VCW
Mr Saira, O	Councillor
Mr Simbi	HEO
Mr Shoko, J	EHO
Mr Tambaoga	Secretary, Wye valley Project Cttee
Mrs Tangi	VCW (Coordinator)
Mr Zanza, S	SEHT

Manicaland

Dr Chimbadzwa, TM	PMD
Mr Jhamba, M	Builder Trainer
Mr Mapuranga, ML	HEO (SIDA funded programme)
Mrs Mutemeli, D	PHEO
Mr Mwatsikasimbe, S	EHT
Mr Ruwende, A	PEHO

MoH/BRL

Mr Chimbunde, E	BRL
Dr Morgan, P	Consultant (SIDA funded programmes)
Mr Mtakwa, NS	Coordinator, Save the Children Fund (UK)
Mr Sasa, W	Administrative Assistant (SIDA funded progrs)

SIDA/DCO

Ms Berggren, B	Head, SIDA/DCO
Mr Nilsson, N-G	Programme Officer

DOCUMENTS REVIEWED

- MoH (1990). *Project management handbook*. Harare.
- PMD, Manicaland (1990). *Quarterly reports*. Mutare.
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- MLGRUD (1990). *Decade consultative meeting - proceedings and resolutions*. Harare.
- MLGRRUD (1990). *Decade consultative meeting - sector paper on water supply and sanitation in Zimbabwe*. Harare.
- MoH and Save the Children Fund (UK) (no date). *Project proposal for water and sanitation development on commercial farms*. Harare.
- Yacob, M and Roark, P (1990). *Tech pack: steps for implementing rural water supply and sanitation projects*. USAID, Washington DC.

APPENDIX IV

AVERAGE COST OF A BLAIR LATRINE, Manicaland, March 1991 Z\$

Single Blair latrine

	3-bag	4-bag	5-bag	multicomp
<i>household/comm. contr.</i>				
bricks a 5 cents each	125.00	125.00	125.00	750.00
builder charges	50.00	50.00	50.00	550.00
carting river sand	60.00	60.00	60.00	300.00
pit excav. a \$15/m	60.00	60.00	60.00	300.00
labour during constr.	20.00	20.00	20.00	100.00
food for builder	20.00	20.00	20.00	-
 <i>donor input</i>				
cement a \$20/bag	60.00	80.00	100.00	1,500.00
weld mesh a \$10.34/m	15.51	15.51	15.51	220.95
flyscreen gauze	4.00	4.00	4.00	40.00
chick mesh a \$6.50/m	-	-	9.75	97.80
 <i>government input</i>				
supervision	55.00	55.00	55.00	275.00
<hr/>				
Total cost Z\$	469.51	489.51	519.00	4,133.75