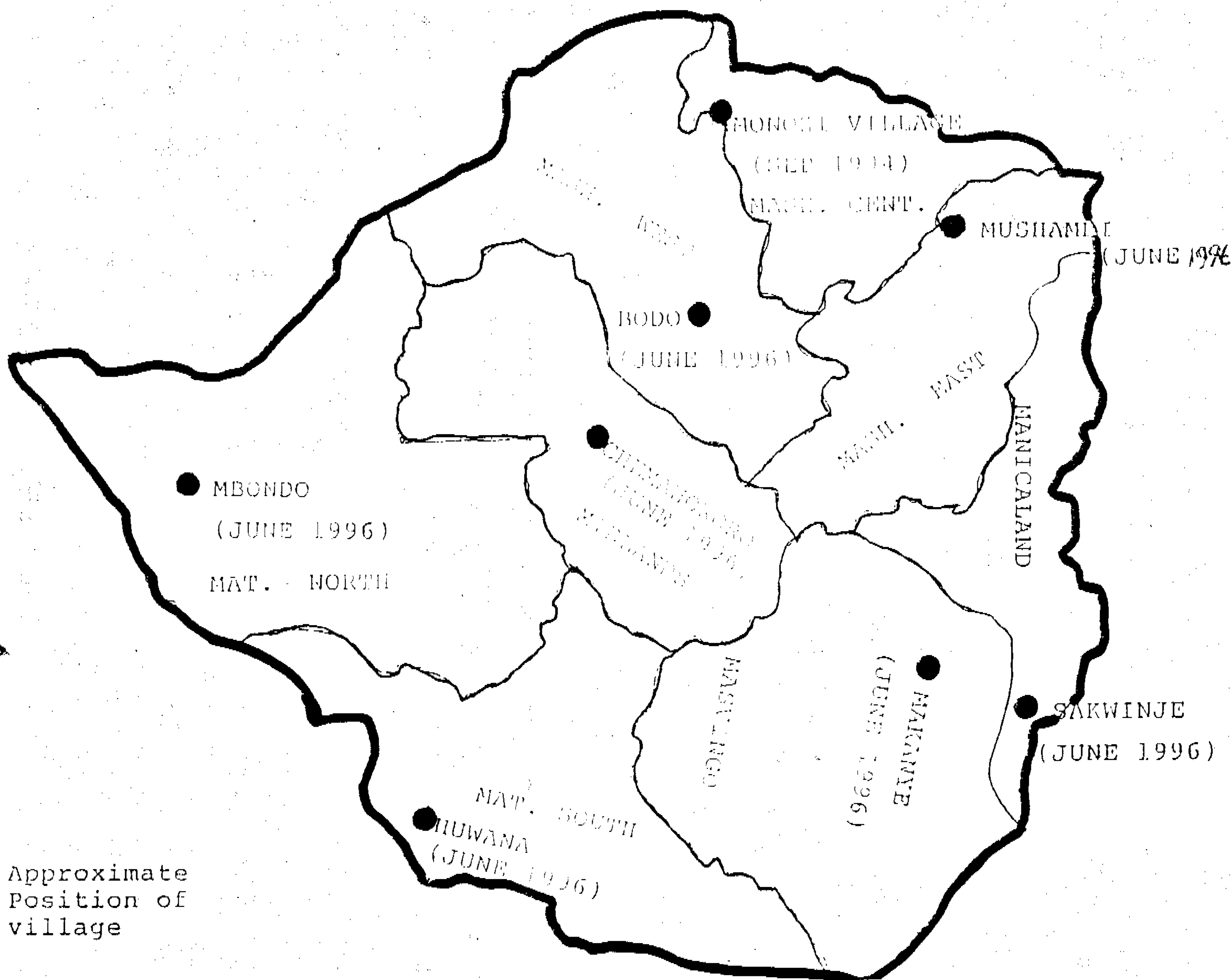
REPORT ON

EVALUATION OF THE IMPLEMENTATION OF AFRICA 2000 INITIATIVE PROGRAMME IN ZIMBABWE



OCTOBER-NOVEMBER 1996

PRODUCED BY MINISTRY OF HEALTH AND CHILD WELFARE
IN COLLABORATIONWITH THE WORLD HEALTH ORGANISATION

824-ZW96-18878

EVALUATION OF THE IMPLEMENTATION OF AFRICA 2000 INITIATIVE PROGRAMME

IN ZIMBABWE

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MINISTRY OF HEALTH AND CHILD WELFARE IN COLLABORATION WITH WORLD HEALTH ORGANISATION COUNTRY OFFICE - ZIMBABWE

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FOREWORD

Since independence in 1980,the Government of Zimbabwe has embarked on an ambitious rural development programme in an effort to uplift the living standards of the rural population that constitute the majority of Zimbabweans. This programme included the promotion of safe and adequate domestic water supply and basic sanitary facilities as one of its strongest components.

The service levels in rural areas are still unacceptably far from the desired levels of at least 250 people per borehole and one blair toilet per household. By end of 1994, service levels had reached 75% of the rural population in water supply and 30% of the rural population in sanitation.

It is against the foregoing background that Africa 2000 Initiative programme could not have come at a more opportune time. In response to Africa 2000 Initiative whose overall objective is to assure access to safe water supply and basic sanitation to the underserved population, Zimbabwe paid particular attention to those districts that have been most neglected and prone to the spread of cholera and other diarrhoeal diseases.

With the technical assistance from the WHO country office and financial support from WHO Regional office, the Ministry of Health and Child Welfare in close collaboration with other sector ministries/agencies launched a community based/ managed water supply and sanitation micro-project in Monozi Village, Guruve District in Mashonaland Central Province in September 1994.

The Monozi Village Microproject proved to be a success story and as such it was proposed to extend the project (Africa 2000 Initiative) into the other seven villages (i.e. one village in each province). Provincial Medical Directors' offices, working collectively with the Integrated Water and Sanitation Sub-committees were requested to submit microprojects. These microprojects were consolidated into one National project proposal document which was made available to the donor community for possible funding.

Basing on the successful implementation of the Monozi Village microproject, the Africa 2000 Initiative programme was officially launched by the Honourable Minister of Health and Child Welfare Dr T J Stamps on 28th September 1995. The Launching signified the implementation of the Africa 2000 Initiative projects in the other seven villages countrywide.

With the "seed money" made available from WHO Regional Office, the implementation of Africa 2000 Initiative projects based on the Monozi Village experience started in the seven villages in June 1996.

Since the approach advocated by Africa 2000 Initiative (i.e. community empowerment through community capacity building) is somewhat a new concept it was found appropriate to evaluate the programme countrywide at the very early stage of implementation. The aim behind the evaluation is to identify any shortfalls, and take corrective measures before it is too late.

S S Musingarabwi
Acting Deputy Secretary Health Support Services

ACRONYMS

DDF	District Development Fund
EHO	Environmental Health Officer
EHT	Environmental Health Technician
IRWSS	Integrated Rural Water Supply and Sanitation
MOH&CW	Ministry of Health and Child Welfare
MLGRUD	Ministry of Local Government, Rural and Urban Development
VIDCO	Village Development Committee
WHO/AFRO	World Health Organisation/Regional Office for Africa
WHO/CWS	World Health Organisation/Community Water Supply and Sanitation Programme

ACKNOWLEDGEMENTS

The Ministry of Health and Child Welfare of Zimbabwe, through its Acting Deputy Secretary Health Support Services, Mr S S Musingarabwi should be greatly thanked for spearheading the evaluation of the Africa 2000 Initiative projects countrywide. The WHO country office through Dr L Arevshatian should be thanked for supporting and the financing the evaluation exercise.

All the eight provinces through the Provincial Environmental Health Officers should be congratulated for accepting and implementing Africa 2000 Initiative programme in their respective provinces and also for facilitating the evaluation exercise. The successful implementation of the Africa 2000 Initiative programme depends on the close networking of the district health managers, extension workers and the beneficiaries. The officers and villagers should be thanked for their valued contributions and hardwork.

Special thanks go to other sector ministries/agencies for supporting and facilitating the implementation of Africa 2000 Initiative programme.

Gladys Mupita deserves a special credit for typing the report.

EVALUATION ON THE IMPLEMENTATION OF AFRICA 2000 INITIATIVE PROJECTS IN ZIMBABWE : OCTOBER - NOVEMBER 1996

1. EXECUTIVE SUMMARY

The evaluation exercise was undertaken by the Director of Environmental Health Services in close collaboration with the Provincial, District and Ward health workers. The Director was accompanied by the WHO/CWS adviser.

1.1 Objectives

The main purpose of the evaluation exercise was to discuss Africa 2000 Initiative with the beneficiaries and also to assess progress achieved to-date as well as constraints encountered in the process of implementing Africa 2000 and to suggest the best way forward.

1.2 General Findings

The evaluation exercise revealed that the implementation of Africa 2000 is on course and well accepted by the project managers and beneficiaries. The village concept approach and community empowerment are likely to improve the implementation of community based water and sanitation projects and ensure the sustainability of the same.

However, a number of positive and negative issues were noted as highlighted below:

1.2.1 Positive Findings

1.2.1.1 Africa 2000 Initiative Programme has been accepted by the project managers as an effective approach to community based water and sanitation projects and most of the villages selected to implement Africa 2000 are generally in remote areas and had no safe water supplies and basic sanitation.

1.2.1.2 Despite the remoteness of the village, Africa 2000 Initiative programme on community managed water supply and sanitation projects has been well received by the villagers who are in all the eight villages highly motivated.

1.2.1.3 All the eight village microprojects had very active project committees that have been trained in project management.

1.2.1.4 Two villages had put in place constitutions on the implementation of the project. Other villages are still on the process of finalising their implementation constitutions.

1.2.1.5 Most villages had trained latrine builders of both sexes who were engaged on the construction of household blair toilets. In most villages, the training of latrine builders was done at the households of the disabled or the elderly who have no financial base to pay the latrine builders

1.2.1.6 All the project managers (i.e. District Environmental Health Officers and Environmental Health Technicians) have been trained in participatory methodologies (PHEM) so as to enable them to facilitate effectively the implementation of the Africa 2000 Initiative programme in their respective areas.

1.2.2 Negative Findings

1.2.2.1 Most villages selected to implement Africa 2000 had been neglected for too long and are generally far away from Health Institutions. These villages are prone to outbreaks of diarrhoeal diseases and other water and sanitation related diseases.

1.2.2.2 Due to limited "seed money" all the villages except Monozi Village shelved the Provision of safe domestic water supplies. Mushambi Village has not even embarked on the construction of latrines due to lack of "seed money". The WHO country office and Ministry of Health and Child Welfare were anticipating to get assistance (i.e. seed money) from WHO Geneva as promised by Dr Warner (Chief Rural Environmental Health) The assistance is still be ing awaited so as to enable Mushambi Village to start on the microproject. However, for the Africa 2000 programme to have an impact, the water and sanitation components have to be promoted simultenously. At least US$28000 is needed for the water supply component (i.e one borehole in each of the seven villages).

1.2.2.3 Although all the villagers are highly motivated and keen to implement Africa 2000 programme, the limiting factor is the financial base. The villagers can provide the locally available materials and labour but the "seed money" is not adequate to enable the villagers to have 100% coverage on sanitation.

An additional seed money amounting to US$35000 is needed to complete the sanitation component in the seven villagers.

1.3 Progress Achieved

1.3.1 Water Supply

Besides Monozi Village, the water supply component in the other villages still has to be addressed. The two components (i.e. water supply and sanitation) have to be undertaken simultaneously if some impact is to be realised from the programme.

1.3.2 Sanitation

a) Target for the 7 villages (households) 12006
b) Total latrine completed
c) Coverage to date

The coverage is still very low and as such more effort and financial assistance are required. However, basing on the time span when the implementation of the project started, the achievement so far is quite positive and encouraging.

1.4 Recommendations/possible solutions and way forward

Basing on the general findings it is therefore recommended that:-

1.4.1 Wherever possible, the approach to community managed water supply and sanitation projects should be based on Africa 2000 Initiative so as to ensure community empowerment and sustainability of the projects.

1.4.2 The Provincial and district managers should undertake regular supportive/monitoring visits to the project villages so as to ensure the smooth implementation of the project and also to exercise a high degree of transparency and accountability on budgetary issues.

1.4.3 If funds permit, the villagers should undertake exchange visits to learn and share ideas/experiences with their counter parts on how to manage the implementation of Africa 2000 Initiative programme in their respective villages.

1.4.4 To compliment the donor "seed money" local resources mobilisation should be vigorously undertaken at village, District, Provincial and National levels.

1.4.5 Additional funds should be sourced urgently to enable the villages to have 100% coverage on sanitation and also to have safe domestic water supplies.

<u>NB</u> At least US$35000 is required for sanitation and US$28000 for water supplies (one borehole in each of the seven villages)

1.4.6 There should be a monitoring mechanism of water and sanitation related diseases (like diarrhoeal diseases, sore eyes, scabies etc) emanating from the villages implementing Africa 2000 programme. Health institutions serving the villages should also be encouraged to keep special registers for all cases of illness that come from the villages in question. On the other hand, the health extension workers covering the villages should also develop a disease surveillance programme in the villages and also step up health education propaganda.

1.4.7 The establishment of an interministerial committee on Africa 2000 as a sub-committee to the National Action Committee will enhance the monitoring, coordination and resource mobilising on Africa 2000 Initiative Programme. A suggestion has already been forwarded to the Chairman of NAC and response is being awaited.

1.4.8 The Africa 2000 Initiative programme will be expanded every one (at least eight more villages per year) and as such the monitoring and management of the programme is going to be more and more demanding;

In light of this situation it is strongly recommended that

i) a project vehicle (Africa 2000 project vehicle) be sourced to enable the project officer to carry out his duties effectively and efficiently.

ii) a computer be made available for data capturing and data processing on Africa 2000 Initiative and water and sanitation programmes in general.

2. EVALUATION OF MONOZI VILLAGE MICROPROJECT

2.1 Background

Monozi Village with a population of about 2000 people (265 households) is in the Zambezi Valley in Guruve District, Mashonaland Central Province.

The village was hard hit by cholera in 1993 and a number of lives were lost due to the cholera outbreak.

In response to Africa 2000 Initiative, Monozi Village was chosen to pilot Africa 2000 Initiative programme on community managed water supply and sanitation/September 1994.

2.2 Progress achieved

In September 1994, there was not even a single toilet in the village. Only two boreholes of unreliable yields were serving the 265 households.

Monozi Village microproject has proved to be one of the success stories in Zimbabwe on the implementation of community managed water supply and sanitation projects.

Achievement is as detailed below:-

a)	Functional boreholes:	5
b)	Completed blair toilets:	170
c)	Toilets at various stages of construction:	95
d)	Latrine builders trained:	38
e)	Pump minders trained (2 per boreholes):	10

The village organised community training course on project management. The Village has an active project committee and a constitution on the implementation of the village project.

2.3 Financial Management

The village received a total of US$22000 for sanitation and water supplies. The village has used the seed money effectively and the balance at present is only US$100.

2.4 Constraints

2.4.1 Long outstanding constraints include:-

- Unaccessibility of the village during the rain season because there is no bridge across the Hunyani river.

- The village has no facilities such as a Health institution, shops, play centres etc. Though completed the school is not yet functional.

2.4.2 The villagers had no gauze wire and reinforcing wire for the uncompleted blair toilets.

2.5 Recommendations/Possible Solutions

2.5.1 There should be a monitoring mechanism on the disease pattern emanating from the village so as to evaluate the impact of the water and sanitation proeject.

This can be achieved through:-

- encouraging the health institution serving Monozi Village to keep a special register on all cases of illness that come from the Monozi Village.
- the local EHT should institute a disease surveillance programme in the village and step up the health education programme.

2.5.2 The villagers should be encouraged to put in place an effective operation and maintenance system of the water points and the sanitary facilities, so as to ensure sustainability of the facilities.

This can be achieved by:-

- running courses on operation and maintenance for the villagers.
- encouraging the villagers to set aside funds (i.e. creation of financial base) for minor and major repairs as well as for the replacement of the facilities (particularly blair toilets).

3. EVALUATION OF BODO VILLAGE MICRO-PROJECT CHEGUTU DISTRICT : MASHONALAND WEST

Background

Bodo Village is situated approximately 50 kms east of Chegutu Town in Chief Mashayamombe's area.

The village has a population of 450 people constituting 70 family units/ households.

Records at Musinami Clinic that provides health care services in the are show that common diseases reported from the villages including Bodo Village are diarrhoeal diseases, sore eyes, scabies and schistosomiasis.

There is no protected safe water source in the village. Only ten families have some form of latrine facilities.

In light of the above, the village was chosen to pilot Africa 2000 Initiative programme in Mashonaland West Province. The implementation of the programme started in June 1996.

3.2 Progress Achieved

The villagers are highly motivated and keen to witness the successful implementation of Africa 2000 Initiative programme in their village.

Since the inception of Africa 2000 Initiative in June 1996, achievement accomplished is as follows:-

3.2.1 Mobilisation and training of the beneficiaries on project management.

3.2.2 Selection of an active project committee that is composed as follows:-

Chairperson:	Mr D Mutundusha
Vice Chairperson:	Mr R Madzamba
Secretary:	Mr D Mavengira
Vice Secretary:	Mr J Tinarwo
Treasurer:	Mrs Gomera
Members:	Mrs M Dondo
	F Kandamasango
	T Mubaiwa

3.2.3 Training of 14 latrine builders (10 males and 4 females). The training of these builders was undertaken at the homes of the disabled and elderly who have no financial base to enable them to pay the latrine builders.

3.2.4 Construction of Blair toilets completed:
Lined:
Pits dug:

3.3 Utilisation of Project Funds

This project is being supported from the regular Africa 2000 Initiative budget. The funds are managed by the PMD office.

(i)	Fund allocated (Training, 100% coverage sanitation and borehole)	Zim$74000
(ii)	Expenditure	Zim$29000
(iii)	Balance to date	Zim$45000

3.4 Constraints

3.4.1 The issue of safe domestic water supply was placed very high on the agenda by the villagers during the evaluation exercise.

3.4.2 Another problem highlighted was the delay regarding the purchasing and delivery of the latrine building materials by the District managers who also blamed the Provincial office for the delays experienced.

3.5 Recommendations.possible solutions

3.5.1 Since the funds for a borehole safe domestic water supply (borehole) are available, the drilling should be undertaken without further delays.
The District and Provincial managers through the respective sub-committees on rural water supplies and sanitation should impress on DDF on the urgent need of providing safe domestic water in Bodo.

3.5.2 There should be close liaison between the project committee, District managers and provincial office on purchasing of materials so as to minimize the delays that are being experienced by the villagers.

3.5.3 The assessment of the impact of the water and sanitation project in Bodo Village should be complemented by an elaborate and effective disease surveillance programme. The health institution (Musinami Clinic) should keep an up-to-date register of all cases from Bodo Village and the EHT should follow up and investigate all cases reported from the village. Coupled with the investigations should be vigorous health education programmes.

4. EVALUATION OF SAKWINJE VILLAGE MICROPROJECT : CHIPINGE DISTRICT MANICALAND

4.1 Background

Sakwinje Village is situated about 30 kms South of Chipinge town near Chikore Mission.

The Village has a population of 900 people constituting 130 households.

Clinical records at Chikore Mission hospital reveal that Sakwinje Village experiences frequent outbreaks of diarrhoeal diseases and dysentery.

Before the inception of the Africa 2000 programme, there was not even a single blair toilet in the village. The only reliable source of water is a spring that is partially protected.

4.2 Progress achieved

This village of highly motivated villagers has scored an impressive success since the inception of the programme in June 1996. The achievement realised to date is as follows:-

4.2.1 Mobilisation and training of the villagers on project management was undertaken.

4.2.3 Selection of an active project committee that is composed as follows:-

Chairperson:	Mr Chesese
Vice Chairperson:	Mr Sidhuli
Secretary:	Mr Chinoda
Treasurer:	Mrs Kushata
Members:	Mr Rushata (local teacher)
	VCW
Ex-officio members:	Councillor
	Headman
	EHT

4.2.4 A total of 26 latrine builders (8 females and 19 males) were trained. The trained builders carry out their work in groups of three so as to speed up the work and share experience on blair toilet construction.

4.2.5 Blair toilet construction:

-	target (100% coverage	130
-	completed	19
-	lined pits	15
-	blair pits dug and ready for construction	90

4.2.6 One important achievement in this village is that the villagers are working as a team. They moulded bricks for the toilets together and help each other digging pits for blair toilets hence the high number of dug blair toilets.

4.3. Utilisation of "seed money"

Funds for the project are managed at the District office and the project committee are well appraised on the use of the project funds.

(i)	Funds allocated for training and initial 25% coverage and sanitation	=	$2600
(ii)	Expenditure	=	$25949.29
(iii)	Balance to date	=	**$50.71**

4.4 Constraints

4.4.1 Lack of safe domestic water supply (boreholes) was very high on the agenda.

4.5 Recommendations/possible solutions

4.5.1 To achieve the maximum impact from the project the water component has to be addressed.

4.5.2 The Sakwinji Village is highly motivated and as such additional funds have to be sourced to enable the village to have 100% coverage on sanitation.

4.5.3 The disease surveillance programme that is already in place has to be strengthened and maintained.

5. EVALUATION OF HUWANA VILLAGE MICROPROJECT : BULILIMAMANGWE DISTRICT MATEBELELAND SOUTH

5.1 Background

Huwana Village is situated approximately 80 kms West of Plumtree town in Bulilimamangwe District. The Village is in semi-arid sandy areas near the border with Botswana.

The village has a population of 2000 people constituting 167 households (family units).

Records at the Rural Health Centre (Huwana Clinic) show that common diseases reported from the village and the other surrounding areas include diarrhoeal diseases, scabies, sore eyes and malaria.

Currently the village is served by two boreholes that are sited far away from the majority of the villagers and have unreliable water yields. Only nine of the families have blair toilets.

It is against the above background that the village was selected to benefit from Africa 2000 initiative programme. The implementation of Africa 2000 started in June 1996.

5.1 Progress achieved

Since the inception of the Africa 2000 Initiative programme the villagers have shown great enthusiasism and willingness to implement the Africa 2000 Initiative programme. Progress achieved as revealed by recent evaluation is as detailed below:-

5.2.1 Community mobilisation and training of the same on community based project management was successfully undertaken. The villagers are well informed about the project and its intended goals.

5.2.2 Resulting from the community training seminars was the selection of a highly motivated and active project committee that is responsible for the planning and management of the project.

2:2:2 The villagers working closely with the extension workers have managed to write a village constitution on the implementation of the project.

2:2:3 Selection of 15 trainee latrine builders and the training was said to start from 4-5 November 1996.

5.2.4 Ten families out of a target of 158 households have completed digging pits for blair toilets. Most families are ready and prepared to start brick making using cement and sand.

5.3 **Utilisation of allocated (seed money"**

The District Project Managers in collaboration with the Province are in control of the project funds

i) Funds allocated (for training and initial 25% sanitation = Zim$38000

ii) Expenditure todate = $10176.65

iii) Balance on 21/10/96 = $27023.

5.4 **Constraints**

5.4.1 The soil in Huwana Village and the surrounding areas is very sandy and not suitable for brick moulding. This means that the villagers have to make cement blocks (using river sand and cement) for blair toilet construction. In light of this situation one family blair latrine to requires not less than 10 bags of cement.

2.4.2 Lack of adequate water supply for domestic purposes and latrine construction was cited as a major problem that may negatively affect the implementation of the programme.

2.4.3 Lack of trained latrine builders was also cited as a major draw back to the implementation of the Africa 2000 programme.
NB Training of 15 latrine builders was scheduled for 4-5 November 1996.

2.5 **Recommendation/possible solutions**

2.5.1 Provision of water supply (one or two reliable boreholes) within easy reach to the majority of the villagers for domestic purposes is an urgent requirement.

The available "seed money" is not adequate and as such extra funds have to be sourced locally or from the donor community so as to provide safe and adequate water supply for the villagers.

2.5.2 More latrine builders have to be trained so as to increase the ratio of latrine builders. The increased ratio will not only accelerate the implementation of the programme but will also lead to the reduction of charges demanded by latrine builders.

2.5.3 Ten bags of cement required per family latrine are rather prohibiting and as such some cheaper technology has to be researched and put into practice.

NB Blair Research Unit and other similar organisations can be approached to look into this problem.

2.5.4 Disease pattern surveillance has to be strengthen so as to assess the impact of the water and sanitation project in Huwana Village.

An effective disease surveillance system will need the participation of the Health Centre (i.e. keeping of proper records of all cases from Huwana Village) and vigorous promotion of Health Education Propaganda by the local EHT and other extension workers.

6. EVALUATION OF MAKAYE VILLAGE MICROPROJECT : MASVINGO DISTRICT : MASVINGO

6.1 Background

Makaye Village is situated in South East of Masvingo District along the boundary of Masvingo and Zaka Districts.

The Village has a population of about 980 people constituting 146 households.

Non of the 146 families had a blair toilet before the inception of the Africa 2000 project. There is only one borehole for the village and other adjacent villages.

The village is over 20 kms from the nearest health centre and there is no proper road linking the village with main roads. The village is totally unaccessible during the rain season.

Common diseases reported from Makaye Village are mostly diseases related to unsafe domestic water supply and poor sanitation.

In light of the above, the Province chose Makaye Village to benefit from Africa 2000 programme. Implementation started in June 1996 aiming to have 146 family blair toilet (i.e. 100 sanitation coverage) and at least two boreholes by the end of the project.

6.2 Progress achieved

The Makaye Villagers are highly motivated and keen to implement the Africa 2000 programme. Achievement to-date is as detailed below:-

6.2.1 The villagers were sensitised and empowered to embark on the Africa 2000 programme through seminars organised to train the villagers on project planning and management.

6.2.2 Resulting from the management seminar, an active project committee was selected and empowered to monitor and manage the project. The committee is as follows:-

Chairman	Mr T Makaye
Vice Chairperson	Mr R Chikwepa
Secretary	Mr Gidion Nyati
Vice Secretary	Mr Dzimari
Treasurer	Mashiba
Members:	F Muzorera
	J Manongoro
	T Tevera

6.2.3 The construction of blair toilet stands as:-

a)	target (100% coverage)	146
b)	completed to date	13
c)	on superstructure	7
d)	lined	15
e)	dug pits	2

6.3 The management of funds is very transparent. The project committee, District managers and provincial office are well informed on the utilisation of project funds.

i) allocation for training and 25% coverage sanitation $27000

ii) expenditure

iii) balance todate (16/10/96).

6.4 Constraints

6.3.1 Lack of safe adequate water for domestic purposes was high on the agenda when an evaluation exercise in the village was carried out.

6.3.2 There were only three trained builders in the village resulting in the slow pace on the construction of blair toilets and high charges per toilet unit.

6.5 Recommendation/possible solutions

6.5.1 Safe water supply has to be provided in the village. After proper motivation, villagers can be asked to contribute towards the water component.

6.5.2 More latrine builders should be trained so as to reduce the high latrine builder ratio experienced in the village. The high charge of constructing blair toilets are likely to drop if there are many builders competing for the same work.

7. EVALUATION OF CHEMAHORORO VILLAGE MICROPROJECT : GOKWE SOUTH DISTRICT : MIDLANDS

7.1 Background

Chemahororo Village is situated 25km south of Gokwe Growth Centre.

The village has a population of about 1600 constituting 307 households.

Clinical records reveal that diarrhoeal diseases, malaria, scabies and sore eyes are major causes of morbidity and mortality in the village.

Before the inception of the project there were only ten families with blair toilets. There is only functional borehole.

The implementation of Africa 2000 project started in June 199 and the target is to construct a blair for each family (297) and to provide at least two boreholes.

7.2 Progress achieved

The villagers are highly motivated and progress so far is very encouraging.

a) Mobilisation/training of the villagers on Africa 2000 was successful undertaken.

b) A project committee was selected and the same is effectively managing the implementation of the project

c) Target 9100% coverage) 297
   - (i) completed blair toilets 5
   - (ii) under construction 35
   - (iii) pit dug 15

d) Fifteen latrine builders were trained are all engaged in the construction of the blair toilets.

7.3 Utilisation of funds

Project funds are managed by the District managers.

i) funds allocated for training and 50% sanitation coverage $53000

ii) funds used $19999.63

iii) balance (29/10/96) $33000.37

7.4 Constraints

7.4.1 Lack of safe domestic water supply was again high on the agenda. At least two boreholes are needed.

7.4.2 The soil in the village is not suitable for brick moulding and bricks are purchased from other areas that are 50 or kms from Chemahororo Village.

7.4.3 Some builders tend to use more content than the five bags and as such some toilets are left unplasted and without roofs.

7.5 Recommendations/possible solutions

7.5.1 At least two boreholes are needed for the Chemahororo Village.

7.5.2 Latrine builders need extra training on the proper mixture of cement mortar so as to minimize cement wastage.

7.5.3 The disease surveillance system that is already in place should be strengthened and maintained.

7.5.4 Due to the nature of the soil that is not suitable for brick mould, villagers should be taught and encouraged to make cheaper but durable cement blocks.

8. EVALUATION OF MBODO VILLAGE MICROPROJECT : LUPANE DISTRICT : MATEBELELAND NORTH

8.1 Background

Mbodo Village in Pupu ward is approximately 60km North-East of Lupane District service centre.

The village has a population of 1200 constituting 211 households.

Common diseases in the village and the district in general are malaria, diarrhoeal diseases, sore eyes and scabies.

Before the inception of the project, there was not even a single family with a blair toilet. Only one borehole at the school is serving the village.

The aim of the Africa 2000 project is to ensure that every family (i.e. all family units) has a blair toilet. At least two boreholes are needed for this village.

8.2 Progress achieved

Progress so far is encouraging and on the right course.

8.2.1 Seminar to sensitise the community on Africa 2000 was held.

8.2.2 Active project committee is in place and the same is working on the village construction on the implementation of Africa 2000.

8.2.3 Fifteen latrine builders were under training during the day of evaluation (2/11/96).

8.2.4 Besides the three blair toilets under construction by the trainee latrine builders the construction of blair toilets was not in full swing. The construction will only start after the successful training of the latrine builders. Target fpr the village is 211 blair toilets.

8.3 Utilisation of project funds

The project funds are managed at PMD's office.

i) Total allocated $40000

ii) Funds used

iii) Balance

8.4 Constraints

8.4.1 The issue of boreholes was strongly requested by the villagers.

8.4.2 In most parts of the village, soils are sandy and not stable.

8.4.3 Generally speaking, the soil in the area is not suitable for brick moulding.

8.5 Recommendations/possible solutions

8.5.1 At least two boreholes are needed in the village.

8.5.2 The pace regarding the construction of blair toilets is rather slow and as such more builders should be trained.

8.5.3. Like other microproject, more funds are urgently needed to enable the village to have 100% coverage on sanitation.

8.5.4 Disease surveillance should be strengthened on the same lines as recommended for other villages.

9. EVALUATION OF MUSHAMBI VILLAGE MICROPROJECT : UMP DISTRICT MASHONALAND EAST

9.1 Background

Mushambi village is situated approximately 50 kms north west of Mutawatawa District service centre.

The village has a population of about 1200 constituting 185 households.

There is not even a single family with a blair toilet. There is only one borehole in the village.

Common diseases in the village include malaria, diarrhoeal diseases, scabies schistosomiasis and sore eyes.

9.2 Progress achieved

Due to limited "seed money", only Zim$2000 was allocated to the village in order to facilitate the mobilisation and training of the villagers on project planning and management.

Both the Ministry of Health and Child Welfare and the WHO country office had high hopes of receiving some "seed money" from WHO Head Office as indicated and promised by Dr Warner of the Department of Rural Environmental Health.
The villagers are highly motivated and ready to embark on the implementation of Africa 2000. A number of the villagers have already dug pits for blair latrines and are awaiting assistance (i.e. cement) so as to start construction the toilets.

9.3 Recommendation

"Seed money" is urgently needed