

Appendix


MINUTES OF THE DISCUSSIONS
BETWEEN
THE GOVERNMENT OF THE REPUBLIC OF ZIMBABWE
AND
THE THEMATIC EVALUATION STUDY TEAM
ON JICA'S COOPERATION ON WATER AND POVERTY IN AFRICA

HARARE

12th NOVEMBER 2002



Ms. Masami WATANABE
Leader of the Evaluation Team
Japan International Cooperation Agency



Mrs. M. MAKUWAZA
Deputy Director
Ministry of Finance and Economic Development
Republic of Zimbabwe



Mr. Kaoru SUZUKI
Deputy Director, Office of Evaluation and Post Project Monitoring
Planning and Evaluation Department
Japan International Cooperation Agency

**List of Participants in the Joint Meeting on Inception Report
for the Thematic Evaluation on JICA's Cooperation on Water and Poverty in Africa
held on 12th November 2002**

Ministry of Finance and Economic Development

Mrs. M. Makuwaza	Deputy Director
Mr. S. Zharare	Senior Economist

Ministry of Rural Resources and Water Development

Mr. T. Chiwera	Chief Planning Officer, DDF
Mr. R. Muzambindo	Chief Water Engineer, DDF

Ministry of Local Government, Public Works and National Housing

Mr. R. Munyaradzi	Principal Administration Officer
Mr. G. Nhunhama	National Coordinator, NCU

Ministry of Lands, Agriculture and Rural Resettlement

Mr. J. Mathende	Acting Chief Agriculture Economist
-----------------	------------------------------------

Ministry of Education, Sports and Culture

Mr. T. Mabuto	Acting Deputy Director
Dr. S. Mahere	M.A./Director, Schools Division

Ministry of Health and Child Welfare

Mr. W. Rukasha	Principal Environmental Health Officer
----------------	--

JICA

Mr. K. Suzuki	Deputy Director, Office of Evaluation and Post Project Monitoring, Planning and Evaluation Department
Mr. A. Nakagawa	Assistant Resident Representative JICA Zimbabwe Office
Mr. T. Urnetani	Project Formulation Advisor JICA Zimbabwe Office

Evaluation Team

Ms. M. Watanabe	Team Leader/Social Impact Analysis
Ms. M. Azuma	Water Supply/Social Impact Analysis
Mr. L. Mabvudza	Director, Plan Afric (contracted local consultants)

Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched the Evaluation Team (hereinafter referred to as "the Team") headed by Ms. Masami Watanabe to the Republic of Zimbabwe for the purpose of conducting the Thematic Evaluation on Japan's Co-operation on Water and Poverty in Africa.

On the 12th November 2002, the Team had discussions with the authorities, such as the Ministry of Finance and Economic Development and other government offices, concerning the framework of the evaluation study based on the Inception Report.

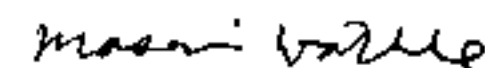
As a result of the discussion, both parties agreed on the framework and the following matters:

1. Ministry of Finance and Economic Development (herein after referred to as "MoF&ED") and other government offices basically had an overview of the Inception Report of this Evaluation Study and will submit comments to JICA Zimbabwe Office by 18th November 2002.
2. MoF&ED and other government offices will coordinate and assist JICA and the Team including the contracted local consultants in the execution of the Study in data collection, questionnaire survey and Participatory Rural Appraisal (PRA).
3. MoF&ED will organize a Joint Meeting with other government offices for an evaluation feedback seminar around May 2003.

MINUTES OF THE DISCUSSIONS
BETWEEN
THE GOVERNMENT OF THE REPUBLIC OF ZAMBIA
AND
THE JICA EVALUATION TEAM FOR THEMATIC EVALUATION ON
JICA COOPERATION ON WATER AND POVERTY IN AFRICA

LUSAKA

5th DECEMBER 2002



Ms. Masami WATANABE
Leader of the Evaluation Team
KRI International Corp., Tokyo



Mr. Richard M. CHIZYUKA
Director of Economic and Technical Cooperation
Ministry of Finance and National Planning
Republic of Zambia



Mr. Katsuhiro SASAKI
Resident Representative
Zambia Office
Japan International Cooperation Agency

Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched the external Evaluation Team (hereinafter referred to as "the Team") headed by Ms. Masami Watanabe to the Republic of Zambia for the purpose of conducting the Thematic Evaluation on JICA Co-operation on Water and Poverty in Africa.

On 2nd December 2002 JICA invited the government agencies concerned to JICA Zambia Office for the meeting on the inception of the above mentioned evaluation study. The list of participants of this meeting is attached in Appendix-1. Following the explanation of the purpose, the framework and the methods of evaluation study by the Team, the participants asked for clarifications on some of the issues and the Team's response to each question was accepted by the participants. The participants also made useful comments on some of the issues, which will be taken into consideration for this evaluation study.

In the meeting the government agencies accepted the framework and the methods of evaluation which the Team presented. The following issues were agreed upon by both the government agencies and JICA:

1. The terms such as "Integrated Approach" and "Sector-wide Approach" used in this study will be defined clearly in the Draft Final Report.
2. MoF&NP and other government offices as well as local agencies will coordinate and assist the Team in the execution of data collection, questionnaire survey and Participatory Rural Appraisal (PRA).
3. If any, further comments on the Inception report will be forwarded to the Team through JICA Zambia Office by 9th December, 2002.
4. The draft final report will be sent to the related government offices for comments at the end of January 2003. The comments, if any, should be submitted to MoF&NP by 17th February 2003. Then the MoF&NP will send the summary of comments to JICA Zambia Office by 21st February 2003, so that the Team can reflect the comments in the Final Report.
5. The results of the evaluation study will be shared to the related agencies in the Evaluation Seminar, which is currently planned in May 2003.



Appendix I: List of Participants in the Meeting (2nd December, 2002)

Ministry of Finance and National Planning

Ms. Chasiya KAZEMBE Acting Chief Economist (Bilateral)

Ministry of Education

Mr. Satoshi NAKAMURA Technical Cooperation Adviser (from JICA)

Lusaka District Health Management Team

Dr. Moses SINKACE Director of Health

Dr. Mpundu MAKASA Manager Planning and Development

Lusaka City Council

Mr. Bornwell MATAWE Assistant Director

Lusaka Water and Sewage Company

Mr. Henry MTINE Director of Engineering

Mrs. Astrid C. BANDA Head of Peri-urban Section

JICA

Ms. Nobuko NAKAMURA Office of Evaluation and Post Project Monitoring
Planning and Evaluation Department, JICA Headquarters

Mr. Shirou KITAZAWA Assistant Resident Representative, JICA Zambia Office

Mr. Joe P. NJELEKA Programme Officer, JICA Zambia Office

Evaluation Team

Ms. Masami WATANABE Team Leader/Social Impact Analysis
KRI International Corp., Tokyo

Ms. Mikiko AZUMA Water Supply/Social Impact Analysis
KRI International Corp., Tokyo

Ms. Esther MBAWO Waterpoint Zambia (local consultant)

Mrs. Abby ZULU Waterpoint Zambia (local consultant)

Appendix 2 Field Survey in Zimbabwe and Zambia (November 10 – December 19, 2002)

A-2.1 Detailed Survey Schedule

Month	Date	Day	No.	Masami Watanabe	Mikiko Azuma
Nov	10	Sun	1	- Departure from Belgium (17:20) KL1732 Brussels-Amsterdam KL4341 Amsterdam-Nairobi KQ 422 Nairobi-Harare	- Departure from Japan (17:40) JL 735 Narita-Hong Kong SA7801 Hong Kong-Johannesburg SA 022 Johannesburg-Harare
	11	Mon	2	- Arrival in Harare (9:45) - Meeting with the local consultants, signing of the contract and first payment	- Arrival in Harare (12:35)
				- Meeting and discussion with JICA Zimbabwe Office - Courtesy call to the Embassy of Japan	
	12	Tue	3	- Meeting with Ministry of Finance Economic Development - Joint Meeting at JICA Zimbabwe Office on the inception of the evaluation - Interview with Ministry of Health and Child Welfare - Interview with Ministry of Finance and Economic Development - Finalising the survey schedule with the local consultants	
	13	Wed	4	- Interview with Department of Water Development (DWD) and Zimbabwe National Water Authority (ZINWA) in the Ministry of Rural Resources and Water Development (MRRWD) - Interview with District Development Fund (DDF) in the Ministry of Local Government and National Housing (MLGNH) - Interview with National Coordination Unit (NCU) of National Action Committee (NAC) under MLGNH	
	14	Thr	5	- Site visit to UMP (one of the project areas of JICA Grant Aid Rural Water Supply Project: Phase III)	
	15	Fri	6	- Interview with Save the Children Fund (SCF) - Interview with World Bank - Interview with UNDP - Interview with UNICEF - Interview with SIDA	
	16	Sat	7	- Site visit to Wedza (one of the project areas of JICA Grant Aid Rural Water Supply Project: Phase III)	
	17	Sun	8	- Move to Binga - Document Review	- Move to Bulawayo - Document Review

Month	Date	Day	No.	Masami Watanabe	Mikiko Azuma
	18	Mon	9	<ul style="list-style-type: none"> - Meeting with Bing District Council - Selection of Research Assistants - Discussion with local consultants 	<ul style="list-style-type: none"> - Interview with ZINWA and DDF at Matabeleland North Province - Courtesy call to Provincial Administrator of Matabeleland North - Move to Binga
	19	Tue	10	<ul style="list-style-type: none"> - Meeting with Binga Rural District Council - Selection of survey villages - Preparation of questionnaire survey 	
	20	Wed	11	<ul style="list-style-type: none"> - Information gathering from district offices - Information gathering from district health centre - Supervision of questionnaire survey - Preparation for PRA 	
	21	Thr	12	<ul style="list-style-type: none"> - PRA at Mucheni Village 	
	22	Fri	13	<ul style="list-style-type: none"> - PRA at Mucheni Village 	
	23	Sat	14	<ul style="list-style-type: none"> - Key informant interviews at Manjelo, Dumbwe and Bulawayo Kraal 	
	24	Sun	15	<ul style="list-style-type: none"> - Key informant interviews at Chitele and Mucheni. - Screening of questionnaire survey results - Compilation of data 	
	25	Mon	16	<ul style="list-style-type: none"> - PRA at Gande Village - Information gathering from district clinic - Meeting with Save the Children Fund/UK (Binga Office) 	
	26	Tue	17	<ul style="list-style-type: none"> - PRA at Gande Village - Meeting with Binga District Council 	
	27	Wed	18	<ul style="list-style-type: none"> - Move to Bulawayo - Meeting with ZINWA and DDF at Matabeleland North Province 	
	28	Thr	19	<ul style="list-style-type: none"> - Move to Harare - Information gathering at NCU and ZINWA 	
	29	Fri	20	<ul style="list-style-type: none"> - Wrap-up meeting with MoF&ED - Discussion with JICA Zimbabwe Office - Data compilation 	
	30	Sat	21	<ul style="list-style-type: none"> - Meeting with local consultants - Review and compilation of data 	
Dec	1	Sun	22	<ul style="list-style-type: none"> - Departure from Harare (11:25) Q3 607 Harare-Lusaka - Arrival in Lusaka (12:25) 	<ul style="list-style-type: none"> - Departure from Harare (12:00) UM367 Harare-Johannesburg SA063 Johannesburg-Harare - Arrival in Lusaka (16:10)

Month	Date	Day	No.	Masami Watanabe	Mikiko Azuma
				<ul style="list-style-type: none"> - Discussion with Office of Evaluation and Post Project Monitoring, JICA Headquarters - Meeting with local consultants 	
	2	Mon	23	<ul style="list-style-type: none"> - Meeting and discussion with JICA Zambia Office - Joint Meeting at JICA Zambia Office on the inception of the evaluation - Interview with Ministry of Education 	
	3	Tue	24	<ul style="list-style-type: none"> - Interview with Ministry of Energy and Water Development (MEWD) - Interview with JICA Expert in Ministry of Finance and National Development (MoF&ND) - Interview with Zambia Social Investment Fund (ZAMSIF) 	
	4	Wed	25	<ul style="list-style-type: none"> - Interview with Ministry of Local Government and Housing (MLGH) - Interview with Lusaka City Council (LCC) - Interview with Lusaka Water and Sewage Company (LWSC) - Interview with National Water and Sanitation Council (NWASCO) - Interview with Care International - Interview with World Vision - Interview with Lusaka District Health Management Team (LDHM) 	
	5	Thu	26	<ul style="list-style-type: none"> - Interview with Ireland Aid - Discussion with local consultants 	
				<ul style="list-style-type: none"> - Signing of Minutes of Discussions - Interview with UNICEF - Interview with DfID 	<ul style="list-style-type: none"> - Interview with HUZA - Interview with World Bank
	6	Fri	27	<ul style="list-style-type: none"> - Site survey and key informant interview in George compound - Interview with George Community Empowerment Project - Interview with Care Prospect 	
	7	Sat	28	<ul style="list-style-type: none"> - Document review 	
	8	Sun	29	<ul style="list-style-type: none"> - Document review 	
	9	Mon	30	<ul style="list-style-type: none"> - Site survey and key informant interview in Kalikiliki compound 	<ul style="list-style-type: none"> - Site survey and key informant interview in Bauleni compound
				<ul style="list-style-type: none"> - Interview with JICA Primary Health Care Project 	
	10	Tue	31	<ul style="list-style-type: none"> - PRA in George compound - Interview with LWSC George Office and GCEP - Meeting with Ministry of Health 	
	11	Wed	32	<ul style="list-style-type: none"> - PRA in George compound - Information gathering at Mtendere Health Centre 	
	12	Thu	33	<ul style="list-style-type: none"> - PRA in George and Bauleni compounds 	
	13	Fri	34	<ul style="list-style-type: none"> - PRA in George and Bauleni compounds 	

Month	Date	Day	No.	Masami Watanabe	Mikiko Azuma
				- Site survey and key informant interview in Chobolya compound - Information gathering at MoF&ND	
	14	Sat	35	- Site survey in George compound - Discussion with Office of Evaluation and Post Project Monitoring, JICA Headquarters	
	15	Sun	36	- Document review	
	16	Mon	37	- Interview with Women Finance Co-op - Interview with Micro Bankers Trust - Interview with Care Prospect	- Discussion with LCC - Discussion with LWSC - Meeting with HUZA
	17	Tue	38	- Interview with PULSE - Information gathering at MoE	- Interview with AMDA - Information gathering at community school in George compound
				- Discussion with JICA Zambia Office - Discussion with local consultants	
	18	Wed	39	- Departure from Lusaka (17:00) BA8667 Lusaka-Nairobi KL566 Nairobi-Amsterdam KL1721 Amsterdam-Brussels	- Departure from Lusaka (12:00) SA063 Lusaka-Johannesburg SA286 Johannesburg-Hong Kong JL732 Hong Kong-Narita
	19	Thu	40	- Arrival in Brussels (7:45)	- Arrival in Narita (19:55)

Appendix 3 List of Interviewees

A-3.1 List of Interviewees (Zimbabwe)

Ministries and Relevant Authorities
Ministry of Finance and Economic Development Mr. Z.R. Churu Mrs. M. Makuwaza Mrs. E. Maeresera Mr. S. Zharare
Ministry of Rural Resources and Water Development (MRRWD) Department of Water Development (DWD) Mr. V.H. Choga Mr. Mazonde District Development Fund (DDF) Mr. J.K. Jonga DDF Bulawayo Office Mr. Moyo
Ministry of Local Government and National Housing National Action Committee (NAC) National Coordination Unit (NCU) Mrs. Ndhlovu, (NAC) Mr. Nhunhama (NCU)
Ministry of Youth, Gender and Employment Creation Mr. Sianzoka
Ministry of Health and Child Welfare Mr. W. Rukasha (Environmental Health Officer)
Zimbabwe National Water Authority (ZINWA) Mr. D. Kagoro Mr. S. Sunguro Mr. Rashrayi ZINWA Bulawayo Office Mr. Chidhakwa Mr. Siziba
Public Council, Trust, etc.
Binga RDC Mr. Muzamba
Binga District Hospital Mr. Mlilo
Agricultural Research and Extension (AREX) Mr. Chuma
NGO
Save the Children Fund Mr. C. McIvor Mr. C. Bowley Ms.A. Rugara Mr. B. Majaya
International Organizations
World Bank Mr. E. Jassat
UNICEF Mr. M. Jonga
UNDP Ms. D. Mukurakete

A-3.2 List of Interviewees (Zambia)

Ministries and Relevant Authorities
Ministry of Education Mr. Arnold Chengo (BESSIP Operations Manager) Mr. Bupe Musonda (Senior Statistician) Mr. Satoshi Nakamura (Advisor, JICA Expert)
Ministry of Energy and Water Development, Department of Water Affairs Mr. Adam Hussen (Acting Director) Mr. P. Chola (Deputy Director) Mr. Kangomba (Chief Hydrogeologist)
Ministry of Finance and National Development, Economic and Technical Cooperation Department Mr. Tsuneo Tsurusaki (Advisor, JICA Expert)
Ministry of Health, Department of Planning and Development Mr. Nicholas Chikwenya (Donor Coordinator)
Ministry of Finance and National Development Ms. Chibola
Ministry of Local Government and Housing Mr. D. Zulu (Acting DISS) Mr. Cledwin Mulambo (Senior Water and Sanitation Engineer)
Zambia Social Investment Fund (ZAMSIF) Mr. Collins Mabuku Sitali (Contracts and Procurement Specialist) Mr. Chitambala John Sikazwe (Technical Officer) Mr. Joseph Wamulume (Water and Sanitation Engineer)
National Water and Sanitation Council (NWASCO) Mr. Oswald M. Chanda (Director)
Public Council, Trust, etc.
Lusaka City Council, Public Health and Social Services Mr. Bornwell Matawe (Assistant Director) Mr. Dicu Shawa (Housing Officer) Ms. Rudice Mabuluki (Community Development Officer) Ms. Mirian T. Siavuta (Senior Community Development Officer) Ms. Kapuamba Mbanga (Senior Community Development Officer) Ms. Judith P.B. Situmbeko (Community Development Officer) Mr. Ehock S. Mwape (Senior Community Development Officer) Mr. Noel Kalimamukwento (Senior Housing Officer) Ms. Loveness B. Palangwa (Assistant Community Development Officer)
Lusaka Water and Sewage Company Mr. Chola (Project Manager, George Compound Water Supply Project) Ms. Astrid Banda (Head of Peri-urban Section)
Women Finance Co-op Zambia Ltd. Ms. Florence Chibwasha (Executive Director)
Micro Banker Trust Ms. Grace Nkhuwa (Financial Services Programme Co-ordinator)
NGO
Care International Mr. Gordon Mair (Assistant Country Director) Mr. Waleed Rauf (Assistant Country Director) Mr. Petros Banda (Project Officer)
Care Prospect Ms. Rose Chimansa (Programme Coordinator/Care Prospect) Ms. Patricia Mwape (Coordinator/GCEP) Mr. Takaiza S. Cleophas (Extension Specialist, Micro Finance)
World Vision Zambia Dr. Kwasi P. Nimo (Coordinator, Multi-Country CBI Projects) Mr. Richard A. Phiri (Associate Director Operations)

AMDA	Zambia Ms. Takase
PULSE	Mrs. Anne K.Z. Chime (Chief Executive Officer)
Human Settlement of Zambia (HUZA)	Mr. Harrington E. Jere (Executive Director) Mr. MacLand Nyirenda (Assistant Executive Director)
Other Donors	
Ireland Aid	Mr. Cecil Dulu Nundwe (Water and Sanitation Sector Manager/Advisro)
DfID	Mr. Morgan Mumbwatasal (Senior Programme Officer, Economics and Enterprise Development)
International Organizations	
World Bank	Mr. Chimwanga Maseka (Water and Sanitation Specialist)
UNICEF	Mr. Samvanth P. Mathur (Project Officer, WASHE) Mr. Gibson Zulu Ms. Tomoko Nishimoto (Deputy Representative)

Appendix 4 List of Reference Materials Collected

A-4.1 List of Reference Materials Collected (Zimbabwe)

Region	Africa	Study Title	Thematic Evaluation on JICA's Co-operation on Water and Poverty in Africa	Study Period	10 Nov. 2002 – 1 Dec. 2002
Country	Zimbabwe				

No.	Title	Size	Pages	Form	No. of copy	Issued/Collected by	Purchased/Presented
1	Census 1992 Provincial Profile Midlands	A4	157	Original	1	Central Statistical Office	Purchased
2	Quarterly Digest of Statistics June 2001	A4	74	Original	1	Central Statistical Office	Purchased
3	Education Statistics Report 1998	A4	50	Original	1	Central Statistical Office	Purchased
4	Education Statistics Report 2001	A4	93	Original	1	Central Statistical Office	Purchased
5	National Health Profile 1998 (extract)	A4	18	Copy	1	Central Statistical Office	Purchased
6	National Health Profile 1999 (extract)	A4	9	Copy	1	Central Statistical Office	Purchased
7	Poverty Assessment Study Survey II 2001 Project Document	A4	38	Copy	1	Ministry of Public Service, Labour and Social Welfare	Purchased
8	1995 Poverty Assessment Study Survey: Main Report (extract)	A4	190	Copy	1	Ministry of Public Services, Labour and Social Welfare,	Purchased
9	Water Act	A4	72	Original	1	Government of Zimbabwe	Purchased
10	Towards Integrated Water Resources Management: Water Resources Management for Zimbabwe	A4	132	Original	1	Ministry of Rural Resources and Water Development	Presented
11	Workshop Report: Integrated Rural Water Supply and Sanitation Programme Annual Sector Review	A4	27	Copy	1	National Action Committee	Purchased
12	The Integrated Rural Water Supply and Sanitation Programme: Volume 1 Annual Report FY 1996/97 (extract)	A4	38	Copy	1	National Action Committee	Purchased
13	The Integrated Rural Water Supply and Sanitation Programme: First Term Report FY 1997/98 (extract)	A4	18	Copy	1	National Action Committee	Purchased
14	National Rural Water Supply and Sanitation Programme: Annual Progress Report 1999 (extract)	A4	38	Copy	1	National Action Committee	Purchased
15	National Rural Water Supply and Sanitation Programme: Annual Progress Report 2000	A4	24	Copy	1	National Action Committee	Purchased

Appendix 4

No.	Title	Size	Pages	Form	No. of copy	Issued/Collected by	Purchased/Presented
16	Review of the Integrated Rural Water Supply and Sanitation Programme: Volume I Executive Summary	A4	45	Copy	1	National Action Committee	Purchased
17	Review of the IRWSSP: Volume II Evolution of the Integrated Rural Water Supply and Sanitation Programme in Zimbabwe	A4	53	Copy	1	National Action Committee	Purchased
18	Review of the IRWSSP: Volume III Institutional Arrangements	A4	62	Copy	1	National Action Committee	Purchased
19	Review of the IRWSSP: Volume IV Financing/ Funding Arrangements	A4	44	Copy	1	National Action Committee	Purchased
20	Review of the IRWSSP: Volume V Operational Arrangements	A4	80	Copy	1	National Action Committee	Purchased
21	Evaluation of the Integrated Rural Water Supply and Sanitation Programme: Volume VI Outputs of the Programme	A4	51	Copy	1	National Action Committee	Purchased
22	Review of the IRWSSP: Volume VII Environmental Impacts of the IRWSSP	A4	27	Copy	1	National Action Committee	Purchased
23	Integrated Rural Water Supply and Sanitation	A4	26	Copy	1	Binga Rural District Council	Purchased
24	Workshop Report: Water and Sanitation Workshop	A4	8	Copy	1	Binga Rural District Council	Purchased
25	Binga Rural District Council: Three Year Rolling Development Plan 2002-2004	A4	32	Copy	1	Binga Rural District Council	Purchased
26	If We were Properly Consulted...: A Review of the SCF (UK) Water and Sanitation Programme in the Zambezi Valley, Zimbabwe	A4	64	Original	1	Save the Children (UK)	Presented
27	Master Plan of Operations 2000-2004	A4	86	Copy	1	UNICEF	Purchased
28	SIDA's Regional Water Initiative for Southern Africa	A4	7	Copy	1	SIDA	Presented
29	Review of the Swedish Support to Water and Sanitation Development in Zimbabwe	A4	34	Original	1	SIDA	Presented
30	Evaluation of the Binga Integrated Food Security and Nutrition Project	A4	65	Original	1	Plan Afric	Purchased

A-4.2 List of Reference Materials Collected (Zambia)

Region	Africa	Study Title	Thematic Evaluation on JICA's Co-operation on Water and Poverty in Africa	Study Period	1 Dec. 2002 – 18 Dec. 2002
Country	Zambia				

No	Title	Size	Pages	Form	No. of copy	Issued/Collected by	Purchased/ Presented
1	2000 Census of Population and Housing	A4	159	Original	1	Central Statistical Office	Purchased
2	Living Conditions in Zambia 1998	A4	253	Original	1	Central Statistical Office	Purchased
3	Water Resources Action Program (WRAP): Summary Inception Report	A4	46	Copy	1	Ministry of Energy and Water Development	Presented
4	Constitution for Area-Based Organizations	A4	18	Copy	1	Lusaka City Council	Purchased
5	Lusaka City Council Community Profiling Survey of Nine Unplanned Settlements	A4	90	Copy	1	Lusaka City Council	Purchased
6	Lusaka City Council 5- Strategic Plan: 1999-2004	A4	48	Copy	1	Lusaka City Council	Purchased
7	Housing (Statutory and Improvement Areas) Chapter 441 of the Laws of Zambia	A5	65	Original	1	Government Printer	Purchased
8	Transitional National Development Plan: 2002-2005 (抜粋)	A4		Copy	1	Ministry of Finance and National Planning	Purchased
9	Economic Report 2001	A4	153	Original	1	Ministry of Finance and National Planning	Purchased
10	2002 Budget Address	A4	23	Copy	1	Ministry of Finance and National Development	Presented
11	Business Plan 2002-2006	A4	190	Copy	1	Lusaka Water and Sewerage Company Limited	Purchased
12	Implementation Completion Report on a Credit to the Government of the Republic of Zambia for Urban Restructuring & Water Supply Project	A4	32	Original	1	The World Bank	Presented

Appendix 5 Questionnaires

A-5.1 Binga District Programme Impact Study

Questionnaire Survey

Date of Interview: _____ / 11 /
2002

Name of Interviewer: _____

A. Personal and Community Information

A-1 Name of Respondent _____

A-2 Name of Locality _____

A-3 Name of Village/Ward _____

A-4 Respondent's Age _____ years

A-5 Sex of Respondent [1] Male [2] Female

A-6 Occupation of Respondent _____

A-7 Sex of Household Head [1] Male [2] Female

A-8 Age of Household Head _____ years

A-9 Marital Status of Household Head

[1] Married (monogamous) [2] Married (polygamous) [3] Single/ never married

[4] Widow/Widower [5] Divorced [6] Separated

A-10 Relationship of Respondent to the Household Head _____

A-11 Number of Persons in the Household

Adult Men _____ Adult Women _____ Boys _____ Girls _____

B. Impact on Living Environment

Questions	Now	5 years ago
B-1 What is the main source of drinking water for you and your HH members?	[1] Communal Borehole [2] Shallow Well [3] Dam/River [4] Others (specify: _____)	[1] Communal Borehole [2] Shallow Well [3] Dam/River [4] Others (specify: _____)
B-2 How far is the water source from your home?	_____ Km	_____ Km
B-3 Do you and your HH members have any difficulty in obtaining drinking water?	[1] Yes [2] No	[1] Yes [2] No
B-4 If "YES" to B-3, in what aspect do you have difficulty in obtaining drinking water?	_____	_____
B-5 What is your opinion of quality of water you drink?	[1] Good [2] Not good	[1] Good [2] Not good
B-6 If "Not Good" to B-5, why?	_____	_____
B-7 Who normally fetches water for use of your household?	[1] Adult Men [2] Adult Women [3] Boys [4] Girls	[1] Adult Men [2] Adult Women [3] Boys [4] Girls
B-8 What kind of toilet facilities do you have at the household?	[1] VIP Latrine [2] Other Type of Pit Latrine [3] None [4] Others (specify: _____)	[1] VIP Latrine [2] Other Type of Pit Latrine [3] None [4] Others (specify: _____)

B-9 Do you think that women and children of your household are spending less time fetching water now compared to five years ago?

[1] Yes [2] No

B-10 (Ask this question only if the answer to B-9 is Yes)

How, do you think, they are spending the time which they gained?

C. Impact on People's Behaviour on Health and Hygiene

Questions	Now	5 years ago
C-1 Does your HH members normally use the latrine?	[1] Yes [2] No	[1] Yes [2] No
C-2 If "No" to C-1, why?	_____	_____
C-3 Do you and your HH members normally boil water before drinking?	[1] Yes [2] No	[1] Yes [2] No
C-4 When do you normally wash your hands? (multiple answer possible)	[1] Before cooking [2] Before eating [3] After going to the latrine [4] After working outside [5] Others (specify: _____)	[1] Before cooking [2] Before eating [3] After going to the latrine [4] After working outside [5] Others (specify: _____)
C-5 Do you use soap when you wash your hands?	[1] With soap [2] Without soap	[1] With soap [2] Without soap
C-6 How do you wash your hands?	[1] In the basin [2] Outside the basin [3] Pour water from a cup [4] Others (specify: _____)	[1] In the basin [2] Outside the basin [3] Pour water from a cup [4] Others (specify: _____)
C-7 What kind of vessel do you use to fetch and transport the water to your household?	[1] Container with lid [2] Container without lid [3] Others (specify: _____)	[1] Container with lid [2] Container without lid [3] Others (specify: _____)
C-8 How do you keep drinking water?	[1] In a container inside the house with lid [2] In a container inside the house without lid [3] In a container outside the house with lid [4] In a container outside the house without lid [5] Others (specify: _____)	[1] In a container inside the house with lid [2] In a container inside the house without lid [3] In a container outside the house with lid [4] In a container outside the house without lid [5] Others (specify: _____)

D. Impact on People's Health and Nutrition

D-1 Considering your HH members, do you think the incidents of the following diseases have decreased or increased in the past five years?

- (1) Diarrhoea [1] increased [2] decreased [3] no change
 (2) Eye Diseases [1] increased [2] decreased [3] no change
 (3) Skin Diseases [1] increased [2] decreased [3] no change

D-2 In your family do you think that the nutrition of your children has improved or deteriorated in the past five years?

- [1] improved [2] deteriorated [3] no change

E. Impact on People's Participation in Community Activities

E-1 What are the main community activities in your area? Indicate five important ones.

- (1) _____ (2) _____ (3) _____
 (4) _____ (5) _____

E-2 Do you think that people in the community are more active in participating in community activities now than five years ago?

- [1] more active [2] less active [3] no change

(In what aspects? _____)

And why do you think so? _____
 _____)

F. Impact on People's Wealth and Income

F-1 Main Income Source of the Household (Please rank by importance)

- 1) Selling farm products 2) Selling livestock 3) Farm labour 4) Fishing
 5) Wages/salary from a job in the village 6) Wages/salary from a job outside the village
 7) Remittance 8) Others _____

1st	2nd	3rd

F-2 How many/much does your HH have following things and who in the HH own them?

Items	Now	5 years ago
(1) How much is your total cultivated land?	_____ Acre Owned by _____	_____ Acre Owned by _____
(2) How much land is under cotton cultivation?	_____ Acre Owned by _____	_____ Acre Owned by _____
(3) How much land is under vegetable cultivation?	_____ Acre Owned by _____	_____ Acre Owned by _____
(4) How much land is under maize cultivation?	_____ Acre Owned by _____	_____ Acre Owned by _____
(5) How much land is under millet/sorghum cultivation?	_____ Acre Owned by _____	_____ Acre Owned by _____
(6) How many cattle does your HH have?	_____ Owned by _____	_____ Owned by _____
(7) How many goats does your HH have?	_____ Owned by _____	_____ Owned by _____
(8) How many chicken/guinea fowls does your HH have?	_____ Owned by _____	_____ Owned by _____
(9) How many donkeys does your HH have?	_____ Owned by _____	_____ Owned by _____
(10) Does your HH have the items mentioned here?	[1] Radio [2] Bicycle [3] Scotch Cart [4] Pick-up Truck	[1] Radio [2] Bicycle [3] Scotch Cart [4] Pick-up Truck
(11) What kind of material is used for your house?	Wall _____ Roof _____	Wall _____ Roof _____
(12) How is the staple food stock for the household members?	[1] Enough to last till next harvest [2] Enough to last for 6-10 months [3] Enough to last for 3-5 months [4] Enough to last for 1-2 months [5] Very little, not enough for this month [6] None	[1] Enough to last till next harvest [2] Enough to last for 6-10 months [3] Enough to last for 3-5 months [4] Enough to last for 1-2 months [5] Very little, not enough for this month [6] None

Questions	Now	5 years ago
F-3 How many people in your HH earn wages/salary?	_____	_____
F-4 About how much money is earned per month in your HH?	_____ ZWD/month	_____ ZWD/month

G. Operation and Maintenance of Water Supply Facility

G-1 Who takes care of the water supply facility you normally use?

[1] Water Point (Management) Committee

- [2] Nobody
- [3] Others (specify: _____)

G-2 How is it taken care of?

G-3 Who repairs the water supply facility when it has a problem?

- [1] Pump caretaker in the village
- [2] Pump minder in the ward
- [3] Nobody
- [4] Others (specify: _____)

G-4 Who uses the water supply facility you normally use?

- [1] Anyone
- [2] Only the families who are listed as users
- [3] Only the families who pay contribution to the water management committee
- [4] Others (specify: _____)

G-5 Do you think that water is used equitably among the people in the community?

- [1] Yes
- [2] No (Why not? _____)

G-6 Is there a Water Point (Management) Committee for the water supply facility you normally use?

- [1] Yes
- [2] No

G-7 (ask this question only if the answer to C-6 is YES)

Do you think that the Water Point (Management) Committee is active?

- [1] Yes
- [2] No

G-8 (ask this question only if the answer to C-6 is YES)

Within the Water Point (Management) Committee how things are decided?

G-9 (ask this question only if the answer to C-6 is YES)

Are you informed what is decided by the Water Point (Management) Committee?

- [1] Yes
- [2] No

A-5.2 *Zambia Programme Impact Study***Questionnaire Survey**

Date of Interview: _____ / _____ / 2002

Name of Interviewer: _____

Note to Enumerator: find respondents who have been living in this compound for 5 years or longer when you conduct sampling.

A. Personal and Community Information

A-1 Name of Respondent _____

A-2 Compound _____

A-3 Zone _____

A-4 Respondent's Age _____ years

A-5 Sex of Respondent [1] Male [2] Female

A-6 Occupation of Respondent _____

A-7 Name of Household Head _____

A-8 Sex of Household Head [1] Male [2] Female

A-9 Age of Household Head _____ years

A-10 Marital Status of Household Head

[1] Married (Monogamous) [2] Married (Polygamous) [3] Single/ never married

[4] Widow [5] Divorced [6] Separated

A-11 Relationship of Respondent to the Household Head _____

A-12 Number of Persons in the Household

Adult Men _____ Adult Women _____ Boys _____ Girls _____

B. Impact on Living Environment
--

Questions	Now	5 years ago
B-1 What is the main source of drinking water for you and your HH members?	[1] Communal Tap [2] Shallow well [3] Communal borehole with hand pump [4] Individual connection into home/yard [5] Others (specify: _____)	[1] Communal Tap [2] Shallow well [3] Communal borehole with hand pump [4] Individual connection into home/yard [5] Others [6] (specify: _____)
B-2 How far is the water source from your home?	_____ meters/kilometres [1] On a neighbouring yard [2] On your own yard [3] In your house	_____ meters/kilometres [1] On a neighbouring yard [2] On your own yard [3] In your house
B-3 Is it your own source?	[1] Yes [2] No	[1] Yes [2] No
B-4 Do you and your HH members have any difficulty in obtaining drinking water?	[1] Yes [2] No	[1] Yes [2] No
B-5 If “Yes” to B-4, in what aspect do you have difficulty in obtaining drinking water?	_____ _____ _____	_____ _____ _____
B-6 What is your opinion of quality of water you drink?	[1] Good [2] Not good	[1] Good [2] Not good
B-7 If “Not good” to B-6, why do you think so?	_____ _____	_____ _____
B-8 Who normally fetches water for use of your household?	[1] Adult Men [2] Adult Women [3] Boys [4] Girls [5] Others (specify: _____)	[1] Adult Men [2] Adult Women [3] Boys [4] Girls [5] Others (specify: _____)

B-9 Do you think that members of your household are spending less time fetching water now compared to five years ago?

[1] Yes [2] No

B-10 If “Yes” to B-9, how, do you think, they are spending the time which they gained?

C. Impact on People's Behaviour on Health and Hygiene
--

Questions	Now	5 years ago
C-1 Do you fetch water for drinking and washing from the same source?	[1] Yes [2] No	[1] Yes [2] No
C-2 If "No" to C-1, where do you fetch water for washing?	[1] Communal Tap [2] Shallow well [3] Communal borehole with hand pump [4] Individual connection into home/yard [5] Others (specify: _____)	[1] [1 Communal Tap [2] Shallow well [3] Communal borehole with hand pump [4] Individual connection into home/yard [5] Others [6] (specify: _____)
C-3 If "No" to C-1, why do you fetch water for drinking and washing from different sources?	_____ _____	_____ _____
C-4 What kind of vessel do you use to fetch and transport the water to your household?	[1] Container with lid [2] Container without lid [3] Bucket with lid [4] Bucket without lid [5] Wash basin [6] Others (specify: _____)	[1] Container with lid [2] Container without lid [3] Bucket with lid [4] Bucket without lid [5] Wash basin [6] Others (specify: _____)
C-5 Why do you prefer to use this type of vessel? (multiple answer possible)	[1] It's cheap to buy [2] It's easy to carry [3] It's covered well. [4] It can contain much water at once. [5] It's easy to clean. [6] Others (specify: _____)	[1] It's cheap to buy [2] It's easy to carry [3] It's covered well. [4] It can contain much water at once. [5] It's easy to clean. [6] Others [7] (specify: _____)
C-6 How do you keep drinking water?	[1] In a water jar/container inside the house with a lid [2] In a water jar/container inside the house without a lid	[1] In a water jar/container inside the house with a lid [2] In a water jar/container inside the house without a lid

Questions	Now	5 years ago
	[3] In a water jar/container outside the house with a lid [4] In a water jar/container outside the house without a lid [5] Others (specify: _____)	[3] In a water jar/container outside the house with a lid [4] In a water jar/container outside the house without a lid [5] Others (specify: _____)
C-7 Do you treat drinking water before you use?	[1] Yes [2] No	[1] Yes [2] No
C-8 If “Yes” to C-7, how do you treat the drinking water at your house?	[1] By boiling [2] By filtering [3] By allowing it to settle [4] By other means (specify: _____ __)	[1] By boiling [2] By filtering [3] By allowing it to settle [4] By other means (specify: _____ __)
C-9 If “Yes” to C-7, why do you use this method of treatment? (multiple answer possible)	[1] Cheapest [2] Easiest to handle [3] Most effective [4] Others (specify: _____ __)	[1] Cheapest [2] Easiest to handle [3] Most effective [4] Others (specify: _____ __)
C-10 Does your HH have your own latrine facility?	[1] Yes [2] No	[1] Yes [2] No
C-11 If “Yes” to C-10, what type of latrine facility do you and your HH members use?	[1] Traditional pit latrine [2] Improved pit latrine with concrete slab (Sanplat) [3] VIP latrine [4] Flush toilet [5] Other (specify _____)	[1] Traditional pit latrine [2] Improved pit latrine with concrete slab (Sanplat) [3] VIP latrine [4] Flush toilet [5] Other (specify _____)
C-12 If “Yes” to C-10, why do you prefer to use this type of latrine?	_____ _____	_____ _____
C-13 If “No” to C-10, what type of latrine facility do you and your HH members use?	[1] Share neighbours latrine [2] Public toilet [3] Other (specify _____)	[1] Share neighbours latrine [2] Public toilet [3] Other (specify _____)
C-14 When do you wash your hands? (multiple answer possible)	[1] After using the toilet [2] Before cooking [3] Before/after eating food [4] After cleaning the house [5] After changing babies’ nappy [6] After working outside [7] Other	[1] After using the toilet [2] Before cooking [3] Before/after eating food [4] After cleaning the house [5] After changing babies’ nappy [6] After working outside [7] Other

Questions	Now	5 years ago
	(specify _____)	(specify _____)
C-15 How do you wash your hands?	[1] Washing in a basin [2] Washing from outside the basin [3] Pouring water from cup [4] Other (specify _____)	[1] Washing in a basin [2] Washing from outside the basin [3] Pouring water from cup [4] Other (specify _____)
C-16 Do you use soap when you wash your hands?	[1] Yes [2] No	[1] Yes [2] No
C-17 Why do you prefer this method as answered to C-15 and C-16?	_____ _____	_____ _____
C-18 How do you wash your hands at big gathering such as weddings and funerals?	[1] Washing in a basin [2] Washing from outside the basin [3] Pouring water from cup [4] Other (specify _____)	[1] Washing in a basin [2] Washing from outside the basin [3] Pouring water from cup [4] Other [5] (specify _____)
C-19 How does your household get rid of garbage from your house?	[1] Damp at the garbage collection site [2] Burn at the house [3] Bury at the outside ground [4] Other (specify _____)	[1] Damp at the garbage collection site [2] Burn at the house [3] Bury at the outside ground [4] Other [5] (specify _____)
C-20 Why do you prefer this method?	_____ _____	_____ _____
C-21 Have you received advices on improvement of health and hygiene from the Community Health Workers or other community volunteers working with clinic/ health centre?	[1] Yes [2] No	[1] Yes [2] No
C-22 If “yes” to C-21, how effective were the advices for you and your HH members?	[1] Very effective [2] Effective [3] Not so effective [4] Not effective	[1] Very effective [2] Effective [3] Not so effective [4] Not effective
C-23 If the answer to C-22 is [1] or [2], what kind of topics was effective for you and	_____ _____	_____ _____

Questions	Now	5 years ago
your HH members?		

D. Impact on People's Health and Nutrition

D-1 Considering your household members, do you think the incidents of following diseases have decreased or increased in the past five years?

- (1) Diarrhoea [1] increased [2] decreased [3] no change
 (2) Cholera [1] increased [2] decreased [3] no change
 (3) Eye Diseases [1] increased [2] decreased [3] no change
 (4) Skin Diseases [1] increased [2] decreased [3] no change

D-2 What, do you think, has caused this increase or decrease?

D-3 Do you think the nutrition for children in your household has improved or deteriorated in the past five years?

- [1] improved [2] deteriorated [3] no change

D-4 How many meals do you and your household members have per day?

- Now: [1] One [2] Two [3] Three [4] One in two days
 5 years ago: [1] One [2] Two [3] Three [4] One in two days

E. Impact on People's Participation in Community Activities

E-1 What are the main community activities in your area? Indicate five important ones.

- (1) _____ (2) _____ (3) _____
 (4) _____ (5) _____

E-2 Do you think that people in the community are more active in participating in community activities now compared with that five years ago?

[1] more active [2] less active [3] no change

In what aspects? _____

Why do you think so? _____

E-3 Do both men and women participate in these activities?

[1] Yes [2] No

E-4 Do you know any kinds of community-based organisation active in this area?

[1] Yes [2] No

E-5 If “Yes” to E-4, what kind of community-based organisation do you know?

Name of organisation _____

Responsibility of organisation _____

E-6 Do you think the works done by the community-based organisation are effective to improve your living condition?

[1] Yes [2] No

E-7 Why do you think them effective/ not effective?

F. Impact on People’s Livelihood

F-1 What is the income source of your household? (Please rank by importance)

- 1) Wages/ salary from government organisation 2) Wages/ salary from private company
 3) Piece work 4) Operating own business/ shop/ trading 5) Remittance
 6) Others (specify _____)

Ranking	Now	5 years ago
1 st		
2 nd		
3 rd		

Questions	Now	5 years ago
F-2 Do/Did you or any members of your HH own or operate business or Income Generating Activities?	[1] Yes [2] No	[1] Yes [2] No
F-3 If “Yes” to F-2, what are/were sources of capital for the business or Income Generating Activities?	[1] From savings in household [2] By borrowing money from family members, relatives or friend [3] By borrowing money from bank [4] From micro finance project [5] Others (specify)	[1] From savings in household [2] By borrowing money from family members, relatives or friend [3] By borrowing money from bank [4] From micro finance project [5] Others [6] (specify)
F-4 How many people in your HH earn a living?	_____	_____
F-5 What is/was your household income per month?	[1] Below K50,000 [2] K50,000 – below K100,000 [3] K100,000 – below K150,000 [4] K150,000 – below K200,000 [5] K200,000 – below K250,000 [6] K250,000 – below K300,000 [7] K350,000 – below K400,000 [8] K400,000 +	[1] Below K50,000 [2] K50,000 – below K100,000 [3] K100,000 – below K150,000 [4] K150,000 – below K200,000 [5] K200,000 – below K250,000 [6] K250,000 – below K300,000 [7] K350,000 – below K400,000 [8] K400,000 +
F-6 Who controls the use of your household income?	_____	_____

F-7 Do you think your household has had increase in resources or improvement in livelihood compared with 5 years ago?

[1] Improved [2] Not changed [3] Had a setback

F-8 If “[1] Improved” or “[3] Had a setback” to F-7, in what aspect?

F-9 If “[1] Improved” or “[3] Had a setback” to F-7, what do you think is the major reason of improvement/ setback?

F-10 Do/Did you own or afford any of the following assets at your HH?

Items	Now	5 years ago
(1) Electricity	[1] Yes [2] No	[1] Yes [2] No
(2) Refrigerator	[1] Yes [2] No Who owns? _____	[1] Yes [2] No Who owns? _____
(3) TV set	[1] Yes [2] No Who owns? _____	[1] Yes [2] No Who owns? _____
(4) Radio	[1] Yes [2] No Who owns? _____	[1] Yes [2] No Who owns? _____
(5) Telephone	[1] Yes [2] No Who owns? _____	[1] Yes [2] No Who owns? _____
(6) Motor cycle	[1] Yes [2] No Who owns? _____	[1] Yes [2] No Who owns? _____
(7) Bicycle	[1] Yes [2] No Who owns? _____	[1] Yes [2] No Who owns? _____
(8) Car	[1] Yes [2] No Who owns? _____	[1] Yes [2] No Who owns? _____
(9) Owns house, rent rooms	[1] Yes [2] No Who owns? _____	[1] Yes [2] No Who owns? _____
(10) Owns other houses	[1] Yes [2] No Who owns? _____	[1] Yes [2] No Who owns? _____
(11) Owns land in village	[1] Yes [2] No Who owns? _____	[1] Yes [2] No Who owns? _____
(12) Sending school age children to primary school	[1] Sending all of them [2] Sending a part of them [3] Not sending	[1] Sending all of them [2] Sending apart of them [3] Not sending
(13) Any HH members saving money	[1] Yes [2] No Who controls? _____	[1] Yes [2] No Who controls? _____

G. Operation and Maintenance of Water Supply Facility
--

G-1 Are you supposed to pay user fee for the drinking water you normally use?

[1] Yes [2] No

G-2 How much are you supposed pay for the user fee per month?

_____ Kwacha

G-3 Do you actually pay for the user fee?

- [1] Yes [2] No

G-4 If “No” to G-3, why do not pay for the user fee?

G-5 Who takes care of the water supply facility you normally use to fetch drinking water?

- [1] Tap committee/ Water Committee
[2] Lusaka Water & Sewerage Co.
[3] NGO
[4] Nobody
[5] Others (specify: _____)

G-6 How is it taken care of?

G-7 Who repairs the water supply facility when it has a problem?

- [1] Tap committee/ Water Committee
[2] Lusaka Water and Sewerage Co.
[3] NGO
[4] Nobody
[5] Others (specify: _____)

G-8 Do you think that water is used equitably among the users?

- [1] Yes [2] No

G-9 If “No” to G-8, why do you think so?

Appendix 6 Summary of Results from Questionnaire Survey

A-6.1 Summary of Results from Questionnaire Survey in Binga District

1. General Information

- 90% of the respondents were female and 10% were male.
- The average age of the respondents was 34.8 years old with a range of 15 to 80 years old.
- 58% of the respondents were the wives of household heads, 23% were themselves household heads and the rest were family members including in-laws.
- 49% of the respondents were engaged in farming and 32% were housewives, though most of them also were engaged in subsistence farming to some degrees.
- 80% of the households were male headed while 20% were female headed.
- The average age of the household heads was 46.2 years old with a range of 22 to 84 years old.
- The average household size was 9.2.
- For marital status of the household heads, 48% were monogamous, 31.5% were polygamous, 14.5% were widowed and the rest (7%) were either divorced or separated.

2. Impact on Living Environment

- The main sources of drinking water in the study area were boreholes, shallow wells, rivers and dams in the study area (Table 2-1). In the target area 73.8% of the households were currently using boreholes while 5 years ago only 10.6% were using boreholes. In the non-target area the change was from 2.5% to 17.5%.

Table 2-1 Source of Drinking Water in the Study Area

Sources	Target Area				Non-target Area			
	Now		5 Years Ago		Now		5 Years Ago	
	No.	%	No.	%	No.	%	No.	%
Borehole	118	73.8	17	10.6	7	17.5	1	2.5
Shallow Well	41	25.6	123	76.9	28	70.0	29	72.5
River/Dam	1	0.6	20	12.5	5	12.5	10	25.0
Total	160	100	160	100	40	100	40	100

- The distance to the water source differs greatly depending on the location of the household and the water source. The distance ranged from 50 m to 12 km. The average distance to the water source in the target area reduced from 1.42 km to 1.15 km in 5 years. In the non-target area the reduction was from 1.84 km to 1.54 km.
- Water collection was primarily a job for women and girls as shown in the table 2-2.

Table 2-2 Who Collects Water in the Study Area (multiple answers possible)

Who Collects Water	Number of Households	%
Adult Men	5	2.5
Adult Women	173	86.5
Boys	12	6.0
Girls	88	44.0
Total No. of Households	200	-

- In the target area 45 respondents (28%) noted that women and children in their households were currently spending less time fetching water than 5 years ago. In the non-target area 7 respondents (18%) noted the reduction of time for water collection.
- The time freed from fetching water was spent on doing other household chores (78.8%), working in the field or in the garden (25.0%), doing craft works (11.5%) and studying (5.8%), which was mainly for school age children.
- Among 125 respondents who used boreholes 113 respondents (90.4%) found the quality of water good while the rest thought unpalatable (mainly salty). Among 75 respondents who draw water from unprotected sources only 12 respondents (16%) were satisfied with the quality.
- In the study area few households had toilet facilities at home though the number of households with toilets has increased in the past 5 years as shown in the Table 2-3.

Table 2-3 Type of Latrines in the Study Area

Type of Toilet	Target Area				Non-target Area			
	Now		5 Years Ago		Now		5 Years Ago	
	No.	%	No.	%	No.	%	No.	%
VIP Latrine	36	22.5	15	9.4	4	10.0	5	12.5
Other Pit Latrine	1	0.6	0	0	0	0	0	0
None	123	76.9	145	90.6	36	90.0	35	87.5
Total	160	100	160	100	40	100	40	100

3. Impact on People's Behaviour on Health and Hygiene

- The majority (97.5%) of the households did not boil water before drinking.
- Hand washing was practiced before eating (100%), after going to the toilet (80.5%), before cooking (79.5%) and after working outside (78.0%) as shown in Table 3-1. Little difference was found in the target and non-target area.

Table 3-1 Hand Washing Practice (multiple answers possible)

Timing of Hand Washing	Study Area			
	Now		5 Years Ago	
	No.	%	No.	%
Before Cooking	159	79.5	84	42.0
Before Eating	200	100	199	99.5
After Using Toilet	161	80.5	108	54.0
After Working Outside	156	78.0	116	58.0
Total No. of Households	200	-	200	-

- Many do not use soap when washing hands. Some (25%) noted the use of soap or soap substitutes (ash or herbs). Five years ago the use of soap was less common (15.5%).
- The majority (78%) wash hands in a dish or basin (a traditional way) while one-fifth (21.5%) pour water from a cup and the rest (18.5%) wash outside the dish or basin, which have been promoted as more hygienic methods. The change, however, is not significant compared to 5 years ago as shown in the Table 3-2. The hand washing methods were similar at big gathering such as funerals and wedding: the majority wash hands in a shared dish or basin.

Table 3-2 Hand Washing Method (multiple answers possible)

Method of Hand Washing	Study Area			
	Now		5 Years Ago	
	No.	%	No.	%
In a Basin/Dish	156	78.0	171	85.5
Outside the Basin/Dish	43	21.5	12	6.0
Pour Water from a Cup	37	18.5	45	22.5
Total No. of Households	200	-	200	-

- For carrying water many use containers without lid such as buckets, though the use of containers with lid has increased compared to 5 years ago as shown in Table 3-3.

Table 3-3 Method of Carrying Water (multiple answers possible)

Methods of Carrying Water	Study Area			
	Now		5 Years Ago	
	No.	%	No.	%
Container with Lid	87	43.5	21	10.5
Container without Lid	139	69.5	184	92.0
Total No. of Households	200	-	200	-

- For storing water many (85.5%) keep water in containers with lids inside the house, which was not so common 5 years ago as shown in Table 3-4.

Table 3-4 Method of Storing Water (multiple answers possible)

Method of Storing Water		Study Area			
		Now		5 Years Ago	
		No.	%	No.	%
Inside the House	Container with Lid	171	85.5	114	57.0
	Container without Lid	26	13.0	77	38.5
Outside the House	Container with lid	3	1.5	9	4.5
	Container without Lid	0	0	0	0
Total No. of Households		200	-	200	-

4. Impact on People's Health and Hygiene

- For the occurrence of water-born diseases more respondents in the target area felt that

the incidence of diarrhoea and skin diseases had decreased (58.8% and 76.9%, respectively) than those in the non-target area (47.5% and 60.0%, respectively). For eye diseases very little difference was found in the target and non-target areas. The details are shown in Table 4-1.

Table 4-1 Occurrence of Water-born Diseases (compared to 5 years ago)

Disease	Target Area (160 respondents)						Non-target Area (40 respondents)					
	Increase		Decrease		No Change		Increase		Decrease		No Change	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Diarrhoea	48	30.0	94	58.8	18	11.3	13	32.5	19	47.5	8	20.0
Eye Disease	53	33.1	90	56.3	17	10.6	14	35.0	23	57.5	3	7.5
Skin Disease	20	12.5	123	76.9	17	10.6	9	22.5	24	60.0	7	17.5

- The same data was analysed according to the respondent's source of drinking water. As shown in Table 4-2 among those who use boreholes as their water sources the greater decrease was noted in diarrhoea, eye diseases and skin diseases (72.8%, 65.6% and 84.0%, respectively) compared to those who use unprotected water sources (29.3%, 41.3% and 56.9%).

Table 4-2 Occurrence of Water-born Diseases (compared to 5 years ago)

Disease	Borehole Users (125 respondents)		Non-borehole Users (75 respondents)	
	Decrease		Decrease	
	No.	%	No.	%
Diarrhoea	91	72.8	22	29.3
Eye Disease	82	65.6	31	41.3
Skin Disease	105	84.0	42	56.0

- Regarding the children's nutritional conditions about the same ratios of respondents expressed improvement and deterioration (38.5% and 37.5%, respectively) compared to 5 years ago while the rest (24%) observed no change.

5. Impact on People's Participation

- Many (75.0%) noted that people are more active in participating in community activities compared to 5 years ago. Though no significant difference was found in the target area and non-target area, the response varied from village to village. In one village all the respondents (100%) indicated that people were more active than previously while in another village only a little over half of the respondents (55.0%) indicated so.
- Common community activities were: collecting locally available resources such as river sand, stones, water, or moulding bricks for community projects of building school blocks and clinics; food for work; road construction and repair; and maintenance of

water points (digging shallow wells, clearing the area, fencing the water source, etc.).

6. Impact on People's Wealth and Income

- Main sources of income for the households were selling livestock (74%), selling farm products (56.5%) and working as farm labour (34.0%) as shown in Table 6-1.

Table 6-1 Main Sources of Income (multiple answers possible)

Source of Income	No.	%
Selling Livestock	148	74.0
Selling Farming Products	113	56.5
Work as Farm Labour	68	34.0
Wages/Salary from a Job outside the Village	50	25.0
Selling Crafts (baskets, mats, etc.)	47	23.5
Remittances	30	15.0
Wages/Salary from a Job in the Village	21	10.5

- Compared to 5 years ago, 85 respondents (42.5%) indicated that their households' area of cultivated land has increased while a little less than half of the respondents (46.5%) indicated no change and the rest (11%) decrease. The average area of cultivated land has increased slightly from 4.95 Acres to 5.55 Acres. Little difference was found between the target area and non-target area. Land was mainly (89%) owned by the household heads and in rare cases owned by other family members (8.5%) and by outsiders (2%).
- Regarding livestock and poultry, some households did not possess any. The number of households which had at least one cattle, goat and chicken/guinea fowl was 131 (65.5%), 155 (77.5%) and 156 (78%), respectively. The ownership of cattle was dominated by household heads (90.8%) while that of goats and poultry were shared with other family members as shown in Table 6-2.

Table 6-2 Number of Households which Keep Livestock and Poultry and their Ownership

Animals	No. of HHs	Owned by					
		Household Head		Other Family Member		Outsider	
		No.	%	No.	%	No.	%
Cattle	131	119	90.8	10	7.6	2	1.5
Goats	155	130	83.9	25	16.1	0	0
Chicken/Guinea Fowls	156	91	58.3	65	41.7	0	0

- In comparison with 5 years before, the average number of cattle owned by the respondents' households has changed little while that of goats and chicken have decreased. The ratios of respondents who indicated the decrease in number of cattle, goats and chicken/guinea fowls were 32.5%, 49.5% and 60.5%, respectively. The details are shown in Table 6-3.

Table 6-3 Change in Number of Livestock and Poultry Possessions

Animals	Average Number		Increase		Decrease		No Change	
	Now	5 Years Ago	No.	%	No.	%	No.	%
Cattle	5.13	5.05	76	38.0	65	32.5	59	29.5
Goats	11.93	14.28	67	33.5	99	49.5	34	17.0
Chicken/Guinea Fowls	8.27	15.41	56	28.0	121	60.5	13	6.5

- In general female headed households are considered to be resource poor. From the analysis based on the sex of household head, it was found that female headed households owned less cultivated land and smaller number of cattle and poultry as shown in Table 6-4.

Table 6-4 Average Cultivated Land and Numbers of Cattle and Poultry by Sex of Household Heads

Item	Male Headed Household (160 households)	Female Headed Household (40 households)
Average Area of Cultivated Land	5.86 acre	4.25 acre
Average No. of Livestock and Poultry		
Cattle	5.8	2.4
Goats	13.0	7.55
Chicken/Guinea Fowl	9.5	3.25

- Food security at the household level worsened considerably compared to 5 years ago¹. All the respondents, except 3, expressed that the current situation was worse. More than half (60.5%) of the households indicated that 5 years ago they had enough staple food stock to last until the next harvest while currently only one respondent indicated so. Most of the respondents said that they had no food stock at all (71.5%) or very little, not enough to last for this month (25%).
- The number of households without any member earning wages or salaries has not changed much compared to 5 years ago (the number increased from 111 households to 113 households).

7. Operation and Maintenance of Water Supply Facility

- Out of 125 respondents who use boreholes 114 respondents (91.2%) indicated that the water point committee took care of the facility. Many of the respondents noted that the committees were active (89.2%) and they were informed of the committee's decisions (88.5%).
- According to the respondents water point committees took care of the facilities by: cleaning the surrounding area (50.8%); regular maintenance such as greasing and tightening bolts (34.6%); ensuring the proper use of the facility by users (20.8%);

¹ It is clear that the current situation is due to severe drought condition affecting the region. Emergency food supply was being distributed to people in need at the time of field survey.

repairing the fence when broken (19.2%); repair or arranging the repair when facilities were broke down (6.9%); and promoting hygiene practices (6.9%).

- In the event of borehole break-down, respondents indicated that the facility was (or would be) repaired by a pump minder (36%), who was trained and previously hired by DDF or by a pump caretaker (35.2%), while the most of the rest (24.5%) noted that nobody repaired (or would repair) it.
- The majority of the respondents noted that anyone can use the water supply facility (98%) and it is used equitably (98.5%).

A-6.2 Summary of Questionnaire Survey Results in Peri-Urban Areas of Lusaka

1. COMMUNITY INFORMATION

1.1 George Proper

79% of the respondents were females while 21% were males. Out of these 60.4% of the Household heads were married to one spouse, while 20.9% were widows. In terms of occupation, 20.9% were women who were housewives-i.e at home looking after children. A significant number of the residents at 32.5% are engaged in Vending. Those who indicated that they are unemployed are 14%.

1.2 George Compound Area 5

Out of the total number of respondents, 79% were females while 20% were males. Vending is the most popular occupation with 18.6% of the respondents involved in it. The rate of unemployment is also relatively high with a record 20.9% out of formal employment and without any other major occupation for their livelihood. The number of housewives is also relatively high at 20.9%. From the total number of respondents, 16.3% were heading households and out of these 7% of the households are headed by widows. This Area has also recorded a very high rate of polygamy which has 20.9% being married to more than one spouse.

1.3 George Compound Area 7

In this area 74.4% of the respondents were females while 26.4% were males. Out of these respondents 36% were household heads. The Area has also a very high rate of unemployment recorded at 28.8% while those engaged in Vending stood at 19.2%. In this Area, 26.4% are housewives, 9.6% are business people. The rest of the people are engaged in other minor informal activities such as running a market stall etc. As regards the marital status of household heads, 74.4% are married to one spouse while 16.8% are widows.

1.4 Bauleni Compound

In Bauleni, 77.5% of respondents were females while 20% were males. In this area, the rate of unemployment is at 17.5% while 40% are women who are housewives. Vending is also a major occupation with 10% of the respondents having it as their major occupation. As regards the sex of household heads, 12.5% were females while 85% were males. The widows were 7.5% while those married to one spouse only made up of 80% of the respondents.

1.5 Kalikiliki

In Kalikiliki 75% of the respondents are females while 25% are males. Out of these 25% are unemployed while the same percentage is involved in vending activities. The number of women who are raising children at home without being involved in any meaningful occupation stands at 25%. Among the household heads, 20% are females while 80% are males. The number of widows heading households stands at 12.5%, while those who are married (monogamous) make up 80% of the household heads.

Table 1: Community Information

Area	Males %	Females %	Widows %	Unemployed %
George Proper	21.0	79.0	20.9	14.0
George Area 5	20.0	79.0	7.0	20.9
George Area 7	26.4	74.4	16.8	28.8
Bauleni	20.0	77.5	7.5	17.5
Kalikiliki	25.0	75.0	12.5	25.0

2. IMPACT ON LIVING ENVIRONMENT

2.1 Source of Drinking Water

The main source of drinking water for all the sample areas is the Communal Tap. In George Proper, 97.5% use the communal tap now compared to five years ago when only 65% used it. In Area 5, 93% use the communal tap now compared to five years ago when only 55.8% used it. As for Area 7, five years ago only 50% sourced their water from the taps while 26.2% got it from illegally connected taps. However, the last five years have seen remarkable progress where over 90% of the population draws drinking water from the taps. The illegal connections are a thing of the past. In Bauleni Community, five years ago, 65% of the respondents drew their water from communal taps while 12.5% drew their water from illegal connections and yet another 20% drew from other sources. These other sources were actually surrounding farms and government institutions to which the residents trekked to go and get water. At the moment 95% of the residents of Bauleni get their water from the communal taps while 5% still rely on illegal connections. Kalikiliki Compound on the other hand is beset with problems of illegal connections. These have risen from 52.5% five years ago to 72.5% at present. In the case of Shallow wells, all the sample areas have recorded a major decline in the number of people using them. In Bauleni, there are no shallow wells at all whereas in George Proper the percentage of people using shallow wells has gone down from 20.9 five years ago to 2.3 in 2002. In Area 5 the number of those using shallow wells has also gone down from 13.9% five years ago to 6% currently. In Area 7 on the other hand, 9.5% of the respondents used shallow wells five years ago but not any more.

In all the study areas one can see that the communal tap has become the major source of drinking water. The biggest improvement has been recorded in Areas 5 and 7 and Bauleni where at least 40% of the respondents have started using tap water in the last five years.

It is however, quite disappointing to note that shallow wells are still being used especially in George Proper and Area 5.

Table 2-1 Source of Drinking Water

Area	George Proper		Area 5		Area 7		Bauleni		Kalikiliki	
	Now %	5 years ago %	Now %	5 Year ago %	Now %	5 years ago %	Now %	5 years ago %	Now %	5 years ago %
Communal Tap	97.5	65.0	93.0	55.8	90.0	50.0	95.0	65.0	72.5	52.5
Shallow Well	2.3	20.9	6.0	13.9	0	9.5	0	0	0	0
Illegal connection	0	7	0	13.9	0	26.2	5.0	12.5	72.5	52.5
Hand pump	0	7	0	4.6	0	7.1	0	2.5	0	5.0
Others	0	0	1.3	11.6	0	7.1	0	20.0	26.0	27.5

2.2 Distance to Source (from home)

The respondents in George Proper indicated that although five years ago 27.9% of them used to cover more than a kilometer to fetch drinking water, this was no longer the situation now. In fact in all the study areas, the respondents now cover a kilometer or less from their homes to the water source. In Area 7 five years ago 16.7% used to cover a distance of a kilometer or more while in Area 5 30.2% would cover a distance of at least a Kilometer or more. In the case of Bauleni 42.5% covered a Kilometer or more five years ago while at the moment only 2.5% are left to cover that distance. As for Kalikiliki the situation has not improved at all with 47.5% who had to cover a distance of more than 20Metres to fetch water five years ago while currently 52.5% still have to cover the same distance. However, the number of those who have to cover a KM or more has reduced considerably probably due to the increasing number of illegal connections in the area.

2.3 Difficulties in Obtaining Water

67.4% of the respondents in George Proper have indicated that they have currently no difficulties in obtaining water compared to 51.2% who had no difficulties five years ago. However, 32.5% have stated that they still face difficulties in obtaining water. In Area 5 65.1% had difficulties in obtaining water five years ago compared to only 25.6% who have difficulties now. The same situation prevails in Area 7 where 54.7% had difficulties five years ago and only 38.1% have difficulties now. As for Bauleni 75% do not have any difficulties in drawing water leaving only 25% who are currently facing difficulties. In the case of Kalikiliki, the situation has only slightly changed in the last five years with those facing difficulties now at 22.5%. The main reason given by those facing difficulties now is that they are not able to raise user fees of K3,000 per Month. At least 18.6% of respondents in George Proper, 9.3% in Area 5 and 7.1% in Area 7 indicated this as the main reason. Others quoted problems such as awkward opening time for the taps, restriction on containers and overcrowding. The main problem sited for difficulties in obtaining water five years ago was distance to source. This is seen in the responses where

George Proper recorded 11.6%, Area 5, 32.5%, Area 7, 19% and Bauleni 12%. In Kalikiliki not much has changed as 32.55% stated distance as the main problem they used to encounter five years ago and 20% still face the same problem now.

2.4 Quality of Water

The quality of water was perceived to have improved significantly by the residents of George Proper with 93% responding that the water was currently of good quality compared to 5 years ago where only 67.4% indicated that the water was of good quality then. Similar perceptions have been recorded in the other areas. Area 5, 93.5%, Area 7, 90.4%, Bauleni 90% and Kalikiliki 100%. The reason given for the quality of water being good is that they know that it is treated by the Project through chlorination.

Table 2-4 Quality of Water

Area	George Proper		Area 5		Area 7		Bauleni		Kalikiliki	
	Now	5 years ago	Now	5 Years ago	Now	5 Years ago	Now	5 Years ago	Now	5 Years ago
Good	93.0	67.4	95.3	67.4	88.1	76.2	90.0	90.0	100.0	40.0
Not good	7.0	32.5	4.6	32.5	11.9	23.8	10.0	10.0	0	0

2.5 Fetching Of Water

Five years ago in George Proper 74% adult women were involved in fetching water for their homes while now the number has dropped to 58%. In Area 5 on the other hand the number of women fetching water has not changed much in the last five years with 76.7% fetching water five years ago to 72.1% at the moment. In Area 7 the number of women fetching water five years ago and now has remained constant at 73%. This is the same for Bauleni where the percentage is the same at 70 now and five years ago. Kalikiliki on the other hand has recorded a slight drop from 85% of adult women fetching water five years ago and only 70% doing so at the moment.

In all these areas however, the number of adult men engaged in fetching water has remained relatively low at less than 10%. The number of girls fetching water is also higher than that of boys for obvious reasons. However, the number of girls and boys involved in fetching water is much less than that of adult women. This is due to a number of reasons: the Water Committee Rules do not allow children below the age of 12 to fetch water: Most parents especially mothers prefer to send the boys and girls on errands such as vending while they attend to domestic matters: In addition, the numbers of women who are housewives is quite high. This means that they have fetching water as one of the most important daily chores. It is also important to note that the tradition prevailing in all the study areas is that it is a woman's job to fetch water. As such the small percentage of men indicated as fetching water covers mostly those men who fetch water for other purposes other than domestic. These purposes could be for activities such as molding bricks for

building.

3. IMPACT ON PEOPLE'S LIVELIHOOD

3.1 Sources of Income

In George Proper 34.9% currently own their businesses compared to 25.6% five years ago. Out of these 11.6% only have their source of income from a private company unlike five years ago when at least 20.9% earned from such companies. Those earning salaries from government have declined from 16.3% five years ago to 14.6% currently. In Area 5 and 7 on the other hand those making a living from private companies at present are 4.6% and 35.7% respectively, while five years ago they were 25% and 14%. In these two areas those who have their own businesses are now at 16.3% and 19% respectively. As for Bauleni a marked increase of those who sourced income from own businesses was recorded from 10% five years before to 30% at present. In this area the number of those earning an income from a private company declined from 45% to 27.5%. As for Kalikiliki, whereas 20% owned shops five years ago the situation has changed now with only 15% being in that position now. The same decline has been experienced with those who earned an income from private companies as there figure has gone down from 45% five years ago to 22.5% at present.

Table 3-1: Sources of Income

Area	George Proper		Area 5		Area 7		Bauleni		Kalikiliki	
	Now	5 Years ago	Now	5 Years ago	Now	5 Years ago	Now	5 Years ago	Now	5 Years ago
Own Business	34.9	25.6	34.9	16.3	19.0	30.9	30.0	10.0	15.0	20.0
Piece work	9.3	4.6	4.6	2.3	2.4	4.8	12.5	12.5	20.0	12.5
Vending	2.3	0	0	0	0	0	0	0	2.5	0
Government	4.6	16.3	7.0	16.3	9.8	2.4	2.5	5.0	5.0	0
Private Company	11.6	20.9	4.6	25.6	35.7	14.3	27.5	45	22.5	45.0

3.2 Borrowing and Income Generating Activities

The responses in this category show that more and more people in all the study areas are more comfortable to borrow money from their own relatives rather than an institution. In George Proper 16.3 % currently borrow from relatives while in Area 5, 11.6% do the same. As for Area 7 16.7% do borrow from their own relatives as well compared to 2.4% five years ago. In the case of Bauleni, the number of those who have sourced money from household savings has remained at 15% just as it was five years ago. The number of those borrowing from relatives has also remained constant at 2.5%. Similarly the number of people earning a living in the household remained at 72.5% the same as five years ago. Kalikiliki on the overall has not experienced much change as the percentage of those sourcing money from household savings went only slightly down from 20% to 17%.

As regards the number of people earning a living in each household, there were not more

than 3 in all the study areas.

3.3 Household Income and Its Control

In all the study areas, it was found that very few people earn an income of K400, 000 per month or more while a considerable number earn around and below K100, 000. 16.3% of the respondents in George Proper earn at least K400, 000 compared to 4.6% who were in that income bracket five years ago. Similarly for Area 7, an increase in the number of those earning K400, 000 or more has been recorded with the figure moving from 11.9% five years ago to 14.3% at present. Bauleni and Kalikiliki have also recorded an increase in the number of those earning K400, 000 or more with the figures for Bauleni moving from 12.5% to 17.5% and for Kalikiliki from 2.5% to 10% currently during the same period. The situation is quite different for Area 5 where there has been a decline in those earning K400, 000 per month from 20.9% to 18.6% during the same period. As regards those earning K100, 000 or less at the moment, Bauleni had the highest number at 20% in contrast to George Proper which had 18%, area 5, 7% Area 7, 16.7% and Kalikiliki 15%.

In relation to the control of income in the households, it was found that most of the income is controlled by husbands while still some housewives do have some control as well. All the study areas except Kalikiliki recorded more than 20% of husbands controlling household income. In Kalikiliki the situation was slightly different with 10% of husbands controlling income. In Kalikiliki 32.5% housewives control the household income.

3.4 Improvement in Resources and Setback

In George Proper, 16.3% indicated that they have experienced an increase in resources in the last five years. The same went for Area 7 where 16.3% indicated the same and also Bauleni and Kalikiliki who both had 17.5%. Area 5 on the other hand had the lowest at 11.9%. The main reason given for this situation was that they could afford to buy more household goods. However, in comparison over 50% of the respondents in all the study areas indicated that they had suffered a setback of one kind or another. The main reason given for the setbacks was that there had been a general increase in the cost of living and that a ;lot of them were not in employment.

4. OPERATION AND MAINTANANCE

4.1 Payment for Water

Over 75% of respondents in the study Areas (except) Kalikiliki asserted that they do pay for their water. The same number indicated that they pay K3,000 per month in Areas 1, 5 and 7. For Bauleni however, only 60% indicated paying the K3,000. for those that do not pay 7% in George Proper, 5, and 7 said they do not have money to do so. In Bauleni and Kalikiliki 5% fail to pay for their water as well. In George Proper and Bauleni those that fail to pay manage to get water from another source.

Table 4-1: Payment for Water

Area	George Proper	Area 5	Area 7	Bauleni	Kalikiliki
Yes	83.7	93.0	83.3	75.0	56.0
No	7.0	7.0	16.7	25.0	45.0

4.2 Care of Water Supply Facility

In all the areas except Kalikiliki, the respondents said that their water supply facility is taken care of by the Water Committee. This care is in the form of cleaning the surroundings, locking up when it is not drawing time etc. In case of a breakdown 20% of the respondents in George Proper indicated that JICA would repair the facility while 41% in Area 5 and 38% in Area 7 indicated that Lusaka water and Sewerage company would undertake the repairs. Over 20% of the respondents in Areas 1,5 and 7 sited the Water Committee to undertake the repair work. In Bauleni, 30% feel that the Water Committee should undertake the repairs.

4.3 Equitable Use of Water

Concerning the equitable use of water 76.2% of respondents in Area 7 and 62.8% in Area 5 with 87% in Bauleni feel that there is equitable use of water. George Proper on the other hand has a lower response at 58.1% indicating equitable use of water. Two major reasons have been given as to why there is no equitable use of water:

- a. Inability to pay
- b. Restriction in opening hours for taps

Table 4-2 Equitable Use of water

Area	George Proper	Area 5	Area 7	Bauleni	Kalikiliki
Few Taps	0	0	0	2.5	0
Restrictive/Container	0	4.6	0	2.5	0
Inability to pay	27.9	23.2	11.9	7.5	22.5
Restricted hours	11.6	2.3	2.4	0	0
Tap Leader Rules	0	2.3	2.4	0	0
Insufficient supply	0	2.3	0	0	12.5

5. IMPACT ON PARTICIPATION IN COMMUNITY ACTIVITIES

5.1 Awareness of Community Activities

A considerable number of people are not aware of the community activities that are taking place in their vicinity. In George Proper 23.2%, Area 5 46.5%, and Area 7, 66% are not aware. As for Bauleni and Kalikiliki 47.5% are not aware as well. Area 7 is therefore the most affected in terms of the ignorance of its residents as far as community activities are concerned. In the same regard Family Care was sited as the most known community activity by the 3 areas in George while drainage and roads were indicated by

respondents of Area 5 and 7 and not those of George Proper. On the other hand the residents of Bauleni and Kalikiliki identified Drama and Song as quite common for activities related to HIV/AIDS

Table 5-1: Awareness of Community Activities

Area	George Proper	Area 5	Area 7	Bauleni	Kalikiliki
Aids Awareness	2.3	0	0	5	2.5
Church	2.3	0	0	0	0
Drama/song	2.3	0	0	2.5	2.5
Family Care	13.9	11.6	7.1	0	0
Water	9.3	7	0	0	2.5
Not Aware	23.3	46.5	66	47.5	47.5

5.2 Status of Participation

As regards the status of participation in community activities, George Proper has more activity with 34.9% of respondents saying there is more activity in the area. Area 5 and 7 on the other hand seem to be idle on activities. Most of the poor participation has been attributed to less meetings held and even when these meetings are called very few people attend. In Bauleni and Kalikiliki there is more activity with 22.5% of respondents affirming that. In relation to participation by gender, George Proper together with Bauleni and Kalikiliki have recorded that both men and women participate. In Areas 5 and 7 on the other hand, only 34% and 26% have responded that both the women and men participate.

5.3 Effectiveness of CBOs

In George Proper 53.55% of respondents were aware of the activity of the particular CBO while in Area 5 only 32.5% were aware and Area 7 only 30% were aware. The respondents in Bauleni and Kalikiliki were also quite knowledgeable with 42.5% and 47.5% respectively. The residents of George Proper therefore have shown to have more knowledge of what CBOs were in their area than the other respondents from the remaining Areas. Among the most known CBOs were CARE International and JICA who were the most known in George Proper. In Area 5 also 11.6% knew about CARE while in Area 7 very few knew about it. Respondents in Area 7 on the other hand knew more of the Neighborhood Watch Committee than any other CBO. In Bauleni, the Anti-AIDS Group is well known there with 10% indicating in the affirmative. As far as the effectiveness of these CBOs is concerned, over 28% of the respondents in all the study areas stated that the CBOs were relatively effective especially in the area of improving people's lives. Only less than 10% indicated that the CBOs were not effective.

Table 5-3: Effectiveness of CBOs

Area	George Proper	Area 5	Area 7	Bauleni	Kalikiliki
Improve lives	7.0	7.0	4.8	5.0	2.5
Positive Results/health	11.6	7.0	2.4	0	2.5
Positive Results/water	7.0	2.3	0	0	0
No positive results	9.3	9.3	2.4	2.5	0

6. IMPACT ON PEOPLE'S HEALTH AND NUTRITION

6.1 Decrease in Diseases

Cholera and Diarrhea were sited as the most common diseases in the study areas. In George Proper, 74.4%, Area 5, 83% and Area 7, 66% of respondents indicated that both diseases had decreased. The same situation was seen in Bauleni where over 60% indicated that both Cholera and Diarrhea had gone down. In Kalikiliki the situation was different with only 55% siting a decrease in both diseases. The same situation was seen in the responses concerning eye and skin diseases. These diseases have also gone down but not as much as Cholera. Kalikiliki had the lowest response at less than 50% indicating that there had been some very minimal decrease in these two diseases. As regards the reasons for this decrease, George Proper recorded a remarkable 13.9% as being the result of health and hygiene advice. Areas 5 and 7 as well as Bauleni did not indicate any advice on health and hygiene although they did attribute the decrease in the incidence of diseases to provision of clean water. The impact of health and hygiene awareness therefore seems to have been more in George Proper.

Table 6-1: Decrease in Diseases

Area	George Proper	Area 5	Area 7	Bauleni	Kalikiliki
Diarrhea	74.4	83.5	66.6	67.5	22.0
Cholera	74.4	86.0	69.0	70.0	18.0
Eye Disease	62.8	76.6	61.9	55.0	19.0
Skin Disease	55.8	74.4	61.9	60.0	19.0

6.2 Nutritional Status and Meals per Day

As regards the status of children's nutrition, George Proper recorded the highest percentage of those indicating that it had deteriorated (72%) while Area 5 had the highest number of those stating that it had improved at 37.2%. However, the general perception is that children's nutritional conditions have declined considerably mostly due to the fact that the parents can hardly afford a balanced diet for them due to poor incomes at household level. As far as the number of meals per day are concerned, in Areas 1, 5 and 7 those who could afford 3 meals per day were over 80% five years ago and now were at less than 40%. George Proper has also recorded the highest number of people who eat only one meal per day at 23.2%. On the overall, the number of people who can afford 3 meals per day has gone down. The main reason for this is the low incomes earned by most residents due to the falling standards of the economy.

7. IMPACT ON PEOPLE'S HEALTH AND HYGIENE BEHAVIOUR

7.1 Source of Water for Drinking and Washing

George Proper recorded 100% response in relation to using the same source for water for washing and drinking unlike five years ago when only 76.7% were doing so. In this area five years ago 18.6% used the shallow wells for both drinking and washing purposes. In Area 5 on the other hand 95.3% and 96% in Area 7 use the same source for drinking and washing. In Bauleni the situation has not changed much with 100% responses for now and five years ago. In this area there are no shallow wells. Out of all these areas, George Proper is where a lot of progress has been recorded. Those who got water for drinking and washing from different sources (a practice which was more prevalent five years ago than now) indicated that they did so because water was difficult to find then. The trend is showing that more and more people are using the same source for drinking and washing now than in the past.

7.2 Vessels for Fetching Water

53.5% of the respondents in George Proper currently use a container with a lid to fetch water. In Area 5 the number is much higher with 86% using the container with a lid. Area 7 has 81% of these. The situation is not very different for Bauleni where 65% use a container with a lid. In Kalikiliki only very few people use the container with a lid as only 40% indicated doing so. The high numbers of people using containers with lid in Areas 1, 5, 7 and Bauleni is attributed to the Water Committee rules that stipulate a container with a lid as the acceptable vessel for carrying water. The responses also show that the bucket has been replaced by the container as the most common vessel for transporting water. When asked as to why they use the preferred vessel, 23.2% of George Proper respondents indicated that it is easier to carry, while 16.3% of Area 5 and 9.6% in Area 7 and 22.5% in Bauleni also said the same.

In terms of giving reasons as to why they used the particular vessel, 16.3% of respondents in George Proper, 30% in Area 5 and 48% in Area 7 stated that they use it because it is the one allowed by the Water Committee. As far as storage of water was concerned, 95.3% from George Proper, 97.7% in area 5, 88% in Area 7 and 97% and 100% for Bauleni and Kalikiliki respectively store their water in containers with lids. There is no doubt that the method of keeping water in containers with lids has been greatly influenced by the rules of the Water Committees which stipulate compulsory use of containers with lids.

7.3 Treatment of Water

The responses in all the study areas show that more and more people have ceased the practice of treating water in the last five years. In George Proper for example, 60.4% do not treat their water at present compared to 72.1% who were doing so five years ago. In

Area 5, 65% treat their water leaving the situation the same as it was five years ago. Area 7 on the other hand has 60% of the respondents not treating their water at present, while 79.2% did not treat their water five years ago. The situation is more less the same in Bauleni where percentage of those who do not treat their water has remained the same as five years ago at 67.5%. In Kalikiliki the number of those not treating their water has gone down to 70% from 95% five years ago. For the small number of people who treat their water, the most common method used is chlorination. Those who indicated use of chlorine were 32.5% in George Proper, 25.6% in Area 5, 31.2% in Area 7 and 20% and 25% in Bauleni and Kalikiliki respectively. Boiling was also indicated as a common method that was used a lot five years ago. Now most people seem to have turned to chlorine. They feel that it is easier to use and it is affordable.

Table 7-3 (a) : Treatment of Water

Area	George Proper		Area 5		Area 7		Bauleni		Kalikiliki	
	Now	5 years ago	Now	5 years ago	Now	5 years ago	Now	5 years ago	Now	5 years ago
Yes	39.5	73.1	34.9	34.9	40.8	1.6	32.5	32.5	32.5	17.5
No	60.4	27.9	65.1	65.1	60.0	99.2	67.5	67.5	70.0	95.0

Table 7-3 (b); Method of Treating Water

Area	George Proper		Area 5		Area 7		Bauleni		Kalikiliki	
	Now	5 years ago	Now	5 years ago	Now	5 years ago	Now	5 years ago	Now	5 years ago
Add chlorine	32.5	7.0	25.6	4.6	31.2	7.2	20.0	17.5	25.0	7.5
Boil	7.0	20.9	9.3	30.2	7.2	14.4	12.5	17.5	7.5	82.5
N/A	60.4	72.1	65.1	0	62.4	79.2	67.5	65.0	67.5	10.0

7.4 Sanitation

As regards sanitation over 70% of the respondents in all the study areas indicated that they use personal household latrines. However, a significant number of 20.9% in George Proper, 7% in Area 5, 9.6% in Area 7, and 12.5% in Bauleni and Kalikiliki have no access to household latrines. There has not been much change in this area compared with five years ago. Regarding the types of latrines used, different households use different types of latrines for various reasons. In George Proper the most commonly used latrine is the traditional one with 46.5% of respondents using them at present. In this area, the number of those using the latrine with slab has remained constant at 32.5%. Areas 5 and 7 on the other hand have more people (over 60%) using the improved latrine with slab compared to those in George Proper. Those using improved latrines with slab in Bauleni are 55% while in Kalikiliki they are at 42%.

A few people in some of these areas are also privileged with Flush toilets. In Area 5, only

4.6% use Flush Toilets at present compared to five years ago when the number of those who used these toilets were 18.6%. The same situation is found in Area 7 where only 2.4% are using Flush Toilets now compared to 9.6% five years ago. Interestingly none of the respondents in George Proper indicated using a Flush toilet at present while 2.3% used these toilets five years ago. In Bauleni and Kalikiliki there are no flush toilets available.

The most used toilet is the one people find affordable, easy to build, use and maintain. In all these areas, affordability topped the list with 30% in George Proper, 23.2% in Area 5, 14% in Area 7 and 15% and 27% in Bauleni and Kalikiliki indicating that they used the respective type of latrine because they could afford it. This situation has not changed much compared with five years ago. Those who currently use shared toilets in George Proper are 18.6% compared to 11.6% five years ago. Area 7 and Bauleni and Kalikiliki also have a significant number of between 7% and 10% who used shared toilet facilities.

Table 7-4: Type of Latrine Used

Area	George Proper		Area 5		Area 7		Bauleni		Kalikiliki	
	Now	5 years ago	Now	5 years ago	Now	5 years ago	Now	5 years ago	Now	5 years ago
Improved/slab	32.5	32.5	67.4	67.4	67.2	64.8	55.0	50.0	42.5	45.0
N/A	20.9	13.9	4.6	2.3	7.2	4.8	12.5	5.0	12.5	0
Traditional	46.5	51.2	20.9	18.6	19.2	21.6	27.5	45.0	45.0	55.0
Flush Toilet	0	51.2	4.6	18.6	2.4	9.6	0	0	0	0
Traditional flush	0	0	2.3	2.3	0	0	0	0	0	0
VIP	0	0	0	0	2.4	0	5.0	0	0	0

7.5 Hand Washing Practices

7.5.1 Time for Washing Hands

In George Proper 18.6% of the respondents wash their hands after using the toilet and before eating compared to 16.3% who did so five years ago. Less people (7%) wash their hands after using the toilet and before eating in Area 5 currently compared to 25.6% five years ago. Area 7 has also experienced a decline in those who wash their hands after using the toilet and before eating from 26.4% five years ago to 16.8% at present. Similarly Kalikiliki has also recorded a down turn of 35% five years ago to 32.5% at present. In contrast the number of people who wash their hands in Bauleni after toilet and before eating has gone up from 35% five years ago to 37.5% at present.

In general very few people wash their hands after undertaking some household chores. The most preferred time to wash hands apart from after visiting the toilet and before eating is before cooking and when hands are seen to be dirty.

7.5.2 Hand Washing Methods

All the study areas record over 55% of its respondents washing hands in a basin as the most common method. This situation is not very different from the practice of five years ago when the same number also used to wash hands in a similar way. The second most practiced method is that of pouring water using a cup. The statistics show that there has been an increase in the number of people using this method compared to five years ago. In George Proper, the numbers rose to 16.3% from 11.6% while in Area 5, a significant improvement was recorded at 13.9% compared to 2.3% five years ago. In Area 7, the respondents using this method are 14.4% compared to 9.6% five years ago. Similarly, Bauleni has also experienced an increase in those who use the method from 7.5% five years ago to 10% at present. As for using soap when washing hands, all the study areas recorded an overwhelming increase indicating that the use of soap is a very common practice.

The main reason cited for using the particular method of hand washing is to prevent disease. This was the response from 53.3% of people in George Proper, 48.8% in Area 5, 43.2% in Area 7, 53% in Bauleni and 30% in Kalikiliki. The second most important reason given in George Proper was that of conserving water, while Area 5 was also to conserve water and because the method was easy. 14.4% in Area 7 did not have any reason for employing the particular hand washing method. As regards washing hands at big gatherings, there hasn't been much change compared with the situation five years ago. Over 50% of the respondents still wash their hands in a basin even at funerals or weddings.

Table 7-5-2: Hand Washing Methods

Area	George Proper		Area 5		Area 7		Bauleni		Kalikiliki	
	Now	5 years ago	Now	5 years ago	Now	5 years ago	Now	5 years ago	Now	5 years ago
Bath tub	2.3	0	0	0	0	0	0	0	0	0
Pouring water/cup	16.3	11.6	13.9	2.3	14.4	9.6	10.0	7.5	5.0	5.0
Outside basin	13.9	9.3	27.9	30.2	31.2	28.8	25.0	20.0	12.5	10.0
Out/basin/pouring water	4.6	2.3	0	0	0	0	0	0	0	0
Wash in basin	62.7	74.4	58.1	65.1	55.2	57.6	62.5	67.5	82.5	85.0
No s. method	0	2.3	0	0	0	0	2.5	2.5	0	0
From tap	0	0	0	2.3	0	4.8	0	2.5	0	0

7.6 Garbage Disposal

In George Proper 41.8% of the respondents take their garbage to the collection site compared to only 23.2% who did so five years ago. The situation is however, different in Areas 5 and 7 where 69.8% and 62.4% respectively bury in the yard. More people (74.4% and 64.8%) actually did that five years ago in these areas. Bauleni on the other hand has

not recorded any significant change as the numbers of those who bury outside the yard is relatively the same as that of five years ago at slightly over 50%. Kalikiliki recorded the lowest number of people engaged in garbage disposal practices. The main reason given for the practiced garbage disposal method was that it was an easier method and it also prevented disease.

Table 7-6: Garbage Disposal Methods

Area	George Proper		Area 5		Area 7		Bauleni		Kalikiliki	
	Now	5 years ago	Now	5 years ago	Now	5 years ago	Now	5 years ago	Now	5 years ago
Burn/ house	9.3	11.6	0	0	12.0	9.6	10.0	7.5	7.5	10
Bury/ ground/house	39.5	62.8	69.8	74.4	62.4	64.8	52.5	57.5	17.5	22.5
Collection site	41.8	23.2	11.6	9.3	9.6	14.8	17.5	12.5	32.5	30.0
Garbage pit	4.6	2.3	11.6	7.0	9.6	9.6	7.5	12.5	0	0
Garbage truck	4.6	0	0	0	0	0	0	0	0	0

7.7 Advice of Community Health Worker

The number of respondents who had received advice from CHWs was lowest in Area 7 at 24%, while Area 5 recorded 41.8%. George Proper on the other hand had 58% having received advice from CHW and Bauleni, 42.5% with Kalikiliki at 32.5%. In Areas 5, 7 and Bauleni there was an increase in the number of those who had received advice compared to five years ago. George Proper on the other had recorded a decline of 62.8% five years ago to 58.1% at present. Most respondents in George Proper (16.3%) indicated that the advice was related to family care while the highest number of respondents in Area 5 (11.6%) sited health and hygiene. The overall response in these areas show that five years ago there was very little activity of this nature.

Appendix 7 PRA Guideline

A-7.1 PRA Guideline for Binga District Impact Study

21-22 November 2002 : Mucheni Village (Sinansengwe Ward)

25-26 November 2002 : Gande Village (Sinakoma Ward)

Time	PRA Tools and Issues	Participants	Output
Day 1 8:00-9:00	Introduction Meeting <ul style="list-style-type: none"> Village Head: Opening remarks and introduction of village leaders and JICA Evaluation Team Evaluation Team: Explain the objectives and methods of this evaluation 	Village leaders and wide range of villagers	
9:00-12:30	<p>Focus group discussion with SSI</p> <p><u>Community Profile (III-2)</u></p> <ul style="list-style-type: none"> Village history, important events and occurrences with regard to water and sanitation Demographical changes (including health aspect) Social norms and customs Social structure <p><u>Community's access to information and towns (III-4)</u></p> <ul style="list-style-type: none"> How does the community interact with neighbouring communities? For what purpose? How do people travel to Binga City and Bulawayo? For what purpose? How long does it take? How frequent do they travel? How do people obtain information? What proportion of people listen to the radio and read newspaper? What kinds of extension or promotion activities are organized in the community (agriculture extension work, community health promotion, etc.)? <p><u>Community's relationship with the government (III-5)</u></p> <ul style="list-style-type: none"> How does the community interact with the RDC? What kind of support does the community receive from the government (health care, welfare, etc.)? <p><u>Interventions from other donors and NGOs (III-6)</u></p> <ul style="list-style-type: none"> Has the community received any other supports from other donors and NGOs? If so, what kind? 	A group of 5-6 people including village leaders and elders	<p>Historical diagram</p> <p>Venn diagram</p> <p>Mobility Map</p> <p>Venn Diagram</p>
12:30-13:30	Lunch		
13:30-15:00	<p>Key informant interview with SSI</p> <p><u>Community participation in the project/program (III-1)</u></p> <ul style="list-style-type: none"> Was there a consultation meeting between the JICA/SCF and the community during the project (water supply project) formulation? If so, what was discussed and decided? What was/is the community involvement during the implementation? How has the community's awareness evolved? 	A group of 5-6 village leaders including village head	

Time	PRA Tools and Issues	Participants	Output
15:30-17:00	<p>Focus Group Discussion with SSI and Self-Evaluation <u>O&M and Management of Water supply facility (I-3)</u></p> <ul style="list-style-type: none"> • What are the roles and responsibilities of the water point committee in the village? • How was the committee formed? • How does it operate? • How are decisions made in the committee? • What kind of skills and knowledge are the members equipped with from training? • When was the last break-down? • How long did it take to be fixed? • How do community members participate in the management of the borehole (selecting the committee, contributing to the maintenance, etc.)? • Problems experienced in the operation and management of the borehole. • How is the wasted water dealt with? Does the committee (or people near the borehole) make use of wasted water (water leaking or wasted at the borehole)? If so, how? • What kind of support is available from the authorities (RDC, ZINWA, DDF, etc.) and other support service agencies like NGOs with regard management of water and health and hygiene promotion? • How is the communication between the authorities and the community effected? • Does the committee have tools and where are they kept? • How does the committee know of break-down? 	Members of Water Point Committee	
Day 2 8:00-9:00	<p>Observation and Interviews Physical observation of the water supply facility</p>		Sketch, or photo, and description
9:00-10:30	<p>Community Mapping and Well-being Ranking <u>Community Profile (III-2, 3)</u></p> <ul style="list-style-type: none"> • Natural resources • Human resources • Physical/ social infrastructure • Communal activities • Women and vulnerable people such as those on HBC (home based care) 	4 Separate Groups: group of 5-6 old men; group of 5-6 young men; group of 5-6 old women; and group of 5-6 young women (Women's groups should include heads of households)	Social/ Resource Map Well-being Ranking
10:30-12:00	<p>Focus Group Discussions <u>Impact on living environment (II-1)</u></p> <ul style="list-style-type: none"> • Has access to safe water improved? • What are the benefits to the community from the installation of borehole? • Who benefited the most by it? • How is time previously spent fetching water now spent? • What is the progress of the construction of latrines? 	Four separate groups: group of 5-6 old men; group of 5-6 young men; group of 5-6 old women; and group of 5-6 young	

Time	PRA Tools and Issues	Participants	Output
	<ul style="list-style-type: none"> • What benefits have been realised from it? • Who is benefiting most by it? <p><i><u>Impact on people's health and hygiene practices (II-2)</u></i> (using Pocket Chart)</p> <ul style="list-style-type: none"> • Have you received training related to water and sanitation? • In what ways have your and your HH members' health and hygiene practices been improved (hand washing, using latrines, way of carrying and storing water, etc.)? • How did the behaviour change happen? • What benefit have they brought? • Who benefited most by it? 	women (women's groups should include heads of households)	
12:00-13:00	Lunch		
13:00-15:00	<p>Focus Group Discussions with SSI</p> <p><i><u>Impact on people's participation in community activities including maintenance of water facilities (II-5)</u></i></p> <ul style="list-style-type: none"> • What kind of communal events and community activities are organized? • How are they organized? Who attend them? • How do women contribute in decision making process regarding these events/activities? • Are people more active now than 5 years ago in participation in those activities? • If so, why? • How community leaders are trained (traditional training, leadership training course run by the government or NGOs, etc.)? 	4 Separate Groups: group of 5-6 old men; group of 5-6 young men; group of 5-6 old women; and group of 5-6 young women (Women's groups should include heads of households)	
15:30-16:00	<p>Wrap-up Meeting</p> <p>JICA Team: Summary of findings Community: Comments Village Head: Closing remarks</p>	Village leaders and wide range of villagers	

A-7.2 PRA Guideline for Zambia Programme Impact Study

Time	PRA Tools and Issues	Participants	Output
Day 1 8:00-8:30	Introduction Meeting <ul style="list-style-type: none"> RDC and Water Committee: Opening remarks and introduction of community leaders and JICA team members (including local consultants) JICA Team: Explain the objectives and methods of this evaluation study 	RDC, Water Committee & community members who attend PRA exercises	
8:30-10:30	Community Mapping <u>Community Profile (III- 3)</u> <ul style="list-style-type: none"> Natural resources Human resources (household, headship) Physical/ social infrastructure 	To select 2 zones/each survey area 20 participants in total/ each survey area	Social/ resource map of zones
10:30-12:30	Focus Group Discussions with SSI and Pocket Chart Exercise <u>Impact on living environment (II-1)</u> <u>Guide Questions for FGD</u> <ul style="list-style-type: none"> Which water source do you and your HH use for each usage (i.e. drinking, cooking, washing, bathing, gardening, etc.)? Is there any change in available water source compared with 5 years ago? How many bucket/container do/did you fetch water in a day for different usage? Did the access to safe water and sanitation improved if compared with 5 years ago? What benefits have the community gained from the improved water supply? Who benefited most by it? How do they spend the time which was previously used fetching water? Is there other social services improved in past 5 years? How is such improvement linked with your living condition? (positive/ negative impacts) Do you send children to primary/ basic school? If not, what is the reason? Is there access to the literacy class for the adults? 	20 participants in total/ each survey area =10 participants/ zone (5 men & 5 women including at least 2 female household heads) x 2 zones	Matrix indicating water source and usage Matrix ranking
	<u>Impact on people's hygiene practices and health conditions (II-2, 3)</u> Guide Questions for FGD <ul style="list-style-type: none"> How do they carry, keep and use water? In what ways have the people's hygiene practices been changed in terms of excreta disposal and food hygiene? How do they control the domestic and environmental hygiene especially garbage disposal? What benefits have the community gained from behavioural change in hygiene? Who benefited most by it? How is the improvement of nutrition condition of household members? What is the major disease for you and your HH members throughout a year? Is there any change compared with 5 years ago? 		Matrix indicating method of handling water Matrix indicating method of hygiene practice Disease calendar

Time	PRA Tools and Issues	Participants	Output
12:30-13:30	Break		
13:30-15:00	<p><u>Impact on people's participation in community activities (II-5)</u></p> <p><u>Guide Questions for FGD</u></p> <ul style="list-style-type: none"> • What kind of community events/activities are organized including maintenance of water point? • How are they organized? Who attend them? • How do women contribute in decision making process regarding these events/activities? • Are people more active now than 5 years ago in participation in those activities? Why do you think so? • Which government organisation, NGO, and CBO are working in the area? • What kind of benefits do those organisations bring to the community? 		
15:00-17:00	<p>Well-Being Ranking and Focus Group Discussions with SSI</p> <p><u>Impact on improvement of livelihood (II-6)</u></p> <p><u>Guide Questions for FGD</u></p> <ul style="list-style-type: none"> • What is your perception of well-being? • How are household assets, income and expenditure, and practice of saving at household level? • Has your household accessed to micro-finance? What was its usage? • Do you think your household has had increase in resources or improvement in livelihood compared with 5 years ago? • In what aspect? • What do you think is the major reason of improvement/ setback? • Is there any relation between the impacts from improvement of social services and improvement/ setback of your living condition? 		Well-being ranking
Day 2 8:00-10:30	<p>Focus Group Discussion with SSI and Self-Evaluation</p> <p><u>O&M and Management of Water supply facility (I-3)</u></p> <p><u>Guide Questions for FGD</u></p> <ul style="list-style-type: none"> • What are your roles and responsibilities as tap leader/ tap attendant? • What kind of skills and knowledge are you equipped from the training? • How do community members participate in the management of the water supply facility? • How is the communication between tap leaders/ tap attendants, RDC/ Water Committee, and LWSC? • What kind of problems did you encounter to operate the public tap? • How did you solve such problems? • Is there any issue to be tackled in order to improve sustainability of water supply? 	Tap Leaders/ Tap Attendants in survey zones	
10:30-12:00	<p>Wrap-up Meeting</p> <p>JICA Team: Summary of findings</p> <p>Community leaders</p>	RDC	

Appendix 8 The Summary on PRA

A-8.1 The Summary on PRA in Zimbabwe

Mucheni Village, Binga District

1. PRA Workshop

The schedules and the number of the participants on PRA Workshop at each sample area are as shown below. Working themes and tools used are summarized in Appendix 7.

Schedule: 21 ~ 22 Nov. 2002
Participants: 20 community members

2. Profile of Study Areas

People in Mucheni village, Binga district is the baTonga tribe. In 1957 they displaced into Binga district due to the construction of Kariba dam. Severe drought occurred in 1961, 1982/83, 1991/92 and 2000 in the village.

According to community members, the average family size was 6 to 7 at the time of displacement. Mortality in 1960's was high because of lack of medical and health services and outbreak of serious measles. Up to 1965, access to health services was improved due to start operating of health centre in Siabuwa village in 1963/64, and population increased. In 1970's, though family planning was introduced, community members did not accepted and then, population was the largest in the last 1980's. From 1995, family planning was promoted due to spread of HIV/AIDS since 1985/85. However, 75% of PRA participants did not accept contraception. Population is decreasing because mortality from HIV/AIDS has increased and birth rate has reduced due to extension of family planning and increase of living cost. The participants who attended the PRA workshop are in their late twenties had, on average, 3 to 4 children whilst the elder couples had children ranging from 7 to 10.

3. Wealth Classification

The Social structures in Mucheni village consist of a Chief, village head, VIDCO, chief's messengers, the School Development Committee and committees for NGOs

such as Communal Areas Management Programme for Indigenous Resources (CAMPFIRE), and Binga Decentralised Cooperation Program (BDPC). The Chief, Councillor, Village head and VIDCO are very active with regards to all activities in the village. They play a prominent role in facilitating for various development activities in the village. Efforts are made by the above institutional structures to call for meetings, discuss issues that will benefit the community. As a result they are very close to the Mucheni community. Information in Mucheni is mainly obtained through the radio. Of the participants less than 25% indicated that they have radios and those without radios hear through their neighbours with radio. Some community meetings and announcements made to school children were also source of information. Relationship between the community and RDC was at low level therefore they thought that their opinion would not be enough communicated to or neglected by RDC. As public services, the community could receive food support for the elderly and the handicapped by Department of Social Welfare and medical and health services at clinic in Siabuwa village. They were requesting to improve access to the clinic.

4. Operation & Maintenance

Consultative meetings on well drilling supported by the government of Japan were facilitated by SCF. In Mucheni JICA successfully yielded water at two points that had been drilled for boreholes with hand-pump. During the implementation stage the community involved in construction by way of collecting water, river sand, clearing the surroundings, erecting the perimeter fence and constructing laundry facilities. The Tugwasiyane JICA borehole serves the school and approximately 50 households. The other JICA borehole in Mucheni elementary school has broken down in August 2001. It has not been repaired because the village currently does not have an operational pump-minder.

After the drilling and successful yielding of water, Water Point Committee (WPC) was set up by facilitation of SCF. WPC consists of each 3 men and women and a school staff (vacancy at the survey) and is responsible for operation and maintenance, which is to maintain facilities, to instruct how to use, to clean and to collect fare. WPC has some problems such as lack of maintenance tools, low technology due to no training from DDF, lack of clear communication channel to upper authority and unpaid water fare. The WPC has tried reporting the breakdown through the councillor but is not sure if he made RDC aware of the breakdown and also request DDF for training on repair and maintenance through SCF. However, there has not been any feedback or assistance from the agencies. ZINWA has not been to the village, neither has it had any direct contact with the community. Hence the people are not aware of their core business or whether they can be of any help

to them, whereas they are aware that there has been much support from SCF that conducted consultation and awareness meetings before the water source was drilled.

5. Health and Hygiene Practices

The Ministry of Health and Child Welfare and SCF have conducted training sessions on health and good hygiene practices at the construction of boreholes. High levels of appreciation/understanding with regards to problems associated with unprotected water sources – their main source of water. 3 of the 27 participants collect water from operational boreholes due to distance to the water source. Otherwise the rest whom house are far from the boreholes collect from unprotected shallow wells. With regards to hygiene practices it was very clear that people had enough knowledge with regards to the various water sources protected and not as well as problems that may arise due to the use of the unprotected water sources as well as toilets. The Ministry of Health and Child Welfare has undertaken some awareness campaigns on ventilated improved pit latrine (VIP), but the problem is that the community does not have enough resources to construct toilets.

6. Impact on Living Environment

Benefits to the community noted are improvement of access to protected water sources, a reduction in bilharzia and other water-borne diseases and children are now going to school in time because mothers would have collected water to prepare meals earlier. Time previously spent fetching water is now being used for cooking and washing clothes as well as doing other household chores.

Inadequate operation and maintenance is one of the problems on sustainability of the project, especially one borehole is not used because of it. Lack of maintenance tools and technicians disable for the community from repair works at village level. The community has only pipes and drivers for repair and there is no technician. Inadequate public support due to obscure of responsibility in the government and lack of maintenance budget due to backwards in operation and maintenance in the community also aggravate the situation.

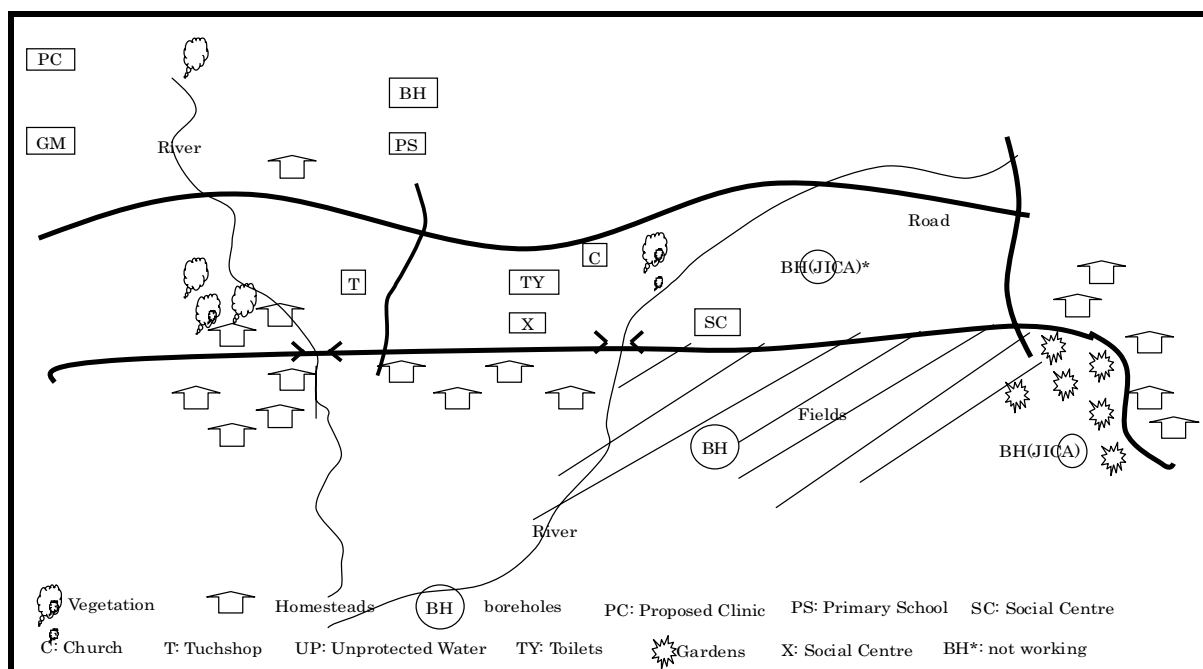
7. Other Doners

The contents of other support carried out by other doners including NGO are listed below.

Organization	Supporting Contents
Zimbabwe Decentralised Cooperation Program	Construction of school and clinic
Save the Children Fund	Food support and illumination on water and sanitation
Kulima Mbobumi Training Centre	Agricultural credit, seed distribution, training on cooperative agriculture in dry areas
Christian Aid	Mobile clinic for maternal and child health

8. Examples of PRA Results

Mucheni Village: Social Map



WEALTH RANKING

	Richest	Rich	Poor	Poorer	Poorest
Cattle	40+	20+	N/A	N/A	N/A
Scotchcart	2/3	1	N/A	N/A	N/A
Donkeys	10	5	N/A	N/A	N/A
Goats	100	50	5	2	N/A
Sheep	27+	13	N/A	N/A	N/A
Chicken	50+	20	5	N/A	N/A
Guinea Fowls	50+	5	N/A	N/A	N/A
Dogs	7+	1 to 2	1	N/A	N/A
Bicycle	2/3	1	N/A	N/A	N/A
Type of House	Brick/Asbestos	Farm bricks and thatch	Poor House	Poorer House	Shack
Shop	1	N/A	N/A	N/A	N/A
Tractor	1	N/A	N/A	N/A	N/A
Grinding Mill	1	N/A	N/A	N/A	N/A
Radio	Big radio	Small radio	N/A	N/A	N/A
Plough/Cultivator		1	N/A	N/A	N/A
Marriage	2 to 3 wives	1 to 2 wives	1 wife	1 wife	Not married
					Lazy
					Survives on food donations
					Uses clay plot/wooden plate
					Does not plough

Gande Village, Binga District

1. PRA Workshop

The schedules and the number of the participants on PRA Workshop at each sample area are as shown below. Working themes and tools used are summarized in Appendix 7.

Schedule: 25 ~ 26 Nov. 2002
Participants: 30 community members

2. Profile of Study Areas

In 1957 the flooding of the valley was preceded by the forced displacement of the baTonga from the valley where they were harvesting two crops per year, fishing and hunting. They were moved to less hospitable areas which did not have water and it was not possible for them to survive the way they had been doing. The colonial regime promised the people access for water, food support and compensation, but those have not been carried out. The area experienced severe drought in 1961/62, 1967, 1992/93 and 1995. In 1974 the war of liberation from colonial rule that had just started created problems for the villagers who supported the freedom fighters with food, clothing and reconnaissance information till the end of the war in 1980.

In 1957 the population was relatively small as it was a new settlement. The largest size of a household (i.e. a family unit living together and having food cooked in the same pot) was 10. Though at some homesteads there are 3 to 4 wives the number of people there could go up to 35. In 1964/65 there was a decline in population due to an outbreak of measles and small pox. The non-availability of health facilities and services near the village resulted in many deaths. From 1974 to 79, there was a notable decline in the village population due to the war of liberation. Many people were killed while others migrated to the urban areas. Many homes were deserted. In 1991, in the village there was a marked increase in cases of people believed to be suffering from HIV/AIDS. Some of them returned for Home Based Care and proper burial. Family planning was introduced in the late of 1980's, but community members did not accept because of their traditional custom.

3. Wealth Classification

Social structures in the villages consist of the Chief, Village head, Village Secretary, VIDCO, Water Point Committees, Councillor, Neighbourhood watch, Village Community Worker (VCW) Village Health Worker (VHW), Church elders and

Committees e.g. KMTC, Campfire.

The Gande community interacts with adjacent village communities, Binga growth point, other urban areas as well as Zambia for various purposes. The purpose of visits can be classified into social especially to Muchesu, Zambia, Siabuwa and Lusulu. Visits to the urban areas are mainly for shopping as well as seeking possible employment opportunities.

Information in Gande is mainly obtained through the radio. Of the participants less than 30% indicated that they have radios and those without radios hear through their neighbours with radio. Some community meetings and announcements made to school children were also source of information.

There was a general feeling that the RDC is not doing enough for the Gande community. Some boreholes broke down long back and they have not been fixed. There are some projects such as health centre project that commenced some years back that have not been completed. And there is a poor road network in and around the village. The community believes that the previous councillor was not active enough as he seemed not to address their needs and problems.

4. Operation & Maintenance

Before the construction of the JICA borehole a ward meeting was called in early 1999 where representatives of all the villages in the ward had to attend together with representatives of SCF and the District Development Fund (DDF). At the ward meeting it was indicated that the whole of ward was expected to benefit from 5 boreholes. It was finally agreed that due consideration had to be given to those areas without protected water sources where communities were travelling long distances to the nearest water source, and one of them was in Gande. At the meeting it was agreed that the borehole would be a communal facility and that there was need to ensure the active involvement of communities during the construction process. As a result during the construction process the communities were actively involved in clearing the stand, fetching water from the nearest well for construction, collecting river sand, providing security for tools, and paying financial contributions for maintenance.

A Water Point Committee established as advised by SCF consists of 7 women and 2 men. Women are the majority because they are the major users of water and in the event of a breakdown they will know of it first and then make a report to men in the committee for their assistance. Its role is to ensure that the water point is properly maintained and in the event of breakdowns the committee should also look for a pump-minder to repair the water source. Users had been contributing the sum of

Z\$20.00 per household per month as agreed in 1999. The contributions were revised to Z\$10.00 in August 2002, but are currently not collected.

Only the Chairman and Secretary were trained and they were expected to train other members of the committee. However, the major problem has been that of manpower turnover. Only 2 of those members who were elected in 1999 are still in office. As a result the newly elected members who have been office bearers for less than a month are not aware of what to do as committee members hence there is need for training sessions to be undertaken to ensure efficiency. At the moment the Water Point Committee members are not contributing much in the management because there is no duty roster for cleaning the surroundings and the majority of beneficiaries were not contributing anything. It was noted that in the week beginning 11/11/2002 some members of the community had assisted in fencing the water point (using branches and other locally available resources) after a realisation that their livestock especially cattle were easily accessing the water point which was posing a health hazard in itself.

The community members know nothing about 1) how the committee operates hence they are not willing to contribute, 2) how to do in case of breakdown, and 3) whom to approach in the event of a breakdown. There is no soak-way hence a lot of water is spilling around the fence. SCF was active in 1999, but now no activities are carried out in Gande.

There is no support from ZINWA, DDF or the RDC with regards to the management of the water source. It is urgently required to provide maintenance tools in case of breakdown and to train technician of fixing pump.

5. Health and Hygiene Practices

Some women receive training from the health centre and Village Health Worker and school children learn hygiene in health sciences at school practise. The SCF and DDF – provide training on water and sanitation. The following ways were observed as improvements in people's hygiene practices; washing hands before and after eating, before cooking, after relieving themselves, after working outside, after changing the baby's nappies, after handling an ill person and before breast feeding, constructing domestic pot racks, acknowledging that cat style is highly recommended for them since they do not have toilets, knowing that there is need to boil stream water before drinking, covering the bucket or clay pot of water in the kitchen, not using bathing bowls or laundry buckets for washing plates or fetching water for drinking, and endeavouring to prepare the right body building foods. Though community members aware the importance of VIP, they have not installed it due to lack of funds.

6. Impact on Living Environment

Since installation of boreholes, water shortage in dry season was settled and water quality was improved. Diarrhea and bilharzia were reduced due to the effect of the project. Women can save their time for collecting water and they can use the saved time to other household or field works and economic activities such as making baskets. Women used to be suffered from shortage of sleeping and afraid of attack of wildlife because they collected water in midnight. The community band has been strengthened through the community based activities.

Whereas, operation and maintenance issue is a problem. Water committee can not play their role fluently. The community doesn't aware the importance of operation and maintenance system. The government did not show clear task for the committee. Absence of a pump-mimder might be a problem in case of breakdown of borehole and the borehole might be left broken. Training of the technician is urgently required.

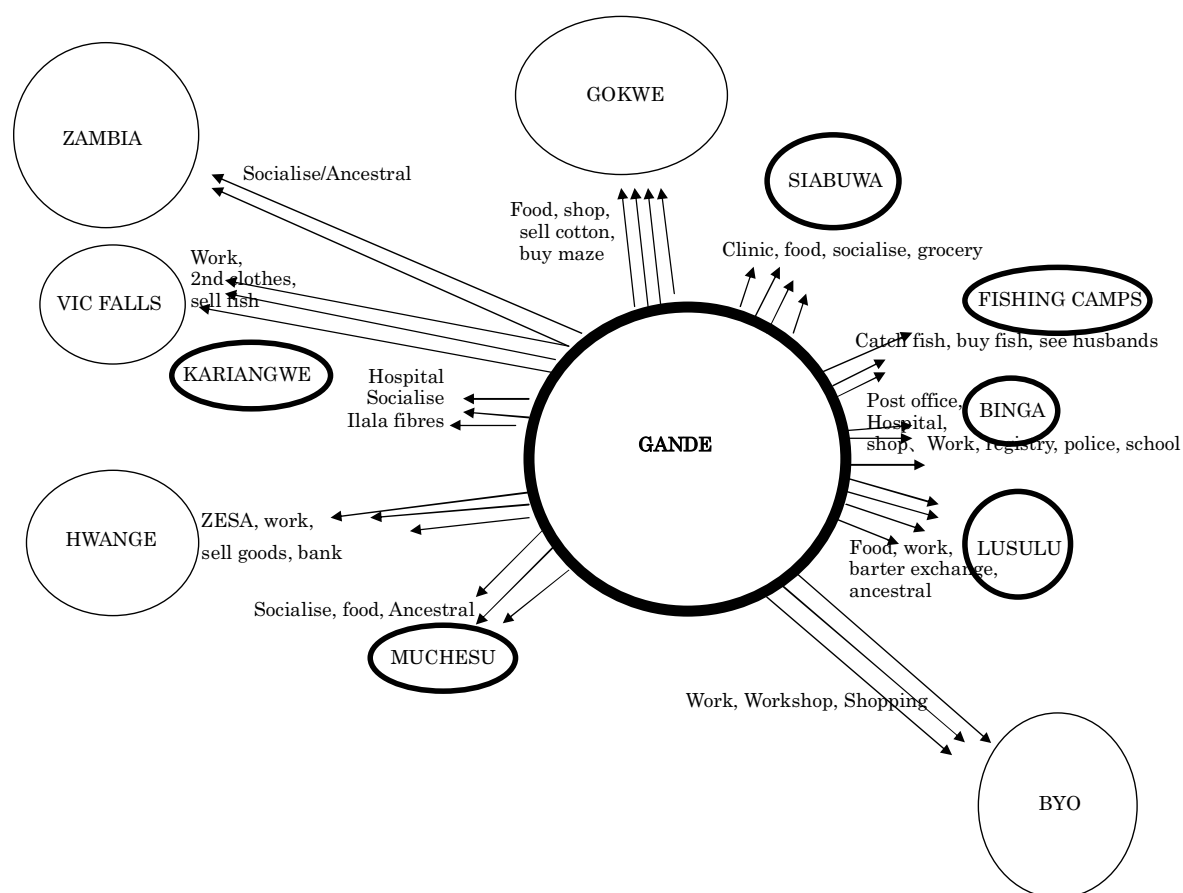
7. Other Doners

The contents of other support carried out by other doners including NGO are listed below.

Organization	Supporting Contents
Kulima Mbobumi Training Centre (KMTC)	Agricultural credit, seed distribution, training on cooperative agriculture in dry areas
Save the Children Fund	HIV/AIDS

8. Examples of PRA Results

Mobility Map of Gande Village



WELL-BEING RANKING

Criteria	Richest	Rich	Poor	Poorer	Poorest
Cattle	20+	10-	No cattle	No cattle	No cattle
Goats	20+	5	5	No goats	No goats
Sheep	20+	5	No sheep	No Sheep	No Sheep
Pigeons	20+	N/A	N/A	N/A	N/A
Chicken	50+	20+	N/A	N/A	N/A
Pigs	5	2	N/A	N/A	N/A
Number of Wives	2 to 3	1 to 2	1	1	Not married
Scotch-cart	1	N/A	N/A	N/A	N/A
Donkeys	5+	2+	N/A	N/A	N/A
Land	10 acres	5 acres	1 acre	½ acre	No land
Type of House	Brick and thatch House	Brick and thatch house	Poor house	Poorer house	Poorest House
Cultivation methods			Zero tillage		Does not plough. Relies on social welfare
			2 to 3 blankets	1 or 2 blankets	No blankets
			Pots need mending	Pots used obtained from tinsmiths	Cooks in tins

A-8.2 The Summary on PRA in Zambia

1. PRA Workshop

The schedules and the number of the participants on PRA Workshop at each sample area are as shown below. Working themes or tooles used are summarized inAppendix 7.

1) George

a. George Proper (12-13 Decemebr, 2002)

Participants: 19 Community members
(8 from Zone10, 11 from Zone11)
18 Tap leaders

b. Area 5 (11 December, 2002)

Participants: 16 Community members
(7 from Zone16, 9 from Zone 21)
22 Tap leaders

c. Area 7 (10-11 December, 2002)

Participants: 24 Community members
(10 from Zone 15, 14 from Zone 26)
17 Tap leaders

2) Bauleni (12-13 December, 2002)

Participants: 18 Community members
(11 from Zone 8, 7 from Zone 13)
10 Tap leaders

2. Profile of Study Areas

George Proper

This Area has the largest number of shallow wells than any other area in George. There are two main reasons given for this; that there are too many people per household therefore the stipulated 10 containers per day is not enough; and that community members in this area are engaged in activities that demand a lot of water such as brick making and beer

brewing. Community members complain that the water is dirty as it comes with particles from the taps. They suspect that the tank is not cleaned. The area has very few toilets with most people using their neighbours. It was also observed that these few toilets are located close to the taps. As for garbage, it is disposed of at a self-made dumping site near the houses with no environmental health considerations. In this area, the people are reluctant to take part in community activities as they say that they feel cheated as many NGOs that have come have failed to produce the desired results. Although the area houses George Main Clinic, the residents complained that they don't get much help from there as there are most often no drugs.

Area 5

Although there are quite a lot of project taps in this area, still many people draw from shallow wells. There was no complaint on the quality of water although it was observed that Tap 13 in the area was most often heavily congested during operating hours. A structured dumping site is also located in the area but the garbage is never collected. Most residents have therefore resorted to digging their own pits. This area has no Clinic, no government or private school nearby therefore children have to walk a long distance to attend school.

Area 7

Most of the toilets are inside the houses (Flush Toilets), except one place where the toilet is near the tap and residents are complaining of the bad smell. Apart from this complaint, the residents seem happy with the location of the taps in relation to their homes. The water from the taps is often dirty with sand and black stuff which settles at the bottom. In addition, there is often very little pressure at certain times which causes other taps to close completely. At the time of the evaluation two taps were closed completely as they were broken down. There is one dumping site just a few meters from the shallow well, which is a stream running from the industrial area and children are often seen playing around it. There are no complaints about the location of the taps by the residents. This area has a private School, a Motel and two private Clinics as well as the Market area. However, the Market area is very dirty especially around the tap. Initially, garbage was collected through a JICA initiated programme, which is not in action at the moment.

Bauleni

The taps are evenly distributed in this area. There is no one who has to walk a very long distance to fetch water. In Zone 8 however, there are quite a number of pubs or

taverns which have very poorly managed latrines. These latrines are not cleaned properly and have a very bad smell. As for household latrines, these vary in quality according to the economic status of the owner. Most people have traditional pit latrines which are covered by sacks or poor brick walls. Some residents benefited from the Programme for Urban Self Help (PUSH) project which assisted constructing improved latrines.

3. Wealth Classification

the communities in George came up with four social economical categories of people living in their areas (Rich, middle rich, poor and very poor) while those in Bauleni identified three distinct categories (Avarage rich, poor and poorest).

Table1 SUMMARY OF WEALTH CLASSIFICATION IN GEORGE COMPOUND

Rich	Middle Rich	Poor	Poorest
1. Owns own house & is Landlord.	1. Rents a good house	1. Piece work	1. Drinks from shallow well
2. Children attend private School.	2. Affords 3 meals	2. Affords second hand clothes	2. Unemployed
3. Attends private hospital	3. Employed in a stable job	3. Eats at least one meal per day	3. Can't afford medical scheme
4. Pays for water in advance	4. Children go to government school	4. Poor housing structure	4. Children not in school
5. Has successful business	5. Pays for water every month	5. Rarely pays for water	5. Poor quality clothes
6. Affords good food	6. Can afford government medical scheme	6. No savings in the bank	6. Can't afford meals per day
7. Employs workers	7. Has bank account	7. Only part of the children go to school	7. Uneducated
8. Owns car	8. Electricity in the house	8. Can't buy soap	8. No family planning
9. Has bank account	9. Radio/ TV/ Video	9. Latrine with sack walls	9. No electricity in house
10. Electrical goods-Satellite TV, fridge	10. Has bicycle	10. Can't afford bicycle	10. Very poor housing structure

Table 2 SUMMARY OF WEALTH CLASSIFICATION IN BAULENI COMPOUND

Average Rich	Poor	Poorest
<ul style="list-style-type: none"> • Affords Users Fees • Owns a house • Owns a reasonable business • Helps extended family • Eats 3 meals per day • More than one relish per meal • Has flush toilet • Children in Schools • Electrical goods 	<ul style="list-style-type: none"> • Affords Users fees occasionally • 2 meals per day • Small electrical such as radio • Has small shop in market • Employed as house servant 	<ul style="list-style-type: none"> • House built of mud • Can't afford Users fee • No electricity • Children out of school • Use neighbours latrine • Malnutrition

Discussions around the wealth classification revealed that there has been an increase in the number of the poor as well as the poorest in the last five years. This has been attributed to several factors including the soaring rate of inflation, the massive closure of companies as a result of the privatization policy pursued by the government since 1991 and the termination of free medical services in health institutions. The restructuring of the Public Service through the Public Service Reform Program (PSRP) has also added more people to the unemployment category as a number of workers living in these areas have been retrenched. Consequently, the impact of the household level has been quite severe with several participants indicating that they are worse off now economically than they were five years ago. Asked on what really has changed in their opinion in the last five years the participants in George came up with the following issues. a) rising food price, b) out of work, c) inflation of Kwacha, d) increase of corruption, e) increase of crimes, f) HIV/AIDS, g) increase of street children

This situation has caused the poor and poorest people of George to suffer for the payment of user fee for their water, K3, 000 per month. As a result they have resorted to digging Shallow Wells around their homesteads. They have indicated that these Shallow Wells are very helpful as they use them for all purposes. However, in Bauleni, despite the area has a lot of people who lack the ability to pay user fee, they have not suffered as much as the people of George regarding access to safe water. This is because those who cannot afford the K3,000 per month demanded by the project, opt to use the free tap water provided by the Council. Consequently, there are no shallow wells in Bauleni.

Main diseases in the two areas are malaria, tuberculosis, HIV/AIDS, high blood pressure and diabetes. High blood pressure, diabetes and depression can be mainly identified among the rich group, on the other hand, malaria, diarrhea and tuberculosis are the common diseases among the poor. However, HIV/AIDS can be found areawide, regardless to the wealth situation.

4. Operation & Maintenance

George

The Taps in George Compound are administered by the Water Committee through the Tap leaders. Each Tap has a Tap Leader who is elected by the Community. The Main responsibility of the Tap Leader is to operate the taps at the scheduled times in order for the community to access water. The tap leader is also expected to ensure cleanliness of the surroundings including unblocking of the drainage system. The cleaning is done mostly by women who follow a Rosta, which is prepared by the team leader. The Tap Leader is also expected to teach the community as they

come to draw water some hygiene practices in order to improve their health status. In addition, the Tap leaders also keep records of community members who come to fetch water. These records are kept on cards which are issued by the project office. The Zone Monitors from time to time check these records to ensure that they are correctly entered. Tap leaders are also required to report immediately any breakdowns to the Zone Monitor. The project has set the opening hours for the taps as morning and afternoon or twice a day. However, most of the Tap leaders operate the taps only once a day. Several reasons were given for this by the Tap Leaders:

- That the particular community is happy with opening only once a day.
- That some users exhaust their 10 container allocation per day in the morning. Therefore there is no need to open again.
- That the money paid to the tap leaders is not enough to warrant working long hours at the tap. Once a day for most of them is equivalent to the little money they get.

The community members in George are not happy with those taps that open only once. They accuse tap leaders of flouting project rules by opening taps at their own convenience

The tap leaders indicated that they had received training in areas such as customer care and other hygiene issues. However, they feel that this is not enough. They also want to train in technical skills which will enable them handle small repair works on the taps. All the tap leaders in all the sampled zones agreed that of late they are experiencing frequent breakdowns of taps. This has become a source of worry to them as it is disrupting the service and inconveniencing the community. They also indicated that the response to breakdowns by the project office is sometimes quite slow although on most occasions they are quick.

The user fee for the water is K3, 000 (about \$0.80 per month) per household. This payment goes to cover at least 300 containers (20litre) per household per month. The money goes towards the treatment of the water, minor repairs and the allowance for the tap leaders. The payment is made to the offices where the user card is endorsed to show that payment has been made. The user will then receive the stipulated amount of water on production of the card to the tap leader. However, on many occasions some users comeback to ask for more water even after exhausting their daily allocation. The tap leaders react to this situation differently depending on the circumstances.

The tap leaders in George identified the following requirements as essential to operate thier job effectively:

- Rain coats & gumboots during rain season
- Hard cover books for records
- Pens
- Increased payment

In Area 2, the tap leaders observed that there have been no meetings held among themselves to discuss issues of common interest. As a result, some problems have been left unsolved for a long time. Area 7, for example, is an area that seems to be experiencing serious problems of low pressure where even some taps run out of water completely. This problem has been left for sometime until now. In addition, the water is dirty consisting of some particles.

Bauleni

In Bauleni, 10 taps are installed by the project and the number of their beneficiaries counts 447 households. Besides those taps, there are free taps equipped by the Council as well.

In Bauleni the taps are operated by Tap Attendants who are appointed by the Chairman of the RDC. The Attendants are given a token fee of K55, 000 per Month plus free water. All the tap attendants for Zone 8 and 13 are women. Although the tap attendants are suppose to hold regular meetings with the Water Committee, this has not been the case. As a result, it has not been possible to discuss issues pertaining to their work. As for stationery, i.e. the books and the pens they use for their work, are provided by the office whenever they run out. With regard to supervision, they observed that they are adequately supervised although the record books are rarely inspected for errors by the office.

The taps are opened as early as 07:00hrs to 10:00hrs in the morning and 15:30hrs to 18:00hrs in the afternoons. One of the requirements for the attendants in the morning is to clean the surroundings before the taps are opened. Unlike in George where the surroundings are cleaned by members of the community, in Bauleni the Attendant has to do the cleaning. The taps are well maintained and when there is a break down it is speedily attended to by the project office. However, in most cases while awaiting the office to come and repair the break down, the Attendants often improvise to avoid loss of water (They said that they look for a rubber band which they tie around the tap). The tap attendants have not received any formal training in health and hygiene practices for a very long time. The only 'training' received is upon first appointment as tap attendant. Among all the attendants in Zone 8 and 13, only one among the current crop of Attendants was part of the initial training in

2000. The others are all new Attendants and they have yet to be trained.

The user fee is K3, 000 per month per household for 10 (20 liter) containers per day. Anyone needing more supply is required to pay K100 per extra container drawn. The fee is paid to the attendants either at their homes or at the taps. The attendant records the payment in the book without issuing a receipt. Receipts are issued by the project office after every 3 months. The fee is supposed to be paid by the 1st of each Month failure to which supply is withheld. However, the project has allowed for a grace period of five days to enable people look for money. It should be noted that in Bauleni, the existence of free tap water supplied by the Council has greatly affected the payment system. Some people have chosen not to register at all with the project facility. However, even those who are registered opt for the Council supply whenever they have no money.

5. Health and Hygiene Practices

In order to determine the extent to which people were aware of the need to maintain high levels of hygiene through their behaviors, Pocket Charts were used for this process. The behaviors that were chosen for assessment are those that are most frequently practiced among the members of the community. These are:

- a. After changing of nappies by mothers
- b. Before preparing food
- c. Before eating
- d. After coming from toile
- e. At funeral gathering

Nappy Changing: The majority of women in this area have awareness on health and hygiene as most of them use soap after cleaning the baby.

Before Food Preparation: 13 out of 21 people use soap most of the time.

Before Eating: 7 chose washing in basin with water being poured from a jar without soap. The other 7 also use the same method but with soap while 4 use a basin without soap.

After Toilet: The majority of the people use soap.

At Funeral Gathering: 13 out of 21 people do not use soap when they wash their hands at funerals.

On the overall the people in Area 2 use soap more often than those in area 7. More than half of the people in Area 7 do not use soap at funeral gatherings, before preparing food and before eating. They also prefer to use a basin for washing. Whereas the women of Area 7 use soap most times, the men do not. The explanation for this is that the women often go to the Clinic to take their under five children as the service is free. As regards Area 5, the use of the water jar with soap is prominent indicating that there is a reasonable degree of good health and hygiene practices. In Bauleni, most community members are quite unaware of the need to wash hands in a hygienic way. It was observed that their communities were invaded by HIV/AIDS educators rather than water and environmental sanitation promoters.

Nappy Changing

	Basin with water poured from jar without soap	Basin with water poured from jar with soap	Basin without soap	Basin with soap	Tap without soap	Tap with soap	No washing of hands at all	Total
George Proper	4	6	1	5	0	1	0	17
George Area5	0	8	0	4	0	0	0	12
George Area7	0	6	0	6	0	0	0	12
Bauleni	0	0	6	5	0	0	0	11
Total	4	20	7	20	0	1	0	52

Before Food Preparation

	Basin with water poured from jar without soap	Basin with water poured from jar with soap	Basin without soap	Basin with soap	Tap without soap	Tap with soap	No washing of hands at all	Total
George Proper	1	6	5	3	2	4	1	22
George Area5	4	5	4	2	0	2	0	17
George Area7	6	0	12	2	1	2	0	23
Bauleni	0	3	8	5	0	0	0	16
Total	11	14	29	12	3	8	1	78

Before Eating

	Basin with water poured from jar without soap	Basin with water poured from jar with soap	Basin without soap	Basin with soap	Tap without soap	Tap with soap	No washing hands at all	Total
George Proper	7	7	4	1	0	2	0	21
George Area5	5	3	3	4	1	1	0	17
George Area7	9	2	7	5	0	0	0	23
Bauleni	2	2	10	2	0	0	0	16
Total	23	14	24	12	1	3	0	77

After Toilet

	Basin with water poured from jar without soap	Basin with water poured from jar with soap	Basin without soap	Basin with soap	Tap without soap	Tap with soap	No washin hands at all	Total
George Proper	0	5	1	7	1	6	0	20
George Area5	0	9	0	2	0	6	0	17
George Area7	3	7	6	6	0	1	0	23
Bauleni	0	7	5	4	0	0	0	16
Total	3	28	12	19	1	13	0	76

Funeral

	Basin with water poured from jar without soap	Basin with water poured from jar with soap	Basin without soap	Basin with soap	Tap without soap	Tap with soap	No washing hands at all	Total
George Proper	6	3	7	3	0	2	0	21
George Area5	2	0	11	4	0	0	0	17
George Area7	0	0	17	6	0	0	0	23
Bauleni	0	2	11	0	0	0	3	16
Total	8	5	46	13	0	2	3	77

6. Impact on Living Environment

The project in both George and Bauleni has brought enormous social benefits as a result of reduced Cholera and other diarrhea diseases due to safe drinking water, as well as time spent on fetching water and reduced distance to source. Therefore, the women have more time to spend on other activities such as selling, going to the hair salon etc. The project has also been employing community participation approaches which to quite a large extent have brought members of the communities together through entities such as the Water Committees. In this way members of the community have been given a chance to make decisions on matters affecting their livelihood. In Bauleni a new School has been constructed during the past five years supported by Japan. Before the construction of the school many children in the area failed to get enrollment places at the local government School since there were no capacity.

On the other hands, community found out new burdens as follows:

1. Payment of the user fees coming every month
2. The rich and the average are prohibited for household connections
3. The fixed allocation per day neglecting the family numbers is not fair.
4. Maintenance and the hygiene of the communal toilets

5. The uncollected garbage in George is causing health hazard
6. Long queus at the pay points

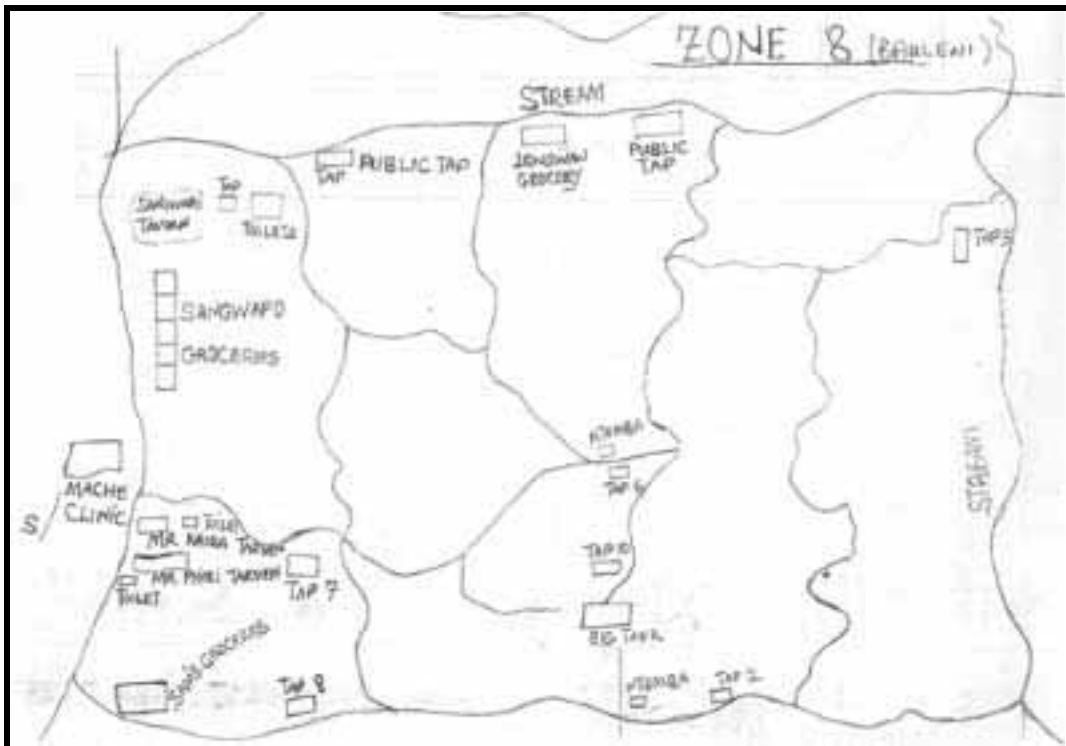
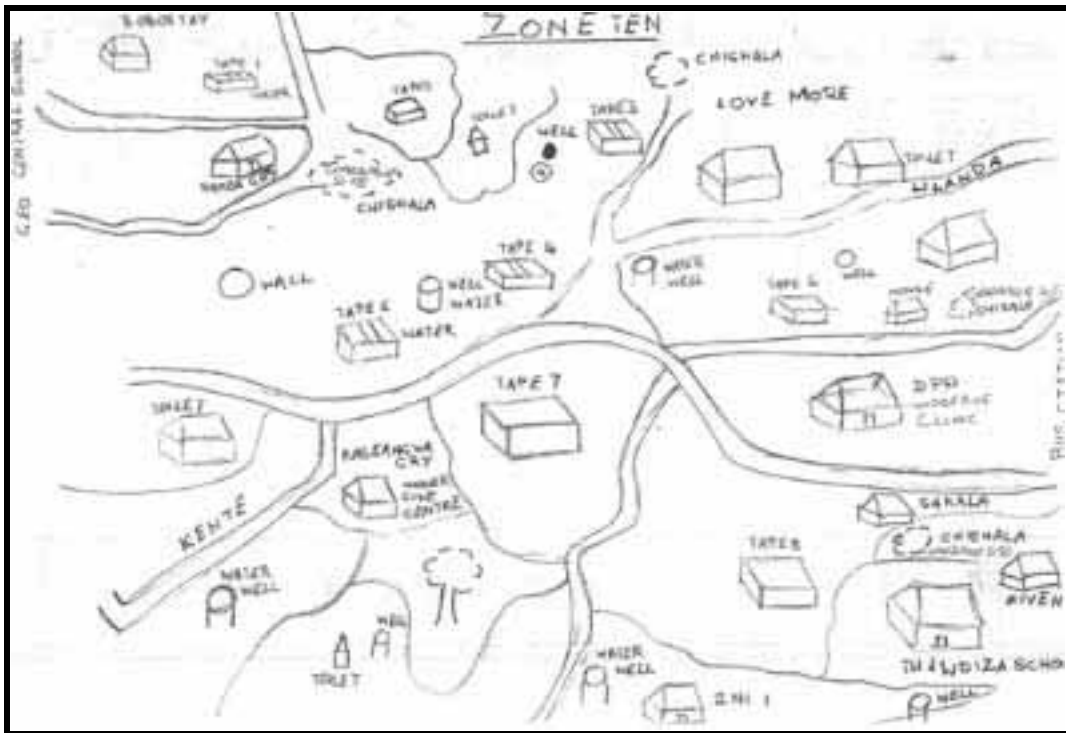
7. Other Doners

The contents of other support carried out by other doners including NGO are listed below.

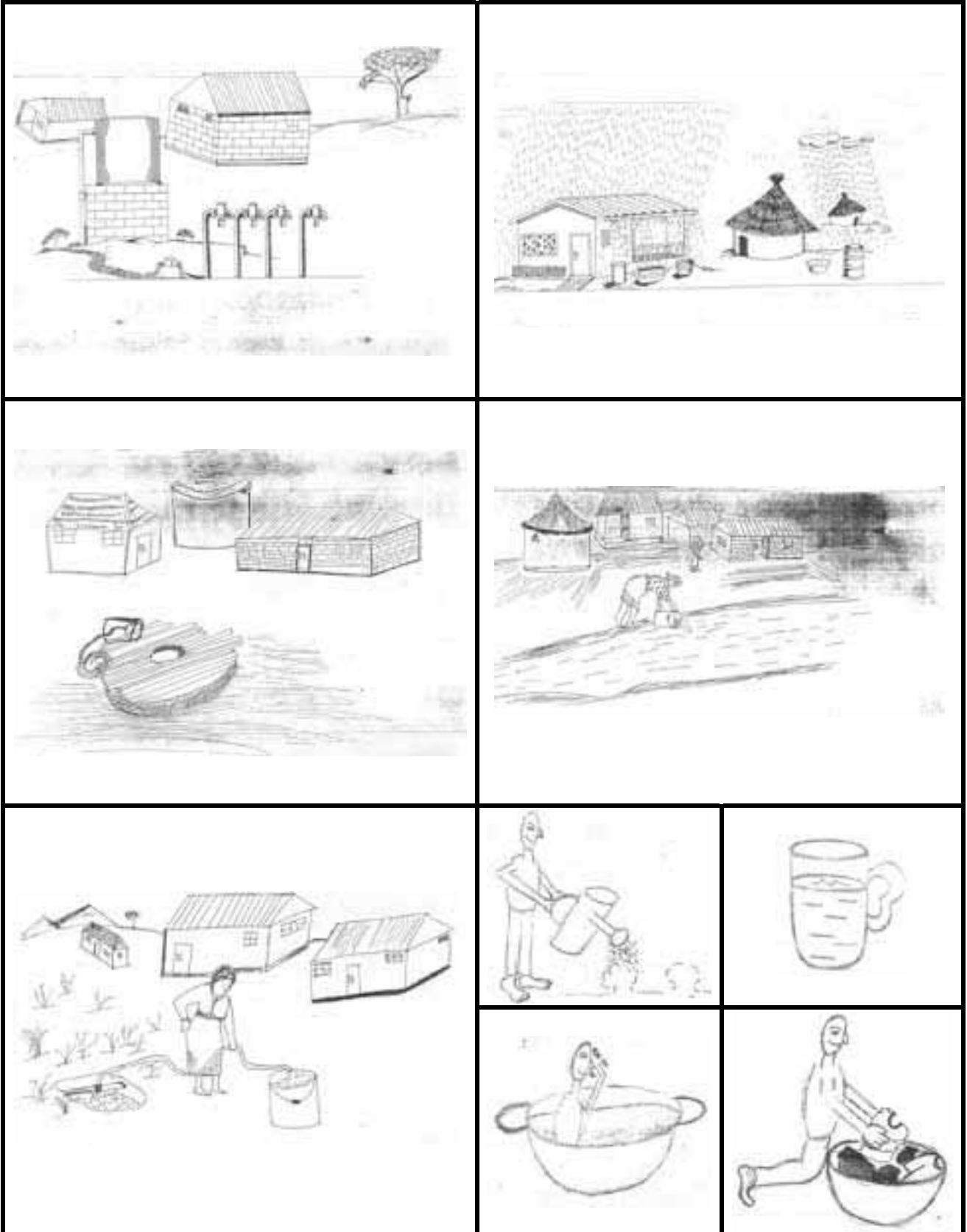
Organization	Supporting Contents
George	
CARE-PROSPECT	Access to safe water, hygiene, nutrition
Peer Educators	Distribution of condoms
CARE-PLUS	Micro finaces for women
Bauleni	
PUSH	Road maintenance
Neighbourhood Health Committee	HIV/AIDS
Human Settlements of Zambia	Vocational training for youth and women

8. Examples of PRA Results

Social Map



Water Resources and Their Usage



Wealth Characters in George Proper (Zone 10)

ZONE 10
RICH MAN

- OWNS CAR, HOUSE, PHONE
- CHILDREN ATTEND PRIVATE SCHOOL
- EXPENSIVE CLOTHES
- GOOD FOOD 4X a day
- FORMAL EMPLOYMENT
- SUCCESSFUL BUSINESSMAN
- NOT SOCIAL
- EMPLOYED DOMESTIC WORKERS
- BIG ELECTRIFIED HOUSE WITH A WALL FENCE
- EMPLOYS WORKERS TO DRAW WATER FOR THEM AND PAYS IN ADVANCE
- HOUSE HOLD ELECTRICAL
- GO TO PRIVATE HOSPITALS
- B.P., H.I.V, SUGAR DISEASE, STROKE



FROM THE MIDDLE RICH

- CAN AFFORD A HOUSE
- HOUSE WITH ELECTRICITY
- CAN AFFORD 3 MEALS A DAY
- SEND CHILDREN TO GOVT SCHOOLS
- WORKS IN FORMAL EMPLOYMENT OR RUNNING BUSINESS
- CAN AFFORD EVEN 3 MEALS TO PAY THE WATER BILLS AT LEAST SOME
- HAVE TB COUGH
- STROK MEDICAL TEST
- SOME TIMES HAVE AIDS
- OWN TV, RADIO, SLOVE



ZONE 10 (THE) POOR



- 1) Two meals a day
- 2) Rent a house
- 3) NO electricity in house
- 4) rarely pays water bill
- 5) CHILDREN often sick
- 6) Sends few children to school
- 7) Can't afford General care
- 8) Can't afford Clinic
- 9) Use Charcoal for cooking
- 10) Usually buys 'Pamela' Packs of ready meal
- 11) Piece workers
- 12) Migrants
- 13) Very sociable

ZONE 10 POOREST PERSON



1. Sometimes go for 2 days without food. Usually eat at garbage
2. Seek for shallow well water or ask from neighbour
3. Usually get clothes from church or charitable organization
4. Street kids
5. Always sickly
6. Can't afford medicals
7. No child is sent to school
8. Parents have resorted to illicit beer drinking
9. No final accommodation
10. Very illiterate
11. Use any toilet

Appendix 9 Evaluation Grids

A-9.1 Evaluation Grid

(Binga District Rural Water Supply Project, Zimbabwe)

Eval. Item	Detailed Evaluation Questions	Required Information and Data	Source of Information	Survey Method
Performance	Achievement of overall goal	<ul style="list-style-type: none"> Infant mortality rate in the target area Occurrences of water-borne diseases 	<ul style="list-style-type: none"> Record at the health centre Record at the health centre and information from community members 	<ul style="list-style-type: none"> Document review Document review and questionnaire survey
	Achievement of program purpose	<ul style="list-style-type: none"> Water coverage rate in the target area Number of water facilities in use 	<ul style="list-style-type: none"> Record at RDC Record at RDC 	<ul style="list-style-type: none"> Document review Document review
	Input performance	<ul style="list-style-type: none"> Input of human resources, fund and financials 	<ul style="list-style-type: none"> Project reports and information from ZINWA 	<ul style="list-style-type: none"> Document review and interview
Implementation Process	What was the background of the project planning and implementation of the project?	<ul style="list-style-type: none"> Background of project planning, project scheme and scale 	<ul style="list-style-type: none"> Project reports and information from ZINWA 	<ul style="list-style-type: none"> Document review and interview
	Did the implementing agency take part in the project with ownership?	<ul style="list-style-type: none"> Performance of implementing agency, especially after the Japanese team left 	<ul style="list-style-type: none"> Record and information from ZINWA 	<ul style="list-style-type: none"> Document review and interview
	Was the timing right between construction of facility and other activities?	<ul style="list-style-type: none"> Implementation schedule of the project components 	<ul style="list-style-type: none"> Project reports and reports and information from SCF 	<ul style="list-style-type: none"> Document review and interview
	How did the local community participate in the project?	<ul style="list-style-type: none"> Strategy of community participation 	<ul style="list-style-type: none"> Record and information from SCF 	<ul style="list-style-type: none"> Document review and interview
Evaluation Question 1: Sustainability of Water Supply Project	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"> Basic policy and development plans of water resource management and use and the status of implementation 	<ul style="list-style-type: none"> Water Act and information from DWD 	<ul style="list-style-type: none"> Document review and information
	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"> Status of water use and water supply plans in the target area (planning, implementation monitoring and evaluation) Financial and human resources of implementing agency 	<ul style="list-style-type: none"> Information from ZINWA and RDC Information from ZINWA and RDC 	<ul style="list-style-type: none"> Document review and interview Document review, interview
	I-3 How are the existing water supply facilities managed and maintained?	<ul style="list-style-type: none"> Basic plans and actual status of M&O and management of rural water supply facilities Status of M&O and management of existing facilities by the community Decision-making process of water management committees Type of community participation Support system by the government Communication mechanism between the government and local community 	<ul style="list-style-type: none"> Information from ZINWA and RDC Information from water committees and community members Information from water committees Information from water committees and community members Information from RDC and community members Information from RDC and community members 	<ul style="list-style-type: none"> Document review and interview PRA and questionnaire survey PRA PRA and questionnaire survey Interview and questionnaire survey Interview and PRA

Eval. Item	Detailed Evaluation Questions	Required Information and Data	Source of Information	Survey Method
Evaluation Question II: Impact on Poverty Reduction	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"> Coverage of water supply Access to water Change of life-style as a result of reduced time for fetching water Coverage of toilet facilities Use of water (vegetable garden using wasted water at the borehole, etc.) 	<ul style="list-style-type: none"> Information from RDC Information from community members Information from community members Information from community members Information from water committees 	<ul style="list-style-type: none"> Interview Questionnaire survey Questionnaire survey Questionnaire survey Observation and key informant interview
	II-2 In what way has the peoples' behaviour and attitudes improved regarding hygiene?	<ul style="list-style-type: none"> Improvement of water quality, and the way of transportation and keeping of water Practice of hand washing Use of toilet facilities 	<ul style="list-style-type: none"> Information from community members Information from community members Information from community members 	<ul style="list-style-type: none"> Questionnaire survey Questionnaire survey Questionnaire survey
	II-3 What was the impact on the improvement of health status of the people?	<ul style="list-style-type: none"> Change of occurrence of water-born diseases Infant mortality rate Nutritious status of infants 	<ul style="list-style-type: none"> Information from the health centre, and community members Information from the health centre Information from community members 	<ul style="list-style-type: none"> Interview and questionnaire survey Interview Questionnaire survey
	II-4 What improvement has been made in terms of people's participation in the target community?	<ul style="list-style-type: none"> Status of community activities Status of training of community leaders 	<ul style="list-style-type: none"> Information from community members Information from community members 	<ul style="list-style-type: none"> Questionnaire survey Key informant interview
	II-5 Has the wealth and income of the people in the target community increased?	<ul style="list-style-type: none"> Change of wealth and income 	<ul style="list-style-type: none"> Information from community members 	<ul style="list-style-type: none"> PRA and questionnaire survey
Evaluation Question III: Applicability of Integrated Approaches	III-1 How was the community involved in the planning and implementation of the project?	<ul style="list-style-type: none"> Community participation in the planning and implementation of the projects 	<ul style="list-style-type: none"> Information from community members 	<ul style="list-style-type: none"> PRA
	III-2 What are the characteristics of the community?	<ul style="list-style-type: none"> History of the community, climate and demographic changes Communal activities in the community 	<ul style="list-style-type: none"> Information from community members Information from community members 	<ul style="list-style-type: none"> PRA PRA and questionnaire survey
	III-3 What kind of resources (natural, human, etc.) does the community have?	<ul style="list-style-type: none"> Natural and social resources (facilities such as school, health centre, market, boreholes, etc.)and their use 	<ul style="list-style-type: none"> Information from community members 	<ul style="list-style-type: none"> PRA
	III-4 How is the information access and mobility and its means?	<ul style="list-style-type: none"> Communication and interaction with neighbouring communities and outside society Distance and means of transport to Binga town and Bulawayo Coverage of radio and newspapers Current status of training and visits by extension workers 	<ul style="list-style-type: none"> Information from community members Information from community members Information from community members RDC and community members 	<ul style="list-style-type: none"> PRA PRA PRA Interview and PRA
	III-5 How is the interaction between government agencies and the community?	<ul style="list-style-type: none"> Rules and regulations Interaction with RDC Community's status in the development plans 	<ul style="list-style-type: none"> Information from RDC Information from community members Information from RDC 	<ul style="list-style-type: none"> Interview PRA Interview Document review and interview
	III-6 In what field has the community been supported by other donors and NGOs?	<ul style="list-style-type: none"> Situation of interventions by other donors and NGOs 	<ul style="list-style-type: none"> Information from RDC and community members 	<ul style="list-style-type: none"> Interview and PRA

A-9.2 Evaluation Grid

(Program for Improvement of Living Conditions in George Compound, Zambia)

Eval. Item	Detailed Evaluation Questions	Required Information & Data	Source of Information	Survey Method
Performance	Achievement of overall goal	<ul style="list-style-type: none"> Increased number of projects for improvement of living conditions in the target area with community participation Status of mobilisation of resources by the ABO/ CBO fro community development activities 	<ul style="list-style-type: none"> Action plan of LCC, Business plan of other service providers and NGO, information from ABO/CBO Information from LCC, health centre, and ABO/CBO 	<ul style="list-style-type: none"> Document review, interview to LCC/LWSC/NGO, key informant interview Interview to LCC, key informant interview to health centre and ABO/CBO
	Achievement of programme purpose	<ul style="list-style-type: none"> Decrease of infection rate of the water-born diseases in the target area Decrease of infant mortality rate in the target area Decrease of malnutrition of children 	<ul style="list-style-type: none"> Statistics, record at health centre, information from community members Statistics, record at health centre Record at health centre 	<ul style="list-style-type: none"> Document review, key informant interview to health centre, questionnaire survey & PRA Document review, key informant interview to health centre Key informant interview
	Input performance	<ul style="list-style-type: none"> Input of human resources, fund, materials 	<ul style="list-style-type: none"> Project reports, information from implementing agency 	<ul style="list-style-type: none"> Document review, interview to implementing agency
Implementation Process	What was the background of the planning and implementation of the programme (projects)?	<ul style="list-style-type: none"> Background and timing of the request and formulation of each project Implementation scheme and scale of the projects Sharing of information and collaboration among stakeholders 	<ul style="list-style-type: none"> Project reports Information from implementing agency, Japanese experts/consultants Information from implementing agency, Japanese experts/consultants 	<ul style="list-style-type: none"> Document review Interview to implementing agencies, Japanese experts/consultants Interview to implementing agencies, Japanese experts/consultants
	Did the implementing agency take part in the project with ownership?	<ul style="list-style-type: none"> Performance of implementing agency on execution of the undertaking Status of allocation of fund for O&M as well as implementation of project 	<ul style="list-style-type: none"> Information from implementing agency Information from implementing agency, Japanese experts/consultants 	<ul style="list-style-type: none"> Interview to implementing agencies Interview to implementing agencies, Japanese experts/consultants
	Was the timing of each component in the project co-ordinated properly?	<ul style="list-style-type: none"> Implementation schedule and process of components included in the projects 	<ul style="list-style-type: none"> Monitoring/ completion reports, information from implementing agency and Japanese experts/consultants 	<ul style="list-style-type: none"> Document review, interview to implementing agencies, Japanese experts/consultants
	Was there an over wrap of the target group of each project?	<ul style="list-style-type: none"> Scope and composition of the target group 	<ul style="list-style-type: none"> Project reports 	<ul style="list-style-type: none"> Document review
	How did the community members participate in the project?	<ul style="list-style-type: none"> Strategy/ approach on community participation in the project planning, implementation, monitoring and evaluation 	<ul style="list-style-type: none"> Information from implementing agency, Japanese experts/ consultants 	<ul style="list-style-type: none"> Interview to implementing agencies, Japanese experts/consultants

Eval. Item	Detailed Evaluation Questions	Required Information & Data	Source of Information	Survey Method
Evaluation Question I: Sustainability of Water Supply Projects	I-1 How is the water resources management/development planned, implemented and monitored/evaluated?	<ul style="list-style-type: none"> Status of planning, implementation, monitoring and evaluation of the basic policy on the water resources management/development Involvement of the communities in the basic policy 	<ul style="list-style-type: none"> Policy paper of DWA Policy paper of DWA 	<ul style="list-style-type: none"> Document review, interview to DWA Document review, interview to DWA
	I-2 How is the water supply in the peri-urban areas planned, implemented, and monitored/evaluated?	<ul style="list-style-type: none"> Status of planning, implementation, monitoring and evaluation of the water supply projects in peri-urban areas Status of allocation of resources by the implementing agencies/ service providers for water supply in peri-urban areas 	<ul style="list-style-type: none"> Information from MLGH, NWASCO, LWSC Information from MLGH, NWASCO, LWSC 	<ul style="list-style-type: none"> Interview to MLGH, NWASCO, LWSC Interview to MLGH, NWASCO, LWSC
	I-3 How are the existing water supply facilities managed and maintained?	<ul style="list-style-type: none"> Basic policy on O&M of the water supply facilities in peri-urban areas Status of O&M of water facilities by the community members Process of decision-making by the Water Committee and other CBOs involved in O&M of water facilities Type of community participation Support services available by local administration/ service providers Communication mechanism between local administration and communities 	<ul style="list-style-type: none"> Policy paper, information from MLGH, NWASCO, LWSC Information from LWSC, Water Committee, community members Information from Water Committee and RDC Information from Water Committee Information from LCC, LWSC Information from LCC, LWSC, Water Committee, RDC 	<ul style="list-style-type: none"> Document review, interview to MLGH, NWASCO, LWSC Interview to LWSC, key informant interview to Water Committee, PRA & questionnaire at HH level Key informant interview to Water Committee & RDC Key informant interview to Water Committee Interview to LCC, LWSC Interview to LCC, LWSC, key informant interview to Water Committee & RDC
Evaluation Question II: Impact on Poverty Reduction	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?	<ul style="list-style-type: none"> Increased number of users in different socio-economic categories Quantity and quality of water supplied Equitable access to water Change of cycle of daily routine work by decrease of time to fetch water Number and capacity of CHWs and staff of health centres Status of monitoring by CHWs for health and hygiene education 	<ul style="list-style-type: none"> Monitoring record at LWSC and NGO Monitoring records by LWSC, information from community members Information from community members, Water Committee From community members Report of LDHMT, record at health centres Report of LDHMT, record at health centres, information from community members 	<ul style="list-style-type: none"> Document review, interview to LWSC/NGO Document review, interview to LWSC, questionnaire survey at HH level PRA & questionnaire survey at HH level, key informant interview to Water Committee PRA & questionnaire survey at HH level Document review, interview to LDHMT, health centre Document review, interview to LDHMT, health centre, questionnaire at HH level

Eval. Item	Detailed Evaluation Questions	Required Information & Data	Source of Information	Survey Method
	II-2 In what way has the people's behaviour and attitudes improved regarding hygiene?	<ul style="list-style-type: none"> Practice to maintain/ improve water quality at household Hygienic practice for drawing, carrying, storing and drinking water Utilisation of different water sources in compliance with the usage Practice of hand washing Practice to improve environmental sanitation at household level 	<ul style="list-style-type: none"> Monitoring records by LCC, LDHMT, health centres, information from community members Monitoring records by LCC, LDHMT, health centres, information from community members Monitoring records by LCC, LDHMT, health centres, information from community members From community members Monitoring records by LCC, LDHMT, health centres, information from community members 	<ul style="list-style-type: none"> Interview to LCC, LDHMT, health centres, PRA & questionnaire at HH level Interview to LCC, LDHMT, health centres, PRA & questionnaire at HH level Interview to LCC, LDHMT, health centres, , PRA & questionnaire at HH level PRA & questionnaire at HH level Interview to LCC, LDHMT, health centres, , PRA & questionnaire at HH level
	II-3 What was the impact on the improvement of education opportunities in the target area?	<ul style="list-style-type: none"> Enrolment rate of basic school Drop-out rate of basic school Number of basic schools in the target area per school-age children Literacy rate 	<ul style="list-style-type: none"> Statistics Statistics Statistics Statistics 	<ul style="list-style-type: none"> Document review Document review Document review Document review
	II-4 What improvement has been made in terms of people's participation in the target area?	<ul style="list-style-type: none"> Status of community participation in decision-making for improvement of living conditions Understanding and acceptance of women's participation in decision-making process Status of implementation of the action plans elaborated by ABO/CBO Status of capacity building of community leaders Extent of trust in ABO/CBO by the local authority and community members 	<ul style="list-style-type: none"> Information form LCC, ABO/CBO and community members From community members and ABO/CBO From ABO/CBO From ABO/CBO From LCC, LWSC, health centre, and community members 	<ul style="list-style-type: none"> Interview to relevant organisations, PRA & questionnaire at HH level, key informant PRA at HH level, key informant interview to ABO/CBO Key informant interview Key informant interview Interview to relevant organisations, PRA & questionnaire at HH level
	II-5 Has the wealth and income of the target group increased?	<ul style="list-style-type: none"> Contents of assets hold by household and ownership Main income source Number of HH members earning living Practice of saving 	<ul style="list-style-type: none"> Community members Community members Community members Community members 	<ul style="list-style-type: none"> PRA & questionnaire survey at HH level Ditto Ditto Ditto
Evaluation Question III: Applicability of Integrated Approaches	III-1 How was the community involved in the planning and implementation of the project?	<ul style="list-style-type: none"> Status of community participation in the planning and implementation of the project 	<ul style="list-style-type: none"> From ABO/CBO 	<ul style="list-style-type: none"> Key informant interview
	III-2 What are the characteristics of the community?	<ul style="list-style-type: none"> Formation and history of the community Demographic change, social structure, tradition and practices Consideration of gender and the disadvantaged Decision-making system Communal activities in the community 	<ul style="list-style-type: none"> From LCC and RDC Statistics, information from LCC and RDC Information from LCC, NGO, RDC Information from RDC Information from RDC 	<ul style="list-style-type: none"> Interview to LCC, key informant interview to RDC Document review, interview to LCC, key informant interview to RDC Interview to LCC & NGO, key informant to RDC Key informant interview Key informant interview
	III-3 What kind of resources does the community have?	<ul style="list-style-type: none"> Natural resources and their utilisation Social resources and their utilisation Roles of the community leaders 	<ul style="list-style-type: none"> From community members & RDC From community members & RDC From community members & RDC 	<ul style="list-style-type: none"> Key informant interview to RDC, PRA at HH level Key informant interview to RDC, PRA at HH level Key informant interview to RDC, PRA at HH level

Eval. Item	Detailed Evaluation Questions	Required Information & Data	Source of Information	Survey Method
	III-4 How does the community access to information and how is the mobility?	<ul style="list-style-type: none"> • Mobility within and outside Lusaka • Coverage of radio, newspapers and other communication tools • Status of monitoring/visiting of the target area by the staff from local authority/ service providers 	<ul style="list-style-type: none"> • From RDC • From RDC • From LCC, LWSC, health centre, ABO/CBO 	<ul style="list-style-type: none"> • Key informant interview • Key informant interview • Interview to LCC and LWSC, key informant interview to health centre and ABO/CBO
	III-5 How does the community interact with local administrations?	<ul style="list-style-type: none"> • Basic policy and regulations on development activity in peri-urban areas of Lusaka • Legal status of the target area • Relationship between communities and local administrations/ service providers • Interventions by politicians 	<ul style="list-style-type: none"> • Relevant regulations, information from LCC • Development plan by LCC • Information from LCC, LWSC, health centre, ABO/CBO • From LCC, NGO 	<ul style="list-style-type: none"> • Document review, interview to LCC • Document review, interview to LCC • Interview to LCC and LWSC, key informant interview to health centre and ABO/CBO • Interview to LCC and NGO
	III-6 In what field has the community been supported by other donors and NGOs?	<ul style="list-style-type: none"> • Situation of interventions by other donors and NGOs • Approach on community participation by other donors and NGOs 	<ul style="list-style-type: none"> • From donor agencies, NGOs, LCC, RDC • From donor agencies, NGOs 	<ul style="list-style-type: none"> • Interview to donor agencies, NGOs, LCC, key informant interview to RDC • Interview to donor agencies, NGOs

Appendix 10 Summary of Survey Outcome

Table A-10.1 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"> The infant and under five mortality rates of Binga District/ Statistics from Binga District Hospital Prevalence of water-born diseases /Data from Binga RDC and Questionnaire survey in sample villages 	<ul style="list-style-type: none"> 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). 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.
	Achievement of program purpose	<ul style="list-style-type: none"> Water coverage rate in Binga District/ B/D document and Binga RDC (IRWSS project document) Number of water facilities in use/ B/D document and Binga RDC (IRWSS project document) 	<ul style="list-style-type: none"> 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%). 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).
	Input performance	<ul style="list-style-type: none"> Input of human resources, fund and materials/ B/D document and information from ZINWA 	<ul style="list-style-type: none"> 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)
Implementation Process	What was the background of the project planning and implementation of the project?	<ul style="list-style-type: none"> Background of project planning, project scheme and scale/ B/D document and information from ZINWA 	<ul style="list-style-type: none"> 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&M of the facilities..
	Did the implementing agency take part in the project with ownership?	<ul style="list-style-type: none"> Performance of implementing agency, especially after the Japanese team had left/ information from ZINWA 	<ul style="list-style-type: none"> 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.
	Was the timing right between construction of facility and other activities?	<ul style="list-style-type: none"> Implementation schedule of the project components/ Project Completion Report and information from SCF 	<ul style="list-style-type: none"> 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&M of the water facilities and health and hygiene education was neither complete nor adequate because of the time and resource constraints.

Eval. Item	Detailed Evaluation Questions	Data Collected and Data Collection Method	Survey Outcomes
	How did the local community participate in the project?	<ul style="list-style-type: none"> • Strategy of community participation/ information from SCF 	<ul style="list-style-type: none"> • 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&M of the facilities. SCF admitted that the shortage of time and human resources did not allow the approach to be fully participatory.
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"> • 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. 	<ul style="list-style-type: none"> • 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)
	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"> • Status of water use and water supply plans in the target area (planning, implementation monitoring and evaluation)/ information from ZINWA and Binga RDC • Financial and human resources of implementing agency/ information from ZINWA and Binga RDC 	<ul style="list-style-type: none"> • 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&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%. • 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. <p>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.</p>

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"> • Basic plans and actual status of O&M and management of rural water supply facilities/ information from ZINWA, DDF and Binga RDC • Status of O&M and management of existing facilities by the community/ water point committees and community members through questionnaire survey and PRA in sample villages • Decision-making process of water management committees/ water point committees and community members through PRA in sample villages • Type of community participation/ water point committees and community members through site survey and PRA in sample villages • Support system by the government/ community members through PRA in sample villages • Communication mechanism between the government and local community/ community members through PRA in sample villages 	<ul style="list-style-type: none"> • Previous “three-tire maintenance system”, was replaced by “community based management (CBM) system” where community were made responsible for management and O&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. • 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. • From PRA exercise no clear mechanism of decision making process was found within the committee members or between the committee and the users. • 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. • In two villages where PRA was conducted it was stated that no support was given from DDF or RDC for the O&M of the borehole facility. Both committees expressed that they were even not sure where they should seek support in case of problem. • 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.
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"> • Coverage of water supply in the target area/ information from Binga RDC • Access to water/ information from community members through questionnaire survey in sample villages • Change of life-style as a result of reduced time for fetching water/ information from community members through questionnaire survey in sample villages • Coverage of toilet facilities/ information from community members through questionnaire survey in sample villages • Use of water (vegetable garden using wasted water at the borehole, etc.)/ site observation and information from water committee through PRA 	<ul style="list-style-type: none"> • Refer to Performance: achievement of program purpose. • 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. • 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. • 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. • 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.

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"> • Improvement of water quality, and the way of transportation and keeping of water/ information from community members through questionnaire survey in sample villages • Practice of hand washing/ information from community members through questionnaire survey and PRA in sample villages • Use of toilet facilities/ information from community members through questionnaire survey in sample villages 	<ul style="list-style-type: none"> • 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. • Majority (78%) still wash hands in a basin or dish, which is a traditional way though discouraged for hygiene reason. • Few households have toilet facilities at home, though those who have use the facility.
	II-3 What was the impact on the improvement of health status of the people?	<ul style="list-style-type: none"> • Change of occurrence of water-born diseases/Data from Binga RDC and Questionnaire survey in sample villages • Infant mortality rate/Data from Binga RDC and Questionnaire survey in sample villages • Nutritious status of infants/ information from community members through questionnaire survey in sample villages 	<ul style="list-style-type: none"> • Refer to Performance: Achievement of overall goal • Refer to Performance: Achievement of overall goal • 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.
	II-4 What improvement has been made in terms of people's participation in the target community?	<ul style="list-style-type: none"> • Status of community activities/ information from community members through questionnaire survey in sample villages • Status of training of community leaders/ information from community members through PRA 	<ul style="list-style-type: none"> • 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. •
	II-5 Has the wealth and income of the people in the target community increased?	<ul style="list-style-type: none"> • Change of wealth and income/ information from community members through questionnaire survey and PRA in sample villages 	<ul style="list-style-type: none"> • 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.
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"> • Community participation in the planning and implementation of the project/ information from community members through PRA in sample villages 	<ul style="list-style-type: none"> • 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.

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"> • History of the community, climate and demographic changes/ information from community members through PRA in sample villages • Communal activities in the community/ information from community members through questionnaire survey and PRA in sample villages 	<ul style="list-style-type: none"> • HISTORY: 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. CLIMATE: 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. DEMOGRAPHT: 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. • 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.
	III-3 What kind of resources (natural, human, etc.) does the community have?	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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.
	III-4 How is the information access and mobility and its means?	<ul style="list-style-type: none"> • Communication and interaction with neighbouring communities and outside society/ information from community members through PRA in sample villages • Distance and means of transport to Binga town and Bulawayo/ information from community members through PRA in sample villages • Coverage of radio and newspapers/ information from community members through PRA in sample villages • Current status of training and visits by extension workers/ information from community members through PRA in sample villages 	<ul style="list-style-type: none"> • 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. • 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. • 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. • 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.

Eval. Item	Detailed Evaluation Questions	Data Collected and Data Collection Method	Survey Outcomes
	III-5 How is the interaction between government agencies and the community?	<ul style="list-style-type: none"> • Rules and regulations/ information from RDC • Interaction with RDC/ information from community members through PRA in sample villages • Community's status in the development plans/ information from RDC 	<ul style="list-style-type: none"> • 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. • 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. • 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.
	III-6 In what field has the community been supported by other donors and NGOs?	<ul style="list-style-type: none"> • Situation of interventions by other donors and NGOs/ information from RDC and community members through PRA in sample villages 	<ul style="list-style-type: none"> • 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 Mbobumi 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.

Table A-10.2 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	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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%. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> a) Input of human resources, fund, materials 		Not applicable	
Implementation Process	What was the background of the planning and implementation of the programme (projects)?	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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?	<ul style="list-style-type: none"> a) Performance of implementing agency on execution of the undertaking b) Status of allocation of fund for O&M as well as implementation of project 	<ul style="list-style-type: none"> 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?	<ul style="list-style-type: none"> a) Implementation schedule and process of components included in the projects 	<ul style="list-style-type: none"> 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	

Evaluation Item	Detailed Evaluation Questions	Required Information & Data	Results of Survey		
			Sector-Wide Approach (George)	Integrated Approach (George)	No Intervention (Kalikiliki)
	Was there an over wrap 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 legislation made it difficult for external agencies to	

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>
<p style="text-align: center;">Sub Question II</p> <p style="text-align: center;">Impact on Poverty Reduction</p>	<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"> • Increased number of users in different socio-economic categories b) Quantity and quality of water supplied c) Equitable access to water d) Change of cycle of daily routine work by decrease of time to fetch water e) Number and capacity of CHWs and staff of health centres 	<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>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>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>b) 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>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>e) No clinic in the settlement.</p>	

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 (phase 1), 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"> a) Practice to maintain/improve water quality at household b) Hygienic practice for drawing, carrying, storing and drinking water c) Utilisation of different water sources in compliance with the usage d) Practice of hand washing e) Practice to improve environmental sanitation at household level 	<ul style="list-style-type: none"> 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. b) Container with a lid is used to fetch water in most case. c) Use of different water sources by residents are getting decreased as the communal taps became the major water source for them. 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. 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. 	<ul style="list-style-type: none"> a) Those who treat water increased. 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. 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. a) Situation is not much different from George. b) Most common method for garbage disposal is to take the garbage to the collection site. 	
	II-3 What was the impact on the improvement of education opportunities in the target area?	<ul style="list-style-type: none"> a) Enrolment rate of basic school b) Drop-out rate of basic school c) Number of basic schools in the target area per school-age children d) Literacy rate 	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"> a) Status of community participation in decision-making for improvement of living conditions b) Understanding and acceptance of women's participation in decision-making process c) Status of implementation of the action plans elaborated by ABO/CBO d) Status of capacity building of community leaders e) Extent of trust in ABO/CBO by the local authority and community members 	<ul style="list-style-type: none"> 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. 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. c) Newly formed RDC has just elaborated 5-year action plan. 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. 	<ul style="list-style-type: none"> 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. 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. 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. d) RDC and ZDC members newly elected are being trained by LCC in their roles as the community leaders in 	

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 held 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	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 b) Demographic change, social structure, tradition and practices c) Consideration of gender and the disadvantaged d) Decision-making system e) Communal activities in 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. 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.	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. b) Number of population in George Compound is approximately 35,400. This area has the highest population density in the George Complex.	a) In the 1950s a businessman was making bricks near the dam. He brought people into the settlement. 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,

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>

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"> a) Mobility within and outside Lusaka b) Coverage of radio, newspapers and other communication tools c) Status of monitoring/ visiting of the target area by the staff from local authority/ service providers 	<ul style="list-style-type: none"> 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. 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 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. 		<ul style="list-style-type: none"> 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. b) Radios are main source of information. Only a quarter of the residents have TVs and newspapers are not sold in the community. c) Except for LCC through Community Development Officers, little assistance is given to the community.
	III-5 How does the community interact with local administrations?	<ul style="list-style-type: none"> a) Basic policy and regulations on development activity in peri-urban areas of Lusaka b) Legal status of the target area c) Relationship between communities and local administrations/ service providers d) Interventions by politicians 	<ul style="list-style-type: none"> 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. b) George Complex is a recognised settlement as an improvement area and security of tenure is offered through provision of occupancy licences. 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 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. 		<ul style="list-style-type: none"> a) Same as George Complex. b) Kalikiliki is declared as an improvement area to be issued with occupancy licences. c) Regular communication is only with Community Development Officer from LCC. d) People perceive that politicians have not done much for the community except talking during the campaign.

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. ANGO 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>