WaterAid Zambia (Monze District) Evaluation Report Summary

October – November 2000

The following summarises an evaluation carried out by independent consultants in 2000 of work undertaken in Zambia’s Monze District by WaterAid

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**Evaluation Methodology**

An evaluation of the WaterAid Monze District programme was carried out over a three-week period during October-November 2000. The general objectives of this evaluation were to examine the water supply, hygiene and sanitation promotion work and project sustainability in the project communities of Monze District. The evaluation was also intended to serve as a training exercise for WaterAid and project partner staff in an improved participatory monitoring system. This was the first participatory evaluation carried out in the District, although two conventional evaluations were carried out in 1994 and 1997.

A participatory approach was adopted in the planning, methodology development and implementation of this evaluation and was also the basis for the training workshop. A total of 19 WaterAid and partner staff participated. Thirteen sample villages were selected for the study, located in seven catchments in Monze District. Villages were selected from different agro-climatic zones with varying levels of infrastructural facilities. Three groups of 6 members each were formed, with each group evaluating 4 villages. An additional village was used to test and fine-tune the evaluation methodology.

At least 10 different PRA tools were used in the villages, often with 2-3 groups of villagers carrying out different activities simultaneously, facilitated by workshop participants. At the end of the fieldwork, all 3 groups spent time analysing and documenting their field findings. One full day was spent sharing findings and analyses between groups. The data was then converged and compiled, providing an overall picture of the water and sanitation situation in Monze District.

This participatory process saw the broad participation of village community members. About 450–500 people, mainly women, participated. In fact, the level of participation of the rural community in most of the study villages was so great that it was virtually impossible to document everything and retrieve all the lessons learned. The evaluation report summarised here presents the synthesised findings from the analysis.

**Process and Progress**

Zambia is a landlocked country in southern Africa with a population of about 10.6 million. Administratively, the country is divided into 9 provinces and 73 districts. The country has 72 tribes, with Tonga peoples dominating in the Southern Province. While Tonga community culture is predominantly patriarchal, women play an active role in the home and in income-generating activities. The burden assumed by women is particularly heavy as they fetch water and firewood (with the assistance of children), and carry out all household chores.

Poverty in Zambia is acute, with about 85% of the population living on less that US$1 per day. The 1998 per capita income of Zambia was about US$380, having fallen by some 60% between 1975 and 1995. Rural poverty remains more widespread and severe that urban poverty. The infant mortality rate in Zambia is 109 deaths per 1000 births and under five mortality rate is 203 per 1000. The main causes of death are diarrhoea, pneumonia, malaria, HIV/AIDS and other preventable or treatable infections.

The vision of health reforms in Zambia is to “provide equitable access to cost-effective quality health care as close to the family as possible”. The strategy adopted to achieve this vision includes an emphasis on the integrated delivery of cost effective interventions that address the vast majority of problems affecting the Zambian population by decentralising and integrating services, and by shifting the emphasis to health centre and community level interventions. The overall objective of Zambia’s Water Supply and Sanitation sector policy is
to improve the quality of life and productivity of all people by ensuring equitable provision of an adequate quantity and quality of water to competing user groups, and sanitation services to all at an acceptable cost on a sustainable basis.

In this context, the Water, Sanitation, Hygiene Education (WASHE) concept has been developed to support the delivery of Rural Water Supply and Sanitation services (RWSS). It suggests that issues related to the provision of RWSS not only include technical issues but also issues of health promotion and community management, inferring that all WASHE partners (technicians, health educators, community development officers and external support organisations) must work in close collaboration to support the delivery of these services.

WASHE committees have been developed in Zambia in an effort to coordinate the implementation of water and sanitation programmes at province, district and village levels. At community level, the committees help to mobilise scarce resources for the operation, maintenance and management of sustainable facilities. They are coordinating bodies for participatory decision-making, planning, implementation, operation, maintenance and management of WASHE programmes.

Against this evolving landscape, WaterAid began its operations in Zambia in 1992, in response to a request for drought assistance. A programme office was established in 1994 and since then WaterAid has focused its support in and around Southern province, working in 4 Districts; Monze, Siavonga, Namwala and Kafue. WaterAid began working in Monze with 6 Rural Health Centres (RHCs) in 1995, a further 6 in 1997 and then the remaining 2 in 1999.

It should be noted that in Monze, WaterAid’s support of WASHE at district level has been through the District Health Management Teams (DHMT), not the district WASHE (D-WASHE). The DHMT comes under the Ministry of Health, WaterAid’s main programme partner in Monze District. WaterAid and Monze District Health Office (DHO) have been working in an on-going partnership in Monze District since 1996 with the following responsibilities:

**WaterAid:** Provision of construction tools and equipment; capacity-building for extension staff; supply of construction materials; provision of motorised transport; and financing training costs.

**Health Department:** Supervision of activities by the district; motorbike repair and maintenance; fuel for motorbikes; and allowances for extension staff.

This strategy has resulted in an over-reliance on one partner, with DHO staff feeling overburdened by their workload, fragmentation of health and other key issues which should be addressed in an integrated manner, some alienation from community needs and issues, and a top-down delivery of the programme. As a whole, the priority placed on the interventions of water have been much greater that that on hygiene promotion. The WaterAid Zambia Country Strategy was written in 1997 and is due to be revised shortly.

**Recommendations:**

In an effort to promote the effectiveness of process and enhance the progress of the Zambia Monze programme, it is recommended that:

- Extension workers of different WASHE partners in the programme are actively involved, not only those of the Department of Health; and
- Experiences from the evaluation are documented and shared, through the dissemination of reports, discussion of findings and exchanges of ideas, both nationally and internationally.
In particular, sharing of experience and information could be developed between WaterAid project partners in Zambia and Bangladesh.

**Effects of improved water supply, hygiene and sanitation promotion**

The overall impact of Monze project activities on the lives of the rural community has been massive, particularly for women and children. Generally speaking, the intervention has had positive economic, health and social impacts, improving the quality of life of community members. Most significantly, women have experienced the benefits of a reduction of time and effort related to the collection of water from long distances. With a lesser burden, women are using their time in the pursuit of different income-generating/livelihood options, domestic work and childcare.

A distinct shift towards the use of drinking water from safe sources has resulted in a significant reduction in disease. People are no longer dependent on the goodwill of water point owners for water. Communities are now consuming increased quantities of food, bathing more frequently, and sleeping more now that they have access to water close by. Children are no longer chased from school for being dirty and families are building larger houses rather than being crammed into one room. As a result, the relationship between husbands and wives, the general cleanliness of the family and household environment have all improved considerably.

In Monze District, WaterAid policy is to promote hand-dug wells. Although great improvements in the living conditions of the rural community have occurred, a lot more can still be achieved by filling in the gaps of programme interventions. For instance, there is evidence of some wells being under-utilised. Also, physically weaker community members experience difficulty in operating the windlass.

In addition to water point development, WaterAid’s Monze programme is also promoting the use of latrines. Latrine coverage across villages participating in the evaluation varied considerably – from 6% in one village to 62% in another. Coverage is also correlated to economic class; 57% of rich households have obtained Ventilated Improved Latrines (VIP) latrines, compared with only 20% on average for poor and medium income households. Open defecation is still widely practised in many villages.

Reasons for not having latrines include the collapse of old ones, the difficulty experienced by women-headed households in digging pits, and the lack of support received from men. The promotion of a single technological option, the VIP, has also been a major obstacle to improved sanitation. The cost of labour, building materials and latrine builders’ fees are all obstacles. Project pre-qualifying conditions for owning latrines, including burning bricks (a very burdensome process), are in the way of the widespread adoption of latrines. Despite these obstacles, people of all well-being groups express a great deal of interest in latrines.

While the hardware aspects of programme interventions were relatively good, the software aspects, particularly issues related to hygiene promotion, were less so. Looking at WaterAid’s organisational hierarchy in Zambia, it is clear that there are fewer hygiene education and participation professionals employed than engineers, and no women. Therefore, achievement of “physical targets” as the indicator of change rather than “sustained behaviour change” have made the programme more inclined towards infrastructure than social change.

On the ground, this can be noted by the fact that the majority of people still do not practise hand-washing at critical times, particularly after defecation. Similarly the protection of drinking water from contamination and the community care and management of water points seem a distant concern. For instance, containers used to carry water are not clean and leaves
are used to avoid spillage while transporting water home. These are both potential sources of contamination. Clearly, software aspects of the programme need serious attention.

**Recommendations:**

In an effort to improve the impact and effectiveness of the Zambia Monze programme’s efforts to promote water supply, hygiene and sanitation, it is recommended that:

- A programme Participation and Hygiene Promotion Specialist is recruited who should, ideally, be female;
- Resource groups for hygiene promotion should be developed in each district;
- Workshops, seminars, district/catchment level interactive meetings should be developed for the dissemination of messages and new lessons from the field on hygiene promotion;
- Consideration is given to promoting different water extraction technologies;
- A wider choice of technological options for latrines are provided so that the needs of all the well-being groups are considered; and
- The programme’s pre-conditions in respect to latrines is reconsidered.

**Effectiveness and sustainability of the voluntary hygiene promoters**

Village Health Motivators (VHMs) are working in a number of villages. Occasionally, they are asked to give hygiene education at health centres, moving them from community to institution-based hygiene promotion. While intentions have been good, the impact and effectiveness of VHMs on hygiene promotion has been poor. This is largely due to the development and pursuit of an inappropriate strategy, as well as centralised and top-down approaches and methods.

Training received by VHMs, generally lasting 6 days and divided into 2 sessions, is largely inadequate. The mode of training is conventional with minimal Participatory Learning and Action elements. Principles of Experiential Learning Cycle (ELC) are not followed. The training methods are more like ‘teaching’ than ‘training’ and VHMs are expected to pass messages on to communities as prescriptions from outside without adequately understanding the pros and cons of the local situation. The paucity of effective training materials further amplifies the limitations experienced by VHMs.

There is no systematic follow-up after the training events, although this is beginning in some village catchments. A system for maintaining performance records of VHMs is not in place, making it nearly impossible to monitor and respond to difficulties encountered and urgent support needed, or accurately assess the impact of training.

VHMs receive insufficient support from Environmental Health Technicians (EHTs), village headmen and members of the community. Their working conditions have been precarious given that they do not receive financial support from NGOs, local institutions or the community. Motivation was found to be very low, particularly at operational level. This should not come as a surprise given that they are often ridiculed in doing their work, and experience deep frustration because people, particularly men, do not listen to what they have to say.

A few other key issues emerged from in-depth discussions with VHMs. Well-liners are brought in for 21 days to finish work once the community digs the pit and other arrangements are made. All latrine builders and well-liners are men, and they all receive cash and in-kind
contributions. The project also supplies well-liners and latrine-builders with tools and materials. In contrast, 7 out of 10 VHMs are women whose primary incentive is the training they receive and the benefits this bestows on their families, villages and communities. This is an extreme situation of gender inequality, now slowly being addressed by WaterAid.

The insecurity of VHMs clearly showed up in participatory discussions during the evaluation process. Out of the 8 VHMs who participated in the discussion, 3 had VIP latrines, 3 had pit latrines and 2 used open defecation. It has been very hard for VHMs to successfully convince others about the benefits of hygiene practices they themselves do not practise.

Finally, the selection of VHMs, although resulting from open discussions, does not encourage natural women community leaders to come forward. The leaders of traditional village institutions, mostly men, strongly influence the selection process. There is an interesting and unique experience to draw on, from the Makangala village where nobody could say who the VHM of the village was. In this case, the women’s group felt empowered, mobilising themselves without waiting for someone called ‘a trained VHM’ to appear and initiate hygiene promotion work.

**Recommendations:**

In an effort to develop the sustainability of the Zambia Monze programme’s VHMs, it is recommended that:

- VHM selection, training and support are modified;
- An appropriate training module for VHMs is developed, with adequate emphasis on participatory approaches;
- Training needs of field staff at different levels are assessed and appropriate training is implemented;
- Appropriate means of remunerating VHMs are identified. For example, VHMs could be linked with the on-going activities of other partners of D-WASHE for income generation;
- VHMs are motivated through the formation of an empowered women’s committee, provision of reference materials during and after completion of training, regular meetings and workshops;
- The emergence of self-mobilised and empowered sanitation groups are encouraged in villages (with women only or mixed women/men, as appropriate) to be the key instigators of hygiene behaviour and social change, shifting the responsibility away from single VHMs so as to achieve greater effectiveness;
- Major shifts in the approach, orientation and mind-sets of EHTs are promoted and assisted such that they are more likely to support rather than detract from the work of VHMs;
- Location-specific approaches are developed for the effective implementation of hygiene promotion activities, capturing innovative approaches being generated by the self-mobilised women groups in different districts;
- Participatory approaches are used to promote sustainable behaviour change, in response to the inadequacies of the current one-way, top-down delivery of messages and lack of support VHMs experience within their communities, particularly from the men; and
- A strong functional linkage of local women groups is developed with different agencies as well as local NGOs and programmes of Government in a concerted effort to empower and
strengthen the local women groups, also to ensure the economic, technical and social capacity-building of local women’s organisations.

**Project sustainability**

On matters of project sustainability, it is essential to consider a number of key issues ranging from water quality to management and human capacity issues. Each of these was considered in turn during the evaluation.

In terms of water quality at source, the general perception in the communities was that the intervention had provided an improved quality of water for domestic use, compared to the traditional sources used previously. Most of the water sources examined during the evaluation were in working order and regularly used by the beneficiary communities. There are a few cases of water being heavily turbid where hand-dug wells had no covers. It should be noted that water quality testing is not carried out on any of the facilities, making it difficult to establish an accurate assessment of quality.

In order to receive programme assistance from WaterAid, communities and households in Monze must contribute and participate actively. In this respect, community management of water points has begun in some places. In the case of the hand-dug wells, there are a number of reported cases where community members, through self-mobilisation, have undertaken minor maintenance in terms of replacing chains and disused buckets. For instance, women in Chisikili village have formed a committee and have set up a repair and maintenance fund.

Overall, good maintenance standards were observed in 50% of the studied areas. In virtually all villages visited, no formal arrangement or structure of payment existed for maintenance of the water facility. Ad-hoc arrangements were found whereby water users contributed on an emergency basis. Payments are often made in-kind, as well as in money. Overall, indications of community participation have been recognised, although this needs to be strengthened further so that sustainability can be assured.

Human capacity development was assessed at two levels: 1) the management abilities of the Village WASHE (V-WASHE) committees where they existed and, 2) the knowledge and skills within the various cadres in the villages, their levels of confidence and self-concept.

1) As part of the programme, training was provided to groups or villages with hand pumps or borehole technologies on matters of financial management, pump maintenance and on the functions of executive officials. Villages with hand-dug wells have not benefited from training on management issues. Generally, the V-WASHE remain barely visible as compared with the institution of the village administration.

2) Local VHMs, latrine builders, well-liners and caretakers have benefited from training in skills related to their respective tasks. However, the successes experienced in the technical aspects of the project have been at the cost of the potential sociological impacts.

Finally, on the matters of scaling-up and spread, it is important to recognise that at the current pace, WaterAid-supported coverage of the entire District of Monze will take at least a decade. Consideration is being given to ways of bringing about the effective scaling-up at the district and catchment level, including the establishment of rural sanitary marts and the introduction of a mass media education campaign which complements the village level promotion work.

**Recommendations:**

In an effort to ensure the sustainability of WaterAid’s Zambia Monze programme, it is recommended that:
• Participatory approaches are institutionalised into the WASHE programme as a matter of urgency;
• Much greater community participation is promoted and institutionalised, in part to establish water committees as sustainable village institutions for ensuring long-term benefits to people;
• Community members are involved in the process of site selection for water points;
• Community care and management of water points needs to be developed further;
• Local institutions are further built-up;
• EHTs, VHMs, latrine builders and other extension agents are to be fully trained based on a sound training and capacity-building strategy for Monze District;
• Core teams of trainers are formed within each district. Members of these teams of trainers should receive advanced training on PRA facilitation skills, participatory planning, monitoring and evaluation, capacity-building of village institutions. They should also receive training on Experiential Learning (ELC);
• Core teams of trainers, once formed, organise regular training for extension staff, develop a suitable training module for the VHMs based on field experiences, and assist in the formation and training of V-WASHE committees in management and leadership skills. This work would ideally take place both on a local district-focused basis and across district boundaries;
• Scaling-up and spread options are strategically developed through the involvement of women’s and other community groups as circumstances dictate. More specifically, mechanisms are developed for documenting scaling-up innovative approaches to achieving comprehensive and widespread hygiene and sanitation behaviour change; and
• Networking and collaboration amongst organisations and stakeholders in the WATSAN sector in Zambia are pursued for the spread of effective and innovative ideas.

**Monitoring and Evaluation**

The WaterAid supported WASHE activities in villages in Monze District involve a collaboration between project staff and community members in undertaking the implementation of water, sanitation and hygiene promotion interventions. This entails a number of activities and obligations that ultimately require follow-up and feedback to ensure positive results. Towards this end, the current evaluation revealed that EHTs and WaterAid staff undertake periodic though limited monitoring which includes: i) field visits to villages to assess activities on the ground, and ii) quarterly meetings by EHTs in the districts to share findings from the field and assess progress. VHMs also gather information on the actual situation in the village.

Given that no overall monitoring strategy is in place, the effectiveness of monitoring activities is limited. Only a portion of all information gathered is used to inform management decision-making. Notably, information gathered by VHMs is rarely acted upon. People have not been equipped with the relevant skills to carry out effective monitoring. Where it exists, monitoring of activities is usually carried out on an informal basis, heavily biased towards quantitative rather than qualitative data. The indicators so far developed for monitoring purposes relate almost solely to physical outputs, making it difficult to measure progress on non-physical outputs.
WaterAid and its partners have become aware of the limitations of their current strategy. Reflecting recently-developed intentions for the future of the programme, a 3-day workshop on participatory monitoring was organised at the end of this evaluation. Using results from the field work, it generated ideas on participatory monitoring and evaluation (PM&E). The training module had five components:

- A Participatory Assessment of the monitoring system of the WASHE programme in Monze District;
- Introducing PM&E, its importance, advantages and various approaches;
- Based on experiences from other countries, developing a participatory village session in a selected village;
- A visit to a community, facilitating the inclusion of communities’ indicators for use of latrines and important hygiene behaviour changes;
- Sharing a village experience and developing participatory monitoring plans for 4 villages in Monze District to be accomplished in the subsequent 3 weeks.

Based on this experience, the four EHTs participating from Monze District each identified one village from their respective catchments and, with the women, developed an action plan for evolving a mechanism of joint monitoring. Community monitoring action plans were also developed by all other partner staff. The workshop ended with a presentation of the main findings to a group of senior officers from the line Ministries and Monze District, and invited guests from different organisations based in Lusaka and Monze.

Evaluation participants from the four districts in which WaterAid supports WASHE programmes have taken away very positive lessons from the study and worked out strategies for the next six months for their respective districts. Plans developed during the evaluation demonstrate the commitment of workshop participants to initiating both a process for the development of participatory monitoring tools with the community and a process of self-mobilisation on water and sanitation. Given the right kind of enabling environment and institutional support, a good number of participatory process facilitators should emerge from the group of participants who could make a real difference to WATSAN in Zambia.

**Recommendations:**

In an effort to improve the monitoring and evaluation of projects in Zambia’s Monze District, it is recommended that:

- Participatory Rural Appraisals (PRA) are undertaken in villages, including baseline information collection prior to the implementation or further development of water and sanitation projects;
- Further participatory planning and the establishment of participatory monitoring and evaluation strategies should be based on the data collected from PRAs;
- WATSAN/PRA resource centres are created in each district, containing documentation on water and sanitation from different parts of Africa and other parts of the developing world. The PRA Resource Centre at the Institute of Development Studies (IDS) at the University of Sussex, International Institute for Environment and Development (IIED), London School of Hygiene & Tropical Medicine could be approached for assistance; and
- Follow-up and support are ensured to all the action plans developed during the workshops.