GERMAX
International Consulting Services

EVALUATION REPORT

Evaluation of the ECHO
Operations in Zimbabwe
(2002 – 2003)

Sector: **Water & Sanitation**

(essential part of the overall evaluation on ECHO Operations in Zimbabwe)

prepared on behalf of the:

European Commission
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The views expressed herein are those of the consultants, and do not represent any official view of the Commission.

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List of Acronyms

CAP	UN Consolidated Inter-Agency Appeal for Humanitarian Crisis in Southern Africa - Zimbabwe
CBM	Community Based Management
DDF	District Development Fund
€	Euro
EC	European Commission
ECHO	European Commission Humanitarian Aid Office
ECOSAN	Ecological-sanitary latrines
HARP	Humanitarian Assistance and Recovery Programme
HIV-AIDS	Human Immunodeficiency Virus – Acquired Immune Deficiency Syndrome
IDP	Internally Displaced People
lcd	Litre per capita per day
LFM	Logical Framework Matrix
LRRD	Linking Relief, Rehabilitation and Development
MoH	Ministry of Health
NGO	Non-governmental Organisation
UN	United Nations
UNICEF	United Nations Children Fund
WHO	World Health Organisation
ZIM$	Zimbabwe Dollar (5,100 ZIM$ = 1 Euro / during the period of evaluation)
ZINWA	Zimbabwe National Water Authority

1 Executive Summary

A. The Evaluation

Evaluated Action:

ECHO's operations in Zimbabwe during 2002 and 2003, water and sanitation component under the decisions: ECHO/TPS/210/2002/16000, ECHO/TPS/210/2003/12000 and ECHO/ZWE/210/2003/01000 (value of water and sanitation component: € 4,705,000).

Date of the evaluation

February/March 2004

Consultant's name

Jochen E. Binder, Water and Sanitation Engineer

B. Purpose and methodology

The purpose of the evaluation was to assess the appropriateness of ECHO's actions in Zimbabwe since 2002, to establish whether they have achieved their objectives and to produce recommendations for improving strategy, priorities and effectiveness of future operations. The Consultant's approach was based on the "ECHO Operational Manual for the Evaluation of Humanitarian Aid" based on the Consultant's experience in similar projects taking into account the basic strategies which proved to be appropriate and which have been applied successfully in the past for the evaluation of humanitarian aid projects. The methodology was drawn up in response to the Terms of Reference and was a phased, participatory approach, which took the beneficiaries, the project administrations and the local institutions involved through a process from careful analysis of the existing situation through an adequate judgement of the individual partner projects and of the ECHO strategy, based on demand driven programme modalities and managerial competence.

C. Main conclusions

ECHO's Strategy

1. ECHO's Humanitarian Aid Decisions were not based on overall country-wide needs surveys taking obvious priority fields and regions into consideration. Needs were identified on the basis of information provided by ECHO's partner organisations and on project proposals submitted to ECHO. In verifying the information and project proposals submitted by the partner organisations, ECHO's role was usually limited to a certain semi-identification of the actual humanitarian needs relying mainly on ECHO partners' technical expertise in situational analysis and identification and planning of interventions.

2. The co-operation between ECHO Zimbabwe's technical assistant in charge of the WatSan projects and ECHO's partners is apparently not based on actual partnership as deemed necessary. The Consultant is of the opinion that the ability of one of ECHO Zimbabwe's technical assistants to listen to the ideas and problems of the partner organisations could be improved. This refers in particular to an internal ECHO water meeting headed by this particular ECHO Zimbabwe's technical assistant and attended by the Consultant. Otherwise, this statement takes into account complaints of partner organisations reported to the

Consultant. On the other hand, ECHO Zimbabwe deplores inadequate provision of information by the partner organisations.

Implementation of Operations

3. Detailed planning and design of the proposed project measures was in most cases done by the partner organisations only after signature of the contract with ECHO. This is a rather unusual approach, since feasibility, appropriateness and financial requirements of the proposed project measures could obviously not be clarified at the time of the contract agreement.

4. The Consultant was concerned that some of the implementing partners do not oversee in detail the works carried out by their local partner organisations or sub-contractors. This is an issue to be addressed by ECHO at the earliest opportunity.

5. Monitoring of project results was in most cases done by the partner organisations as required. None of the partner organisations carried out adequate impact monitoring.

Relevance

6. Generally, water and sanitation activities financed by ECHO and implemented by the partner organisations are in line with ECHO's policy but not entirely with the actual local needs and priorities. ECHO focuses exclusively on rural areas of the country. Needs of peri-urban, semi-urban, urban and new resettlement areas are not addressed at all (for details see chapter 4, chapter 11.1 and paragraphs 20. and 21.).

Efficiency

7. There is a clear relationship between the quality of project results and the quantity of man-months input provided by the partner organisations. The higher the total man-months input, the better the quality of project results.

8. For the selection of boreholes to be rehabilitated, in most cases only little attention was given to Sphere standards and key indicators. In most cases all existing boreholes were rehabilitated. According to the partner organisations, Sphere standards were respected for the selection of new borehole sites.

9. Most of the partner organisations could achieve the originally planned output of water collection points and latrines. With regard to the often over-estimated budgetary requirements, in some cases more than the initially planned results could be achieved with the financial resources allocated.

10. Some partner organisations have carried out very sophisticated de-centralised hygiene awareness training's, including role-playing, theatre, songs, posters, distribution of soap and others. Other NGOs have implemented rather inadequate hygiene training's with only rudimentary training contents and training means.

11. Taking the initially estimated number of beneficiaries into account, total investment costs per beneficiary vary between € 2.5 and € 14.3. The Consultant has calculated costs between € 900 and € 9,000 for each water point. This is an acceptable per capita investment compared to other rural emergency projects of usually € 10 to € 15.

Effectiveness

12. By rehabilitating existing or constructing new bore holes, important contributions to achieve the specific project purposes were certainly made by the NGOs. This was also in line with ECHO's principal objective to improve humanitarian condition of vulnerable groups in Zimbabwe and its specific objective to improve water, sanitation and health conditions for rural communities.

Coverage

13. According to estimates provided by the partner organisations, in total approximately 815,000 rural population have been reached by the ECHO financed interventions in the water sector in 2002 and 2003. This represents more than 8 % of the total population of Zimbabwe and more than 12 % of the rural population of the country.

Impact

14. Though according to estimates provided by the partner organisations up to 12 % of the rural population have been covered by the interventions in the water and sanitation sector since 2002, evidence that new outbreaks of cholera and dysentery were prevented by the project activities can not be provided at this early stage.

Sustainability

15. Sustainability aspects have been addressed by the partner organisations differently. Some do not take this issue into consideration as deemed necessary, others exaggerate by e.g. providing new hand pumps that don't require any maintenance for the coming 20 years and simultaneously training considerable number of pump mechanics to maintain those pumps.

Cross-cutting issues

16. To improve sustainability of the interventions, developmental requirements should be taken more thoroughly into consideration for the rehabilitation or construction of water supply systems rehabilitated or constructed with the help of ECHO funds.

17. Although in most cases mentioned as specific target group of the interventions, children, handicapped, elderly and HIV-Aids patients were usually not addressed specifically within the frame of the water and sanitation interventions. But the provision of drinking water to the entire benefiting populations does usually include vulnerable groups like children, handicapped, elderly and HIV/Aids patients as well.

18. Environmental effects, e.g. draw-down of water tables, have not been taken into consideration or monitored adequately within the frame of ECHO financed water and sanitation projects.

19. At all ECHO financed water points visited by the Consultant, signboards mentioning the donor and the partner organisation were fixed.

D. Recommendations

20. According to prevailing needs in the country, ECHO's interventions in the water and sanitation sector should be extended to peri- and semi-urban areas focussing on high-density settlements and suburbs in particular. These activities could comprise e.g. the construction of hand-dug wells, the rehabilitation of existing and the drilling of new bore

holes and the provision of latrines and other sanitation facilities for peri- and semi-urban areas without any adequate water supply and sanitation systems. Details should be assessed within the frame of precise needs assessments to be prepared by ECHO's partner organisations for their envisaged area of intervention.

21. ECHO should take into consideration to prepare for possible breakdown of urban water supply systems to prevent upcoming major and severe crises. Activities could include e.g. the provision of chlorination equipment, chlorine and other water treatment chemicals for urban areas with existing and functional running water supply systems. Details should be assessed within the frame of precise needs assessments to be prepared by ECHO's partner organisations for their envisaged area of intervention. Existing stocks of water treatment chemicals within the water treatment plants should be checked and stocked up if necessary to cover foreseeable shortages. [1]

22. ECHO should make efforts to establish a priority list of regions, provinces, districts or wards with the most urgent needs for interventions in the water and sanitation sector.

23. In co-operation with the other services and instruments of the European Commission and possibly other donors, strategies for the handing over of project areas or project sites from ECHO's short-term emergency interventions to longer-term, possibly more development orientated donors should be envisaged to ensure sustainability and longer-lasting effects of ECHO's interventions.

24. ECHO Zimbabwe should have more technical knowledge in the water and sanitation sector at its disposal.

25. Co-ordination between ECHO Zimbabwe and its partners should be intensified. The Consultant is of the opinion that the ability of one of ECHO Zimbabwe's technical assistants to listen to the ideas and problems of the partner organisations should be improved.

26. ECHO should insist that partner organisations make the necessary technical and managerial capacities available to ensure adequate project planning and implementation. Since there seems to be a clear relation between the quality of project results and the quantity of man-months input, ECHO should work towards increased proportional man-months inputs provided by the partner organisations.

27. ECHO should point out with determination that site supervision, quality monitoring including result and impact monitoring in particular, is carried out by the partner organisations as required and necessary, especially if the local partner organisation of the NGO is weak.

28. In co-operation with its partner organisations, ECHO should work towards a common approach of the partner organisations regarding implementation methods and in particular regarding methodologies to ensure improved sustainability of the provided water and sanitation facilities.

29. Needs assessments should be improved considerably. Detailed needs assessment and project design and planning should be carried out by the partner organisations before submitting a project proposal to ECHO. The quality of the technical designs and time planning done by the partner organisations should be improved considerably.

[1] *After the end of an ECHO financed operation, the management of stocks of water treatment chemicals should be handed over to the respective water authorities responsible for the management of water treatment plants, provided that adequate administrative structures are in place.*

30. ECHO should allow for more flexibility to change from e.g. originally planned borehole drilling to possibly more appropriate hand-dug wells, spring-gravity or rainwater collection systems as appropriate for individual situations.

31. In view of improved sustainable effects of project activities in the water sector, the provision and storage of necessary spare parts for repair and maintenance of water supply and sanitation facilities for a certain time period after completion of the project should be initiated and supported by ECHO.

E. Lessons Learned

32. In order to address priority needs in a target country overall country-wide needs surveys taking obvious priority fields and regions into consideration have to be carried out. In this regard, not only the needs of the rural population but also the needs of peri-urban, semi-urban, urban areas have to be addressed (see chapter 4, chapter 11.1 and paragraphs 20. and 21.)

33. To ensure feasibility and appropriateness of the proposed project measures, detailed needs assessments, planning and design have to be done before signature of a contract with ECHO. To ensure acceptable quality of project implementation, adequate staff inputs are necessary. For planning and implementation of projects an actual partnership between ECHO and its partner organisations has to be established. Adequate impact monitoring has to be carried out by the partner organisations.

34. To improve sustainability of the interventions development aspects should be taken more thoroughly into consideration for the rehabilitation or construction of water supply systems rehabilitated or constructed with the help of ECHO funds.

2 ECHO's Strategy

2.1 ECHO's Principal and Strategic Objectives

The rapid decline in public funding in Zimbabwe resulted in stagnation of water development, particularly in rural areas. Thousands of hand pumps have become unserviceable over the last years. Whereas previously 70% of the rural population had access to potable water, this coverage is now estimated at below 40%. Lack of public funding and the consequent breakdown of institutional maintenance essentially caused the increased water vulnerability of rural communities. Limited access to clean and safe water sources is now conducive to outbreaks of cholera and other highly contagious diseases.

In view of this situation in the country, ECHO's 2003 Humanitarian Aid Decision mentions for the water and sanitation sector the following objectives:

Principal Objective: *"Improved humanitarian condition of vulnerable groups in Zimbabwe"*

Specific Objective: *"To improve water, sanitation and health conditions for rural communities"*

The water and sanitation activities should focus on the emergency rehabilitation of water and sanitation systems in rural communities and should mitigate the consequences of HIV/AIDS through water and sanitation support to orphans and children-headed households.

2.2 Needs Assessments

According to ECHO Zimbabwe, the Humanitarian Aid Decisions were not based on overall country-wide needs surveys taking obvious priority fields and regions into consideration. Needs were identified on the basis of information provided by ECHO's partner organisations and on project proposals submitted to ECHO. In verifying the information and project proposals submitted by the partner organisations, ECHO's role was usually limited to a certain semi-identification of the actual humanitarian needs. In this regard, professional expertise in the water and sanitation sector was provided by ECHO Nairobi.

Project proposals prepared by ECHO's partner organisations are based on needs assessments carried out by NGO staff in co-operation with staff of their local partner organisations. In some cases, the needs assessments were placed completely into the hands of governmental partners of the NGOs. Assessments are usually based on interviews with local stakeholders, statistical analysis, the HARP assessment conducted by UNICEF/Institute of Water and Sanitation Development, meetings with the National Water and Sanitation Working Group, and inspection of some existing water and sanitation facilities in the project region or sample district chosen by the NGOs. The information often refers to the specific field of activity and areas of intervention addressed by the NGOs and does only partly reflect the overall situation in the country.

Target Provinces and Districts are often identified on the basis of information provided by governmental sources (e.g. DDF) and by UNICEF. This information usually refers to purely technical issues like percentage of water points broken down. Assessments of priorities do not refer to the prevailing needs to improve the health situation or to reduce the incidence of water-related diseases. In many cases, NGO's have chosen those target districts in which they have been working before and where projects of other sectors are ongoing or planned, so that the selection is not based on country-wide priorities.

Notwithstanding the lack of health information, needs assessments carried out by the partner organisations do not contain detailed survey of the prevailing situation in the targeted area, including data on existing water supply and sanitation systems, outstanding rehabilitation works and needs for additional water supply systems. They usually represent a rather general estimate of the situation. More detailed investigations are usually carried out within the frame of project implementation after signature of the ECHO contract (see 3.1).

2.3 Management and Monitoring of Operations

ECHO Zimbabwe's technical assistant responsible for the majority of water and sanitation projects implemented by partner organisations (one water and sanitation NGO is co-ordinated by another technical assistant) is additionally responsible for therapeutic feeding, health and food security projects. Since the technical assistant has no technical background, related expertise is provided by a Nairobi-based water and sanitation expert on an intermittent basis. With reference to this lack of technical knowledge within ECHO Zimbabwe, more use could be made of the technical expertise provided by ECHO partners, if and where available. Though according to ECHO Zimbabwe, the assistant is in the field for approximately 3 days per week (not only for water and sanitation projects), some NGOs complain that the technical assistant should be more often in the field to understand the prevailing conditions and problems faced by the partner organisations.

Some partner organisations complain that ECHO Zimbabwe does not provide clear strategic advice for their operations. Co-ordination with ECHO Zimbabwe on a regular basis seems to be

unsatisfactory. Only recently has it been agreed, that activities and common approaches in the water and sanitation sector are discussed within the frame of internal ECHO water meetings[2].

According to some partners, ECHO Zimbabwe is usually not in favour of changing the originally planned project measures on an individual basis as deemed appropriate by the NGOs. They refer to the fact, that ECHO Zimbabwe does not insist on prior feasibility studies so that detailed assessments can usually be done after signature of the ECHO contract as an initial activity. Logically, this should allow for some flexibility in adapting the original estimate of the prevailing situation on which the proposal and contract are based to the actual situation on the ground.

Although ECHO Zimbabwe does not demand that project proposals are based on prior detailed feasibility studies (costs of which can be included in the cost breakdown for subsequent payment through ECHO funds), ECHO Zimbabwe has asked from the partner organisations to carry out inventories of all existing water supply system in the targeted districts, mapping of project sites and quantification of outstanding rehabilitation works as not budgeted, additional activities.[3] For these activities the NGOs have to make additional, non-contractual resources in terms of staff, transport and funds available. Nevertheless, most of the NGOs have agreed to carrying out those additional activities as requested by ECHO Zimbabwe.

The co-operation between one of ECHO Zimbabwe's technical assistants and ECHO's partners is apparently not based on actual partnership as deemed necessary. The Consultant is of the opinion that the ability of this particular ECHO Zimbabwe's technical assistant to listen to the ideas and problems of the partner organisations could be improved. This refers in particular to the above mentioned internal ECHO water meeting headed by ECHO Zimbabwe's technical assistant and attended by the Consultant and to complaints of partner organisations reported to the Consultant. On the other hand, ECHO Zimbabwe's deplores inadequate provision of information by the partner organisations.

2.4 Co-ordination with Other Interventions

Apart from UN-Agencies and WHO, up to 15 Non-governmental Organisations (including the ECHO funded NGOs) are currently working in the water and sanitation sector in Zimbabwe. Water and sanitation co-ordination meetings headed by UNICEF are held on a monthly basis. Within the frame of these co-ordination meetings of the "Sectoral Working Group Watsan", technical and administrative problems and respective solutions are discussed. (for complementarity/relevance/appropriateness see chapter 4)

3 Implementation of Operations

3.1 Planning and Design of Projects

In reviewing the logical framework matrices (LFM) submitted by the partner organisations within the frame of the project proposals, the Consultant identified a general confusion of project objectives, results and activities.

[2] *The first meeting, attended by the Consultant, was held on 08/02/2004 with the following main topics: common price calculations, common purchase methods, co-ordination of areas of intervention and mapping of needs and achievements. The NGOs intend to create a "consumers' co-operative society" in order to have a better position towards suppliers in particular with regard to price negotiations.*

[3] *These surveys to be carried out by partner organisations cannot replace the missing prior feasibility studies. But ECHO should be sufficiently flexible to take the results of the surveys into account, including change of project strategy, project objectives and budgets.*

The LFMs submitted by the partner organisations usually refer to various, often inaccurate overall objectives of the envisaged intervention like:

- *To provide safe drinking water.... (?)*
- *To reduce the incidence of diarrhoeal diseases... (?)*
- *To improve the living conditions in rural districts of Zimbabwe.... (!)*
- *The re-establishment of normal development co-operation (??)*

The overall objective should represent the wider sectoral or national programme objectives, to which the envisaged intervention is designed to contribute (e.g. „improve the living conditions of the population"). The defined overall objectives should neither focus on the project region nor on the project results or project activities. The overall objective should be limited to only one general objective.

Specific project purposes usually refer to

- *To increase the availability of hygienically safe water... (?)*
- *To rehabilitate x number of water points... (?)*
- *To improve access to protected water.... (?)*
- *To reduce the risk of cholera and other diarrhoeal diseases... (!)*

The specific project purpose should refer to the project's central objectives in terms of the benefits to be delivered to the targeted population. Benefits of rural water supply emergency projects are usually related to an improved health situation of the targeted beneficiaries. Therefore, the specific project purpose should be e.g.: „improve the health situation" or „improve the hygienic conditions" of the population. Neither project results nor project activities should be mentioned under this point.

The project results should describe the services to be provided by the project, for which the project manager can be held directly accountable for producing. Those are in most cases listed rather adequately under the related chapter of the LFM. Likewise, the listings of project activities describing how the project's goods and services will be delivered, generally respect the requirements.

Objectively verifiable indicators and sources of verification are both not mentioned for the overall objectives and for the specific project purpose. From the experience of the Consultant, local hospitals and clinics usually have health records available on a monthly basis. In this regard, the introduction of health indicators is usually possible. Risks and assumptions listed in the projects proposals usually don't mention any risks regarding hydro-geological or technical aspects, which must be criticised clearly in view of the problems encountered by some partners.

As for the detailed needs assessments mentioned under chapter 2.2, detailed planning and design of the proposed project measures was in most cases done by the partner organisations only after signature of the contract with ECHO. This is a rather unusual approach, since feasibility, appropriateness and financial requirements of the proposed project measures could obviously not be clarified at the time of the contract agreement. Before submitting a proposal, the NGO should at least have carried out a quick survey of the real situation of the target area including number of beneficiaries, geographical distribution of the population, actual access to water, existing infrastructures, hydro-geological conditions, assessment of the best technical solution (including adequate location for new boreholes) and needs for technical training and hygiene education. Project proposals should have been based on this quick survey whereas priority activities should have been planned in co-operation with the beneficiaries. Instead, in many cases ignorance of the real situation on the ground by the partners was evident.

For more critical project measures, like drilling of new boreholes or deepening of wells, fore-going hydro-geological survey, geo-resistivity investigations and water quality testing should have been compulsory but was not done by the partners. In this regard, a common approach of all partner organisations should be established, including criteria for the selection of boreholes[4].

With some exceptions, the quality of the technical designs and time planning was weak and should be improved. Partner organisations were not always aware of the time constraints imposed by the given conditions in Zimbabwe. The drilling of boreholes or deepening of wells during the rainy seasons e.g. can be unfavourable and sometimes impractical. Comparable aspects have not always been taken into consideration by the ECHO partners in preparing the respective time planning for project implementation. In many cases, late commencement of activities due to unforeseen long-lasting on-site surveys and inappropriate planning of commissioning and purchase of material led to overdrawing of the limited time-frame available for project implementation.

3.2 Implementation of Projects

Delays of the envisaged project implementation were sometimes caused by administrative problems (e.g. registration problems). Request for an extension of the planned project period where often submitted to ECHO at a very late stage of project implementation, though the arisen difficulties were known by the partner as from the planning and design phase. In one case, the request was submitted only at the end of the implementation period and the partner had difficulties to explain how project activities could be completed within the requested additional time period.

Most NGO's work in co-operation with local (or semi-local) partner organisations or through governmental structures. In some cases governmental staff is employed by the local non-governmental partner organisation of the ECHO partner. Generally, all partner organisations depend more or less on the technical and managerial capacities available almost exclusively within administrative structures (e.g. DDF). The involvement of governmental staff to that extent is seen critical by the Consultant since there is the risk of governmental influence on the decisions to be taken by the partner organisation[5].

The Consultant was concerned that some of the implementing partners don't oversee in detail the works carried out by their local partner organisations or sub-contractors. That the local partner organisations of the implementing NGOs are aware of the project objectives and project results of ECHO's implementing partners could not always be made clear to the Consultant. This is an issue to be addressed by ECHO at the earliest opportunity (see 11.2). Additionally, capacity building of local partner organisations during the implementation of ECHO financed projects is questionable. In view of the limited time frame available, local partner organisations should be able to provide the necessary capacities and experience as from the beginning of the project activities so as to guarantee smooth and efficient handling of the implementation.

[4] *Costs for fore-going feasibility studies prepared before submission of the proposal and signature of the ECHO contract should be included into the cost breakdown for subsequent payment through ECHO funds.*

[5] *There is the statement of the UN Humanitarian Co-ordinator, that assistance shall be directed solely on the basis of needs, that priority shall be given to the most vulnerable, and that all parties will recognise the neutrality and impartiality of humanitarian assistance. This statement was accepted by the Zimbabwean Government.*

3.3 Supervision, Monitoring and Reporting

With some exceptions, site supervision and quality monitoring is not carried out by the partner organisations to the extent required, and necessary in particular if the local partner organisation is weak. In cases, where governmental staff is responsible for supervision and monitoring activities adequate control mechanisms and reporting structures have to be put in place (as mentioned before, there is the risk of governmental influence on the decisions to be taken by the partner organisation). In this regard, the overall project management has to be able to provide the necessary managerial capacities for adequate monitoring of the project, which was obviously not always the case.

Monitoring of project results was in most cases done by the partner organisations as required, whereas the accuracy of the reported results could be verified by the Consultant only on an exemplary basis. Some NGOs contracted independent external consulting companies for the monitoring of project activities (but apparently impact monitoring was not part of their Terms of Reference).

Adequate impact monitoring was not done by the partner organisations. Without respective indicators provided in the project proposals, monitoring of the project impact is difficult. The verification of the extent of the project‘s contribution to an improvement of the living conditions of the targeted population or to a possible reduction of the incidences of water-related diseases among the beneficiaries is rather complicated. Some NGOs collected basic health data at the beginning of the project activities, which could in the end provide information about the tendency of the impact of the project on the incidence of water-related diseases. All partner organisations should concentrate their attention more on the collection of health data at the beginning and after completion of the project, though most NGOs complain that due to the socio-economic and administrative breakdown adequate health records are no longer available with health institutions.

Some NGOs plan follow-up monitoring activities after completion of the project. This is the case in particular if the partner organisation has planned complementary or additional projects in the same target areas.

In most cases, the partner organisations have submitted regular interim and final reports for the projects funded by ECHO. Key issues, like changes in the number of beneficiaries, results obtained, activities undertaken, arisen difficulties during the implementation, security and visibility aspects and the financial situation were addressed in the reports. Because of the inadequate LFMs submitted with the project proposals (see 3.1), the impact of projects funded by ECHO could not be reported. Reporting on the project results was often done under the chapter „objectives reached“. The services provided by the project, like number of boreholes rehabilitated, discussions held with community representatives, setting up of water committees and training activities were described adequately, whereas mainly indicators related to the number of sites rehabilitated were used. In view of the above remarks, the quality of reporting was largely inadequate. ECHO‘s requirements, particularly regarding the focus on results and project impacts were met only rudimentarily.

4 Relevance / Appropriateness of Interventions

The UN Consolidated Inter-Agency Appeal for Humanitarian Crisis in Southern Africa - Zimbabwe (July 2003 - December 2004 / CAP) mentions, that population movements due to the ongoing socio-economic decline and agrarian reforms in Zimbabwe have created serious vulnerabilities resulting from the acute lack of access to safe and adequate water and sanitation, leading to gastro-intestinal disease outbreaks such as cholera and dysentery. The country has

witnessed a re-emergence of cholera annually in the southern and south-eastern and eastern parts of the country with 1165 cholera cases and 37 deaths reported between August 2002 and May 2003 in six districts.

According to the CAP, water and sanitation facilities have largely collapsed leaving large numbers of people with acute shortage of safe and adequate water supply. There is an immense pressure on urban water supplies. Water supply systems in some cities and major towns have been adversely affected due to the lack of treatment chemicals thereby creating a potentially explosive situation due to outbreaks of water and sanitation related diseases.

UNICEF, the co-ordinating agency in the water and sanitation sector, states that there is unlimited demand for the rehabilitation of existing and for the construction of additional water supply systems as well as for the provision of sanitation facilities. Due to the lack of related detailed information, prioritisation of provinces, districts or wards is very difficult if not impossible. In some districts 80% of the existing systems are broken down; in total there is a coverage of safe drinking water supply of under approximately 40%. In the future, peri-urban, semi-urban and urban areas in particular need assistance. There is also an important demand in new resettlement areas, though donors are usually reluctant to finance activities in these areas. Activities should particularly focus on the needs of people living with AIDS, women, orphans, children and child-headed households.

Generally, water and sanitation activities financed by ECHO and implemented by the partner organisations are in line with ECHO's policy but not entirely with the actual local needs and priorities. ECHO focuses exclusively on rural areas of the country. Needs of peri-urban (wild, not planned settlements in the outskirts of urban centres), semi-urban (rural settlements with a quasi-urban character), urban and new resettlement areas are not yet addressed. Activities in these areas could comprise e.g. the construction of hand-dug wells, the rehabilitation of existing and the drilling of new bore holes and the provision of latrines and other sanitation facilities for peri- and semi-urban areas without any adequate water supply and sanitation systems and e.g. the provision of chlorination equipment, chlorine and other water treatment chemicals for urban areas with existing and functional running water supply systems[6] (see also recommendations chapter 11.1).

ECHO's partner organisations usually concentrated on the rehabilitation of existing boreholes, the drilling of some new boreholes and on the construction of latrines. The creation of alternative water supply systems like spring-gravity systems, rainwater harvesting systems and hand-dug wells was only of minor importance. Water and sanitation activities should always take alternative solution like spring collection and gravity fed systems into consideration. Rainwater harvesting systems for schools could in some cases be favoured. According to prevailing topographic conditions, in some individual cases springs could have been used for more reliable water supply systems. Furthermore, more integrated approaches are required in the opinion of the Consultant. NGO's should at least co-ordinate the water and sanitation sector with other, neighbouring fields of activity. Additionally, existing administrative structures (communities, water committees, pump minders) need more capacity building than so far provided by the partner organisations.

[6] *According to ECHO Zimbabwe, an assessment of the urban situation is currently ongoing. From the information gathered by the Consultant during his field visits, towns are often supplied by deep wells, electrical submersible pumps and storage and distribution systems constructed sometimes more than 25 years ago. Due to the expansion of the systems, the development of additional water resources is in most cases required. Due to water shortages, many newly created suburbs are not connected to the existing supply systems. The water supply systems are usually administered by ZINWA and its local branch offices. Sewer systems are usually managed by the urban administrations. Material, equipment and treatment chemicals in particular are often missing or scarce.*

5 Efficiency

5.1 Methodologies Applied

The methodologies applied by ECHO's partner organisations vary considerably. Some applied a rather basic and simple approach and concentrate on a maximum output of rehabilitated boreholes - sometimes by overloading their available staff and transport capacities - and put little emphasis on community development, training and hygiene education. Others see these non-technical components as more important and have limited the number of sites to their actual technical and managerial capacities available.

The extent of individual rehabilitation works varies as well. Non-operational hand-pumps were often repaired by replacing the worn-out technical parts (leather cups, cylinders, foot valves etc.). Since the hand pumps are in most cases rather old, further repair works on other parts of the pump can be expected within the years to follow. This does not speak in favour of long-lasting sustainable effects of the project measures. Some organisations replace the hand pumps completely if found non-functional, which can be considered as a rather expensive and not always adequate approach. But indeed, in these cases further repair works will most probably not become necessary within the coming 10 to 20 years, so that sustainable effects are ensured. Remaining parts of the worn-out pump should be stored within the community for future repair works on the new pump. But since future repair works are envisaged after 10 to 20 years only, whereabouts of these remaining parts over that period are obviously more than uncertain.

Related methodological decisions must be taken on an individual basis. Whether a hand pump must be replaced completely should depend on the actual conditions of the technical parts and on the age of the individual pump. In this regard, general approaches are not very helpful.

5.2 Inputs

Between 48% and 66% of the total budgets were invested in hardware water supply and sanitation rehabilitation and construction works. Transport costs vary considerably between 11% to 26% of hardware investments, whereas a relation between the transport costs and the distances of the project areas to the urban centres could not be identified by the Consultant. In one case 39 % of the budget for hardware investments was planned for transport costs, though the project region is located rather close to the capital.

According to the emphasis put on training and community development activities, training costs vary between 2% and 8% of the total budgets, but a relationship between the quality of the training and the budget provided for training measures is not evident. Those NGOs asking for a rather low budget for training measures usually compensated with the input of higher quantities of training man-months of local staff in particular.

Staff inputs of expatriate and local category A and B staff usually vary between 5 and 16 man-months per € 100,000 total investment. Expatriate inputs vary between 1 and 2.5 man-months per € 100,000 total investment, whereas in one case only 0.1 man-months was provided. Between 3 and 13 man-months of local category A and B staff for each € 100,000 total investment were planned by the NGOs.

There is a clear relationship between the quality of project results and the quantity of man-months input provided by the partner organisations. The higher the total man-months input, the better the quality of project results.

Notwithstanding the quantity of man-months provided by the NGOs, not all partner organisations could make the necessary technical and managerial capacities available to ensure adequate planning and implementation of proposed project measures. Some partner organisations have an obvious lack of general and regional experience in implementing water and sanitation projects. Some project managers appointed by the organisations are obviously overloaded with various responsibilities. Additionally, high staff turnover rates of some NGOs were disadvantageous for a successful project implementation.

5.3 Outputs

All partner organisations concentrated on the rehabilitation of existing boreholes. Drilling of new boreholes was in most cases an additional activity to increase the coverage of safe drinking water provision where deemed appropriate. The construction of alternative water supply systems like spring-gravity systems, rainwater harvesting systems and hand-dug wells was only of minor importance. Only one partner organisation concentrated on the construction of latrines, for the others this was only a secondary activity.

Some project measures proposed by partner organisations turned out to be technically impractical, e.g. deepening of wells or drilling of boreholes due to unfavourable hydro-geological conditions. In some individual cases the rehabilitation of existing boreholes was not the best solution to solve the existing water supply problems. As alternative solutions the development of small-scale spring-gravity systems or rainwater harvesting systems could have provided more reliable, less cost-intensive and more sustainable water supply systems.

Most of the partner organisations could achieve the originally planned output of water collection points and latrines. With regard to the often over-estimated budgetary requirements, in some cases more than the initially planned results could be achieved with the financial resources allocated. Sometimes this was due to different tender and purchase procedures applied by the partner organisations (e.g. simple “three offers principle” with direct negotiations with the supplier or complicated and time-consuming international tendering via headquarters). The over-achievements were in some cases 150% of the planned number of water points. Sanitary facilities were usually constructed as planned.

For the selection of boreholes to be rehabilitated, in most cases only little attention was given to Sphere standards and key indicators. Instead of selecting only those boreholes with an minimum yield (at least 15 lcd) located in adequate distance to the dwellings (maximum 500 m) and with an acceptable number of users (maximum 500 people per hand pump), in most cases all existing boreholes were rehabilitated. According to the partner organisations, Sphere standards were respected for the selection of new borehole sites.

Most NGOs have installed or repaired locally appropriate hand pumps and have constructed state of the art spillwater evacuation platforms. Some NGOs have imported technical items, which are not known locally (e.g. Oxfam tanks), though locally appropriate technology was available (e.g. tanks constructed of natural stones or bricks). This is to be criticised since technical know-how and spare-parts for the operation and maintenance of these imported items are not available locally. Additionally, there is no contribution for strengthening of the local economy and for the creation of jobs. Most of the NGOs do not test the water quality neither on the appropriateness for safe human consumption nor on the related technical implications. Fencing of the water collection point with barbed wire is seen by the Consultant as questionable, since injury risks are high. In some cases protection measures against erosion caused by storm water were not adequate.

Within the frame of their ECHO financed emergency interventions, some partner organisations have introduced new technologies which require to be successful prior profound socio-cultural assessments and long-term development activities like intensive community development and training measures (e.g. ECOSAN latrines[7]). The Consultant is sceptical of the validity of such initiatives. Generally, the introduction of new technologies at a time of general stress in a food crisis situation is questionable.

Some partner organisations have carried very sophisticated de-centralised hygiene awareness trainings, including role-playing, theatre, songs, posters, distribution of soap and others. The trainings were held by village health workers who have been trained by trainers of the Ministry of Health. The audience was composed of household representatives of the benefiting populations. The general training included all aspects of hygiene education including HIV/AIDS issues, whereas hygiene training focussing on hygiene at the water collection point was done only for the water committees (which is to be criticised).

Other NGOs have implemented rather inadequate hygiene trainings with only rudimentary training contents and training means. Trainings were often held centralised by Ministry of Health staff. Soap or other hygiene items were not distributed.

In many cases the hygiene education should have started earlier as from the beginning of project implementation in order to achieve the planned results. There was no adequate sensitisation of the target population for the advantages of the use of safe drinking water from the provided or rehabilitated water facilities. From on site visits of the Consultant, the conclusion can be drawn, that if the safe drinking water resource provided breaks down in the future, in many cases the population (women and girls in particular) will again fetch water from nearby rivers and streams instead of providing financial contributions for the repair of the system. To change this attitude, long-term sensitisation measures, possible over many years is required (which is most likely outside the bounds of possibility of emergency interventions).

5.4 Cost-effectiveness

Taking the initially estimated number of beneficiaries into account (see also chapter 7), total investment costs per beneficiary vary between € 2.5 and € 14.3. This is an acceptable per capita investment compared to other rural emergency projects of usually € 10 to € 15 (urban water supply development projects sometimes € 50 to € 80). Calculating the same ratio per water point effectively rehabilitated or constructed the variation is even more significant. The Consultant has calculated costs between € 900 and € 9,000 for each water point. The unit costs depend on the methodology applied by the NGOs and on the share of new boreholes of the total sites planned. Additionally, the estimate of beneficiaries per water point can vary from one region to the other.

The most cost-effective approach concentrated on the rehabilitation of existing boreholes using a minimum of staff input and low input of hygiene training and community development measures. NGOs concentrating on drilling of new boreholes or deepening of wells were less cost-effective in unit prices per beneficiary.

[7] *The ECOSAN latrine is a relatively new technology in Zimbabwe. The essential feature is the separation of urine from faeces, whereas urine can be diluted for the use as fertiliser. No excavation of the pit and a longer lifespan are additional advantages. However, if there is no adequate training of users and managers this technology could expose the population (children in particular since latrines are mainly installed in schools) to higher health risks compared to normal latrines.*

In the opinion of the Consultant, the most efficient and cost-effective methodology should comprise the following components:

- emphasis on borehole rehabilitation;
- 2 expatriate man-months per € 100,000 budget;
- 10 local man-months per € 100,000 budget;
- 70 % hardware investment and transport costs;
- more than 7 % training costs.

6 Effectiveness

As mentioned for their specific project purposes, most partner organisations strove for improving the access to hygienically safe water, for providing safe drinking water or for constructing/rehabilitating x number of water points. By rehabilitating existing or constructing new boreholes, important contributions to achieve these specific project purposes were certainly made by the NGOs. This was also in line with ECHO's principal objective to improve humanitarian condition of vulnerable groups in Zimbabwe and its specific objective to improve water, sanitation and health conditions for rural communities.

Since no indicators were provided in the submitted LFMs the degree of effectiveness can hardly be verified. In general it can be said, that the planned number of water points rehabilitated or provided and latrines constructed has in most cases been achieved or was in some cases even exceeded by the partner organisations. All water points and latrines seen by the Consultant were in use and in most cases clean.

Mentioning the number of boreholes rehabilitated or constructed does not necessarily refer to the quantities of safe water made available to the beneficiaries. If the quantities of water made available are sufficient to provide safe drinking water throughout the year according to the minimum needs of the population can hardly be estimated.

7 Coverage

According to estimates provided by the partner organisations, in total about 815,000 rural population have been reached by the ECHO financed interventions in the water sector in 2002 and 2003. This represents more than 8 % of the total population of Zimbabwe and more than 12 % of the rural population of the country.

The number of actual recipients and thus the actual coverage was certainly over-estimated in many cases. The estimated number of beneficiaries represents in most cases the total population served by the water point. That the totality of the population is effectively using the provided safe water resource is more than questionable if alternative unsafe water sources are in reachable distance.

In addition, the partner organisations did not assess explicitly to what extent vulnerable groups in Zimbabwe have been reached by the interventions in the water and sanitation sector. In this regard, the coverage in view of ECHO's principal objective to improved humanitarian condition of vulnerable groups in Zimbabwe is unclear. Observations and verification directly with community members revealed that the vulnerable groups had in most cases been reached. However, the partner organisations could have played a greater role in facilitating and ensuring more rigorous targeting of resources.

Taking the above remarks into account, estimates of the coverage of the humanitarian intervention should be more realistic than provided by the NGOs.

8 Impact

Usually, the project proposals submitted by the partner organisations do not contain any indicators for the specific or global objectives formulated. In order to provide indication about the tendency of the incidence of water-related diseases, the implementing partners should have collected where ever possible health records of the situation before the start and after project completion from hospitals, health centres or dispensaries. This was not done by the NGOs, so that estimates of the impact of the project measures on the health and hygiene situation of the target population is very difficult.

According to the CAP the country has witnessed cholera outbreaks in 6 districts between August 2002 and May 2003 and outbreaks of dysentery. Though according to estimates provided by the partner organisations up to 12 % of the rural population have been covered by the interventions in the water and sanitation sector since 2002, evidence that new outbreaks of the above diseases were prevented by the project activities can not be provided at this early stage.

9 Sustainability

9.1 Technical Provisions

In order to ensure long-lasting and sustainable effects of the project measures, technical reliability is essential. This requires professional work and good quality achievements, which was not always ensured by the partner organisations.

Additionally, the availability of the necessary spare parts for adequate operation and maintenance of the provided and rehabilitated systems after termination of project activities is a prerequisite. This could be ensured by the collection of regular water fees from the consumers by the water committees for the future purchase of spare parts. But due to the ongoing devaluation of the local currency, the collection of water fees for future repair of the systems does not seem to be an adequate option, though some NGOs rely on this approach. Therefore the provision and storage of necessary spare parts for a certain time period after completion of the project, possible within the community or within the Rural District Councils or DDFs and provided that appropriate administrative structures are in place, should be taken into consideration.

So far, ECHO Zimbabwe was reluctant to allow for the provision and storage of spare parts, apparently mainly because adequate administrative structures and certain reliabilities could not be ascertained by the partner organisations. Generally, no stocks should be left after project completion. Therefore, most of the interviewed partner organisations have not made the necessary efforts to ensure that spare parts are available for the future repair of the systems[8].

[8] *The major spare parts needed for one hand pump for a time period of 10 years are approximately 10 leather cups (ZIM$* 15,000 each) and 1 cylinder and foot valve (ZIM$ 1,000,000 to ZIM$ 1,500,000). This is in many cases far beyond the affordability of the rural communities even if water fees were collected on a continuous and regular basis (possibly related to the individual water consumption) instead of collecting contributions only in case if repair of the pump is needed, as it is currently done.*

9.2 Community Development and Training

In view of the socio-economic and administrative decline in the country, governmental structures (DDF) are currently struggling to manage the situation, especially because their tasks and responsibilities are not adequate to the funding available. In this regard, the concept of community based management (CBM) was introduced by the Zimbabwean Government. ECHO financed NGO's usually implement projects within the frame of this policy often in co-operation and/or co-ordination with governmental partners (like DDF and MoH).

NGOs have addressed sustainability aspects by supporting and training of water committees and pump mechanics in order to enable them to take over the responsibility for the future operation, maintenance and repair of the provided water supply systems. Quality of support and training varied from one partner to the other. Some addressed this aspect by providing only rudimentary trainings for water committee members and engaging trained and experienced administrative staff as responsible pump minders. Others introduced in-depth trainings in book-keeping and hygiene practices for water committees and profound technical training in pump maintenance and repair for enormous numbers of unskilled community members (pump mechanics)[9]. Generally, there has undoubtedly been a certain transfer of knowledge in e.g. pump repair, hygiene practice and latrine construction.

The NGOs have provided the pump minders with the necessary tool kits, but the purchase of the necessary spare parts should be done by the community if affordable. Generally, the Consultant is in favour of involving certain private sector components, but in view of the lack of spare parts availability this system is questionable. Pump mechanics receive tool kits but no spare parts. Though maintenance and repair works is voluntary and free of charge for the communities, the Consultant has doubts that the provided training will enable the unskilled pump mechanics to adequately maintain and repair the water systems. Even the necessary regular check-up (annual, depending on water quality) of the hand pump by the pump mechanics can not be guaranteed with the training provided. In addition, the above mentioned lack of availability of spare parts will hamper reliable maintenance and repair of the hand pumps.

9.3 Community Participation

Participatory involvement of beneficiaries was usually limited to the provision of manpower and construction material. Community members were responsible for e.g. fencing of the water point and some concrete works (e.g. construction of spill water evacuation platforms). To what extent the beneficiaries where involved in planning and design of the project measures could not be verified undoubtedly by the Consultant. For rehabilitation works, the location of the water point and the general technical design was given, so that the influence of the beneficiaries was

[9] *In many cases water committees are composed of up to 7 members with different roles e.g. chairman, vice-chairman, secretary, treasurer, messenger/care-taker. Responsibilities of the water committees include among others fencing of the water collection point and cleaning of the spill water platform and of the soak away. Pump minders are usually called upon request of the water committees. Normally, pump minders are unemployed former governmental staff working now on a self-employed basis. They usually ask for ZIM$ 3,000 – ZIM$ 9,000 for the repair of a hand pump. Pump mechanics are unskilled community members, who were trained under the guidance of experienced governmental technical staff (DDF). The training is usually held centralised for selected community members (including women) appointed by the respective water committees. Pump mechanics are usually responsible for several communal hand pumps.*

certainly only limited[10]. According to the partner organisations, the location of new boreholes and latrines was defined in participatory decisions.

On sites visited by the Consultant, the participatory involvement to make sure that responsibilities for the provided facilities is taken over by the beneficiaries in the future did obviously not show the expected results. Referring to the signboard fixed at the hand pumps showing the symbols of ECHO and the partner organisations, most village representatives denied the responsibility for the water point, saying the donors should also take care for future maintenance and repair of the facility.

9.4 Connectedness

To adequately ensure sustainable effects of the investments, the short-term emergency interventions in the water and sanitation sector should be linked to longer-term more development orientated programmes.

For some NGOs the ECHO-financed emergency project is only seen as one component of their longer-term more development orientated engagement in the same target region. This is an ideal background to ensure future follow-up of the project achievements by the partner organisation. If provided or rehabilitated water supply systems and sanitation facilities need repair in the future, communities can still contact the same NGO for assistance to be provided within the frame of other project activities. In this regard the emergency intervention could be handed over to the development programme of the partner organisation.

In cases, where longer-term engagement of the NGOs in the target region is not planned, links to other existing development aid programmes could be established by the partner organisations (possibly with the support of ECHO). In this regard, the ongoing EC engagement in the infrastructure sector[11] should be mentioned in particular.

So far, there was only limited co-ordination and co-operation between ECHO Zimbabwe and the other services of the EC in the water & sanitation sector (only once regarding cholera outbreaks). To improve this co-operation regional interventions and methodological approaches could be discussed, streamlined and co-ordinated. Co-ordination is necessary at central and district level. Apparently, the development services of the EC are ready to take over the responsibility for project areas after phasing out of ECHO and completion of the ECHO financed emergency interventions.

Other exit or handover strategies could include the handover of the project sites to local governmental or non-governmental partners.

[10] *Fencing of the water point with the help of barbed wire was apparently decided by the community, which is in the opinion of the Consultant rather questionable.*

[11] *Within the frame of their micro-projects and small-scale irrigation programmes, the EC is funding the construction/rehabilitation of school centres and water supply systems as well as electrification projects throughout the country. Water supply systems comprise the construction of new bore holes, spring-gravity systems and some irrigation systems. Rainwater collection systems are planned. In total for all fields of activity and all provinces, the EC receives up to 5,000 project requests every year, whereas annually only 400 sites can be accepted by the EC. The EC approach is based on up to 25% community participation and training and capacity building components. The communities must provide clear evidence for their interest in the envisaged project measures. Projects are usually implemented through governmental structures.*

9.5 Conclusion

Sustainability aspects have been addressed by the partner organisations differently. Some do not take this issue into consideration as deemed necessary, others exaggerate by e.g. providing new hand pumps that don't require any maintenance for the coming 20 years and simultaneously training considerable number of pump mechanics to maintain those pumps. A common approach of the partner organisations regarding sustainability has not been defined yet.

10 Cross-cutting Issues

10.1 LRRD

In the Zimbabwean context, the continuous decline of the socio-economic situation can be described as situated between emergency and development. Rehabilitation and development activities need a stable socio-economic situation. Under the given circumstances in Zimbabwe, humanitarian aid activities in a more sustainable way should be continued.

In order to give appropriate considerations to more sustainable effects of humanitarian aid projects in the water and sanitation sector, the following aspects, among others, should be taken into account:

- Interventions should be based on profound baseline studies, needs assessments and project designs;
- A more facilitating instead of an implementing approach should be applied[12];
- Hygiene awareness and community development should be major components of the project and should be addressed from the beginning of the intervention;
- Integrated approaches should be applied;
- Close co-operation with organisations working in the development sector is required.

To improve sustainability of the interventions, developmental requirements should be taken more thoroughly into consideration for the rehabilitation or construction of water supply systems rehabilitated or constructed with the help of ECHO funds. The development approach is usually based on more profound baseline studies and needs assessments to ensure adequate solutions. Adequate community development and training measures and measures to ensure the supply of spare parts were in many cases not carried out to ensure longer-lasting sustainability of the systems. Participation of beneficiaries and proactive involvement of communities, starting from project planning, was often not done to the extent necessary. The involvement of the private sector, e.g. for the provision of pump maintenance services, and income generating activities could be improved.

10.2 Gender

In Zimbabwe, women and children are responsible for the collection of drinking water from streams and sources, which are in many cases located in far distance from the villages. The provision of drinking water with the help of hand pumps, rainwater collection facilities, spring-

[12] *A facilitating approach focuses on assistance to initiate self-help activities of the benefiting populations, whereas an implementing approach is based mainly on external support measures.*

gravity systems or hand-dug wells has reduced the work load of women and children to collect water. Additionally, in many cases women are represented in water committees and sometimes also trained as pump mechanics.

10.3 Children / Elderly / Handicapped / HIV-AIDS

Although in most cases mentioned as specific target group of the interventions, children, handicapped, elderly and HIV-Aids patients were usually not addressed specifically within the frame of the water and sanitation interventions. But the provision of drinking water to the entire benefiting populations does usually include vulnerable groups like children, handicapped, elderly and HIV/Aids patients as well.

With the help of ECHO funds, rainwater collection systems, hand pumps and latrines were constructed at schools to address children in particular. Addressing the vulnerability of children, handicapped, elderly and HIV/Aids patients in particular, latrines were constructed at specific households as identified by the partner organisations.

10.4 IDPs

Most of the water and sanitation projects consisted of the rehabilitation of already existing boreholes, which do not explicitly serve IDPs. Certainly, IDPs were attracted by the water availability from rehabilitated boreholes.

10.5 Environmental Protection

Environmental effects, e.g. draw-down of water tables, have neither been taken into consideration nor monitored adequately within the frame of ECHO financed water and sanitation projects.

10.6 Visibility

At all ECHO financed water points visited by the Consultant, signboards mentioning the donor and the partner organisation were fixed. As mentioned under chapter 9.3, the signboards often contributed to the perception of the communities that the donors should also take care for future maintenance and repair of the facility.

10.7 Preparedness

Though urban water supply systems are generally still operational, chemicals for the treatment of drinking water are becoming more and more scarce. ECHO did not adequately take into consideration to prepare for possible breakdown of urban water supply systems to prevent upcoming major and severe crises (see chapter 4).

11 Recommendations

11.1 Strategic Level

- According to prevailing needs in the country, ECHO's interventions in the water and sanitation sector should be extended to peri- and semi-urban areas focussing on high-density settlements and suburbs in particular. These activities could comprise e.g. the construction of hand-dug wells, the rehabilitation of existing and the drilling of new bore holes and the provision of latrines and other sanitation facilities for peri- and semi-urban areas without any adequate water supply and sanitation systems. Details should be assessed within the frame of precise needs assessments to be prepared by ECHO's partner organisations for their envisaged area of intervention (see chapter 4).

- ECHO should take into consideration to prepare for possible breakdown of urban water supply systems to prevent upcoming major and severe crises. Activities could include e.g. the provision of chlorination equipment, chlorine and other water treatment chemicals for urban areas with existing and functional running water supply systems. Details should be assessed within the frame of precise needs assessments to be prepared by ECHO's partner organisations for their envisaged area of intervention. Existing stocks of water treatment chemicals within the water treatment plants should be checked and stocked up if necessary to cover foreseeable shortages [13] (see chapter 4).

- ECHO should make efforts to establish a priority list of regions, provinces, districts or wards with the most urgent needs for interventions in the water and sanitation sector. The list should be forwarded to interested NGOs to facilitate their decisions on the target area. A priority list should be based on information gathered from e.g. local stakeholders, statistical analyses, the HARP assessment conducted by UNICEF/Institute of Water and Sanitation Development, and from the National Water and Sanitation Working Group (see chapter 2.2 and 4).

- In co-operation with the other services of the EC and possibly other donors, strategies for the handing over of project areas or project sites from ECHO's short-term emergency interventions to longer-term, possibly more development orientated donors should be envisaged to ensure sustainability and longer-lasting effects of ECHO's interventions (see 9.4).

- The co-operation between ECHO and the other services of the EC in the water & sanitation sector should be improved. Regional interventions and methodological approaches should be discussed, streamlined and co-ordinated (see 9.4).

- In view of possible hydro-geological difficulties and limited success rates and taking into consideration that there is a considerable demand for the rehabilitation of existing but not operational facilities, the drilling of new boreholes should be reduced to a minimum. A common approach on the criteria for the selection and siting of new boreholes, taking socio-cultural (e.g. distances to safe water), hydro-geological and technical aspects into account should be established (see 5.3).

[13] *After the end of an ECHO financed operation, the management of stocks of water treatment chemicals should be handed over to the respective water authorities responsible for the management of water treatment plants, provided that adequate administrative structures are in place.*

11.2 Management Level

- ECHO Zimbabwe should have more technical knowledge in the water and sanitation sector at disposal. Either one additional water and sanitation expert should be deployed or more use should be made of the technical expertise provided by ECHO partners, if and where available (see 2.3).

- Co-ordination between ECHO Zimbabwe and its partners should be intensified. As started only recently, co-ordination meetings should be held on a regular basis, whereas the quality of the meetings in terms of given time frames and topics as well as frankness of discussions should be improved (see 2.3).

- The Consultant is of the opinion that the ability of ECHO Zimbabwe's technical assistant resonsible for water and sanitation projects to listen to the ideas and problems of the partner organisations should be improved (see 2.3).

- ECHO should insist that partner organisations make the necessary technical and managerial capacities available to ensure adequate project planning and implementation. Since there seems to be a clear relation between the quality of project results and the quanity of man-months input, ECHO should work towards increased proportional man-months inputs provided by the partner organisations (see 5.2).

- ECHO should work towards a better understanding by partner organisations of the requirements of adequate logframe planning and monitoring. That LFMs submitted by the NGOs should be orientated at ECHO's principle and specific objectives should be made clear to the partner organisations (see 3.1).

- ECHO should point out with determination that site supervision, quality monitoring including result and impact monitoring in particular, is carried out by the partner organisations as required and necessary, especially if the local partner organisation of the NGO is weak (see 3.3).

- With regard to the limited time frame available for the implementation of projects, ECHO should carefully review the proposed time planning submitted by the partner organisations. Since e.g. the drilling of boreholes or deepening of wells during the rainy seasons is often unfavourable and impracticable, ECHO should make the partner organisations aware of these constraints as from the beginning of project implementation (see 3.1).

- In co-operation with its partner organisations, ECHO should work towards a common approach of the partner organisations regarding implementation methods and in particular regarding methodologies to ensure improved sustainability of the provided water and sanitation facilities (see 3.1 and 9.5).

11.3 Operational Level

- Needs assessments should be improved considerably. Adequate needs assessments require a broader basis of information than used so far by the partners. Needs assessments should not focus only on number or percentages of water points broken down, but on the incidence of water-related diseases. All partner organisations should concentrate their attention more on the collection of health data before and after completion of the project (see 2.2).

- Detailed needs assessment and project design and planning should be carried out by the partner organisations before submitting a project proposal to ECHO. The NGO should at least have carried out a quick survey of the real situation of the target area including number of beneficiaries, geographical distribution of the population, actual access to water, existing infrastructures, hydro-geological conditions, assessment of the best technical solution including adequate location and needs for technical training and hygiene education (see 3.1).

- For critical project measures, like drilling of new boreholes or deepening of wells, prior hydro-geological survey, geo-resistivity investigations and water quality testing should be compulsory. ECHO should insist that the technical feasibility of such project components has been clarified by the partner organisations before a contract with ECHO is signed. If the feasibility of such project measures can not be ensured, ECHO should not finance these project components (see 3.1).

- The quality of the technical designs and time planning done by the partner organisations should be improved considerably. A common approach of all partner organisations should be striven for, including criteria for the selection of boreholes (see 3.1).

- ECHO should allow for more flexibility to change from e.g. originally planned borehole drilling to possibly more appropriate hand-dug wells, spring-gravity or rainwater collection systems as appropriate for individual situations (see 2.3).

- Opportunities for governmental influence on project decisions should be reduced as much as possible. This requires first of all improved supervision and monitoring of project activities. In case, if governmental staff is responsible for supervision and monitoring activities adequate control mechanisms and reporting structures should be put in place by the project management (see 3.2 and 3.3).

- If partner organisations plan to introduce new technologies which require to be successful prior profound socio-cultural assessments and long-term development activities like intensive community development and training measures (e.g. ECOSAN latrines), ECHO should make its partner organisations aware of these considerations beforehand and should be reluctant to finance such activities (see 5.3).

- Latrines or water supply systems for private households should be financed by ECHO only in exceptional cases, whereas acceptable cost-effectiveness and evidence for exceptional needs should be important criteria (see chapter 10).

- Partner organisations should favour the use of appropriate technologies which can be purchased locally (strengthening of local economy, job creation) and for which spare parts and technical knowledge are locally available (see 5.3).

- In view of improved sustainable effects of project activities in the water sector, the provision and storage of necessary spare parts for repair and maintenance of water supply and sanitation facilities for a certain time period after completion of the project should be initiated and supported by ECHO (see 9.1).

- Participation of the communities to make sure that responsibility for the provided facilities is taken over by the beneficiaries in the future could be improved. On the one hand, this should include the provision of communal manpower and construction material as done by the partner organisations, but also the provision of some financial contributions of the future beneficiaries for the purchase of material and spare parts, preferably before commencement of project implementation (see 9.3).

- In many cases hygiene education should have started earlier as from the beginning of project implementation in order to achieve the planned results. ECHO should work towards a common and appropriate approach to achieve the best possible results within the limited time frame available for emergency interventions (see 5.3).

- Additional training components for a more intensive sensitisation of the target population on the advantages of the use of safe drinking water from the provided or rehabilitated water facility should be planned and implemented by the partner organisations (see 5.3).

ANNEXES

ANNEX I Time Table

15.02.04	Departure from Frankfurt (15:05 h)
16.02.04	Arrival at Nairobi (10:00 h) Briefing at ECHO office Review of documentation
17.02. - 23.02.04	Nairobi Hospital for emergency operation
24.02.04	Departure from Nairobi (10:25 h)
25.02.04	Arrival at Bonn (02:00 h)
26.02. – 29.02.04	Recovery in Germany
01.03.04	Departure from Frankfurt (21:30 h)
02.03.04	Arrival at Harare (13:00 h) Briefing at ECHO office Meeting with SCF Co-ordination Meeting with other Team Members
03.03.04	Meeting with ECHO Technical Assistants Meeting with GAA Meeting with OXFAM Meeting with WORLDVISION
04.03.04	Field visits with GAA 2 Villages near Machia City of Gokwe
05.03.04	Field visit with GAA Field visit to Harare sub-urbs
06.03.04	Field visit with WORLDVISION Village of Kajokoto Village of Pajanza
07.03.04	Sunday Study of documentation / Report preparation
08.03.04	Meeting with SCF Meeting with ECHO Watsan Co-ordination Meeting of ECHO partners and ECHO
09.03.04	Field visit with OXFAM Village of Maweta Village of Chivizina

10.03.04	Meeting with DRC/IFRC Preparation of Briefing Note Meeting with ACF Meeting with ECHO Meeting DRC Programme Manager
11.03.04	Meeting with EC Delegation Meeting with UNICEF Preparation of Debriefing Note Wrap-up Meeting with NGO representatives
12.03.04	Wrap-up Meeting with ECHO Departure from Harare (13:25 h)
13.03.04	Arrival in Frankfurt (10:00 h)

ANNEX II People interviewed

ECHO Brussels	Steffen Stenberg (Head of Unit, ECHO-1) Paul Koulen (Desk Officer, Zimbabwe) Montserrat Pantaleoni-Giralt (Evaluation Officer)
DG Dev Brussels	Philippe Darmuzey (Head of Unit, C3) Joan Pijuan-Canadell (Desk Officer, Zimbabwe)
EuropeAid Brussels	Jose Valente (Desk Officer, Zimbabwe)
ECHO Nairobi	Johan Heffinck (General Co-ordinator) Enric Freixa (Regional Medical Co-ordinator) Lammert Zwaagstra (Watsan Expert)
ECHO Harare	Aadrian Sullivan (Technical Assistant) José Tamarit (Technical Assistant) Regina Gapa (Programme Assistant) Beatrix Torres (Programme Assistant)
EC Delegation Harare	Clodagh O'Brien (Counsellor) Stan Mkawira (Delegate)
UNDP	Annika Rosing Victor Angelo
UNICEF	Maxwell Jonga (Project Officer WES) Nicolas Moyo (Project Officer)
GAA	Jochen Hertle (Watsan Project Co-ordinator) Learnmore Ndemera (Assistant Project Manager)
Worldvision	Peter Pichler (Programme Manager Water and Sanitation) Dani Kammtserere (Assistant Programme Manager)
Oxfam	Geoffrey Okoth (Operations Manager) Shemeles Mekonrer (PH Team Leader) Felix Nyati (Sanitation Engineer) Mr. Nyambo (Water Engineer)
Danish Red Cross	Eric Petersen (Programme Manager)
IFRC	William Corkill (Regional Watsan Delegate)
Save the Children	Davide Zappa (Deputy Programme Director) Ajay Paul (Emergency Manager) Japson Siwadi (Water and Sanitation Programme Manager)
Action Contre La Faim	Cristina de Nicolas (Head of Mission) Luther Jacobs (Water Engineer)
Gokwe Municipality	Mr. Velani (Representative)
DDF Gokwe	Ackim Bambakhahle (Pump Minder)
Mt. Darwin	Samson Chivinge (Head of Kajokoto Primary School)

ANNEX III ECHO Zimbabwe watsan projects by financial decision

Evaluation	Partner	Contract number	Project	Project Cost in €	No. of beneficiaries	Cost per beneficiary	Time frame	Project statuts
Decision ECHO/TPS/210/2002/16000:				**€ 30.000.000**				
Water and Sanitation:				**€ 910.000 (3,03 %)**				
Field Visit	WV	TPS/210/2002/16025	Water & Sanitation	420,000	51.801	8.11	01/03 - 08/03	completed
Field Visit	OX-FAM	TPS/210/2002/16026	Public Health/ WS	490,000	46.500	10.54	02/03 – 09/03	completed
			Total:	**910,000**	**98,301**			
Decision ECHO/ZWE/210/2003/01000:				**€ 13.000.000**				
Water and Sanitation:				**€ 1.670.000 (12,85 %)**				
Field Visit	GAA	ZWE/210/2003/01004	Water & Sanitation	970,000	240.000	4.04	06/03 – 05/04	ongoing
Discussion	SCF	ZWE/210/2003/01009	Water & Sanitation	700,000	49.000	14.29	06/03 – 02/04	ongoing
			Total:	**1,670,000**	**289,000**			
Decision ECHO/TPS/210/2003/12000				**€ 25.000.000**				
Water and Sanitation:				**€ 2.125.000 (8,50 %)**				
Field Visit	OX-FAM	TPS/210/2003/12000	Public Health/ WS	790,000	80.000	9.88	10/03 – 06/04	ongoing
Field Visit	WV	TPS/210/2003/12014	Water & Sanitation	875,000	353.411	2.48	09/03 – 06/04	ongoing
Discussion	ACF	TPS/210/2003/12003	Water & Sanitation	460,000	56.800	8.10	09/03 – 08/04	ongoing
			Total:	**2,125,000**	**490,211**			

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ANNEX V Terms of Reference for the Zimbabwe Evaluation