

CATHOLIC AGENCY FOR OVERSEAS DEVELOPMENT (CAFOD)

FINAL EVALUATION OF SANITATION FOR SUCCESS PROGRAMME

EVALUATION REPORT



Submitted to:
CAFOD
By
Nadege Deseure Plumridge
August 2017



DOCUMENT CONTROL

Project: Sanitation for Success Programme
Document Name: Evaluation Report
Version: Final report
Date: 14th of September 2017

Client CAFOD
88, Broadlands Way, Emerald Hill, HARARE
Zimbabwe
Tel: 04 776631/3

Client's Representative Ms Chipo Musharo Peggah

Consultant Nadege Deseure Plumridge
nadegedeseure@gmail.com

Acronyms and Abbreviations

CAFOD	Catholic Agency for Overseas Development
CBO	Community Based Organization
CEO	Chief Executive Officer
DA	District Administrator
DDF	District Development Fund
DEHO	District Environmental Health Officer
DWSSC	District Water and Sanitation Sub-Committee
EMA	Environmental Management Agency
EU	European Union
HHCs	Health and Hygiene Clubs
ICT	Information Communication Technology
IP	Implementing Partners
IWRM	Integrated Water Resources Management
LED	Local Economic Development
LSSF	Livelihoods and Sanitation Savings Fund
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MRDC	Murewa District Council
NGO	Non-Governmental Organisation
NRDC	Nyanga Rural District Council
PHHE	Participatory Health and Hygiene Education
PMC	Project Management Committee
PSC	Project Steering Committee
PWD	Public Works Department
RDC	Rural District Council
S4S	Sanitation For Success
SHCs	School Health Clubs
SWM	Solid Waste Management
MWMTF	Solid Waste Management Task Force
ToR	Terms of Reference
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WSP	Waste Stabilization Ponds
ZINWA	Zimbabwe National Water Authority

Acknowledgements

I would like to thank all those who contributed to the evaluation work, especially the programme management team at CAFOD, Ms.Verity Johnson, Ms.Chipo Musharo Peggah, Mr.Elias Phiri and Mr.Charles Makona and the project Implementation Partners, Brother David Nyamurunda, Mr. Takura Gwatinyanya from Caritas Harare and Father Isdor Madzirashe and Nhamo Hondoyomoto from Caritas Mutare for facilitating this assignment and providing inputs in the entire process.

I am grateful for all the support I received from Murewa and Nyanga stakeholders including and not limited to the following and would like to thank them for making themselves available for Key Informant Interviews (KIIs) despite their busy schedules:

- DWSSC members,
- District Administrator's Office,
- Rural District Council Officials
- Ministry of Public Works
- Environment Management Agency
- School Authorities
- Ministry of Health staff

I would also like to thank the school and community Health Clubs and Solid Waste Management Task Force for their availability and the sharing of information.

I am also grateful for the involvement of the EU who are the project funders and have made the exercise possible.

The dedicated effort of the field team was a great source of strength in successfully completing this evaluation and persevering despite the time constraints.

Table of Contents

Acknowledgements	3
Executive Summary	5
1. BACKGROUND	9
2. OBJECTIVES.....	9
3. EVALUATION PROCESS.....	10
3.1 EVALUATION APPROACH	10
3.2 LIMITATIONS.....	10
3.3 DATA COLLECTION AND ANALYSIS	10
3.4 LOGISTICS AND SUPPORT	10
4. FINDINGS	10
4.1 RELEVANCE.....	10
4.2 EFFICIENCY	14
4.3 EFFECTIVENESS.....	16
4.4 SUSTAINABILITY	18
4.5 IMPACT.....	23
4.6 EQUITY	28
4.7 GENDER.....	30
4.8 CHILD PROTECTION	32
5. CONCLUSIONS.....	33
6. LEARNINGS.....	34
7. GAPS.....	34
8. RECOMMENDATIONS	35
9. ANNEXES	36

Executive Summary

The overall objective of the Sanitation for Success programme was to contribute to progress towards MDG 7 of halving the proportion of people without sustainable access to basic sanitation in this case, in Zimbabwe.

The specific objective was to substantially and sustainably improve living conditions, health, human dignity and the environment in poor urban and peri-urban areas of Nyanga and Murehwa, Zimbabwe, through an integrated approach to sanitation. The measure of this achievement is as follows;

- Result 1: Increase by 50 % the sanitation coverage in the project area through the provision of sanitation infrastructure
- Result 2: Improving hygiene awareness and behaviour
- Result 3: Empowering local council and community base organizations to establish a sustainable sanitation service delivery structure

The Project-end Evaluation was carried out from 21st of July to the 30th of August 2017. The study used qualitative information gathered through a desk review of literature, Key Informant Interviews (KIIs), and Focus Group Discussions (FGDs). Participants for KIIs and for FGDs were selected in consultation with CAFOD and CARITAS Harare and Mutare. The Consultant also provided three innovation summaries which supported the changes brought about by the Project.

With regard to Result # 1, the Project partially achieved the expected results but contributed to the net improvement of the living conditions of the residents in the respective towns. The main achievement was the development of a solid waste management strategy in both towns and two waste compactors delivered which created a safer and cleaner environment at school and community levels. A cleaner environment is also being realised through the recycling of waste by community based organisations who have been trained to make use of waste such as plastic to make floor polish and wax as well as pavers and used tyres to make furniture. This new approach to transform non-biodegradable waste materials into resource is creating employment opportunities, restoring dignity and financial independence especially for women and youths. These and other solid waste management interventions have helped in reducing illegal dumping in both districts. 2 landfills in Murewa and Macheke were upgraded by EMA from the yellow to the green class which is conform to acceptable levels of pollution. The sustained Public Private Partnership initiated throughout this programme with regards to the provision of waste receptacle and waste separation for CBOs was a essential to ensure the continuity of this service after the end of the programme.

Towards achieving result 1, there was a change in strategy as Nyanga RDC planned to decommission the existing sewer ponds due to their poor condition and ineffectiveness. Therefore, two septic tanks and a soak pit were constructed instead of the rehabilitation of these two ponds to ensure the 100 % collection and treatment of the waste water. The target population remained the same.

The quality of the infrastructure and works provided could be classified as good. A good maintenance mechanism was noted in Murewa with the full involvement of the local authority, the public works department and Environment Management Agency (EMA). As for Nyanga, the field work carried out during this assignment at the hospital showed that communication between Public Works and the hospital need to be improved to ensure the effective operation and maintenance of the bio-digester.

In terms of maintenance of Nyanga toilets at key public places, challenges are on the responsiveness and budget allocation to replace broken fittings.

With regard to Result # 2, the second round PHHE index Baseline Survey Report conducted in September 2016 showed a great improvement in terms of beneficiaries' understanding of sanitation and hygiene and on their existing practices and behaviours. Health and hygiene behaviours have improved in both towns and the findings of the survey recorded an improvement of the PHHE index from the project baseline of 86 % in Murewa and 73% in Nyanga achieving respectively a score of 93 % in Murewa and 96 % in Nyanga.

The survey also reported the increase of percentage of population washing hands with soap in both districts (46% increase among the interviewees in Murewa and 59.4 % increase in Nyanga).

The livelihoods sanitation and savings fund (LSSF) introduced during this programme helped to support the members of the health clubs with income generating activities and enabled them to finance sanitation and livelihood-related projects such as water and sewer connections as well as the purchase of soap and other groceries.

Through improvements in sanitation infrastructure and Participatory Health and Hygiene Education (PHHE) sessions, significant increases in hygiene practices like proper waste disposal and the comfortable use of public toilets with access to hand washing enabled the programme to contribute to reducing incidences of water borne and sanitation related diseases. The survey in Murewa reported that 80% of the interviewees with children under 5 years disposed of their diapers in pit latrines (the worst option) and 10 % disposed of them in bins. The disposal in open field by the road or in open pits has gradually reduced but additional PHHE sessions are required to promote correct disposal in the bins.

Health and Hygiene education sessions conducted by Hygiene Ambassadors at schools and the installation of water tanks and the construction of hand washing facilities contributed to the development of some initiatives such as the use of 'tippy taps' where the students developed a hand washing habit which helped in the reduction of water borne diseases. Interactive games and activities were developed to be undertaken during Health Club sessions in schools and communities and photo journalism was promoted to document and discuss hygiene behaviour. School and community health clubs successfully carried out Health and Hygiene initiatives including school campaigns, clean-up sessions and art contests. An innovative way of addressing sanitation and hygiene challenges at school was developed throughout this programme with the establishment of Hygiene laboratories. The seven fully functioning hygiene laboratories are a new way of giving power to school children to define their behaviour change pathway by giving them the space and opportunity to conduct sanitation and hygiene related demonstrations and experiments such as diaper disposal and soap production. This innovative and unique way of thinking empowered them to be change makers and innovators. In

As for Result # 3, Capacity building trainings in strategic planning and financing, asset management and a five year Strategic Plan aimed at prioritizing WASH and service delivery initiatives were developed for both RDCs throughout this programme. Exchange visits were conducted between two areas to facilitate networking in order to share good practices and knowledge regarding the ways of enhancing payment of rates by residents.

A waste management Taskforce was formed in Murewa to assist and ensure the Council delivers maximum sanitation service delivery. A performance measurement and monitoring system was introduced including agreed indicators for performance appraisal by both councils.

The programme is seen to be **relevant** both to CAFOD and to the communities. Appropriate target communities have been selected among the most vulnerable. Collaboration between local authorities, government departments and project teams appears to be good. The interventions were appropriately designed to support capacity building in terms of skills, knowledge, technical and management expertise in the sanitation sector from community to local authority. As an example, the training of strategic planning and budgeting for WASH helped the local authorities to understand the transmission routes of diarrheal diseases, the SWOT analysis and how to set some objectives, and performance indicators.

The **effectiveness** of the programme work has varied greatly. Some elements have very much over-achieved on specific outcome measures, while others have made less progress. The reasons for this are very project-specific, but shortfalls in capacity to plan, monitor and maintain have usually been as important as implementation problems. In this extend, Nyanga RDC faced more challenges than Murewa RDC to engage the communities to pay for sanitation services due to the lack of adequate and consistent supply of water in the area. Although the awareness of Nyanga RDC has increased on sanitation issues, no sufficient budget for the maintenance of WASH facilities has been allocated for 2017. Hygiene awareness has greatly improved particularly as young children in schools took the lead in improving sanitation and hygiene behaviours resulting in better hygiene practices and the decrease of absenteeism at school.

The **efficiency** of delivery varies partly as a consequence of unpredictable external impact such as El Nino and the understanding of the functioning of innovative technologies such as bio-digesters.

The **efficiency** of delivery varies partly as a consequence of unpredictable external impact such as El Nino and the understanding of the functioning of innovative technologies such as bio-digesters. Nyanga especially, experienced shortages in the provision of electricity and severe water shortages. Due to the increase number of household and the lack of proper maintenance of the water pipeline by ZINWA, the supply of water can't fulfill the existing demand leading to poor service delivery. This was exacerbated by the fact that the water supply is heavily dependent on electricity being available and due to the extended load shedding by the power supplying company, this was negatively affected.

While mitigation measures were put in place, this has affected full realisation of the project's objectives especially in terms of being able to plan for future WASH needs. The establishment and piloting of bio-digesters added a real value of the programme in terms of alternative source of energy in face of power cuts. However, the bio-digester installed at Nyanga hospital was not operational at the time of this evaluation and the one in Murewa was not fully operational as the collected waste was insufficient to generate the targeted amount of electricity. This could be explained by the fact that Murewa bio-digester was designed to treat the waste generated by all the households in Magamba Township and at the time of the evaluation, only half of the households were connected. The project aimed at designing a system that can efficiently digest the waste to produce electricity.

The fact that this project targeted change in community and local authority structures strengthened **sustainability**. By bringing these groups together, the needs and interests of these stakeholders were heard and mutually understood. These relationships and the opening up of spaces for dialogue such as the Sanitation festival was key to the success and long-term impact of this programme. It helped to build up trust and cooperation.

The monitoring and reporting systems allow recognition of the importance of sustainable outcomes. However, impact indicators related to behaviour change are particularly difficult to assess in the long term. This is particularly relevant with Result 1 and the indicator related to the access to adequate sanitation. In order to measure the impact on the living conditions, the terminology 'use' would have

been more relevant. Additional indicator which could cover the capacity of the local authorities to maintain the infrastructure would have allowed the measure of sustainability and long-term impact of this programme. Where these types of outcome are important it is critical that the project has a long enough time span to enable their evaluation.

The use of effective private public, partnerships, the availability of stakeholders and the significant numbers of beneficiaries provided with new services and knowledge are all positive.

1. BACKGROUND

The Catholic Agency for Overseas Development (CAFOD) in partnership with Caritas Harare and Caritas Mutare has implemented the Sanitation for Success Programme, a three year European Union funded project.

The programme's specific objective is 'To sustainably improve living conditions, health, human dignity, and the environment¹ in poor urban and peri-urban areas of Nyanga and Murehwa, through an integrated approach to sanitation'. Under this objective, three key result areas have been identified;

Result 1: Comprehensive sanitation coverage increases by 50% in project areas

Result 2: Hygiene practices and behaviours improve in target areas

Result 3: A sustainable sanitation service provision structure is in place, managed and maintained by local authorities and community-level structures with active private sector involvement

The project scope of works covers the following:

- Rehabilitation of sewage works and latrines
- Water supply to institutional & public sanitation facilities
- Solid waste management
- Capacity building of service provider staff and community facilitators
- Formation of hygiene clubs and PHHE training
- Stimulation of private sector involvement in sanitation

The project was designed to contribute to achieving MDG 7 (halving the proportion of people without sustainable access to basic sanitation) in Zimbabwe and comprehends a set of 'soft' and 'hard' (infrastructure construction/rehabilitation) activities, within an integrated sanitation approach to address needs of its target groups: the vulnerable and poor communities in urban and peri-urban settlements, community level structures/bodies, local authorities and private companies in the small towns of Nyanga and Murewa. The final beneficiaries are the 6,538 and 12,674 poor people living in those areas, whose access to environmentally friendly sanitation, hygiene related information and solid waste removal services is limited. These limitations are aggravated by inadequate capacity of the municipal authorities.

2. OBJECTIVES

The main objective of the final evaluation was to evaluate the overall performance and achievements of the S4S programme over the past three years, with reference to the logical framework for the project.

The key objectives of the evaluation were:

- To assess the relevance, effectiveness, efficiency, sustainability and impact of the EU funded Sanitation for Success programme
- To assess the extent to which the project has contributed to broader development results and lessons learnt that will allow the replication and scaling up of some interventions
- To draw operational recommendations and lessons learned for further improvement
- To identify gaps and entry points for follow up interventions

¹ The Consultant has chosen to use the Specific Objective described in the logical framework to the project rather than the ones described in the ToR.

3. EVALUATION PROCESS

3.1 Evaluation approach

The approach to the evaluation was thoroughly participatory. The Consultant relied on CAFOD to provide relevant reports and documents upon which the evaluation was based. Field visits were accompanied by CAFOD and CARITAS Harare and Mutare and discussions with KIIs and FGDs involved in the programme were an important source of information.

3.2 Limitations

Beyond the clear time limitations involved in evaluation process, the Consultant also noted that the range of themes and questions provided for this evaluation is large. The Consultant's ability to cover the most important issues and lessons was supported by the cooperation that the Consultant received from CAFOD staff and Implementing Partners. The Consultant also recognised that it is possible that through lack of time she has missed or insufficiently emphasised some significant experiences.

3.3 Data collection and analysis

The Consultant undertook the following activities to collect and analyse some data:

- Desk review of programme documentation
- Field visits : Visits to programmes, discussion with relevant stakeholders, field, observation and discussions with schools, residents and communities
- Innovations: Production of a three summary innovation papers, to illustrate the value provided by the programme
- Analysis of the data collected
- Reporting

3.4 Logistics and Support

The Consultant received valuable support from CAFOD staff in Harare who efficiently organised the logistics of the field visits and partner staff who made themselves available at short notice and supported the Consultant with their time and knowledge of locations, projects and communities.

4. FINDINGS

4.1 Relevance

4.1.1 Did the intervention respond to the needs of the various target groups?

The programme has been found to be generally very relevant to the needs of various target groups. The relevance to national and local government priorities in the context of the Millennium Development Goals is also clear. Project goals align well with nationally-defined goals and the relevance of detailed objectives to national and local authorities' priorities.

The focus on the sanitation component of the water and sanitation sector is very relevant in addressing pre-identified sanitation needs and related health and hygiene issues of poor urban and peri-urban households in the towns of Nyanga and Murehwa.

Before the S4S programme, access to improved sanitation services was low due to overloaded, aged and in some cases non-functioning sewage treatment plants. Due to frequent power outages impacting pumping and treatment plants, the subsequent erratic water supply and the inappropriate waste disposal contributed to the poor functioning of the sewerage removal system. This led to frequent burst pipes then contaminating the water and the environment and posing health hazard. In terms of solid waste management, both districts were facing low collection coverage, irregular collection services and were not reaching the EMA standards in terms of acceptable levels of pollution due to the practice of burning the waste in the existing landfills.

A technical assessment was carried out as a first step in order to achieve an increase in sanitation coverage by 50% in programme areas. This was extended to sanitation services such as toilets, sewerage networks, treatment ponds and waste management in both districts. This mainly targeted high density residential areas, public places, institutions and markets.

As a direct result of the assessment, several changes took place in order to fulfil the needs of the target population. These included the construction of disability and menstrual hygiene mainstreaming toilets at institutions and public places. Sewerage networks were also extended to secluded high density areas. The problem regarding the collection of waste water was addressed in three ways; the rehabilitation of a reticulation system, the construction of two septic tanks in Nyanga and the rehabilitation of sewerage ponds in Murehwa. All the ponds were fenced to prevent access to animals and children.

In order to provide a reliable source of water for hand-washing and toilet flushing, water storage tanks were erected at specific public places including bus terminals, market places and schools. In terms of solid waste management, strategies were developed, which included the provision of branded waste receptacles and two waste refuse trucks/compactors procured for the districts. 2 landfills in Murehwa and Macheke were upgraded to meet EMA standards. However, the landfill in Nyanga was not rehabilitated by the council to meet EMA standards during the 3-year duration of the programme.

Communities and institutions were trained in solid waste management including waste reuse and recycling. Waste recycling activities combined with the reduction of sewerage pipeline bursts contributed to the improvement of the living conditions and the environment of the vulnerable people in the targeted area. The programme developed also some partnerships with the private sector through the provision of waste separation and recycling bins and receptacle. The re-use of waste as a source of income also contributed to the protection of the environment and the improvement of the living conditions and the dignity of the targeted population.

Innovative technologies such as the pilotage of three bio-digesters as a source of renewable energy contributed to finding an alternative solution to firewood as a result of electricity power cuts.

Incinerators at Murehwa and Nyanga district referral hospitals were rehabilitated for proper medical waste disposal. The programme resulted in 100% solid waste collection in Murehwa and Nyanga, 80% and 100% collection and treatment of sewerage in Murehwa and Nyanga respectively as well as 100% access in institutions and public places.

Open defecation was a current practice as the existing toilets were not hygienic and maintained. Children and women were the most affected by this situation. The programme managed to reduce significantly open defecation by rehabilitating/constructing public toilets and conducting awareness campaigns at school and community levels. PHHE training were conducted to increase the level of understanding of good hygiene practices at school and community levels. The programme managed to increase the number of people washing hands with soap at critical times from 0.3 % to 59.7 % in Nyanga and from 1 to 47% in Murewa- Data collected from interviews in targeted areas.

The programme also managed to improve the relationship between the community and the councils. Community based structures such as residents' associations were strengthened to demand for services and lobby the local authorities. This is particularly significant in Murewa where a Solid Waste Management Task Force was set up and is now able to lobby the local authorities and private sector to improve sanitation service delivery.

4.1.2 Did the programme adapt to the changes in context?

The programme design was relevant to meet the overall objective to contribute to progress towards MDG 7 of halving the percentage of people without sustainable access to basic sanitation in Zimbabwe. The design of certain activities was based on what councils were doing at that time and in keeping with this initially but some activities needed to be changed mid-project to fulfil the needs of the existing and changing context. In the original design, the programme included the provision of a tractor and trailer for the waste collection. After 6 months of programme implementation, this type of equipment was considered not relevant in an urban context by the local authorities and a waste compactor truck was provided instead. It allowed the authorities to increase the number of refuse collection points and time available for the task.

The programme had also to adjust its activities due to change in strategy. In Nyanga for example, the programme initially planned the renovation of the sewerage ponds but due to the decision made by RDC to decommission the ponds, the construction of two septic tanks of 300 m³ and the rehabilitation of a waste water reticulation system was prioritized.

The change was not based on financial constraints but the strategic plan of the RDC changed and the programme changed accordingly. There was no point in rehabilitating sewer ponds which were going to be decommissioned

During the assessment phase, one of the towns initially planned for interventions (Plumtree which was already supported by UNICEF) was replaced by Murehwa. The criteria of selection was the presence of political will to support the programme. Necessary adjustments to the initial planning were made and a revised work plan was submitted at the end of the 1st year.

In response to the typhoid outbreak in Murewa district (from February to March 2016), the programme team in collaboration with the Community Health Animators and Local Authorities conducted typhoid awareness campaigns targeting community members and the central business district to promote good hygiene practices through door to door visits.

A Total of 4307 (2750F 1657M) people were reached, 71 shops inspected. 7 premises were ordered to be closed due to poor sanitation conditions.

The programme also responded to the floods that affected the targeted areas by desludging households and institutional latrines to avert disease outbreak.

4.1.3 Was the logical framework coherent enough to achieve the results?

The initial Log frame was coherent enough to achieve the results but would have benefited from the development of additional outputs indicators in order to be able to determine and measure the impact of the programme in a more rigorous way. For example, to achieve result 1, indicators such as the increased number of household with access to adequate sanitation doesn't necessarily mean that the household will use the toilets. Safe sanitation is related to the hygienic use (handwashing after defecation) and maintenance of a toilet. Indicators related to improved solid waste management such as the percentage interviewed in the targeted areas satisfied with the improved solid waste management services and the percentage of the population using the service and benefited from the distribution of bins, for example would have supported the measure of the result 1.

Anecdotal information collected from communities provides strong evidence that many people feel significant impacts from the project work. Although the Consultant should be cautious in accepting all such statements without question, it is clear that important changes in the lives of individuals are occurring through the S4S programme.

4.1.4 Did the operation support the vision of the government and was it in line with existing policy?

The vision of the government is to gradually provide access to adequate sanitation for all localities and people in Zimbabwe, contributing to an improved health, dignity and quality of life, and enabling the economic development of the country.

The achievement of the overall objective of this programme supported the vision of the government 'to provide an enabling environment for sustainable economic empowerment and social transformation for the people of Zimbabwe' (Zimbabwe Agenda For Sustainable Socio-Economic Transformation). The S4S programme is fully in-line with this vision.

Access to adequate sanitation is not only the responsibility of the Government but all sectors of the society, particularly the communities for whom the policy laid out. In urban and peri-urban areas this means the promotion of cost covering sanitation services and the provision of tariff allowing RDC to improve sustainably the quality of their services. One of the challenges that the Government is facing is to define and develop some mechanisms to improve the waste water collection and treatment. Thus, policies on promoting renewable energy have been considered. The programme addressed this challenge by piloting several bio-digesters at school, hospital and community level. This technology is aimed at decreasing investment costs for the local authority and the consumer, and provide services that are easier to manage, with less environmental risk when sewage treatment fails. This option took sustainability and environmental impact more centrally into consideration. Also, at present Murewa have by-laws prohibiting the construction of pit latrines in urban areas.

When user contribution policies are ineffective, the cost of maintaining service standards is high. With the collapse of industry, incomes, and public sector finance, ability to pay for sanitation services has fallen and was not considered as a priority in comparison to water services. Councils were clear on their mandate to deliver sanitation services but did not put in place accountability mechanism to get feedback from the consumers leading to poor consumer willingness to pay and vandalism. Customer care was therefore an important area for institutional strengthening and capacity building of the councils. The relevant policies guiding WASH activities and the Zimbabwe Agenda For Sustainable Socio-Economic Transformation's plan encourage effective human capital development, social service

delivery, community engagement, gender equality and equity. In addition, the regulatory bodies seek to protect the interests of the citizens through better communication and engagement by for example improving citizens satisfaction index, improving transparency and accountability which are used to evaluate Public Sector's performance.

The programme addressed these different issues by focusing on capacity building and institutional strengthening for the operation and maintenance of the infrastructures, revenue collection, accountability and proper management of sewage collection and disposal with the support of both RDCs.

Official visits carried out by Provincial Administrators and the Minister of small to medium enterprises were conducted in Murewa to evaluate and monitor the programme. Stakeholder engagement and participation at all levels of programme implementation from the communities to the line ministries has resulted in cohesion.

4.2 Efficiency

4.2.1 Were resources utilized and managed in an efficient manner?

Financial Management and Reporting

Financial Management has been done in a cost-effective manner and in a transparent way. The budget was clearly descriptive of each activity and was revised in year two due to required adjustments such as the provision of two compactors and two septic tanks in Nyanga. Additional sourcing of funds were provided to provide the two solid waste compactors.

The budget was reviewed monthly by the Programme Manager, the Technical and Financial Officers. An internal audit from CAFOD London office was carried out during this three year period. The funds were also audited by external auditors on annual basis. The funds were reported to be managed properly.

The use of funds for the execution of infrastructure interventions has followed a transparent tender, evaluation and award processes in accordance with Caritas, CAFOD procurement policy and the official Zimbabwean standards. There was no opportunity during the evaluation to compare the budgets with expenditure.

The main fieldwork was done by government officials and Implementing Partners (IPs) as facilitator. CAFOD provided technical advisory inputs to the programme. IPs reported no lack of expertise and were generally supportive of the relationship with RDC. In Murehwa, Caritas Harare offices were housed within the Council building which provided an easy access of the decision-makers. The communication channels were direct and efficient. Other stakeholders such as EMA and the chairman of the waste management task force were also housed in the council building.

Where technical expertise was required, IPs were able to rely on the work on technical Consultant who were brought in for specific purposes. There was no reported problems with the release of funds.

The evaluation examined the elements of resource planning and management of the project, particularly in relation to the civil works (it is to be noted that the stakeholder's interest was largely regarding civil works). The programme used cost-effective approaches which consisted of the selection of appropriate material, technologies such as a bio-digester, recycling activities, the use of community-based organisations, Community and School Health clubs, Solid Waste Management Task

Force.

Value for money

The indicators of achievement against log frame targets provide evidence of behaviour change and an increase of sanitation coverage in both Nyanga and Murewa areas. These indicators suggest a high programme performance improving living conditions, health, human dignity and the environment in poor urban and peri-urban areas of Nyanga and Murewa.

The S4S programme looked at Public Private Partnership (PPPs) as an option to address poor sanitation. Murewa Waste Management Task Force set up throughout this programme developed some sustainable partnerships with private companies such as Schweppes, PCC (cement) and Delta leading to the donation of bins, materials improving the environment and living conditions. Private sector became a key player to provide the resources needed to sustain solid waste management and economic growth. Some benefits were registered for changes in household income through the recycling of solid waste, the Livelihoods Sanitation and Saving Funds (LSSF) and the payment of sanitation rates.

In terms of tendering process, contractors were selected through rigorous and transparent selection and award processes. Contracts were attributed to the best value for money offer. Multi-stakeholder inspection process were conducted to ensure project quality control and contractor's performance. As their counterpart, the councils provided locally available materials such as quarry and sand, and allocated some resources for the trenching of sewer lines, thus promoting ownership.

4.2.2 How well did the programme co-ordinate with other, similar interventions (if any) for synergy and in order to avoid overlaps?

The programme has been implemented in a very constructive and consensual manner by CAFOD and its two Implemented Partners, Caritas Harare and Caritas Mutare with the support of committed key stakeholders such as RDC, District Water and Sanitation Sub-Committees (DWSSCs), school authorities, businesses, communities and the Environmental Management Authority (EMA).

The Consultant confirms that there was a real commitment of the RDC's staff, the Department of Public Works' staff and EMA in both programme areas to provide support and cooperation to improve the sanitation and hygiene conditions of the most vulnerable. Murewa RDC's contribution was to bring half of what the programme gave to the town by, for example, extending the services to other business centres not covered by the programme. The Council contributed with labour, equipment and the construction of infrastructure like Blair toilets at Mutoko Highway turn off.

A project management committee (PMC), made up of two senior representatives from each implementing partner and CAFOD, two local level CEOs, representatives from Nyanga and Murewa Councils as well as other stakeholders such as the EMA, was responsible for providing guidance and evaluation of project progress. It was chaired by the District Administrator (DA). Two local level project steering committees (PSCs) chaired by the Chief Executive Officer (CEO), were formed to focus on the day to day coordination of activities. Caritas Harare and Mutare attended monthly meetings with the two local Council representatives. The PSCs were also responsible to ensure coordination with the local District Water & Sanitation Sub-Committees (DWSSC) and the procurement sub-committees.

Learning visits were conducted between Murewa RDC, Nyanga RDC and Mutasa RDC to obtain knowledge on how to establish a functional complaints handling mechanisms, customer care and how

to secure investors. The Nyanga team also visited Masvingo city, and Hellen McGhie Primary School to understand the potential of recycling activities and get a better understanding on the key role of headmasters in promoting hygiene messages and influencing both teachers and students. The programme therefore invited the headmaster of Helen McGhie to all its school campaign launches to share with other headmasters and stakeholders their successful approach with the Zero litter campaign.

Nyanga District hosted its first ever clean -up campaign on the 20th of June 2015. The theme of the campaign was '**A cleaner Nyanga is everyone's responsibility**'. Participation varied from the private sector, government departments, the Zimbabwe Defense Forces and Police, school children, developmental partners as well as the community. Community animators led the cleaning of the respective areas with the support from Programme Steering Committee members.

During the sanitation festival held in November 2016 with the theme '**Taking Sanitation Service Delivery to the next level: Leaving No One Behind**', the first Junior Sanitation Summit in Zimbabwe was conducted to discuss the roles and responsibilities of the youth in improving sanitation service delivery. Around 250 students from Murewa and Nyanga schools attended the summit. The issues discussed during the junior summit were mentioned during the S4S night which brought together government & private sector to network and share sanitation and hygiene technologies and solutions. A panel composed of the following four specialists from the UN Communications and Advocacy, the Delta Safety and Health Executive Manager, the Bulawayo City Council Engineer and the Mayor of Steve Shwete town in South Africa facilitated the discussions. The objective was to share experiences regarding sustainable sanitation service delivery focusing on adequate planning, allocation of funds and resources.

CAFOD attended monthly urban wash meeting where experiences were shared with UNICEF and other organisations such as WHH who were implementing small town projects similar to S4S. The change of district from Plumtree to Murewa came as a result of coordination and the NCU (National Coordination Unit) who indicated that UNICEF had planned works in Plumtree and provided options of remaining towns, as yet uncovered. This led to the programme commissioning a study to assess the town given by the NCU to select Murewa in replacement of Plumtree.

4.3 Effectiveness

4.3.1 Were the outputs delivered as planned and in a coherent manner?

When measured against the programme Logframe, the results across the whole programme are mainly achieved with notable variations between programme areas, with Nyanga having partially achieved results 1 and 3 and Murewa having significantly overachieved and exceeded their targets. The programme resulted in a cleaner and safer environment in Murewa and Nyanga with reduced incidence of sanitation related diseases, open defecation and 90% reduction of illegal dumpsites in business places and residential areas in Murewa against 86 % of reduction in Nyanga. This was mainly attributed to the safe disposal of diapers, improved access to public clean toilets and the increased number of households connected to water and sewer in residential areas. In terms of sewerage connection, the construction of two septic tanks in Nyanga managed to address the medium term problem of wastewater collection and treatment where Murewa is in a better position to ensure a sustainable service delivery as two sewer ponds were rehabilitated and attributed the blue class by EMA. With regard to result 3, the programme introduced a business model with ring fencing and WASH budgeting for local authorities to continue financing operation and maintenance. Although both councils committed and budgeted to pay for waste compactor services and health animators monthly allowances, Murewa District Council is more committed to improve WASH service delivery (20% of MRDC total budget) compared to the 5% allocated by Nyanga RDC.

Overall programme management/ project management team and project Steering Committees were effective. Reporting has been sufficient for upwards accountability though, the quality of reports from the two targeted areas has been a little variable.

The council and district stakeholders, as the public institutions mandated with the provision of sanitation in urban areas, were involved in the day-to-day implementation of the programme, providing advisory and technical guidance, reviewing progress and work plan on a monthly and quarterly basis as part of the Steering and Project Management Committees. They worked jointly with project partners to supervise sub-contractors (e.g. on rehabilitation of sewer systems) and develop sustainability plans.

Capacity building trainings were tailored to the needs and specificities of each area and carried out for community level CBOs, local authorities, project steering and Management committees and Murewa Waste Management Task Force (MWMTK). They played a key role in ensuring the effective implementation of the programme. The strategy to engage the private sector in Murewa through market linkages was very positive as it contributed to raise awareness on the importance of a clean and healthy environment, holding the council accountable, ensuring the waste collection and providing economic benefits through recycling activities.

Community participation contributed greatly to the effectiveness of the programme. The factor of the success was the attitude of keys stakeholders such as local authorities who were involved for the beginning with the software component. Extensive consultations were done with beneficiaries to gather their expectations and aspirations. Meeting dates were arranged to comply with beneficiaries' commitments.

Joint working with the local councils, District Water Sanitation Sub-Committees (DWSSC) and community-level structures including resident groups and Health and Hygiene Clubs ensured that the outputs were delivered in a coherent manner harnessing local knowledge to ensure the quality and effectiveness of the outcomes. Stakeholder engagement was prioritized for ownership.

In terms of planning, the project faced some delays in Nyanga due to the excessive rain from October to April and the availability of the Engineer whose role was to validate each stage of the implementation phase. This was particularly the case during the construction of two septic tanks aimed at collecting the waste water from Mangondoza, Messengers Camp and AAB. The works had to be completed during the three month extension of the programme. The impact was a delay of three months, though there was zero cost and therefore it was insignificant.

4.3.2 What was the level of quality and compliance of activities?

Quality level of hardware activities

Joint quality inspections were conducted by Government Stakeholders, Implementing Partners and CAFOD to gather evidence that the planned activities were carried out as per timeframe and within the quality expectations. Government stakeholders' key responsibility was to certify and approve that the construction activities were conform to existing regulations and quality standards. EMA for example approved the construction activities related to latrines, sewerage ponds, and water tanks at school. After completion and validation of the construction activities by government stakeholders, a 3-month defect liability period started to guarantee that any defects that could occur during this period were remedied. At the end of this 3-month period, CAFOD issued the final payment to the Contractor.

Sanitation infrastructures were built with good quality standards and workmanship. Installations are still fairly new. During the Consultant's field visit in Nyanga, the public toilets located at the market place were not flushing due to broken flushing systems (6 from the female side and 3 out of 6 from the male side). The Bio-digester located at the hospital was also not operational for one month.

Quality level of software activities

Building capacity at community and institutional levels through trainings, sensitisations and other activities such as awareness campaigns ensured an effective response for sustainable service delivery. The gaps identified in the Comprehensive Institutional and Financial assessment reports and in the baseline surveys in both districts areas served as a basis for institutional and community strengthening. The approach was to build and enhance the capacity of local authorities and communities through activities that included the development of a draft Strategic WASH Infrastructure Plan (2016-2020) and budget plan, the promotion of good hygiene and health practices in school and communities (PHHE training), the use of tools to ensure the maintenance and monitoring of the sanitation infrastructures (Plant Operators and Managers training), a service level measurement and monitoring system with agreed indicators for performance appraisal. In Murewa, for example, functional websites, SMS and Facebook platforms were established as part of the complaints and feedback handling mechanism for the council and residents. The councils also introduced flexile rate payment plans, exclusive discounts and facilitated different modes of payments. Community based structures such as residents' associations were strengthened to demand for services and lobby the local authorities and to ensure that proper use of the newly constructed facilities.

Pre and post training tests were carried out to monitor the quality of capacity building trainings in order to capture the learnings of the trainees. For example with the capacity building training for plant operators and managers, RDC, Public Works and ZINWA improved significantly the operation of their assets by following the Standards Operating Procedures developed as part of the training. It should be noted that Nyanga didn't achieve the same level of compliance as the Nyanga town lack of a qualified Engineer.

As for PHHE training conducted for vendors and transport operators, positive outcomes were observed in both districts. Vendors at the Murewa bus terminus have increasingly taken responsibility for keeping the market place litter free and the Omnibus in Nyanga have installed a bin in each van to encourage good solid waste disposal behaviour. Cleanliness levels in schools have improved in both districts, particularly with regards to school toilets and the environment in general.

4.4 Sustainability

- 4.4.1 What is the likelihood that the operation and maintenance and repair of the constructed and rehabilitated facilities will be prioritized and financed for continuity of the services after the end of the project?

The programme introduced a business model with ring fencing and WASH budgeting for local authorities to continue financing operation and maintenance after the end of the project. Although the programme managed to increase the willingness of communities to pay for the delivery of sanitation services, low income residential areas may not have the means or resources to pay for their sanitation rate.

In Murewa RDC, revenue collection is still challenging but has improved significantly (35 % increase of income) since the beginning of the programme. The local authorities are confident that it will reach 50% increase in the coming years. The communities are now capacitated to demand service as well as

be encouraged to pay for services provided. The development of the billing and accountability systems by Murewa local authorities has also improved customer care, billing and revenue collection systems. According to Nyanga Deputy CEO, revenue collection is really challenging as residents prefer paying for water services than sanitation services as ZINWA could disconnect the water supply. As financial sustainability is hinged on the ring fencing of collected WASH revenues by local authorities, this could be a limited factor for the continuity of service delivery in Nyanga.

The structure in place in Murewa shows that the continuation of the service provided during this programme will be provided. The Murewa RDC is really committed to ensure financial sustainability for maintenance of the infrastructure facilities and for the development of new WASH projects. A budget was allocated for this purpose in 2017.

The structure in place in Nyanga shows already some challenges in terms of continuity of the service after the end of the project. Indeed, the RDC doesn't have sufficient mechanisms in place to ensure the sustainability of the constructed and rehabilitated facilities. Although some budget has been allocated to service the Compactor and three council staff have been dedicated for the cleaning of public toilet facilities, this seems insufficient to ensure the maintenance/repair of the facilities. The issue of the maintenance of the public toilets at the market place and the bio-digester installed at the hospital were observed by the Consultant. The sharing of the information and communication channels didn't appear to be in place to address any of maintenance issues. For example, the bio-digester installed at the hospital didn't produce any gas for the last month due to (perhaps) a blockage of the inlet pipe. This was not reported to the Engineer in charge of the Public works Department, therefore no actions were put in place to deal with the problem. No record or monitoring of gas production has been noted since November 2016 which jeopardizes the functioning of the bio-digester.

The main challenge for proper functioning of the sanitation facilities is the erratic supply of water in both districts. This is mainly due to the lack of asset investment and maintenance, the increased frequency of drought or floods, the poor economic situation and poor revenue collection. Further investments in infrastructure such as waste water treatment plants are required to ensure the sustainability of the service delivery.

4.4.2 To what degree did the project consider the existing structures or resources to enhance the sustainability after the end of the intervention?

The lack of knowledge in terms of hygiene and water borne diseases, the limited sewerage system and poor solid waste management at school and community levels were identified as major threat in both areas resulting of poor environment, health and living conditions.

The key strategies to overcome these challenges and enhance sustainability after the end of the programme could be describes as follow.

Technical sustainability

1. The Council designated council staff (three staff in Nyanga) and/or engaged a private company (DA's complex Murewa) to clean and maintain public toilet facilities located at market place and bus terminal. Frequency of toilet use is high as the toilets are accessed for free.
2. Possibility of scaling-up waste re-use technologies such as bio-digesters and developing potential livelihood programme with the effluent to be used as fertilizer.
3. Development of partnerships with the private sector and EMA for income generated activities from the re-use of waste
4. Allocation of working space by Murewa RDC Council to the CBOs for solid waste management income generating activities.
5. In Murewa, the local authorities have put in place adequate resources (human and material) to ensure the maintenance of the stabilization ponds and are in a process of upgrading the ablution facilities in other areas.
6. Murewa RDC has established Waste Water Committees in other areas of the district and sourced materials with the support of the private sector such as Schweppes or PCC (cement).
7. Through improvements in sanitation infrastructure significant increase in hygiene practices like proper waste disposal and the comfortable use of public toilets with access to hand washing enabled the programme to contribute to reducing incidences in water borne and sanitation related diseases.
8. Innovative approaches such as Hygiene laboratories and the development of an interactive guidebook will continue to support teachers and Hygiene ambassadors to deliver interactive education on hygiene and sanitation in schools and communities and to build knowledge for improved sanitation and hygiene, raise awareness of key issues and facilitate positive behaviour change.

Financial sustainability

1. Nyanga and Murewa RDCs have committed to remunerate the Health Clubs Animators 10\$/month to continue the monitoring of refuse collection and the cleaning of public areas
2. Both councils have allocated a budget for the maintenance of the waste refuse truck. The operation and maintenance of the bio-digesters, incinerators are under the responsibility of the Department of Public Works
3. Murewa RDC has managed to seek funds from others initiatives, contributing to the purchase of road equipment.
4. Murewa RDC has managed to increase the collection of sanitation rates from 22 to 35 %.
5. The development of partnership with the private sector for solid waste management and re-use of waste leading to the potential increase of income for the poor peri-urban and urban communities.

Institutional sustainability

The programme managed to empower council staff, communities and school students through different trainings, achieving the following:

1. The capacity building training for Council staff and key WASH stakeholders in strategic planning and financing contributed to the design of a five year Strategic Plan (2017-2020) where WASH service delivery initiatives were prioritized. A Waste Management Task Force was formed to assist and ensure Council delivers maximum sanitation service delivery in Murewa

2. The capacity building training conducted for Council staff in asset management contributed to the development of asset management plans (procedures, inventories) and the use of tools such as GIS. EMA is particularly interested in using GIS for the monitoring of illegal waste dump sites, water quality, pollution, deforestation, etc.
3. The capacity building of communities, health clubs, school students and local authority on health and hygiene through PHHE training and exchange visits contributed to the decrease of absenteeism at school and a behaviour change towards hygiene practices. The health clubs will continue to take the lead in organizing neighborhood level clean ups and allow engagement and advocacy initiatives.
4. The capacity of user groups, community level CBOs, project steering committees and MWMTF to manage and maintain sanitation facilities, to identify priority needs as well as to hold service providers accountable.

The model of joint working with the local councils, District Water Sanitation Sub-Committees (DWSSC) and community-level structures including resident groups and Health and Hygiene Clubs supported capacity building in terms of skills, knowledge, technical and management expertise in the sanitation sector, from community to local authority level. This ensured sustainable impact.

4.4.3 What key sustainability considerations were made for environmental and social aspects

Social Sustainability

The Health Clubs were equipped with interactive tools to continue to perform their activities. The interactive guide was developed to target key health and hygiene behaviours in communities and schools. The programme managed to create awareness campaigns towards hygiene, health and solid waste practices at local and district levels, thus ensuring sustainability

A livelihoods sanitation and savings fund (LSSF) was introduced in 2015 to support the members of the health clubs with income generating activities while learning about health and hygiene. The ultimate objective was to address the issue of low payment rates due to the shortage of employment and cash. The programme enabled each club to save money and invest it in water, sanitation or livelihoods expenditures. The 9 clubs, part of the programme in Murewa, realised a total savings of \$11,486 from 2015 to 2016 enabling them to pay their rates to the Council, school fees, groceries, toilets and connection fees to the main water line and potentially to the sewerage line. Each group is really committed to remain as the Consultant mentioned, independent. They gained high quality learnings from this programme especially in terms of record keeping, management of loans, hygiene and sanitation. No detailed information were provided for Nyanga.

Murehwa RDC share Rural Water Information Management System (RWIMS) with several districts and are willing to use this data base to strengthen their intervention and get a deep understanding of the vulnerabilities in the district in order to direct in a more efficient way their support. The Council managed to develop Private Public Partnership to enhance several income generated activities. The Council feels empowered by the programme and has already managed to buy road equipment like a compaction lorry).

Every month, Murewa is getting visitors for other districts including Harare City Council to share their experience and learnings. Murewa is now considered as a model town.

In Murewa, WASH related income generating activities such as waste recycling and Community based organisations' income generating activities have also provided income for the target groups, hence improving the people's livelihoods. Several CBOs are currently involved in potential lucrative recycling activities such as the organisation called 'Tyre Savers' which are making furniture out of recycle tyres, 'Poly Wax' which is making floor polish, to soap making, aluminium pot making and plastic pavers making who have realized an income of close \$200,00 from used cardboard sales and used plastics.

However in Nyanga, some mechanisms are in place for recycling generated activities and potential partnership with DELTA (transporter) and PETCO (Buyer) but unfortunately due to the lack of funds the recycling place is not functional and only local initiatives are taken place. The income generated from the sale of different artefact hasn't been significant yet but the commitment to develop the business is present.

The current economic situation is affecting most of the rates collected for sanitation services. The RDC has financial challenges to find resources to scale up different components of the programme, seeking assistance from the private sector and other resources.

Environmental Sustainability

Solid waste Management was identified as a problem in both Nyanga and Murewa districts. The current practice was to burn the solid waste or dump them in public areas resulting papers, plastic bags and other forms of solid waste contaminating the environment notably in drains, galleys and ditches.

The programme had a positive impact on the environment by improving solid waste collection and re-use through the engagement of both Councils, the Environment Management Authority (EMA) and the collaboration and cooperation of different stakeholders such as the residents, vendors, bus operators, private sector and other government departments.

As a result, a cleaner environment was realised at school and community levels through the distribution of bins, the provision of refuse trucks which increased the number of waste collection points and hygiene education. The council counterpart was for example the rehabilitation of the access road to the existing dump site in Nyanga and the construction of a proper dumpsite as per EMA standards in Murewa. This initiative created a clean environment and reduced the risk of sanitation related diseases which improved the quality of life of the urban poor.

An innovative approach of re-use of waste through anaerobic digestion (bio-digesters) was piloted at school, Nyanga hospital and Murewa residential area to produce gas used for household lighting and possibly cooking. This process is seen as a promising technology as it combines two objectives

1. Efficient treatment of waste water which leads to improvement of the sanitary conditions and thereby reduces the risk for human health and environment.
2. The production of biogas to be used a smoke-free renewable source of energy that results in reduced consumption of fire wood and a nutrient rich effluent to be used as fertilizer.

The systems piloted throughout this programme were not fully operational due to the insufficiency of organic waste quantity (half of its design capacity in Magamba residential area, Murewa), quality (detergent from the laundry areas in Murewa High school, Nyanga), monitoring capacity (No

mechanism in place to address operational problems in Nyanga hospital), willingness to change behaviour and acceptance (Nyanga Hospital).

A cleaner Environment was also realised through the incineration of hospital waste. Solid waste management interventions have helped in reducing illegal dumping from 10 to 1 per 2 kms in Murewa and from 7 to 1 per 2 kms in Nyanga.

4.5 Impact

- 4.5.1 What are positive/negative, expected/unexpected impacts from the perspective of different stakeholders and beneficiaries of the programme (vulnerable groups PLWHIV, PLWD).

The different components of the S4S programme were appreciated by both the beneficiaries and different stakeholders in both districts.

The activities carried out throughout this programme resulted in providing a cleaner and safer environment for the population in Murewa and Nyanga districts leading to a significant decrease of incidence of water borne related diseases thus improving the living conditions and the health of the beneficiaries.

Through the records provided by the councils and field observations from Health club members, the programme managed to optimize the management of sewerage systems (reduction of sewer bursts) and reduce significantly the incidence of open defecation in public spaces (86% reduction in Murewa and 75% in Nyanga). This was achieved by the construction of public toilets, hygiene education through PHHE trainings and awareness campaigns. As a result, littering and illegal dump sites were reduced in business places and residential areas and the improvement of diaper disposal was noticed in both districts. The programme managed to address the issue of poor environment, pollution especially in high density residential areas with the rehabilitation/ construction of sewerage systems. All of these factors are both positive and expected due to the aims of the programme and the way that unexpected events were managed and issues overcome.

Participatory Health and Hygiene Education (PHHE) sessions at school and at community have increased the level of knowledge and commitment to ensure a cleaner and safe environment and had a huge impact on hygiene. The Consultant's observation and discussions with different stakeholders confirmed that there is evidence of increased knowledge on hygiene at school and within the communities who have adopted hygiene practices in relation to handwashing, cleanliness of the surrounding environment, and disposal of waste. There are also improved hygiene standards at school due to the involvement of hygiene ambassadors and sensitization activities such as drama, role-play, songs, poems, the sanitation festival, the junior summit festival, photojournalism, experiments in hygiene lab and awareness campaigns.

According to the chairman of Murewa Waste Management Task Force (MWMTF), 'The programme brought awareness to the community on how they should interact with the council, good hygiene practices and general welfare'. Through continuous engagement, stakeholders have been made more aware of sanitation issues thus strengthening relationships. It brought a sense of belonging to the community as people are more aware of their responsibilities. This was particularly the case with diaper and litter disposal and the use of public toilets. At market place, the vendors are now cleaning their working area every day and disposing the litters in the bins provided by private companies.

In terms of recycling projects, the health clubs' animators are more proactive in Murewa than Nyanga due to resources allocation and support. The formation of MWMTF has made a huge impact on the environment and the living conditions of the communities. Indeed, the MWMTF managed to lobby the private sector to receive some assistance with solid waste management. For example DELTA cooperation, Schweppes and PPC (a cement company) donated more than 100 dust bins and cutting materials. In Murewa, 100 % of the business centre and 50 % of the residential areas are now covered with bins and collection points thus providing a cleaner environment for residents and vendors.

In Murewa, the Health Clubs who became CBOs were empowered through capacity building trainings and are now involved in income generating activities from the recycling of waste. CBOs are making use of waste to make floor polish, wax, and pavers from plastic as well as soap, aluminium pot and furniture from used tyres. They have been supported by the Council which provided working space for their activities and the Environment Agency. The 'Tyre Savers' team for example was able to expose their furniture in Harare and got some good publicity through TV interviews, magazine reportage and feedback from people who visited the exhibition. Some of the comments were 'very creative', 'Amazing', 'very clever', 'brilliant', 'Like it a lot'.

The population are finding their own solutions to improve their surroundings. The programme managed to develop a sense of community as group work prevail to individual work. Another group has been approached by the company Schweppes for a market gardening project. The objective is to increase the production of tomatoes in the area with the provision of seeds, fertilizers and chemicals. One potential development could be the construction of a canned factory thus addressing the issue of unemployment in the area.

The programme also introduced the Livelihoods and Sanitation Savings Fund (LSSF) which is a micro-finance model designed for community health clubs to finance sanitation and livelihood-related projects. The objective was to create an environment where the members of the health clubs were able to lend and borrow some money. In Murewa, the programme provided positive results as it provided some income for the members enabling them to pay their rates, save money and invest on water, sanitation, and hygiene and livelihoods services. The group that the Consultant visited managed to save \$1,470 since January 2017 and mentioned that they were able to pay their outstanding rates to the Council, used their money for school fees and groceries.

The recycling strategy has been well implemented in Murewa and provided positive impact. In Nyanga, although the recycling approach is well adopted and bins are collected 3 times per week (7 times for Murewa) this is almost irrelevant due to the lack of recycling site. Therefore recycling activities are performed at community level and a constant effort is made by the health animators to ensure that the right waste is in the right bin. Unfortunately, this effort is not paid back as everything is sent to the same dump site and burnt without separation. This issue should be considered as a priority for Nynaga to ensure the effective disposal and management of waste in the district.

In Murewa, solid waste management activities were extended to neighboring towns within the district such as Macheke and Nunberabour and the Council has extended the purchase of bins and refuse collection points. The local authorities are in the process of buying additional waste compactors to extend the waste collection to other towns. The Council committed to extend similar activities to other residents, and towns to secure funds by lobbying national authorities, donors and private sector.

Through the development of MWMTF and lobbying strategies with the private sector, this programme managed to strengthen relationships between different representative of the community (police, church vendors, women, teenagers, business, combi operators,) and duty-bearers. By bringing these

groups together, the communication has been improved and an open door policy has been set up and maintained by the Council to facilitate dialogue. This approach is the key to the long-term success of this programme, as it helped to build trust and cooperation between these different stakeholders and duty-bearers. The community organisations feel empowered and listened. Since the beginning of the programme, Murewa RDC has noticed a yearly increase in terms of payment of sanitation rates by the residents. They are adopting a participatory approach which involved regular meetings with the residents, continual engagement and communication. A help desk has been created to assist the community to get assistance at no cost. The council has now a Facebook page to inform the communities about the different projects.

The research component of this programme supported the Zimbabwe Agenda for Sustainable Socio-Economic Transformation's plan with the increased usage of alternative forms of energy such as biogas digesters. The bio-digesters constructed and piloted at Murewa high school and Magamba Residential area provided sufficient information for the district to be able to replicate the process. For both bio-digesters, the feeding process was pointed out at a limited factor for the production of gas and electricity. From this learning, EMA, in charge of monitoring the systems, will be able to optimize the utilisation of such energy and replicate the system. The long term impact of such policy change is the ability for poor and vulnerable people to access appropriate and sustainable sanitation and energy services. One of the objective is to be able to provide Murewa High density residential area with electricity.

The research component of the programme also included the design of an interactive guidebook aimed to support teachers and students in leading Health and Hygiene Clubs (HHCs) and promoting good hygiene practices amongst primary and secondary school students, as well as the wider community. This has been done through role play, interactive sessions, songs, dance, poems and using the imagination of the children to establish and maintain their ownership. This approach is sustainable and appears to be so successful that could be replicated elsewhere.

Given the fact that children are excellent influencers of behaviour in families (Child-to-Child-Adult approach), there is an amplified effect throughout the communities from the house-hold and community level. An acceptable source of information, children are able to communicate with their families in the most appropriate manner. This adds to sustainability through embedded knowledge reaching all generations. It is also empowering children to become change-makers in attaining their rights. This factor alone will have far-reaching effects across social justice and beyond.

Providing sanitation Services and hygiene awareness at school has significantly increased enrolment, reduced absenteeism for both boys and girls as a result of diarrhoeal disease cases. For example, the rehabilitation of the toilets at Hurungwe primary school has increased by 50 % the number of school children with access to basic sanitation service, reducing by 50 % the waiting time to access toilets thus increasing the attendance from 975 students in 2014 to 1256 students in 2017.

4.5.2 Have the stated project goal, specific objectives, and indicators – as shown in the project logical framework – been achieved?

This programme managed to sustainably improved the living conditions, environment, human dignity and health in poor urban and peri-urban areas of Nyanga and Murewa through the reduction of incidence of open defecation and water-borne disease. This programme provided long-term access to sanitation infrastructure at school and public places, long-term safe environment with effective solid waste management mechanisms.

The following project logical framework presents the achievements:

	Intervention logic	Indicators	Achievement Murehwa by 2016 in reference to the baseline survey	Achievement Nyanga by 2016 in reference to the baseline survey
Specific objective	To sustainably improve living conditions, health, human dignity and the environment in poor urban and peri urban areas of Nyanga and Murehwa, Zimbabwe, through an integrated approach to sanitation	Incidence of sanitation related diseases (diarrhoea) in adults and under 5s reduced by half in target areas	Reduction of 133 cases (18.4 %) within the time frame of this programme No disaggregated data were available to estimate the number of cases for adult and children under 5.	Reduction of 414 cases (41%) within the time frame of this programme although an increase of 245 % occurred in 2015 due to the lack of water supply. No disaggregated data were available to estimate the number of cases for adult and children under 5.
		Incidences of open defecation reduced by 50% in target areas	86 % reduction of stools per 100 m	75 % reduction of stools per 100 m
		Measurable reduction of solid waste dumping in target areas	90 % reduction of solid waste dumpsites per 2km.	86 % reduction of solid waste dumpsites per 2km.
Expected results	Result 1: Comprehensive sanitation coverage increases by 50% in project area	50% increase in the number of HH with access to adequate sanitation including safe disposal of faeces of children under 2 years	30 % increase of households with access to adequate sanitation	23 % increase of households with access to adequate sanitation
		100% collection and treatment of wastewater in sewage plants	There is 80% collection and treatment of wastewater in sewer ponds and Magamba sewer ponds have moved from red to blue class.	There was not increase of treatment of waste water in sewer ponds. The 2 sewer ponds are in a process of being decommissioned. However, 100% of the waste water from 600 stands (3000 residents) living in Messenger's camp, AABS and Mangondoza has been

				collected through a rehabilitated sewerage system and directed to two newly constructed septic tanks (600 m3) for treatment.
	Result 2: Hygiene awareness and behaviour improved in targeted areas	50% increase in the number of people washing hands with soap at critical times (including after nappy change)	47% of interviewees are using soap at critical times for hand-washing. This is fractionally below the planned 50% increase. It was 1% of the baseline interviewees at the beginning of the programme	59.7 % of the interviewees have hand washing agents. This is above the 50% increase. It was 0.3% of the baseline interviewees at the beginning of the programme
		80% of the population in the target areas has a high PHHE index/score	93 % have a high PHHE score (very good, good and medium categories)	96 % of the targeted population has a high PHHE score (very good, good and medium categories)
	Result 3: A sustainable sanitation service provision structure is established, managed and maintained by local authorities and community-level structures with active private sector involvement	Local authority plans prioritise and refer to WASH needs	In 2016 local authority plans prioritises water and sanitation	The Council has allocated some budget for the payment of the refuse collection crew, the health animators (10\$ / month), the maintenance of the waste refuse truck and some rehabilitation works such as the road leading to the existing unlined landfill. Additional funds should be allocated and planned for the maintenance of sanitation facilities, the rehabilitation of the sewer ponds which are in red class and the construction of a new landfill as per EMA standards.

		Ring fencing of WASH related incomes for WASH investments and maintenance	20 % of the total budget has been allocated towards sanitation in 2017. 62 % were Disbursement towards sanitation	5 % of the total budget has been allocated for wash related incomes in 2017
--	--	---	---	---

4.6 Equity

4.6.1 To what extent did the programme reach different groups including the most vulnerable?

The Consultant looked at whether there are certain groups who were unable to use any facilities for defecation either for physical or cultural reasons, whether there are some groups who are disadvantaged by the process, because of relative poverty, and finally, whether sanitation facilities are available for use throughout the course of the working day.

The programme targeted the neediest people and areas without discrimination against all forms of political, religious affiliation, gender, age. The programme provided equal access to information and training by men, women and children from all target groups while making provision for their differing needs.

Construction of public toilets:

Sanitation facilities were built at public places such as bus terminal, market places, school or the DA's complex to address the issue of lack, dirty or damaged toilets leading to incidences of open defecation in the surroundings area. The Consultant visited new toilets facilities at the bus terminal in Murewa. Works included the construction of dedicated toilets for disabled people (1 for female and 1 for male) with an entrance wide enough to bring a wheelchair, stick and crutches and separate entrances for men and women.

Equity for women and girls

In high density areas, there was clear evidence that poorer members of the community were more likely to be using unhygienic latrines or practicing open defecation. Temporary pit latrines are commonly built by the poorest households

The programme targeted the poorest households, and developed sanitation infrastructure that cater for the needs of the ill, disabled, elderly and children and consider the safety and privacy needs of women and children.

Equity of access was reasonably good between different groups as the programme targeted high density residential areas, public places, institutions and markets among others to increase the sanitation coverage in Nyanga and Murewa. During the baseline survey, 56% of the respondents in Murewa were using pit latrines due to the largest proportion of the town's population living in Magamba where there was no sewage reticulation.

Following the recommendations of the technical assessment, disability and menstrual hygiene mainstreaming toilets at institutions, schools and public places were constructed. The Collection of waste water was addressed in high density residential areas such as Mangondoza in Nyanga (600 stands residents) and Magamba, Murewa (220 Households) with the rehabilitation/ construction of a sewerage pipeline. All the sewage ponds were rehabilitated and fenced to prevent access to animals and children.

4.6.2 Did the project contribute to equitable participation and benefits to various groups (men, women, children and people living with disability)?

The Consultant looked at whether there are certain groups who were unable to participate or benefit from this programme and how community engagement has positively contributed to the development of sanitation services

Participation

The Consultant looked at participation in terms of being involved in construction activities and contributing ideas, making decisions and taking responsibilities. Community participation can be defined as the involvement of people in projects to solve their own problems.

Equitable Community participation took place during the following activities:

- During awareness campaigns
- Training activities to enhance communication, construction and financial management skills
- Implementing: contributing directly to construction activities with labour, paying of services or membership fees of community organisations
- Monitoring and evaluation : participating in the appraisal of work done, recognising improvements that can be made and redefining the needs

Key groups were actively involved in the activities and were empowered to train other members of the communities. Community health clubs and Hygiene Ambassadors participated actively in the community awareness campaigns and were able to raise awareness of issues such as proper pampers disposal. Raising awareness of the public health aspect of sanitation motivated people to participate.

At the beginning of the programme, a campaign was introduced in both districts participating schools to offer the students the opportunity to identify sanitation and hygiene related challenges in their schools. A child friendly interactive health and hygiene training guidebook was developed for children to enjoy learning and understand health and hygiene issues better. Child friendly cartoons with key sanitation and hygiene messaging were painted in the walls of each school.

PHHE sessions targeted different groups such as touts, vendors, young mothers and the private sector. Community mobilisation efforts encouraged the participation of vulnerable groups, particularly women, elderly, and disabled people ensuring their needs are properly taken account of.

People were willing to participate in the activities as they feel a senses of community and recognize the benefits of their involvement.

Benefit

Availability of water

The shortage of water in Nyanga has affected schools, where lessons had to be cancelled due to a lack of water. The programme managed to overcome this issue by installing gravity water pipeline systems

to ensure the constant supply of water to the three schools and encouraging the development of activities such as gardening. Water storage tanks were also erected at key public places including bus terminals, market places and schools to provide uninterrupted water supply for toilet flushing and handwashing.

Public toilets access:

In Nyanga for example, the newly constructed Nyamhuka Public Terminus Toilet is considered as the main public toilet in the town serving the entire Nyanga community including vendors or people visiting. In Murewa bus terminal, the toilet is used by close to 3000 users daily where most of the users are males. The toilets are opened from 6 am to 6 pm every day in both areas.

In both areas, health and hygiene has improved as open defecation has been reduced and there are hand washing facilities in place for washing hands after toilet use.

Sewerage system

During the construction of the Magamba sewerage pipeline, a livelihood and Sanitation Savings Fund was created to assist the health clubs to raise money to connect their household to the water and sewer pipelines. Members of the community were paid by the council at a minimum wage to assist with the works.

4.7 Gender

4.7.1 Is there evidence of integration and participation of men, women and children in the programme?

The following shows evidence of integration and participation of men, women and children in the programme.

Towards achieving result 2, Health and Hygiene clubs were formed at both community and school levels after 5 day PHHE training. 17 members (6 females, 11 males) were trained in Nyanga while 40 (33 females, 7 males) were trained in Murehwa. Meetings and consultations were conducted with vendors and bus operators in both districts resulting in their participation in health clubs. Hygiene KAP and PHHE baselines surveys were conducted for each health club to ascertain the hygiene knowledge levels and practices.

The programme supported a total of 19 community health clubs with a total membership of 259 (38 males; 221 females). Six (6) operational hygiene clubs have also been set up in the participating schools in both districts with a total membership of 194 students (73 boys; 121 girls).

In schools, the hygiene ambassadors took the lead role in improving hygiene and sanitation behaviour, raising awareness on proper toilet use, diaper disposal, hand washing at critical time during assembly talk shows, interactive games, drama, awareness campaigns or practical experiments. Hygiene labs were formed as an innovation where students could conduct sanitation and hygiene related demonstrations and experiments on best possible ways of disposing of diapers or sustainably managing waste. The hygiene ambassadors were greatly involved in the design of the hygiene labs, choosing and providing the type of waste to be used for constructing the hygiene labs.

In 2016 during the Sanitation Festival, a Junior Sanitation summit was conducted for the first time in Zimbabwe. 250 students from Murewa and Nyanga schools discussed their view and role in improving sanitation service delivery.

Gender dynamics were also specifically considered in the design of the interactive handbook as well as the training in schools. A one day PHHE interactive training was also conducted in Nyanga for school health coordinators. The objectives were to ensure that the School Head Masters had an understanding of the roles of school health clubs in the programme and provide some interactive tools to effectively ensure the successful management of the clubs. A total of 25 (11 females, 14 males) participants were trained from Murehwa (14) and Nyanga (11). The one day training was also attended by MOHCC, Nyanga and Murewa rural district council and officials from Ministry of Education.

A two-day Solid Waste Management workshop was conducted in Nyanga to train 29 members of CBOs (7 males and 22 females) with relevant skills to adopt waste recycling methodologies as a source of income generated activity thus improving their living conditions. One of the methodology taught was the manufacturing of pavers using river sand and waste plastics. Women feel empowered as they have control over assets and decisions. Women from Magamba Residential area mentioned to the Consultant that they “can stand on their own as they know how to manage their Livelihoods Sanitation Savings Funds and they know how to manage a group thanks to training provided on record keeping”. Although their husbands are looking for jobs, women feel that the programme offered them the opportunity to exercise decision-making, to be vocal and transparent with the local authorities and to know how to sustain themselves.

Whilst quantitative, gender disaggregated data for some programme intervention is available and reported on, it is mainly limited to the number of male and female beneficiaries involved in each intervention and there are no specific output indicators in the S4S log frame through which to determine the extent to which it is effectively addressing gender.

- 4.7.2 Was gender a critical factor of programming-from needs assessment, design, implementation and monitoring? (Evidence of deliberate efforts to mainstream gender).

Gender was a critical factor of programming . Different groups were targeted in the programme such as women with children under 5 years-old, single women or street vendors who are mainly women.

The baseline survey conducted in Nyanga and Murewa produced disaggregated data that informed the targeting strategy for this project. The survey captured information on the socioeconomic characteristics of the people in the targeted areas, the opinion of the respondents, mainly female (80% in Murewa) regarding the functionality of the service delivery, waste water and hygiene issues, the level of capacity of the stakeholders and the needs of different groups such as women and children with the handwashing at critical times.

During the implementation phase, an inclusive approach was adopted to design public toilets accessible for disabled people and where special bins were installed for menstrual hygiene. The same approach was adopted in school to ensure that the needs of the young girls and disabled children were fulfilled. The project has engaged school authorities to put facilities like cubicle doors that ensure privacy especially for girls between the ages of 12 to 16 years as part of ensuring privacy and as menstrual hygiene measure. School toilets for example, did include ramp access and grab rails but the

dimensions appeared too small to enable entrance and use of a wheel chair. Public toilets, however, are disabled friendly.

Talk shows were held in partnership with the MoHCC (Health Promotions Officer) on menstrual hygiene and 60 girls were reached at Hurungwe Secondary school. 60 Boys and 10 girls were reached with the proper toilet use session that was held at Hurungwe Primary.

4.8 Child protection

4.8.1 To what extent did the programme adhere to child protection standards and policy?

Given the gravity of this issue, a risk assessment was conducted for each partner in order to ensure not only that the standards were known but that a plan was in place to implement those standards. CAFOD and its partners committed to respect its code of conduct and child protection policy. All partners were required to develop or adapt their safeguarding children or child protection policy and ensure that their own staff were aware of how to prevent, mitigate and respond to child protection issues. All contractors and consultants were bound by the CAFOD child protection policy in carrying out their work.

This was taken very seriously. For example, children were always accompanied by teachers and consent was obtained from Guardians.

Guidance on how to build child protection into projects and programmes through Programme Cycle Management, as well as associated tools such as the Vulnerability and Inequality Assessment, are available on CAFOD child protection cross-organisational workspace (COW). A Vulnerability and Inequality Assessment was conducted for this programme.

Child protection and safeguarding standards were met.

4.8.2 How were children involved in the program, as passive or active beneficiaries? Were they involved in the design and needs assessment processes

Children were involved in the needs assessment in so far as they were very much aware of the problem as they themselves suffered the most from it. They were heavily involved in the design of the programme and actively involved with the development of the interactive guide book. They have taken the lead at the Junior Sanitation Summit where they exchanged views, shared and developed ideas, thus their involvement was active, essential and robust. The youth have also provided some research study on the disposal of nappies or by using social media to interact with local authorities (Murewa High School). This idea emanated from the children.

The three schools in Nyanga and 4 in Murewa participated in cleaning campaigns being led by their respective school health masters.

5. CONCLUSIONS

The Sanitation for Success programme's overall objective was to contribute to reducing by half the proportion of people without sustainable access to basic sanitation in Zimbabwe. The specific objective was to sustainably improve living conditions, health, human dignity and the environment in poor urban and peri-urban areas of Murewa and Nyanga, through an integrated approach to sanitation. This was achieved through increased comprehensive sanitation coverage, improved hygiene practices and behaviours and supporting a sustainable sanitation service provision structure in Murewa and Nyanga.

The programme contributed to the significant improvement of the environment in urban and peri-urban areas with evidence of cleaner towns due to the provision of waste water management infrastructure and improved collection, treatment and disposal of waste. The programme resulted in 100% solid waste collection in Murewa and Nyanga, the reduction of incidence of sanitation related diseases (diarrhoea) in adults and under 5s by respectively 19% and 41% in Murewa and Nyanga, the reduction of incidences of open defecation respectively 86 % in Murewa and 75 % in Nyanga and the significant reduction of solid waste dumping sites.

Sanitation coverage in both districts has significantly increased through the rehabilitation/ construction of sewer pipeline; institutional, public and school toilets and the pilotage of bio-digesters. Service level provision by Murewa and Nyanga councils also improved significantly with increased rates collection especially in Murewa and better communication between Councils and residents leading to greater confidence and trust in this relationship.

The Participatory Health and Hygiene Education (PHHE) strategy implemented throughout this programme managed to raise awareness on health and good hygiene practices in schools and communities. There has been a significant improvement on personal hygiene resulting in change of behaviour within the target populations. Evidence was provided during the focal group discussion where school and community health clubs committed to enhance the knowledge gained throughout this programme and ensure that school and community awareness campaigns, clean-up campaigns, and door-to-door campaigns will continue beyond the end of the programme. The sustained increase in the use of improved sanitation facilities combined with the health education programme contributed to the reduction of incidences of open defecation in both districts.

The programme managed to strengthen the capacity of local government for the management and delivery of sanitation services in both Murewa and Nyanga districts. This resulted in the development of a 5-year strategic plan which prioritises water and sanitation activities. Budget allocation for WASH services has increased significantly for Murewa RDC (20 % of 2017 total budget). Sewerage services have been under-funded because of low rates of fee collection and weak operational performance.

The councils introduced performance indicators, flexible rates and modes of payment. Community health clubs established a successful livelihoods and a sanitation saving fund (LSSF) which contributed to increase the payment of the sanitation rates and the improvement of their living conditions. Capacity training for Operators and Managers were conducted to increase the skills of the personnel responsible for the operation and maintenance of the facilities in particular with the objective to increase the use of alternative forms of energy such as Bio-gas.

The S4S brought a sense of belonging and a joint responsibility with regards to hygiene and sanitation issues. Communication channels have been improved in both towns and both Councils are maintaining an 'Open Door' policy especially in Murewa to respond to the different requests. The programme managed to institute an operational complaint handling mechanism in Murewa. Nyanga has

improved in reaction time in case of breakdown of the sewerage system but doesn't have a proper structure to handle and manage complaints.

6. LEARNINGS

There are a number of lessons from the Project. A sustainable sanitation service delivery structure can only be established with full participation of council, residents and private sector. There is need for trust amongst these parties, ownership of the service delivery challenges and a commitment to work together to solve these challenges. The project's success is largely due to these partnerships.

A direct access to stakeholders is a 'Win-Win' situation to increase the decision making process. The implementation of the programme in Murewa didn't suffer from any delays in terms of the validation process and decision making process. It developed a sense of partnership, transparency and trust. This model should be replicated in other programmes.

The creation of a Murewa Waste Management Task Force which is empowered and able to lobby the local authorities and business sector made a huge impact on project delivery and sustainability. Multi-stakeholders approach and Public Private Partnership was key to the delivery of sustainable sanitation service provision. Recycling activities contributed to the reduction of waste management operating costs, the creation of a better environment and the development of income generated activities which could potentially provide employment for women.

The involvement of school students and teachers to find new ways to transmit hygiene messages through drama, games and poems developed a sense of ownership and the idea that everybody can become an actor of their life instead of a spectator. The sanitation festival and Junior Sanitation Summit brought together different stakeholders to discuss on ways to improve sanitation and hygiene in Zimbabwe.

The programme implementation strategy which focused on capacity building training prior the construction of infrastructure was a good strategy for team building and for all stakeholders to work together.

Innovation technology such as the use of gas from and anaerobic digestion process to production electricity can be scaled up if the system is properly designed, operated and maintained. There is potential here.

7. GAPS

- In order to continue to engage with communities, Nyanga RDC need to increase the capacity of relevant stakeholders to communicate effectively with the design of accountability mechanisms, and to improve resources allocations through the implementation of its strategic planning of WASH services.
- Not enough time allocation within the project timeframe to monitor impact and behaviour change.
- Issue of water supply not addressed in Nyanga
- Lack of skilled manpower to operate and maintain the bio-digester. It is a new technology in Zimbabwe and therefore additional training is required to accept the technology and to be able to understand the process.
- No systematic mechanisms in place to support the school or communities with material such as bins or protective Equipment (glove) for hygiene demonstration.

- No sufficient budget allocation for the maintenance/ repair of public sanitation facilities in Nyanga
- Issue of construction of a new dumpsite respecting EMA standards not yet addressed in Nyanga.

8. RECOMMENDATIONS

This type of programme should be expanded to other towns and cities.

The summary recommendations are provided below.

- In Nyanga especially, most of the local suppliers were not trained to apply for tenders which limited their involvement in the hardware component of the programme. To overcome this gap and promote local capacity building, it would be relevant for the NRDC to organize a training on tendering process for small and medium enterprises.
- The programme needs to invest more in training especially on how to establish and maintain trust such as handling complaint mechanism as a means to working in a truly participatory manner. In Nyanga, there is a need to create an SMS platform and accountability mechanisms in order to engage in a more efficient way with the residents/community. According to Nyanga RDC, the government has requested the setting up of an interactive website to communicate effectively with the residents. This point should be monitored in order to assess how effectively this will improve the relationship between RDC and residents with regards to the payment of the sanitation bills.
- The NRDC should continue to support the Animators of the Health Club with the clean-up campaigns in order to ensure proper change of behavior. However, The Consultant could foresee some potential sustainability problems if the RDC decide to stop the monthly payment of \$10 to the animators (which hasn't been confirmed for 2018) and the provision of equipment such as brooms, gloves and bins liners. The Health and Safety issues should be properly addressed especially in Nyanga where funds are limited compared to Murewa and where the practice of burning waste is still present at the dump site.
- Nyanga is a tourist area so in order to ensure that the programme is sustainable and address the issue of open defecation at district level, it is important to be able to reach rural places, communities who didn't benefit from the knowledge of this programme. It is a long term process which requires the involvement of the RDC and Health Animators in order to promote behaviour change at district level.
- In Nyanga, the construction of two septic tanks and a soakway is considered as a medium term solution to address the problem of waste water management in high density level areas. The programme managed to prevent additional pollution of the river but didn't attend to sort the long term problem of wastewater management. There are some ongoing plans to connect additional areas to the 2 septic tanks but unfortunately no mechanisms have been put in place to monitor and potentially desludge the septic tanks. No desludging equipment are available and no treatment of the sludge has been considered when designing this activity. Therefore, it is important that NRDC lobbies other departments to seek some funds for the construction of a sewerage treatment plant in order to provide a long-term and sustainable solution for the management of solid waste.

- For both areas, the local authorities need to continue to engage the residents through awareness campaigns, accountability mechanisms to improve the level of income from sanitation services.

- The school Health Clubs need to continue to be involved in promoting good hygiene and sanitation practices especially with regards to safe diaper disposal and a clean environment. Exchange visits with other schools should be organized in order to promote the model and improve the living-conditions of additional vulnerable communities.

- In terms of Project Design and Monitoring, the project need to ensure that adequate technical data and expertise are available, especially where innovative work is concerned (e.g. work with the bio-digester) and allow adequate time for behaviour change projects. This means considering realistic time scales for reaching these outcomes.

9. ANNEXES

Annex 1 : ToR

Annex 2: Documents list

Annex 3 : Key Stakeholder KIIs list

Annex 4: FGDs

Annex 5 : Field work plan

Annex 6: CAFOD FED 201236 Annex C Logframe