

添付資料 2： 現地セミナー配布資料

Thematic Evaluation on "Water and Poverty in Africa"

# Thematic Evaluation on Water and Poverty in Africa

- Evaluation Seminar -

May - June 2003  
Zambia and Zimbabwe

Koei Research Institute International Corporation

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Thematic Evaluation on "Water and Poverty in Africa"

## <Background of the Study>

### Japan's ODA in the Water Sector

- One-third of Japan's ODA projects are in the water sector (1,347 projects since 1974)
- Focus on the water sector under the poverty reduction strategies in Africa
- Establishment of a more effective and efficient support system to implement 'integrated water resource management for sustainable development'

↓

**The relevance of the 'integrated approach' in the water sector ?**

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## <Objective of the Study>

### Objective

Through an evaluation of Japanese assisted water supply projects and programmes targeting the poor in Africa, the Study is to:

- a) Review the effectiveness of the 'integrated approach' in the water supply sector; and
- b) Obtain the lessons learned and formulate recommendations for the future project formulation and planning activities.

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## <Study Method and Procedure>

### Work Flow of the Study

**Preparation for and initiation of information collection**  
*(First Work in Japan)*

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**Data collection and verification**  
*(Field Work)*

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**Evaluation and preparation of reports**  
*(Second Work in Japan)*

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**Presentation of outline and results of evaluation**  
*(Evaluation Seminars)*

- ✓ Preparation of Inception Report
- ✓ Preparation for PDME
- ✓ Preparation for Evaluation Grid
- ✓ Collection of relevant information
- ✓ Preparation of field study

- ✓ Kick off meeting
- ✓ Interview survey
- ✓ Questionnaire survey and PRA

- ✓ Analysis of collected data
- ✓ Preparation of progress report
- ✓ Preparation of final report

- ✓ Seminar in Zambia, Zimbabwe and Japan
- ✓ Preparation of the Seminar report

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## <Evaluation Framework>

### Evaluation Question

**Is the 'integrated approach' more effective?**

In the Sub-Saharan countries, has the integrated approach been more effective to realize sustainable safe water supply systems for the poor population when compared with the traditional engineering oriented approach?

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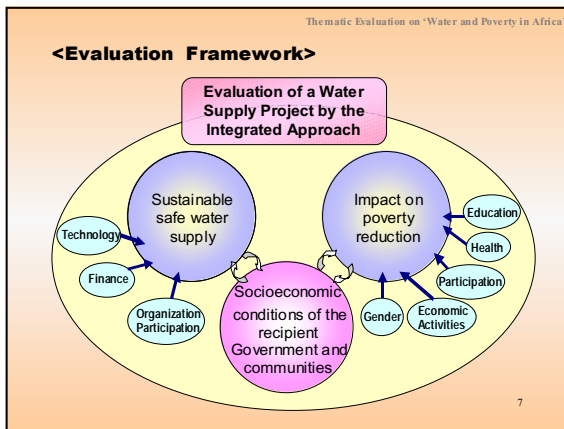
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## <Evaluation Framework>

### Sub-Questions

- (1) Sustainability of Safe Water Supply  
How does an integrated approach need to be designed and implemented in order to contribute to the "realization of sustainable safe water supply" more efficiently and effectively?
- (2) Impact on Poverty Reduction  
How does an integrated approach need to be designed and implemented in order to ensure that its impacts attain and enhance the overall goals such as improvement of living condition among poor families, poverty reduction, etc., regarding water supply projects as entry points of capacity building for community development?
- (3) Applicability of Integrated Approach  
What are the required or desirable social and economic conditions of recipient country government and/or communities to ensure that an integrated approach will function effectively for the poor population of an African country?

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### <Evaluation Framework>

**Target Countries of the Study**

- Zimbabwe
- Zambia

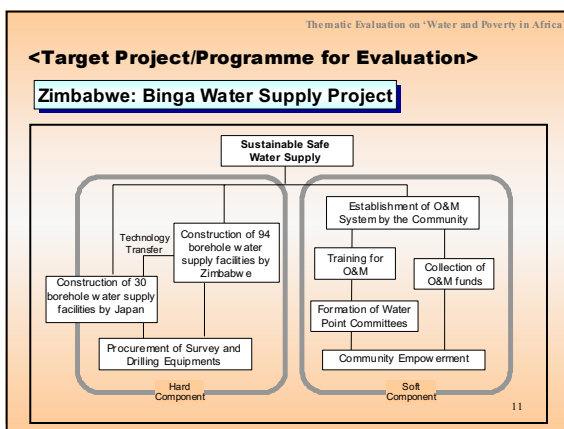
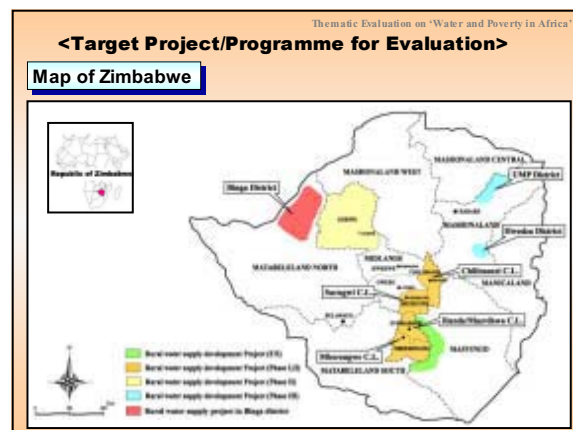
**Picture of water pumping**

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### <Target Project/Programme for Evaluation>

**Water Supply Projects in Zimbabwe, Assisted by Japan**

Project	Period	Target Area
Rural Water Supply Project (Phase 1)	1983-1985	5 districts in Midlands
Rural Water Supply Project (Phase 2)	1988-1989	6 districts in Midlands
Rural Water Supply Project (Phase 3)	1994-1995	2 districts in Mashonaland East
Binga District Water Supply Project (phase 1)	1997-1998	Binga District in Matabeleland North
Binga District Water Supply Project (phase 2)	1998-1999	Binga District in Matabeleland North

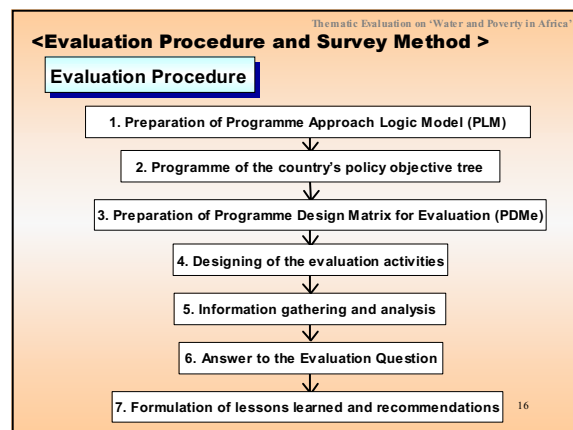
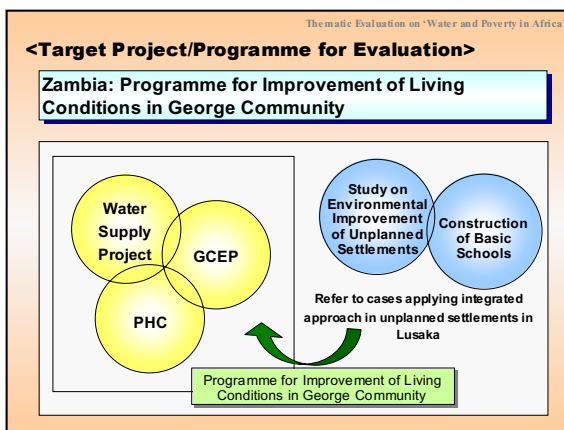
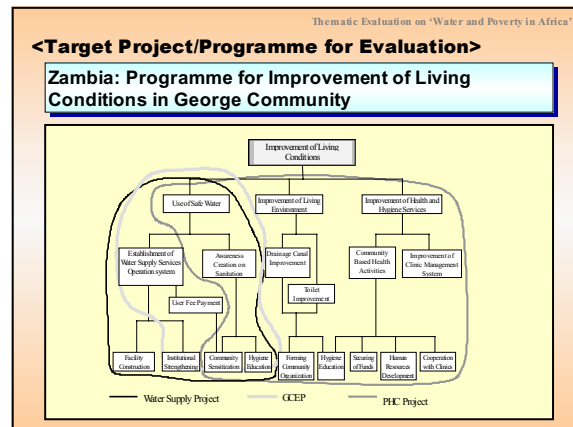
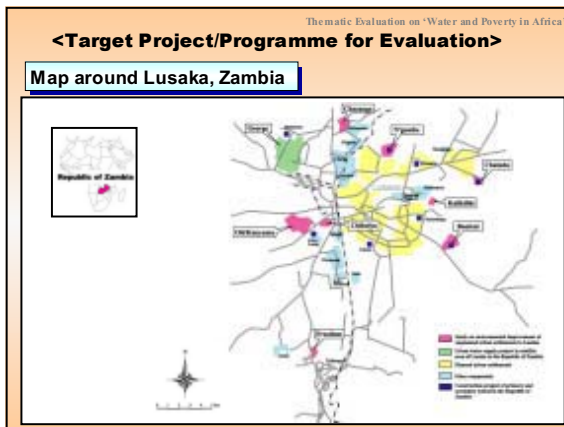


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### <Target Project/Programme for Evaluation>

**Projects in the Peri-urban Areas of Lusaka, Assisted by Japan**

Project	Period	Target
1. Water Supply Project in Satellite Area of Lusaka	1994-2000	George Complex
2. Lusaka District PHC Project	1997-2002	Lusaka District (pilot project in George Proper)
3. George Community Empowerment Programme	1999-2003	George Complex
4. Construction of Basic Schools in Lusaka District	1998-2000	Bauleni, John Laing, Mumana Chanda, Libala, Balastone and Kabulonga
5. Study on Environmental Improvement of Unplanned Urban Settlements in Lusaka	1999-2001	Bauleni, Chanda, Chazanga, Chibolya, Freedom, Kalikiliki, N'gombe and Old Kanyama



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**<Evaluation Procedure and Survey Method>**

**Zimbabwe: Binga Water Supply Project**

Survey Method	Target
1 Interview and Document Review	<ul style="list-style-type: none"> <li>Government ministries and agencies</li> <li>Organizations in Binga District</li> <li>Major donors and NGOs</li> </ul>
2 Site Survey of Water Supply Facilities in Binga	10 out of 30 BHs constructed by Japan under the Project and community members around the facilities
3 Questionnaire Survey in Sample Villages in Binga	<ul style="list-style-type: none"> <li>Community members of 8 villages with BH construction under the Project (160 HHs)</li> <li>Community members of 2 villages without BH construction under the Project (40 HHs)</li> </ul>
4 PRA in Sample Villages in Binga	Community members and Water Point Committee members in Mucheni and Gande with BH construction under the Project

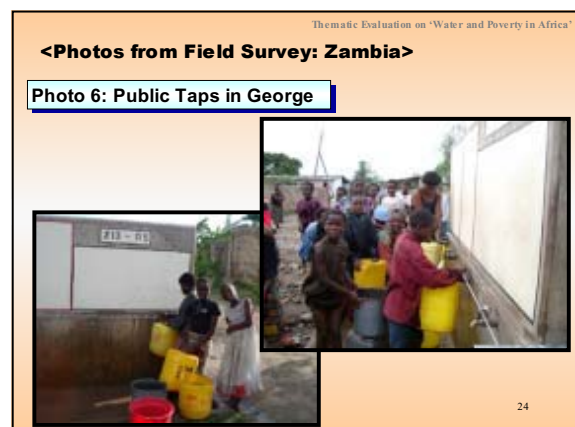
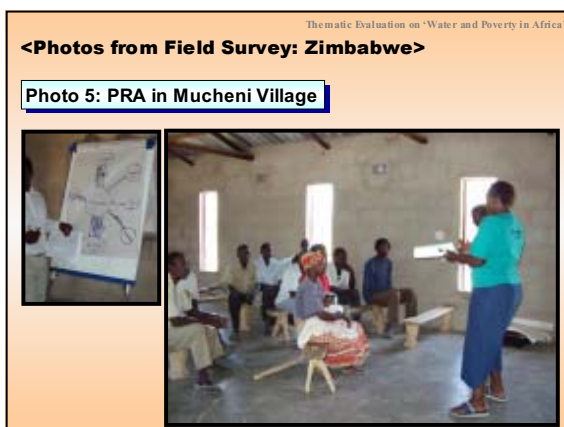
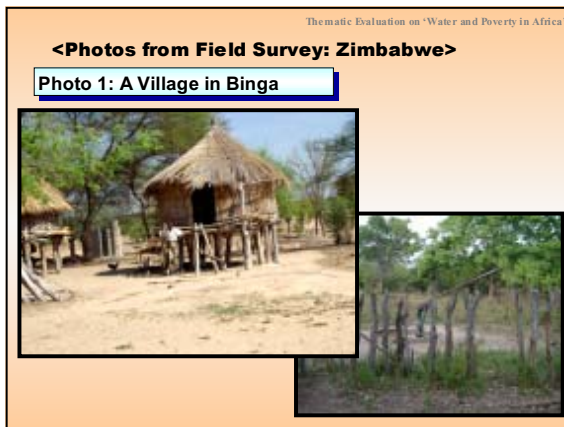
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**<Evaluation Procedure and Survey Method>**

**Zambia: Programme for Improvement of Living Conditions in George Community**

Survey Method	Target
1 Interview and Document Review	<ul style="list-style-type: none"> <li>Government ministries and agencies</li> <li>Implementing agencies of the projects</li> <li>Major donors and NGOs</li> </ul>
2 Key Informant Interviews in Sample Communities	ABO/CBOs, Schools and Health Centres in George, Bauleni and Kalikiliki
3 Questionnaire Survey in Sample Communities	Community members in George, Bauleni and Kalikiliki (200 HHs)
4 PRA in Sample Communities	Community members and Tap Leaders/Attendants in George and Bauleni

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**<Photos from Field Survey: Zambia>**

**Photo 7: Public Taps in Chiboliya and Bauleni**

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**<Photos from Field Survey: Zambia>**

**Photo 8: Public Flushing Toilets in George**

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**<Photos from Field Survey: Zambia>**

**Photo 9: PRA in George**

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**<Photos from Field Survey: Zambia>**

**Photo 10: PRA in George**

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**< Overview of the Study Outcomes >**

**Zimbabwe**

**Achievements**

- Survey and drilling equipment was procured
- 30 BH water supply facilities with hand pumps were constructed as technology transfer
- Sensitization meetings were held for community leaders and members on CBM and water point committees were formed
- Access to safe water was improved at village level: 10.6% → 73.8% (sample villages)
- Water coverage rate in the target area remains low due to a number of BH breakdowns: 31.7% (1997) → 29% (2002)

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**< Overview of the Study Outcomes >**

**Zimbabwe**

**Implementation Process**

- During the phase 2 (1998-99) SCF/UK conducted community sensitization meetings and initiated formation of water point committees.
- No follow up meetings were organized for the communities on O&M system.
- ZINWA has tried drilling at 34 locations, of which only 10 were successful.
- Despite Zimbabwe government's willingness to continue the Project, it faces technical and financial challenges.

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**< Overview of the Study Outcomes >**

**Zimbabwe**

**Sub-Question 1: Sustainability of Water Supply**

- Some BHs were not fully utilized due to difficult pumping.
- Some broken-down BHs were left unattended.
- None of the water point committees interviewed were collecting maintenance fee from the users.
- Little support had been given to the communities for establishment of CBM system after the project.

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**< Overview of the Study Outcomes >**

**Zimbabwe**

**Sub-Question 2: Impact on Poverty Reduction**

- Access to safe water improved at village level: 10.6% → 73.8% (sample villages)
- Occurrence of water-borne diseases decreased among borehole users.
- Time for fetching water was reduced for some households.

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**< Overview of the Study Outcomes >**

**Zimbabwe**

**Sub-Question 3: Applicability of Integrated Approach**

Zimbabwe

- Currently, serious economic and social crisis (drought, inflation, unemployment, fuel shortage, etc.)
- Decentralization in progress

Binga

- Least developed district in Zimbabwe
- High poverty rate
- Harsh natural conditions
- Forced relocation of Tonga people to Binga due to the construction of Kariba Dam in 1957

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**< Overview of the Study Outcomes >**

**Zambia**

**Achievements**

- Piped water supply schemes were installed and O&M systems were established.
- Community-based PHC activities were organized in George Proper.
- Extensive capacity building activities for ABO/CBOs were planned and implemented.
- People obtaining water from public taps increased from 65% to 97.5% in George Proper.

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**< Overview of the Study Outcomes >**

**Zambia**

**Implementation Process**

- To maximize the benefits of the water supply project, a PHC pilot project and GCEP were implemented.
- Most of the components of the programme were undertaken in a timely manner, considering the social conditions of the target area.
- Participatory approach was used during the planning and implementation of the programme.
- Capacity building of ABO/CBOs was sought through each component of the programme.

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**< Overview of the Study Outcomes >**

**Zambia**

**Sub-Question 1: Sustainability of Water Supply**

- Cooperation among LWSC, LCC and George Water Committee and community participation was found effective for sustainable water supply.
- Costs for O&M of the water supply scheme are covered by the payments from the users.
- Some poor people found difficult to pay a monthly fee → introduction of flexible payment system

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**< Overview of the Study Outcomes >**

■ Zambia

**Sub-Question 2: Impact on Poverty Reduction**

- Use of public taps for drinking water increased from 65% to nearly 100%.
- Occurrences of water-borne disease, especially cholera, decreased significantly.
- Hygienic practices and knowledge were improved.
- ABO/CBOs gained capacity to identify and tackle community problems.
- Participation of women in decision making process increased.
- In general, living conditions of the people remained the same or suffered a setback due to difficult economic condition.

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**< Overview of the Study Outcomes >**

■ Zambia

**Sub-Question 3: Applicability of Integrated Approach**

Zambia

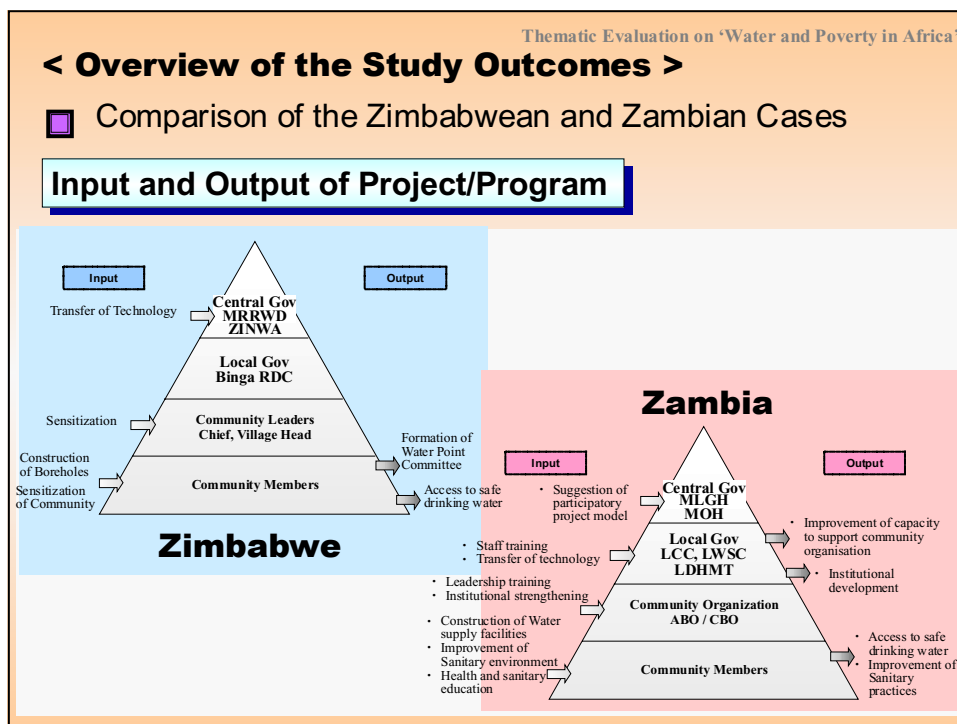
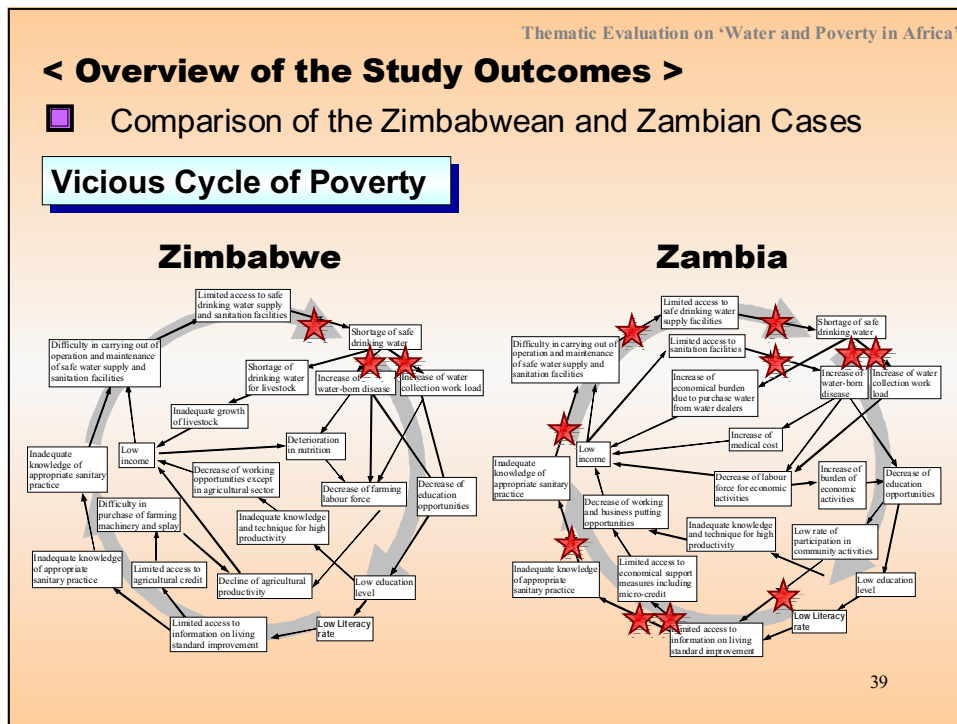
- Improvement of macro-economic indicators (reduction in financial deficit, stabilization of inflation, etc.), but a fall in some social indicators and deteriorated living conditions among the poor, due to introduction of SAP.

George

- Cooperation among the community, the local authority and other stakeholders have been gradually established.

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**< Conclusions >**

**Sub-Question 1: Sustainability of Water Supply**

- Need to understand socio-economic background and conditions of the target community including water issues, poverty structure, decision-making process.
- Focus should be given on technical, financial and institutional sustainability.
- An "integrated approach within the water sector" which is composed of engineering, institutional and capacity building components is effective.
- IGAs and micro-finance schemes may be included in the programme as the users are to contribute to the maintenance or user fee.

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**< Recommendations >**

**Expansion of Planning and Designing Stages**

- More time should be allocated to the planning and designing of the project in order to understand the water related problems and the poverty structure of the target area.
- Community should be further involved in the problem identification, and planning and designing of the project/programme.

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**< Conclusions >**

**Sub-Question 2: Impact on Poverty Reduction**

- Capacity building of the target community in problem analysis and solving, critical thinking, project planning, fund raising etc. is essential.
- The central and local governments need to define their roles and responsibilities for community development and render support to communities.
- Supporting and networking existing groups engaged in water supply services and poverty reduction will enhance the synergetic impact.
- As a long-term support to community is necessary, collaboration with local consultants and NGOs is effective and efficient.

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**< Recommendations >**

**Need of Capacity Building of Target Community and Central and Local Governments**

- A long-term support of capacity building of target communities should be included in the project/programme in order to establish a workable O&M system .
- The project/programme should include support measures to the local government including institutional building and human resources development.
- Collaboration with local consultants and NGOs should be further promoted.

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**< Conclusions >**

**Sub-Question 3: Applicability of Integrated Approach**

- It may be effective to conduct integrated programmes with the local governments as the counterpart agencies.
- Start with the communities with respected leaders or reliable development committees where development issues are already discussed among the people and some kind of consensus building mechanism is established.

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## Summary of Survey Outcome in Zimbabwe

Eval. Item	Detailed Evaluation Questions	Data Collected and Data Collection Method	Survey Outcomes
Performance	Achievement of overall goal	<ul style="list-style-type: none"> <li>The infant and under five mortality rates of Binga District/ Statistics from Binga District Hospital</li> <li>Prevalence of water-borne diseases /Data from Binga RDC and Questionnaire survey in sample villages</li> </ul>	<ul style="list-style-type: none"> <li>Infant mortality rate (per 1000) gradually increased from 96 in 1997, 103 in 1998, 117 in 1999 to 136 in 2000, though in 2001 it decreased to 125. Under-five mortality rate was 101 in 1997, 110 in 1998, 99 in 1999, 175 in 2000 and 174 in 2001 (statistics is not reliable).</li> <li>The district statistics show gradual decrease in Bilharzias and diarrhoea between 1995 and 1999 (statistics is not reliable). More respondents in the target area felt that the incidence of diarrhoea and skin disease had decreased (58.8% and 76.9%, respectively) than those in the non-target area (47.5% and 10%, respectively). It is interesting to note that 72.8%, 65.6% and 84.0% of respondents who use water from boreholes indicated decrease in each item, while for the respondents who use other sources (mainly from unprotected shallow wells and river) decrease was 29.3%, 41.3% and 56.0%, respectively.</li> </ul>
	Achievement of program purpose	<ul style="list-style-type: none"> <li>Water coverage rate in Binga District/ B/D document and Binga RDC (IRWSS project document)</li> <li>Number of water facilities in use/ B/D document and Binga RDC (IRWSS project document)</li> </ul>	<ul style="list-style-type: none"> <li>According to JICA B/D document the water coverage in the target area (12 wards out of 21 wards in Binga District) was 31.7%. From the data in 2002 the water coverage in these 12 wards was 29% (using the number of functional boreholes only). According to the same document the water coverage of the whole of Binga District was 28% (and sanitation coverage of 4%).</li> <li>According to the B/D document there existed 107 BHs in the target area (12 wards). In 2002 there were 144 BHs though only 105 were functional. In Binga District the document states that out of the existing 264 boreholes 206 are functional; out of 490 deep wells 414 are functional; out of 26 small dams but some are and 3 piped water schemes (2 supplying water to 2 rural clinics and nearby communities and one in Manjolo supplies water to Manjolo secondary school and surrounding community, which needs major rehabilitation).</li> </ul>
	Input performance	<ul style="list-style-type: none"> <li>Input of human resources, fund and materials/ B/D document and information from ZINWA</li> </ul>	<ul style="list-style-type: none"> <li>Human resources: Japanese consultants, counterpart personnel, Japanese contractors Equipment: survey and drilling equipment and materials, vehicles, hand pumps (E/N ceiling of 73 million Yen)</li> </ul>
Implementation Process	What was the background of the project planning and implementation of the project?	<ul style="list-style-type: none"> <li>Background of project planning, project scheme and scale/ B/D document and information from ZINWA</li> </ul>	<ul style="list-style-type: none"> <li>The target area of the project was 12 wards which acutely needed additional safe water sources (Binga District comprises of 21 wards). The project consisted of procurement of survey and drilling equipments and materials for the 124 boreholes in the target area; construction of 30 borehole water facilities as the technical transfer to Zimbabwe counterparts; and formation of water point committees for the O&amp;M of the facilities..</li> </ul>
	Did the implementing agency take part in the project with ownership?	<ul style="list-style-type: none"> <li>Performance of implementing agency, especially after the Japanese team had left/ information from ZINWA</li> </ul>	<ul style="list-style-type: none"> <li>After the Japanese team completed 30 water supply facilities, ZINWA drilled 34 locations in Binga but only 10 were successful. Except year 2000 funds were disbursed from the government for the project though the amount is not enough to meet the target because of high inflation rate and unexpected large number of unsuccessful boreholes. Technical difficulties and current socio-economic conditions make it difficult to meet the target despite ZINWA's commitment.</li> </ul>
	Was the timing right between construction of facility and other activities?	<ul style="list-style-type: none"> <li>Implementation schedule of the project components/ Project Completion Report and information from SCF</li> </ul>	<ul style="list-style-type: none"> <li>The Project Completion Report states that 30 water point committees were formed where the borehole water facilities were constructed, though timing was not given. According to the information gathered from SCF, sensitization of community leaders and community members were conducted before drilling and water point committees were formed when the drilling started. SCF completed formation of water point committees at 30 locations where borehole facilities were constructed, as well as some other places where borehole drilling was planned or tried. Training of committee members on O&amp;M of the water facilities and health and hygiene education was neither complete nor adequate because of the time and resource constraints.</li> </ul>
	How did the local community participate in the project?	<ul style="list-style-type: none"> <li>Strategy of community participation/ information from SCF</li> </ul>	<ul style="list-style-type: none"> <li>SCF conducted sensitization meetings on community based management (CBM) of water supply facilities for district councillors, community leaders and community members in sequence. The approach was, in principle, participatory trying to facilitate the people to discuss water problems in the area, come up to their own solutions, pre-site drilling locations and form water point committees for O&amp;M of the facilities. SCF admitted that the shortage of time and human resources did not allow the approach to be fully participatory.</li> </ul>

Eval. Item	Detailed Evaluation Questions	Data Collected and Data Collection Method	Survey Outcomes
Sub-question 1: sustainable safe water supply	I-1 How was the planning and implementation of basic policy and development plans of water resource management and use?	<ul style="list-style-type: none"> <li>Basic policy and development plans of water resource management and use and the status of implementation/ information from DWD at Ministry of Rural Resources and Water Development.</li> </ul>	<ul style="list-style-type: none"> <li>Government initiated water sector reform in mid 80s with announcement of the National Master Plan for Rural Water Supply and Sanitation. It was followed by the formulation of Water Resources Management Strategy (WRMS), establishment of ZINWA (Zimbabwe National Water Authority) and a new Water Act. The new policies and strategies encourage private sector participation and stakeholder involvement in water resources development and management. (Details were discussed in Chapter 2)</li> </ul>
	I-2 How is the planning, implementation, monitoring and evaluation of water use and water supply plans carried out in the target area?	<ul style="list-style-type: none"> <li>Status of water use and water supply plans in the target area (planning, implementation monitoring and evaluation)/ information from ZINWA and Binga RDC</li> <li>Financial and human resources of implementing agency/ information from ZINWA and Binga RDC</li> </ul>	<ul style="list-style-type: none"> <li>Government has been promoting Integrated Rural Water Supply and Sanitation Programme (IRWSSP) since mid 1980s. Many of the districts have either implemented or are currently implementing the programme. In Binga so far no IRWSSP was put in place. Some water supply and sanitation projects including Japan's project were implemented in non-integrated way. In 2001 Binga RDC submitted a proposal of 3-year IRWSSP to NAC for solicitation for fund. It aims to drill additional 368 boreholes, construct 3089 VIP latrines, rehabilitate 77 boreholes, train extension staff and to develop sustainable O&amp;M system by the community in the district. In the project proposal, Binga RDC states that although different agencies have implemented water supply and sanitation projects in different areas of the district, most of these projects were done in a fragment, uncoordinated manner to make long meaningful impact, hence remaining sanitation of 4% and water coverage of 28%.</li> <li>ZINWA is mandated to implement the commercially viable water supply services mainly in urban areas and rural townships with the self-supporting accounting system. Drilling of boreholes for the rural water supply projects in the communal land is also implemented by ZINWA based on the budget allocation by the government. After the organisation was established in 2001, it is still recruiting staff mainly for the provincial level while the drilling team had hydrogeologists were transferred from DWD. RDC is responsible for capacity building of user communities and support of the community in operation and maintenance of the constructed water facilities. District Water Supply and Sanitation Committee is the technical arm of the RDC for planning and implementing the water supply and sanitation projects. In Binga district, the committee consists of council staff and staff from district office of line ministries related to water and sanitation. RDCs are required to submit proposals to National Action Committee (NAC) to obtain the fund for implementation of the interventions. The government has executed the institutional building of RDC with assistance from donors based on the decentralization policy under the Rural District Council Act. Capacity of Binga RDC is still weak due to limited support from external agencies and difficulty in mobilizing the resources.</li> </ul>

Eval. Item	Detailed Evaluation Questions	Data Collected and Data Collection Method	Survey Outcomes
	I-3 How are the existing water supply facilities managed and maintained?	<ul style="list-style-type: none"> <li>• Basic plans and actual status of O&amp;M and management of rural water supply facilities/ information from ZINWA, DDF and Binga RDC</li> <li>• Status of O&amp;M and management of existing facilities by the community/ water point committees and community members through questionnaire survey and PRA in sample villages</li> <li>• Decision-making process of water management committees/ water point committees and community members through PRA in sample villages</li> <li>• Type of community participation/ water point committees and community members through site survey and PRA in sample villages</li> <li>• Support system by the government/ community members through PRA in sample villages</li> <li>• Communication mechanism between the government and local community/ community members through PRA in sample villages</li> </ul>	<ul style="list-style-type: none"> <li>• Previous “three-tire maintenance system”, was replaced by “community based management (CBM) system” where community were made responsible for management and O&amp;M of the water supply facilities. A pilot project has been implemented in 2 wards in Binga by SCF (funded by DfID) and shown some success. Binga RDC expressed the need in promoting CBM in the entire district, if funding were secured.</li> <li>• When boreholes were constructed water point committees were formed among the users. Majority of the committee members were not trained on maintenance nor equipped with tools. Although the situation varies from facility to facility, many boreholes were kept in reasonable condition (they are still fairly new) while some had stolen or broken fences and blocked soak away. Some committees carry out protective maintenance by greasing and tightening bolts. Out of 10 borehole facilities which the team surveyed, one was broken down (not mended), one was abandoned due to difficulty in pumping and two more were only used when no other sources (river and shallow wells) were available due to difficulty in pumping.</li> <li>• From PRA exercise no clear mechanism of decision making process was found within the committee members or between the committee and the users.</li> <li>• Though the situation varies from community to community, in general users keep the facility clean by sweeping the surrounding area and mending the fence when it is broken. Some communities follow a roster while others rely on common sense and good will of users. At early stage, many of the committees collected funds for future maintenance from the users, but in most cases it had stopped.</li> <li>• In two villages where PRA was conducted it was stated that no support was given from DDF or RDC for the O&amp;M of the borehole facility. Both committees expressed that they were even not sure where they should seek support in case of problem.</li> <li>• There was no clear mechanism of communication. When one of the boreholes broke down in Mucheni in the summer 2001 the committee notified the councillor in the area to seek assistance from RDC, though no response had so far been given.</li> </ul>
Sub-question II: Impact on the Improvement of Living Conditions of the poor	II-1 In what way did the living environment of the target community improved and as a result how has the life-style of the people changed?	<ul style="list-style-type: none"> <li>• Coverage of water supply in the target area/ information from Binga RDC</li> <li>• Access to water/ information from community members through questionnaire survey in sample villages</li> <li>• Change of life-style as a result of reduced time for fetching water/ information from community members through questionnaire survey in sample villages</li> <li>• Coverage of toilet facilities/ information from community members through questionnaire survey in sample villages</li> <li>• Use of water (vegetable garden using wasted water at the borehole, etc.)/ site observation and information from water committee through PRA</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to Performance: achievement of program purpose.</li> <li>• In the target area people who use boreholes have increased from 10.6% to 73.8% in five years while in non-target area the increase was from 2.5% to 17.5%. The average distance to water source (irrespective type of water source) has reduced from 1.42km to 1.15km in the target area while the reduction was from 1.84km to 1.5km in the non-target area.</li> <li>• In the target area 28% of the respondents indicated that women and children in the households spend less time fetching water compared to 5 years ago. Freed time was mainly spent by doing other household chores or working in the field or garden. A small number of women are also making handy crafts, which brings some income.</li> <li>• Very few households have toilet facilities at home though it has increased from 9.4% to 23.1% in the target area in 5 years.</li> <li>• Waste water at the water points is not actively utilized. In some cases due to blocked soak away wasted water formed stagnated muddy pools around the facility.</li> </ul>

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Eval. Item	Detailed Evaluation Questions	Data Collected and Data Collection Method	Survey Outcomes
	II-2 In what way has the peoples' behaviour and attitudes improved regarding hygiene?	<ul style="list-style-type: none"> <li>• Improvement of water quality, and the way of transportation and keeping of water/ information from community members through questionnaire survey in sample villages</li> <li>• Practice of hand washing/ information from community members through questionnaire survey and PRA in sample villages</li> <li>• Use of toilet facilities/ information from community members through questionnaire survey in sample villages</li> </ul>	<ul style="list-style-type: none"> <li>• For carrying water, use of containers with lids has increased from 10.5% to 43.5% in 5 years. For storing water, keeping water in containers with lids inside the house has increased from 57% to 85.5%. No significant difference was found in the target and non-target areas.</li> <li>• Majority (78%) still wash hands in a basin or dish, which is a traditional way though discouraged for hygiene reason.</li> <li>• Few households have toilet facilities at home, though those who have use the facility.</li> </ul>
	II-3 What was the impact on the improvement of health status of the people?	<ul style="list-style-type: none"> <li>• Change of occurrence of water-born diseases/Data from Binga RDC and Questionnaire survey in sample villages</li> <li>• Infant mortality rate/Data from Binga RDC and Questionnaire survey in sample villages</li> <li>• Nutritious status of infants/ information from community members through questionnaire survey in sample villages</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to Performance: Achievement of overall goal</li> <li>• Refer to Performance: Achievement of overall goal</li> <li>• The situation seems to vary from household to household as 38.5% indicated improvement compared to 5 years ago and 37.5% indicated deterioration while the rest (24%) said no change.</li> </ul>
	II-4 What improvement has been made in terms of people's participation in the target community?	<ul style="list-style-type: none"> <li>• Status of community activities/ information from community members through questionnaire survey in sample villages</li> <li>• Status of training of community leaders/ information from community members through PRA</li> </ul>	<ul style="list-style-type: none"> <li>• The most common community activities are collecting locally available resources and labour contribution for development projects such as construction of school blocks and health centres. Different activities were organized as food for work program. Three quarters of the respondents noted that people were in general more active in participating in community activities, though it varied from village to village.</li> </ul>
	II-5 Has the wealth and income of the people in the target community increased?	<ul style="list-style-type: none"> <li>• Change of wealth and income/ information from community members through questionnaire survey and PRA in sample villages</li> </ul>	<ul style="list-style-type: none"> <li>• Due to serious food shortages caused by the severe drought, food stock and possession of livestock and poultry at the household level had significantly reduced compared to 5 years ago.</li> </ul>
Sub-question III: Applicability of the approach	III-1 How was the community involved in the planning and implementation of the project?	<ul style="list-style-type: none"> <li>• Community participation in the planning and implementation of the project/ information from community members through PRA in sample villages</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to the drilling some community leaders attended consultative meetings organized by SCF. Workshops were held for community members on CBM and water point committees were formed. During the implementation community members contributed by clearing the area, fetching water and river sand, guarding tools and equipments, constructing washing slabs and cattle troughs and fencing the facility. Both in Mucheni and Gande funds were also raised for future maintenance from the users.</li> </ul>

Eval. Item	Detailed Evaluation Questions	Data Collected and Data Collection Method	Survey Outcomes
	III-2 What are the characteristics of the community?	<ul style="list-style-type: none"> <li>• History of the community, climate and demographic changes/ information from community members through PRA in sample villages</li>   <li>• Communal activities in the community/ information from community members through questionnaire survey and PRA in sample villages</li> </ul>	<ul style="list-style-type: none"> <li>• <b>HISTORY:</b> Majority of the people are Tonga who were displaced from the Zambezi Valley in 1957 due to the flooding of the valley caused by the construction of Kariba dam, downstream of Zambezi River.</li> <li>• <b>CLIMATE:</b> The rainfall in this area is too low and erratic for the reliable farming and the area suffered severe droughts several times in the past (1961/62, 1967, 1982/3, 1991/2, 2002/3). At the time of field survey food shortage was serious due to 2 years of poor harvest caused by drought.</li> <li>• <b>DEMOGRAPHY:</b> For example in Mucheni, in spite of high birth rate, due to lack of health facility in the area coupled with outbreaks of measles the population remained relatively low till mid 60s when a health centre was opened in Siabuwa (30 km from Mucheni). The population increased steadily since then. Although family planning was introduced early 90s many did not accept the idea and did not practice. Since mid 80s effect of HIV/AIDS were felt and since mid 90s the death rate increased. Acceptance of family planning by younger generation has recently contributed to smaller fewer numbers of children in the family.</li> <li>• The most common community activities are collecting locally available resources and labour contribution for development projects such as construction of school blocks and health centres. Different activities were organized as food for work program. Three quarters of the respondents noted that people were more active in participating in community activities, though it varied from village to village.</li> </ul>
	III-3 What kind of resources (natural, human, etc.) does the community have?	<ul style="list-style-type: none"> <li>• Natural and social resources (facilities such as school, health centre, market, boreholes, etc.) and their use/ information from community members through PRA in sample villages</li> </ul>	<ul style="list-style-type: none"> <li>• Two streams run through Mucheni. Mucheni has a primary school, a social centre with public toilets, a grinding mill, churches and 4 boreholes (2 constructed by SCF and 2 from Japan), of which 3 are functional. Ground work has started for the construction of a clinic in the village. Gande is adjacent to Chizaria National Park and Russ Brown Safari. Road network in and around the village is very poor. The village also has a primary school, a social centre, a grinding mill, churches and several boreholes of which only one is functional. The construction of a health centre started in 1992 with CAMPFIRE dividends but not yet completed.</li> </ul>
	III-4 How is the information access and mobility and its means?	<ul style="list-style-type: none"> <li>• Communication and interaction with neighbouring communities and outside society/ information from community members through PRA in sample villages</li> <li>• Distance and means of transport to Binga town and Bulawayo/ information from community members through PRA in sample villages</li> <li>• Coverage of radio and newspapers/ information from community members through PRA in sample villages</li>   <li>• Current status of training and visits by extension workers/ information from community members through PRA in sample villages</li> </ul>	<ul style="list-style-type: none"> <li>• People visit friends and relatives in neighbouring communities as well as go to nearby rural service centres and Binga growth point for various reasons such as work, education, health service, purchase of food. In case of Gande some people have relatives in Zambia (the other side of the Zambezi river) where they go for family gatherings and ancestral duties.</li>   <li>• Binga is about 70km from Mucheni and Gande. Visits are quite frequent as Binga has a post office, hospital, grain market board and administrative offices. There are daily bus services. Bulawayo, the second largest city, is about 500 km from Binga. Some in the villages have/had work in Bulawayo.</li>   <li>• Newspapers are rare. Radio is one of the main sources of information both in Mucheni and Gande. Not many (less than 30%) have radios but important information is often communicated by those who have. Various community meetings are also held to pass information and messages. Children are also playing an important role in passing information and knowledge learned from school to the community.</li> <li>• Mobile clinic visits both villages regularly mainly for mother and child health care. VHW and VCW are members of the community who were trained and assigned to work for the community in the area of health and community development, respectively. In Mucheni. EHT(environmental health technician) from Binga Hospital conducted awareness meetings.</li> </ul>

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Eval. Item	Detailed Evaluation Questions	Data Collected and Data Collection Method	Survey Outcomes
	<p>III-5 How is the interaction between government agencies and the community?</p>	<ul style="list-style-type: none"> <li>• Rules and regulations/ information from RDC</li> <li>• Interaction with RDC/ information from community members through PRA in sample villages</li> <li>• Community's status in the development plans/ information from RDC</li> </ul>	<ul style="list-style-type: none"> <li>• Development issues are channelled through Village Development Committees, Ward Development Committees and Rural District Development Committee, the technical arm of Council. Political issues on the other hand are channelled through ward and district councillors.</li> <li>• There seems little interaction between the communities and RDC. Both in Mucheni and Gande the participants expressed that RDC was not supporting the community adequately.</li> <li>• Binga RDC Three Year Rolling Development Plan (2002-2004) addresses need of development in physical and social infrastructure, capacity building of the RDC, food security, natural resources management and water supply in the district.</li> </ul>
	<p>III-6 In what field has the community been supported by other donors and NGOs?</p>	<ul style="list-style-type: none"> <li>• Situation of interventions by other donors and NGOs/ information from RDC and community members through PRA in sample villages</li> </ul>	<ul style="list-style-type: none"> <li>• Since early 1980s Save the Children Fund has been assisting the district in the fields of drought relief and emergency food distribution, water supply and sanitation and HIV/AIDS. Kulima Mbobuni Training Centre funds training of communal farmers on dry land farming and provision of farm implements. Christian Care funds Integrated Food Security and Nutrition Programme in 2 wards (Manjolo and Sikalengwe. ZDCP (Zimbabwe Decentralized Cooperation Program) is mobilizing community for construction of a school and a health centre in Mucheni Village in Sinansengwe Ward.</li> </ul>



## Summary of Survey Outcome in Zambia

Evaluation Item	Detailed Evaluation Questions	Required Information & Data	Results of Survey		
			Sector-Wide Approach (George)	Integrated Approach (George)	No Intervention (Kalikiliki)
Performance	Achievement of overall goal	a) Increased number of projects for improvement of living conditions in the target area with community participation b) Status of mobilisation of resources by the ABO/ CBO for community development activities	Implementation of the development activities with community participation increased with understanding by the community members. ABO/CBO is also positive to identify the needs from the residents in the area and to take initiatives for facilitation of these community activities. However, they perceive the difficulty to mobilise the resources from the communities as well as from the external support agencies due to deterioration of economic situation and insufficient knowledge and skills to sell their ideas to support agencies.		a) Interventions for improvement of living conditions of the settlement are still very limited since the area has been illegal until recently. b) The RDC does not have much experience in mobilising resources from communities for development activities apart from current activity for bridge construction. Community members are contributing through provision of labour force.
	Achievement of programme purpose	a) Decrease of infection rate of the water-borne diseases in the target area b) Decrease of infant mortality rate in the target area c) Decrease of malnutrition of children	a) More than 60% of sample households indicated that diarrhoea, cholera and eye diseases decreased. Main reasons for this decrease are provision of clean water and improvement of hygiene condition. Residents in George Proper, target area of PHC project, mentioned improvement of knowledge on health and health care as well together with water and hygiene aspects. b) From PHC report c) Around 70% of sample households in George Proper indicated the nutritional status of children as deteriorated while the one in other sample areas remains around 50%.	a) Percentage of people indicating decrease of water-borne diseases is around 20%, which is lower than in George. b) No data was available specific for the compound. c) A little less than 60% indicated deterioration of nutritional status of children	
	Input performance	a) Input of human resources, fund, materials		Not applicable	
Implementation Process	What was the background of the planning and implementation of the programme (projects)?	a) Background and timing of the request and formulation of each project b) Implementation scheme and scale of the projects c) Sharing of information and collaboration among stakeholders	a) The Water Supply Project was launched in response to a critical need to improve accessibility to safe water for mitigation of cholera disease in the George Complex. JICA PHC project selected the George Compound as the pilot project on community-based PHC with considering utilising the improved water supply available in the area for promotion of health and hygiene. b) Since GCEP was initiated to strengthen the management system of water supply services established by the water supply project, it can be regarded as implemented with an integrated approach within the same sector framework. c) Information on implementation of the project was basically shared among the project staff, counterpart personnel and other stakeholders at the field level through meetings and workshops.	Not applicable	
	Did the implementing agency take part in the project with ownership?	a) Performance of implementing agency on execution of the undertaking of the project b) Status of allocation of fund for O&M as well as implementation of project	a) LWSC established George Main Division for operating the constructed water scheme. Under the supervision by LWSC, George Main Division is running the scheme independent from the head office of LWSC, with self-supporting accounting system. b) Regarding the PHC project, LDHMT allocated counterpart personnel and other resources required to execute the projects with JICA experts.	Not applicable	
	Was the timing of each component in the project co-ordinated properly?	a) Implementation schedule and process of components included in the projects	a) Construction of water supply facilities was completed as scheduled. Due to delay of conclusion on revised RDC constitution by LCC and other stakeholders, establishment and training of new RDC and ZDCs were delayed in the implementation schedule of GCEP. b) Various activities were planned in the process of the PHC pilot project. Those were readjusted to the appropriate scale and components in consultation with the counterparts and CBOs.	Not applicable	

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Evaluation Item	Detailed Evaluation Questions	Required Information & Data	Results of Survey		
			Sector-Wide Approach (George)	Integrated Approach (George)	No Intervention (Kalikiliki)
	Was there an overlap of the target group of each project?	a) Scope and composition of the target group	a) The PHC pilot project covered only George Proper as the target area while the other projects were implemented for whole areas of George Complex. The target groups of the PHC project are staff of health centre and CBOs working with the health centre staff as well as the residents in the George Proper. GCEP supported ABO and LWSC in addition to the community members who were also target group of the water supply project.		Not applicable
	How did the community members participate in the project?	a) Strategy/ approach on community participation in the project planning, implementation, monitoring and evaluation	a) Participation of the community members in the projects has been facilitated through participating in the community meetings, sending representatives to ABO/CBO, and contributing to the cost for investment and/or O&M in cash, kind and labour. Capacity building of community members in identification and analysis of their problems so that they can come up with their own action plan.		Not applicable
Sub Question 1: Sustainability of Water Supply	I-1 How is the water resources management/development planned, implemented and monitored/evaluated?	a) Status of planning, implementation, monitoring and evaluation of the basic policy on the water resources management/ development b) Involvement of the communities in the basic policy	a) The National Water Policy (1994) sets principles on water resources management/ development as well as water supply in Zambia. The government initiated the Water Resources Action Program (WRAP) in 1997 aiming at supporting the development of the nation's water resources management capacity. Water resources development in the country is regulated by the Water Act under supervision by the Water Development Board in the Ministry of Energy and Water Development. Function as the regulator on water resources development is clearly separated from the implementation of water supply which is now administered by the Ministry of Local Government and Housing. b) As an expected output from WRAP, a system of "Catchment Management" is to be established in order to decentralise the roles of issuing licences of water development to the catchment level. Community member is regarded as one of the stakeholders in water resources management and development in their catchment basin.		
	I-2 How is the water supply in the peri-urban areas planned, implemented, and monitored/evaluated?	a) Status of planning, implementation, monitoring and evaluation of the water supply projects in peri-urban areas b) Status of allocation of resources by the implementing agencies/ service providers for water supply in peri-urban areas	a) Water and Sanitation Act (1997) governs the provision of water supply and sanitation services in the urban areas by the commercially-viable water utilities which are supervised by the National Water and Sanitation Council (NWASCO). NWASCO established the Devolution Trust Fund to be utilised by the commercial utilities or other service providers so that investments for water supply and sanitation services in peri-urban areas will be increased. As an overall strategy on water and sanitation in the peripheral areas, the Peri-Urban Water Supply and Sanitation Strategy defines the frameworks on policy, legislative and institutional arrangements, and financing for improvement of the service provision. b) Investment in peri-urban water supply and sanitation has been implemented by the local authorities with assistance from external donors. Major support agencies in case of Lusaka are DfID through CARE International, Ireland Aid, and JICA. Commercial utilities are searching possibility to get involved in the peri-urban water supply and sanitation sector through providing support services for the community to manage the water scheme rather than managing the whole scheme with their own resources.		
	I-3 How are the existing water supply facilities managed and maintained?	a) Basic policy on O&M of the water supply facilities in peri-urban areas b) Status of O&M of water facilities by the community members c) Process of decision-making by the Water Committee and other CBOs involved in O&M of water facilities d) Type of community participation e) Support services available by local administration/ service providers f) Communication mechanism between local administration and communities	a) Partnership between ABO and service provider is centred in O&M of water facilities. The water supply scheme in each settlement is expected to be financially managed in self-supporting management system. b) Tap leaders elected from the community members are involved in daily operation of the communal taps and monitoring of water use by the users. They are paid incentives from a profit of water services. c) Tap leaders through zone water monitors report to the Water Committee and George Main Division on problems they encounter at daily operation of water taps. d) The user communities participate in O&M of water scheme by cleaning of surrounding area of public taps, clearing grass, preventing vandalism. Around 90% of sample households pay user fee K3,000/ month. Major reason of default found is financial constraint to raise the amount. e) George Main Division provides preventive maintenance and repair services of water facilities apart from replacing the lock of the public taps which is supposed to be done by the tap leaders through the Water Committee. While nearly one quarter of sample households are aware of roles of tap leaders/Water Committee and LWSC, a certain portion of people in George Proper also sited JICA as the actor to repair	a) Same as George Complex b) No activities in terms of O&M of water facilities since the existing boreholes are not functioning. Nobody is responsible for repairing the broken down boreholes in the settlement. c) No ABO/CBO responsible for O&M of water facilities. d) No contribution from community members since no service is provided. LWSC is not charging user fee to the users of existing network. Those who are supposed to pay for water seem to be using communal water scheme or individual tap in neighbouring areas such as Mtendere. e) All the services are available in Mtendere even police post. Slow process of legalisation made it difficult for external agencies to	

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Evaluation Item	Detailed Evaluation Questions	Required Information & Data	Results of Survey		
			Sector-Wide Approach (George)	Integrated Approach (George)	No Intervention (Kalikiliki)
			<p>water facilities compared with other sample areas.</p> <p>f) The RDC/ Water Committee is the interface between local administration and community members regarding the management of water supply facilities. External agencies working in cooperation with RDC/ Water Committee in George are LCC, LWSC (George Main Division), CARE-GCEP, JICA PHC and NWASCO.</p>		<p>support the community for improvement of the living conditions.</p> <p>f) Same as e) above.</p>
Impact on Poverty Reduction Sub Question II	<p>II-1 In what way did the living environment of the target group improved and as a result, how has the life-style of the people changed?</p>	<ul style="list-style-type: none"> <li>• Increased number of users in different socio-economic categories</li> </ul> <p>b) Quantity and quality of water supplied</p> <p>c) Equitable access to water</p> <p>d) Change of cycle of daily routine work by decrease of time to fetch water</p> <p>e) Number and capacity of CHWs and staff of health centres</p>	<p>a) Social services in the community have been deteriorated apart from water supply and health services comparing with 5 years ago. Users of clinic can receive medicines though it is still limited. However, people does not feel positive change much in last 10 years regarding social services. Peoples feel hopeless to the government while the RDC is challenging such community's perspective by realising community-based development activities physically.</p> <p>Main water source for all the sample areas is the communal tap constructed in the water supply project as more than 90% of the sample households answered. Percentage of use of communal tap increased in the sample areas compared with five years ago.</p> <p>b) More than 90% of sample households in each sample area have perception that water quality was improved compared with five years ago, considering that they are now using water treated with chlorine.</p> <p>c) Distance to the protected water source from houses reduced. While more than 60% of sample households do not feel difficulty in obtaining water, some portion of households have difficulty in accessing water due to failure of raising user fees, short period of opening time for the taps, and overcrowding. Problem on equitable access to water changed from issue of distance to the water point to the matters how they can utilise the facilities.</p> <p>d) Much difference is not observed among the sample area as adult women usually fetch water in most cases as the daily chore. An exception is decrease of percentage of adult women to fetch water instead of increasing percentage of "others" in George Proper. Distribution of the percentage of adult men remains same degree compared with five years ago. Water fetching by children did not decrease but remains same degree or slightly increased though it is relatively much less than that of adult women.</p> <p>e) CHWs in the area used to be only active during outbreak of diseases and have inadequate knowledge and skills. Capacity building of CHWs under the PHC project enhanced their knowledge and skills necessary to plan and conduct health education programme in the community resulting into reduction of workload of health centre staff. 51 CHWs including those who were initially trained by other donors in the past are now working with George Clinic.</p>	<p>a) Legalisation of the settlement is the major improvement since the external organisations may come into the area to assist for improvement of the living conditions. In other aspects, nothing much has changed. Things are getting worse because of high unemployment, high cost of living, more dependents in the family.</p> <p>Use of an illegal connection to the existing LWSC network increased from 52% in five years ago to 72%.</p> <p>b) All the sample households, who use tap water, perceive the quality good.</p> <p>c) Situation has not improved. 5 years ago 47.5% had to cover a distance of 20-100m to water source while currently 52.5% still have to cover same distance. Major problems for the users are instable water supply and restriction of water fetching by the owner of the facility in addition to long distance and difficulty to afford user fee.</p> <p>e) No clinic in the settlement.</p>	

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Evaluation Item	Detailed Evaluation Questions	Required Information & Data	Results of Survey		
			Sector-Wide Approach (George)	Integrated Approach (George)	No Intervention (Kalikiliki)
		f) Status of monitoring by CHWs for health and hygiene education	f) CHWs are mainly involved in growth monitoring and health and hygiene education. George Environmental Health Committee (GEHC) is facilitating improvement of environmental health in several aspects. They are trying to ensure sources of incentives for them to continue their activities with sustainability. Since activities by these CBOs are limited to George Proper under the PHC project (phase1), GCEP support to train Community Hygiene and Health Promoters to cover other areas of George Complex in terms of facilitation of water-related hygiene improvement.		f) Not applicable
	II-2 In what way has the people's behaviour and attitudes improved regarding hygiene?	<ul style="list-style-type: none"> <li>a) Practice to maintain/improve water quality at household</li> <li>b) Hygienic practice for drawing, carrying, storing and drinking water</li> <li>c) Utilisation of different water sources in compliance with the usage</li> <li>d) Practice of hand washing</li> <li>e) Practice to improve environmental sanitation at household level</li> </ul>	<ul style="list-style-type: none"> <li>a) About 60% of sample households in George do not treat drinking water at the household level presently. Trend of change in practice on treatment of water at household varies among sample areas. Percentage of households implementing treatment of drinking water tremendously decreased recently in George Proper compared with five years ago. Use of chlorine is the most common method for water treatment at present while it was by boiling in five years ago.</li> <li>b) Container with a lid is used to fetch water in most case.</li> <li>c) Use of different water sources by residents are getting decreased as the communal taps became the major water source for them.</li> <li>d) Most common timing for hand washing is after using the toilet and before eating with washing hand inside washbasin. Use of soap increased in all sample areas compared with five years ago.</li> <li>e) Households taking garbage to the collection site doubled in George Proper compared with five years ago while burying the garbage in the yard is the most popular way in other sample areas. Major reason to choose these methods for garbage disposal is to prevent diseases.</li> </ul>		<ul style="list-style-type: none"> <li>a) Those who treat water increased.</li> <li>b) Container with a lid is the most common vessel for fetching water. However, type of vessels used varies more than the one in George.</li> <li>c) More than 90% of sample households have been using a single water source for drinking and washing. A few people use handpump to fetch water for washing due to difficulty in obtaining enough water.</li> <li>a) Situation is not much different from George.</li> <li>b) Most common method for garbage disposal is to take the garbage to the collection site.</li> </ul>
	II-3 What was the impact on the improvement of education opportunities in the target area?	<ul style="list-style-type: none"> <li>a) Enrolment rate of basic school</li> <li>b) Drop-out rate of basic school</li> <li>c) Number of basic schools in the target area per school-age children</li> <li>d) Literacy rate</li> </ul>	Education statistics for the settlement was not available. In George Proper, there is only one basic school. In other areas of George Complex, they have five basic schools in total. Number of classes and schools are not enough to cater for school-aged children living in the area. Though application of enrolment is getting increased after announcement of "free education" by the government in 2002, enrolment rate cannot be improved due to shortage of facilities.		There is no formal school within the settlement. Children go to schools in neighbouring areas. illiteracy rate is high, especially among women.
	II-4 What improvement has been made in terms of people's participation in the target area?	<ul style="list-style-type: none"> <li>a) Status of community participation in decision-making for improvement of living conditions</li> <li>b) Understanding and acceptance of women's participation in decision-making process</li> <li>c) Status of implementation of the action plans elaborated by ABO/CBO</li> <li>d) Status of capacity building of community leaders</li> <li>e) Extent of trust in ABO/CBO by the local authority and community members</li> </ul>	<ul style="list-style-type: none"> <li>a) PLA Committee under the RDC is supposed to mobilise the community in identification of their felt needs and keep records for further planning and monitoring the interventions. ZDCs are expected to have community meeting in their zone at least once in three months in order to identify the needs from the residents and inform the progress of the activities by ABO to them. People shows enthusiasm for participation in the community-based interventions though they cannot work for long time for those activities without doing other business since they need to earn their living.</li> <li>b) Understanding by the community members in participation of women in decision-making process has been improved. It has also been realised by actual representation by women in the ABO/CBO.</li> <li>c) Newly formed RDC has just elaborated 5-year action plan.</li> <li>d) Capacity building of ZDC and RDC members is on going process under the GCEP. Tap leaders were also trained by CARE under the GCEP in conflict resolution and attitude as the servant leader for the community. Apart from the new RDC and Water Committee members, there are community facilitators who were used to be members of RDC/ Water Committee and are still active as the leaders in their residential areas.</li> </ul>		<ul style="list-style-type: none"> <li>a) The settlement is divided into 10 zones and each zone has ZDC which sends representative to RDC. With RDC's initiative, the bridge is now being constructed.</li> <li>b) RDC is composed at a good balance of men and women. However, men are traditionally more outspoken and take charge of decision-making while many women participate in the communal activities.</li> <li>c) Previous RDC had 2-year action plan though many of the plans were not implemented due to lack of resources. The new RDC will prepare the 5-year action plan soon.</li> <li>d) RDC and ZDC members newly elected are being trained by LCC in their roles as the community leaders in</li> </ul>

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Evaluation Item	Detailed Evaluation Questions	Required Information & Data	Results of Survey		
			Sector-Wide Approach (George)	Integrated Approach (George)	No Intervention (Kalikiliki)
			Experiences and knowledge in management of the community development activities have been kept and succeeded at community level through these existing human resources.		accordance with the RDC constitution.
			e) The RDC reports the progress of their activities to other stakeholders through regular meeting held once a month.		e) The community is supposed to be informed the progress of activities by the RDC through ZDC.
	II-5 Has the wealth and income of the target group increased?	a) Contents of assets hold by household and ownership	a) As a general perception by the communities in their well-being/ ill-being, around 50% of sample households in the areas answered they had suffered a setback in their livelihood compared with five years ago due to increase in living costs and unemployment or reduction of household income. 10-17% perceive that their livelihood improved with regard to their financial ability to buy more household goods due to increase of household income.		
		b) Main income source	b) Income from salary/wages as government worker or private office worker decreased while the operation of own business/ shop/ trading and involvement of piecework increased. Also, households which depend on several income sources increased to complement each other. Only an exception is found in Area 7 that the income source from government/ private works increased compared with five years ago instead of decrease of own business relatively.		
		c) Number of HH members earning living	c) More than half of the sample households in the areas depend of their livelihood on one person.		
		d) Practice of saving	d) 70-80% of sample households in the areas do not have practice of saving. Further, its percentage slightly increased in George compared with five years ago while the one in Kalikiliki remains same degree.		
Applicability of Integrated Approach Sub-Question II:	III-1 How was the community involved in the planning and implementation of the project?	a) Status of community participation in the planning and implementation of the project	a) Resource available from the community for the communal activities is labour rather than in kind.		People, especially women, participate in communal activities. They are currently busy constructing a bridge. Resources available from the community for communal activities are labour and cash.
	III-2 What are the characteristics of the community?	a) Formation and history of the community	a) George Complex consists from 7 compounds named George, Soweto, Desai, Kizito, Lilanda Estate, Chikolokoso, Paradise and Lilanda Site 5. The area divided into 27 zones. LCC started the upgrading scheme including the site and service in 1974 with assistance from the World Bank.	a) George Compound (Proper) which consists of zone 2-13 was used to be a commercial farm run by a white farmer named George in colonial days. After the independence of Zambia in 1963, migration by Zambian into George compound increased. The area has been an illegal settlement till LCC announced its recognition to start the upgrading scheme for George Complex as a whole.	a) In the 1950s a businessman was making bricks near the dam. He brought people into the settlement.
		b) Demographic change, social structure, tradition and practices	b) Population is getting increased and over spilled into western part. Number of population in the target areas of water supply project is approximately 100,000 excluding Lilanda Estate where the house connection from LWSC's existing system is maintained.	b) Number of population in George Compound is approximately 35,400. This area has the highest population density in the George Complex.	b) In 1970s and 80s the population increased tremendously and currently estimated at 20,000. The settlement is still growing and some houses have been built around the compound like mushrooms, some of which were demolished by LCC in end of November 2002.
			c) George RDC newly elected in July 2002 has Gender	c) There are lots of orphans,	

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Evaluation Item	Detailed Evaluation Questions	Required Information & Data	Results of Survey		
			Sector-Wide Approach (George)	Integrated Approach (George)	No Intervention (Kalikiliki)
			<p>Committee as one of the sub-committees to enhance participation of women in decision-making at household and community level and awareness of the community regarding legal issues related to gender. HIV/AIDS has been affecting the community, hence increase of female-headed households and child-headed households.</p> <p>d) RDC is the sole Area-Based Organisation to coordinate the stakeholders for development activities in George Complex. ZDC in each zone sends their representative to RDC in order to realise the felt needs of the community members. Particular issues for the community are discussed in and facilitated by sub-committees under the RDC.</p> <p>e) There is an informal club called "Chilimba" which is a small-scale business fund for women. This fund has a characteristic of mutual-aid among women in the community.</p>		<p>widows, the aged and the poor while very little assistance from the external organisations. Many orphans are taken care of by the unemployed grandparents.</p> <p>d) The RDC is the co-ordination body for decision-making in the community. The old RDC was dissolved in June 2002 and the new committee was established at the end of November 2002. Handover of the office from the former RDC members took place in middle of December 2002. The new RDC has no sub-committees. When it is necessary the RDC calls for public meetings to discuss and decide the common issues for the residents.</p> <p>e) The community sometimes clear the garbage heap together. Currently people are working together to make a bridge, which was also decided at the public meeting organised by the RDC.</p>
	III-3 What kind of resources does the community have?	<p>a) Natural resources and their utilisation</p> <p>b) Social resources and their utilisation</p> <p>c) Roles of the community leaders</p>	<p>a) Small land for cultivation inside the settlement. Some people work lime stone in western part of George complex for construction material. The area was used to have forest which has now decreased due to cutting trees for making charcoal for energy and for sale. Additional information to be captured from community map</p> <p>b) They have basic/ primary schools, private clinics, market, churches and community school run by a church. Public taps and shallow wells for water source. Road and drainage were improved in very limited area. Most of the households in the area do not have electricity.</p> <p>c) There are community leaders such as churches leaders and councillors apart from ABO members. Church has very pivotal role to look after orphans and the sick through home based care. Councillors are regarded as bringing negative impact to development of</p>	<p>a) Same as other area of George complex. Additional information to be captured from community map</p> <p>b) They have basic/ primary schools, community school run by NGO, clinic, market and churches. Public taps and shallow wells for water source.</p> <p>c) Same as other area in George Complex. In addition, community-based organisations such as Neighbourhood Health Committee (NHC), George Environmental Health Committee (GEHC), Community Health Workers (CHW), Nutrition Promoters, Fee Paying Toilet Management Committee are active in George Compound in cooperation with George Clinic.</p>	<p>a) From JICA Development Study report.</p> <p>b) One public tap from LWSC water scheme is located at the end of Kalikiliki and used for drinking water together with the taps in Mtendere. Shallow wells for washing and other use. 4 non-functioning boreholes. There is no formal school and clinic in the settlement. Community school for children is run by church. Road was used to be rehabilitated through the food for work programme by PUSH. Currently RDC is implementing bridge construction with community so that minibus will operate in the settlement.</p> <p>c) RDC is non-political and works for development of the community. Political leaders talk a lot but little action, except for campaign periods. Church organisations contribute services where there is no other opportunity such as education and adult literacy class.</p>

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Evaluation Item	Detailed Evaluation Questions	Required Information & Data	Results of Survey		
			Sector-Wide Approach (George)	Integrated Approach (George)	No Intervention (Kalikiliki)
			the community and not observing the rules in the community. Water Committee, one of the sub-committees of the RDC, has played central role to facilitate the community to participate in the operation and maintenance of the water supply services even during the absence of the RDC due to dissolve of the former RDC in Oct. 1999.		
	III-4 How does the community access to information and how is the mobility?	<ul style="list-style-type: none"> <li>a) Mobility within and outside Lusaka</li> <li>b) Coverage of radio, newspapers and other communication tools</li> <li>c) Status of monitoring/ visiting of the target area by the staff from local authority/ service providers</li> </ul>	<ul style="list-style-type: none"> <li>a) Mini bus is common transport for the community members to go downtown of Lusaka. There are very few owners of minibus in the area.</li> <li>b) Slightly less than 50% of the sample households own radio in George Proper. More than 60% of sample households own radio in other sample areas</li> <li>c) LCC has a site office near Lilanda market in George Complex. Also, community development officers are stationed at George Main Division/ LWSC to deal with the customer service issues. Head office of LWSC provides preventive maintenance service through checking condition of the pumps once a week while the Engineering section of George Main Division maintains leakage and small detectives. Also LWSC tests water quality once a week at their laboratory in conjunction with Environmental Council of Zambia (ECZ). Regarding health services, inadequate resource and motivation for monitoring activities by George Clinic staff before JICA PHC project started.</li> </ul>		<ul style="list-style-type: none"> <li>a) As there is no minibus service in the settlement, people walk to Mtendere and take minibus to go to city centre and other places.</li> <li>b) Radios are main source of information. Only a quarter of the residents have TVs and newspapers are not sold in the community.</li> <li>c) Except for LCC through Community Development Officers, little assistance is given to the community.</li> </ul>
	III-5 How does the community interact with local administrations?	<ul style="list-style-type: none"> <li>a) Basic policy and regulations on development activity in peri-urban areas of Lusaka</li> <li>b) Legal status of the target area</li> <li>c) Relationship between communities and local administrations/ service providers</li> <li>d) Interventions by politicians</li> </ul>	<ul style="list-style-type: none"> <li>a) Development of the peri-urban areas of Lusaka is governed by the Local Government Act. LCC provides upgrading scheme for the unplanned settlements for development and taxation after legalise and recognise the area. A community-based mechanism recognised as the ABO structure is centred in planning and implementation of interventions in these peri-urban settlements. Constitution for ABOs regulates how the RDC elections will be conducted, the duties of the RDC and relationship between the RDC and other stakeholders. Due to revision of the constitution in January 2002, the RDC is recognised as an institution under LCC while it was initially registered under the Society Act.</li> <li>b) George Complex is a recognised settlement as an improvement area and security of tenure is offered through provision of occupancy licences.</li> <li>c) There were some tension and conflicts between the former RDC and LCC over the management of the committee and community-based projects. LCC continues to monitor the activities by the newly established RDC. Regarding water supply services, LWSC recognises the community as their partner for operation of the services though the Water Committee expects to be responsible for the management of the water supply scheme by themselves rather participating only at the tap level. Regarding health services, there was no active interaction between the clinic staff and CHWs as of 1998 while coordination and communication between them have increased after JICA PHC project started</li> <li>d) MPs and councillors often ignore the rules and existing structure for decision-making in the community. This attitude has sometimes led confusion in the community.</li> </ul>		<ul style="list-style-type: none"> <li>a) Same as George Complex.</li> <li>b) Kalikiliki is declared as an improvement area to be issued with occupancy licences.</li> <li>c) Regular communication is only with Community Development Officer from LCC.</li> <li>d) People perceive that politicians have not done much for the community except talking during the campaign.</li> </ul>

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Evaluation Item	Detailed Evaluation Questions	Required Information & Data	Results of Survey		
			Sector-Wide Approach (George)	Integrated Approach (George)	No Intervention (Kalikiliki)
	III-6 In what field has the community been supported by other donors and NGOs?	<p>a) Situation of interventions by other donors and NGOs</p> <p>b) Approach on community participation by other donors and NGOs</p>	<p>a) The World Bank and EU were used to assist LCC to upgrade the water scheme in George Complex in 1980s and early 1990s, respectively, though both of them failed due to vandalism by the community members. CARE has been active in George Complex since 1992 for community empowerment and strengthening the ABO through projects such as PUSH, PROSPECT and PULSE. Urban LUSAKA, one of the CARE-funded projects, is to construct orphanage in the area with considering the increase of orphans due to death of parents from HIV/AIDS.</p> <p>b) CARE's approach in interventions has been changed from a food-for-work programme at its start of the activities in Zambia to more long-term development programme. Community empowerment for poverty alleviation is the main goal of every intervention while specific activities such as community infrastructure projects are considered as an entry point for establishment of the community-based initiatives. An integrated approach is employed and coordination of funding is promoted among the CARE-funded projects in order to maximise the expected positive impacts from the interventions.</p>	<p>a) AMDA Zambia office is working with JICA PHC project in addition to interventions by CARE. Main activities by AMDA are training of CBOs working with George Clinic and community members in tailoring, running adult literacy classes and community farms. Salvation Army runs community school in the area.</p> <p>b) Considering that most of CHWs and Nutrition Promoters trained under the JICA PHC project were illiterate and did not have stable source of income, the initial target group of the activities by AMDA was CBOs, especially CHWs and Nutrition Promoters in order to improve incentives and economic strengthen for them. These activities including community farm aim to support CBOs and community members to operate community-based PHC programme in sustainable manner with providing incentives for the participants.</p>	<p>a) In the past, PUSH has done food for work for road repair, drainage clearance, etc. A NGO called CINDI has just started distributing food for widows though its activity is rather limited. The RDC is aware of JICA's development study which made an action plan to construct borehole in the settlement and the community has put the land aside.</p> <p>b) No information</p>



### Achievements of Binga Rural Water Supply Project

Programme Summary	Verifiable Indicators	Achievement	External Factors	
			Assumptions	Actual
<p><b>Overall Goal:</b> Health and hygiene conditions of the people in the target area will be improved.</p>	<ul style="list-style-type: none"> <li>Decreased infant mortality rate in the target area</li> <li>Decreased occurrences of water-borne diseases in the target area</li> </ul>	<ul style="list-style-type: none"> <li>No impact observed (no reliable data)</li> <li>Among the borehole users 72.5%, 65.5% and 84% indicated the decrease in occurrences of diarrhea, eye diseases and skin diseases, respectively.</li> </ul>	<ul style="list-style-type: none"> <li>Overall political and economic conditions of the country will be stable.</li> <li>Provision of health services will be improved in the target area.</li> </ul>	<ul style="list-style-type: none"> <li>Political and economic conditions further deteriorated.</li> <li>Additional rural health centers are being built but not completed. A pilot project for prevention of malaria is being implemented.</li> </ul>
<p><b>Project Purpose:</b> Safe drinking water will be supplied to the people in the target area in a sustainable way.</p>	<ul style="list-style-type: none"> <li>Increased water coverage rate</li> <li>Increased number of water facilities in use</li> </ul>	<ul style="list-style-type: none"> <li>Decrease from 31.7% to 29% due to non-functional boreholes.</li> <li>The number of boreholes in the 12 wards increased from 107 to 144, though only 105 are functional.</li> </ul>	<ul style="list-style-type: none"> <li>Socio-economic conditions will not deteriorate further in the target area.</li> </ul>	<ul style="list-style-type: none"> <li>Socio-economic conditions in the area worsened due to 2 years of food shortage caused by drought.</li> </ul>
<p><b>Output:</b> 1. 124 boreholes with hand pumps are constructed and yield sufficient water both in quantity and quality.</p>	<p>1-1 Number of boreholes with hand pumps constructed by the Japanese and Zimbabwean sides.</p> <p>1-2 Quality and quantity of water supplied.</p>	<p>1-1 30 boreholes with hand pumps were constructed by Japanese side. Since then ZINWA has drilled 34 locations but only 10 produced sufficient water.</p> <p>1-2 Some boreholes were not used as pumping was very heavy (it could be due to low water table). A few people indicated water was not palatable.</p>	<ul style="list-style-type: none"> <li>Hydrological conditions of the target area will not get worse due to the drought.</li> </ul>	<ul style="list-style-type: none"> <li>Hydro-geological conditions prove to be difficult due to droughts.</li> </ul>
<p>2. Technique of geophysical prospecting and drilling by the Zimbabwean counterparts are improved.</p>	<p>2-1 Success rate of drilling by the Zimbabwean counterparts.</p> <p>2-2 Progress of the construction works according to the plan.</p>	<p>2-1 Low rate of 10 out of 34.</p> <p>2-2 No information was so far obtained (waiting for information from ZINWA).</p>		
<p>3. Capacity of the target communities is improved in operation and maintenance of the borehole water facilities.</p>	<p>3-1 Action taken by the water point committees for preventive maintenance and repair of hand pumps.</p> <p>3-2 Contribution from the community members for daily operation and maintenance of the water facilities.</p>	<p>3-1 Water point committees were formed at newly constructed water points. Little maintenance is applied, apart from sweeping the area and fencing. Capacity has not been built in the community.</p> <p>3-2 Funds were collected at the beginning, but in most cases it has stopped.</p>	<ul style="list-style-type: none"> <li>RDC will establish and provide support services for the communities.</li> </ul>	<ul style="list-style-type: none"> <li>No support from RDC or DDF.</li> </ul>
<p>4. Awareness of the communities in hygienic behavior and practice is improved.</p>	<p>4-1 Improved practice by the community members in terms of safe transport and storage of water and cleaning of surrounding area of water point.</p> <p>4-2 Improved practice by the community members in terms of hand washing.</p>	<p>4-1 For carrying water use of container with lid has increased from 10.5% to 43.5%. For water storage, keeping water in covered container inside the house has increased from 57% to 85.5%.</p> <p>4-2 Improvement was made in frequency though not in the method.</p>		

Activities:	Achievement:	Input:
<ul style="list-style-type: none"> <li>Formulation of Basic Design of the Project.</li> </ul>	<ul style="list-style-type: none"> <li>Basic Design was formulated between January and June 1997.</li> </ul>	Human Resources: <ul style="list-style-type: none"> <li>Japanese consultants</li> <li>Counterparts</li> <li>Japanese contractors</li> </ul> Equipment: <ul style="list-style-type: none"> <li>Survey and drilling equipment and materials</li> <li>Vehicles</li> <li>Hand pumps</li> </ul>
<ul style="list-style-type: none"> <li>Procurement of survey and drilling equipments and materials.</li> </ul>	<ul style="list-style-type: none"> <li>Procured survey and drilling equipment and material were handed over to Zimbabwe in February 1998.</li> </ul>	
<ul style="list-style-type: none"> <li>Technology transfer in geophysical prospecting and drilling works through construction of 30 boreholes by Japanese contractor.</li> </ul>	<ul style="list-style-type: none"> <li>Five boreholes with hand pumps were constructed between November 1998 and February 1999. Twenty five boreholes with hand pumps were constructed between April 1999 and October 1999.</li> </ul>	
<ul style="list-style-type: none"> <li>Construction of remaining 94 boreholes by Zimbabwe government.</li> </ul>	<ul style="list-style-type: none"> <li>ZINWA drilled at 34 locations but only 10 were successful. Hand pumps were already placed for most of these 10 boreholes.</li> </ul>	
<ul style="list-style-type: none"> <li>Sensitization of community leaders.</li> </ul>	<ul style="list-style-type: none"> <li>SCF conducted sensitization meetings for community leaders on CBM including health and hygiene aspects between September 1998 and July 1999.</li> </ul>	
<ul style="list-style-type: none"> <li>Formation and training of Water Committees</li> </ul>	<ul style="list-style-type: none"> <li>SCF organized community meetings at target localities and facilitated the formation of water point committees. At all the 30 newly constructed water supply facilities water point committees were formed but training were not adequate in most cases.</li> </ul>	
<ul style="list-style-type: none"> <li>Health and hygiene education to the community members.</li> </ul>	<ul style="list-style-type: none"> <li>At community meetings SCF included the importance of adequate health and hygiene practices but there was little follow up after the water facility construction to the community members from SCF.</li> </ul>	

### Achievements of Programme for Improvement of Living Conditions for George Complex, Lusaka

Programme Summary	Verifiable Indicator	Achievement	External Factors	
			Assumption	Actual
<p><b>Overall Goal:</b> Community-based initiatives will be applied to other areas related to improvement of the living conditions and livelihood by the Area Based/ Community Based Organisations (ABO/CBO) and local authority with utilising lessons learnt from the existing interventions.</p>	<ul style="list-style-type: none"> <li>Increased number of projects for improvement of living conditions in the target area with community participation</li> <li>Status of mobilisation of resources by the ABO/CBO for community development activities</li> </ul>	<ul style="list-style-type: none"> <li>Intervention to improve environmental hygiene is being tried to expand into other areas of George Complex with an initiative by GEHC.</li> <li>GEHC and Drainage Committee working with George Clinic submitted proposal respectively to funding agencies to access to funds for implementing the projects. Meanwhile, mobilisation of resources, especially in cash, from the community members is getting difficult due to economic constraints at households.</li> </ul>	<ul style="list-style-type: none"> <li>LCC and other legislative organisations will control the development and upgrading of peri-urban areas with proper allocation of resources and obligation of the regulations.</li> </ul>	<ul style="list-style-type: none"> <li>LCC is currently executing demolition of the illegal settlement under construction in peri-urban areas. Resources of LCC to implement the upgrading of peri-urban areas are still limited and they cannot issue effective measures to control the violation of regulations.</li> </ul>
<p><b>Programme Purpose:</b> Health and hygiene conditions of the community members in the target area will be improved.</p>	<ul style="list-style-type: none"> <li>Decrease of infection rate of the water-borne diseases in the target area</li> <li>Decrease of infant mortality rate in the target area</li> <li>Decrease of malnutrition of children</li> </ul>	<ul style="list-style-type: none"> <li>More than 60% of sample households indicated decrease of diarrhoea, cholera and eye diseases attributing to the access to clean water and improvement of hygiene conditions. Decrease of cases of cholera from 70/10,000 (1994) to 1/10,000 (2000).</li> <li>No statistical data was obtained on infant mortality rate.</li> <li>Around 70% of sample households in George Proper indicated the nutritional status of children as deteriorated compared with five years ago though underweight prevalence among under-5 children decreased from 25% (1998) to 15% (2001).</li> </ul>	<ul style="list-style-type: none"> <li>Knowledge on lessons learnt and experiences from the community-based interventions will be succeeded within the ABO /CBOs in the target area.</li> <li>The Government of Zambia will maintain the policy on improvement of the environmental and living conditions of the peri-urban areas in partnership with the community members.</li> </ul>	<ul style="list-style-type: none"> <li>Human resources who were trained and worked as the ABO/CBO members are appointed as the community facilitators to support RDC and other ABO/CBOs. Record keeping by RDC is still to be improved.</li> <li>The Government of Zambia is maintaining the policy on community-based approach for improvement of living conditions of peri-urban areas.</li> </ul>
<p><b>Output:</b> 1. Water supply services are utilised by the community members in the target area in sustainable manner.</p>	<p>1-1 Increased number of users in different socio-economic categories</p> <p>1-2 Payments from users meeting the operation and maintenance costs</p> <p>1-3 Quantity of water supply/capita/day</p>	<p>1-1 User of water services through communal tap as their water source for drinking increased to nearly 100% compared with five years ago (65%). Small portion of households still use shallow wells as the source for drinking water due to difficulty in paying user fee for water supply services.</p> <p>1-2 Costs for operation and maintenance of water scheme are 100% covered by the payments from users.</p> <p>1-3 Quantity of water supply is generally meeting the consumption</p>	<ul style="list-style-type: none"> <li>Socio-economic environment of the target area will not decline to an extent which they cannot afford to use the basic social services.</li> <li>Condition of groundwater provided will not worsen to affect sustainable operation of the water scheme.</li> <li>Service providers will continue provision of services in the target area.</li> </ul>	<ul style="list-style-type: none"> <li>Economic conditions of the country have worsened in five years attributed to soaring inflation, structural reform and droughts.</li> <li>Drought in 2000/2001 partly affected the water level of groundwater to supply the target area. It has recovered to the appropriate level for operation.</li> <li>LWSC continues operation of water supply services based on</li> </ul>

Programme Summary	Verifiable Indicator	Achievement	External Factors	
			Assumption	Actual
2. Community-based primary health care services are operated in sustainable manner.	2-1 Increased number of staff for health centre/ community health workers in the target area and improvement of their capacity 2-2 Status of monitoring by the community health workers	2-1 25 CHWs were trained in the PHC project in addition to existing 26 members who also received refresher-training course. CHWs obtained adequate knowledge to plan and conduct health and hygiene programme for the community members resulting increase of activities by them under supervision by the health centre staff. 2-2 Due to increase of participation of CHWs in health monitoring in community, the workload of the health centre staff was reduced. They are trying to establish financial sources for CBOs to continue the activities.		the partnership agreement with the RDC/ Water Committee. The current management system was reviewed under the GCEP for further improvement.
3. Knowledge and behaviour of the community members are improved in terms of relation between water, sanitation and hygiene.	3-1 Practice to maintain/improve water quality at household 3-2 Hygienic practice for drawing, carrying, storing and drinking water 3-3 Utilisation of different water sources in compliance with the usage 3-4 Practice to improve environmental sanitation at household level (proper excreta disposal and household waste disposal)	3-1 Household treating drinking water at household decreased about 40% compared with five years ago. Using chlorine becomes common method for water treatment than boiling in expectation effectiveness and easiness for handling. 3-2. Container with a lid is the most prevalent type of vessel for drawing, carrying and storing water. 3-3. Most of the households use water from communal tap for both drinking and washing though use of shallow well for washing and other purpose such as gardening and moulding of bricks is also found in the community, especially in rainy season. LCC is advising the owners of shallow wells to lock the wells and not to allow neighbours to use it in order to discourage the residents to fetch drinking water from shallow wells. 3-4. Households taking garbage to the collection site doubled in George Proper compared with five years ago. In most cases, the sites are self-made near the houses with little consideration of hygiene. For sanitation facility, household owing latrine decreased and those people share the facilities with neighbours. Traditional pit latrine is used mostly by the residents. Prevalence of the improved type of latrine has not been achieved much.		
4. ABO/CBOs are enabled to identify the felt needs of the community and take initiatives for realisation of improvement of the living conditions in partnership with local authority and other stakeholders.	4-1 Status of community participation in decision-making on the projects for improvement of the living conditions 4-2 Status of implementation of the action plans elaborated by the ABO/CBO 4-3 Extent of trust in the ABO/CBO by the local authority and community members	4-1 ZDCs were formed in all 27 zones in George Complex as the unit to discuss and make decisions on common development issues for residents living in each zone. Community members also send their representative through ZDC to RDC. 4-2 Newly elected RDC has just elaborated an action plan hence not much progress in realisation. CBOs working with health centre also make their action plans. 4-3 Local authority and service providers regard ABO/ CBO in the area as their partner to execute the development activities. Awareness and evaluation on the ABO/CBO by the community members varies		