

Makoni District

Rural WASH Project Update Report



15 April 2019

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RWP Achievement Summary

Makoni District				
Rural WASH Project Update Report as at 15 April 2019				
Key Indicators				
Theme 1: Repairs and Rehabilitation and New WASH Infrastructure	Target	Achieved	% Achieved	Remarks
Repair of 467 b/holes per district	467	565	121%	Activity Completed.
Headwork rehabilitation of 467 /district	467	467	100%	Activity Completed.
Rehabilitation of 1 community managed piped water schemes (solar powered)	1	1	100%	PWS a Completed. Water reaching every end of the distribution network
Theme 2: Demand Led Sanitation and Hygiene Promotion				
Training of 30 ward based SafPHHE facilitators	30	30	100%	Activity Completed.
Triggering of 50 villages	50	50	100%	Activity Completed.
Latrines Constructed without Subsidy	1823	899	49%	Activity in Progress.
150 Latrines for the most vulnerable (3/village)	150	150	100%	Activity Completed.
Training of 50 SAGs x 7 members/ SAG for for one day	50	50	100%	Activity Completed.
ODF certification/declaration ceremonies	50	24	48%	Activity in Progress. uBVIP and BVIP constructions in progress
Water Quality Monitoring	467	565	121%	Conducted Bacteriological and Chemical Tests - 15 tested positive for E. Coli. Treatment with Chloride of lime
Formation and training of 50 CHCs	50	50	100%	Activity in Progress.
Training of School Health Masters	66	66	100%	Activity Completed.
Theme 3: Public-Private Partnerships/Participation for Operation and Maintenance				
Training of 94 VPMs	94	94	100%	13 Women 81 men are undergoing VPM trainings at DDF camp
Training of 60 Apron builders	60	60	100%	Activity completed
Training of 150 latrine builders	150	150	100%	Activity completed. 150 Male Builders have completed 14 day training exercises.
Formation/revival/ training of 467 WPCs	467	565	121%	Activity completed
Training for EHTs on Water Quality Monitoring	12	25	208%	Activity completed
Training for EHTs on uBVIP and BVIP construction	12	25	208%	Activity completed

1.0 Introduction

District Water and Sanitation Sub Committee (DWSSC) together with implementing partner Christian Care are implementing Rural WASH Project (RWP) in Makoni district. The project which is currently in its second phase that ends in October 2019 is being implemented in 37 rural wards of Makoni District. The water repairs and rehabilitation component of the project covers all rural wards while the sanitation and hygiene component focuses on five wards namely; Ward 3, 23, 24, 30 and 39. At the end of its life – it is expected that the project would have made considerable gains in reaching out to vulnerable communities with health and hygiene promotion campaigns that promote zero open defecation in addition to enhancing community’s access to clean and safe water resources through repairs and/or rehabilitation of existing water points. The RWP achievements are grouped into the following thematic areas:

Theme 1: Repairs and Rehabilitation and New WASH Infrastructure

1.1 Water Point Repairs

The project has managed to effect repairs on 565 out of a target of 467 Water Points (WP) benefiting a population of 129,402 people (Abled Males 19512, Abled Females 27805, Disabled Males 135, Disabled Females 104, Abled Girl Children 45323, Abled Boy Children 36377, Disabled Girls 61, and Disabled Boys 85). The repairs focused on Water Points that were either partially or non functional. The type of maintenance included repairs and rehabilitations targeting either deep wells or boreholes. A rigorous (WP) assessment exercise that evaluated functionality and spares requirements status of individual water point units was conducted leading to a composite district needs inventory.



Fig1 & 2 Show WP spares and fitting of a Pump Stand Unit

Water Point Assessments

Village Pump Minders (VPM), Water Point Committees (WPC), local leadership and community were all instrumental in making this exercise a success. They used both physical assessment and community institutional memory methodologies to evaluate WP needs. Thus all information was captured on WP Assessment Forms. It is therefore important to note that when physical repairs did finally happen, there were materials that were found in good working condition leading to “spares savings”. This eventually resulted in the district utilizing these spares to repair more water points above the project target. Once a WP was repaired, a Repairs Certificate was issued, highlighting generic information such as date of repairs, location, depth, spares materials used, population of users among other things.

Impact of Repairs on Community

The immediate impact of the repairs and rehabilitations was enhancing communities' access to safe and clean water supplies. Some water points had been down for periods of up to 15 years and in some instances community were travelling distances of up to 2km to access safe and portable water. By reducing access distances to under 500m the communities propensity to obtain water from unprotected sources such as shallow wells, river beds and dams was also diminished leading to less exposure to water borne and water related disease such typhoid, diarrheal, dysentery and bilharzias among others. The burden on women, the elderly and children who normally bore the brunt of fetching and queuing for safe and portable water at distant sources was also alleviated providing time for undertaking other productive livelihood activities in addition to improving children's school attendance.

1.2 Headwork's Repairs



Fig 3 Apron builders putting finishing work to Deep Well

A total of 467 headworks out of a target of 467 were repaired across the district. After a district headwork's assessment process spearheaded by resident VPMs, Local builders were identified and imparted with repairs skills through trainings by technical staff from District Development Fund (DDF) and Makoni Rural District Council (MRDC). The trainings covered construction of new apron units using apron mould kits provided by the project as well as effecting repairs on existing aprons using general builders tools. Thus broken sanitary seals, aprons, runoff channels and fences were either repaired or mended by the project. Emphasis was also put on need to construct or repair climate friendly facilities such as soak away and animal water troughs in some instances. The technical Staff from DDF and RDC formed the District Maintenance Team (DMT) whose main role was to ensure skills transfer to local VPMs and builders enabling quality headwork's maintenance works to be achieved. A total of 60 apron builders (M 55, F 5) were trained.



Fig 4 and 5 Show Community accessing water from a Stand Pipe and storage tanks

1.3 Community Piped Water Scheme

Located 54km to the west of Rusape Town in Ward 24 is the Masvova Piped Water Scheme (PWS). This scheme is wholly owned by the community and covers a total stretch of 10.8 km, serving 7 villages with a combined population of 1687 people (AM 122, AF 163, DAM 1, DAF 1, AGCh 723, ABCh 677). The Scheme also extends to a school (Nerwande Primary School) with an enrolment of 970 Pupils and 24 members of Staff. Rehabilitation work was done by a contractor engaged following a tender process.

Community Participation

Thus the scheme is now completed with water reaching every end of the distribution system. The main features of the PWs include water Reservoirs with a capacity to store 55000 litres, Solar Powered Pump Unit, and a water distribution network supporting 16 stand pipes. The benefiting community has been very supportive of the project since its inception as seen by assistance they provided during rehabilitation works. The community participated through provision of locally available resources such as: bricks, river sand, gravel among other things as well as labour for trenching, laying of pipes, and backfilling in addition to assisting with builders for other construction works.

Scheme Management

The PWS is managed through an elected Committee of seven people called the Main Committee (MC) (Males 4, Females 3). This MC has oversight on all issues related to the scheme such as organising community participation during pre and post- rehabilitation period, ensuring security of scheme assets, collecting and managing finances for Operations and Maintenance (O&M) from 16 standpipes as well as enforcing PWS constitution for sustainability. Water Quality Monitoring (WQM) is a continuous process that is conducted by ward based Ministry of Health and Child Care (MOHCC) personnel whose results are shared with the community. The total cost of rehabilitation of the scheme was \$55,000.00.



Fig 6 Show construction of a Disability Friendly Stand Pipe for the blind and wheelchair bound

Disability Mainstreaming

Through own initiatives, the community embarked on disability mainstreaming efforts that saw them constructing steel guide rails, speed humps and informative signage at a stand pipe serving a disabled community member. In addition to this, PWS Stand Pipes at Masvosva Clinic and nearby Nerwande Primary School have also been designed to cater for people living with disability. These endeavours have been put in place to ensure that every segment of the community have equal access to safe water.

Theme 2: Demand Led Sanitation and Hygiene Promotion

2.1 Health and Hygiene Promotion- Ward Level

At inception of RWP in 2017, the project selected 30 out of a target of 30 Principal Facilitators (Males 25, Females 5) from the 5 Sanitation and hygiene focused wards and trained them on SafPHHE. These Principle Facilitators were resident Government line ministry workers from Ministry of Health and Child Care, AGRITEX, Ministry of Women Affairs. Their responsibility was to resuscitate Ward Water and Sanitation Sub Committee (WWSSC) and interact with community in order to advocate for behaviour change through health and hygiene awareness campaigns. To

achieve this objective, they worked with Health Promoters who included village health workers and other ward level change agents.

2.2 Triggering and SAG formation

The project triggered a total of 50 out of a target of 50 villages. In order to come up with target villages and wards to work with, the project conducted a district wide identification exercise that ranked villages and wards according to levels of WASH vulnerability. The selection criterion looked at the following parameters- water and sanitation coverage, non functional WP, Orphans and Vulnerable children (OVC), Female Headed Households (FHH) and People Living with Disabilities (PLWD) among other things. Thus the results of the process were the 5 Sanitation Wards and the 50 target Villages.

Community Triggering Process

WWSSC spearheaded the selection and subsequent triggering process using SafPHHE approaches/tools whose methodology included Group Discussions, Community Mapping, Transect walks, and Faecal-oral transmission routes & blocking the routes discussions, among others. This aspect of shaming community into positive behaviour change was participatory and involved the entire community. It was generally easy to observe a well triggered community through their collective realization that due to open defecation everyone is ingesting each other's faeces. Rampant scenes of vomiting and repulsion that characterised sighting of faeces and discussions on faecal-oral transmission routes only served to further capitulate communities towards 'Matchbox in a Gas Station' scenarios. This process ultimately led to formation of Sanitation Action Groups (SAGs) to oversee latrine construction. These SAGs have a membership of 350 (Males 168, Females 182)

2.3 Community Health Clubs



Fig 7 and 8 Show household hygiene enabling facilities

The overall responsibility of monitoring SAG activities is with Community Health Clubs and their committees (CHC). These clubs have always been in existence as a result of other Govt Health initiatives. The coming in of the RWP revived and strengthened their structures. The CHC is an umbrella entity whose membership consists of all village residents and its functions are to facilitate and further household health and hygiene issues through conducting activities such as hygiene competitions, Income Saving and Lending exercises (ISALS), promoting construction of

hygiene enabling facilities such as refuse pits, pot racks and hand washing facilities among other things. IEC materials such as T Shirts were distributed to these change agents to catalyse community response to the efforts. Thus the project also provided CHC membership cards to facilitate community health and hygiene learning processes. The clubs are managed by committees of 7 members who were trained by MOHCC staff totalling 350 individuals (Males 90, Females 260).

2.4 ODF Communities



Fig 9 and 10 Show ODF Posters for Dumba W23 and Madongorere Villages W24 respectively

The district has declared ODF communities in 20 villages out of a target of 50. This is a commendable achievement for the district considering that behaviour and mindset change is a process. The ODF Certification methodology entailed community self assessments and invites to DWSSC for Final Certification.



Fig 11 and 12 Community ODF celebrations

It was pleasing to note that some ODF communities went a step further and constructed latrine units at grave yard sites while erecting ODF Posters highlighting newly found status at village entry points as reminders to both outsiders and residents that they were entering or leaving ODF zones. Sanctions and penalties have also been put in place by respective communities as deterrent measures to prevent ODF slippage. The penalties for community members found wanting varied from fines in cash to fines in kind such as live chicken, goat etc. In one village, Mutsvanga in ward 24, after the community attained ODF Status, the village head was so elated that he named his newly born puppy ‘SAG’

after his beloved committee that had made him proud. A total of 9690 (Males 2616, Females 3101, Chn 3973) community members are now living in a cleaner environment as a result of their new ODF status

2.5 Self Sponsored latrines



Fig 13 and 14 Construction of Self Sponsored and Grave Yard latrine by an ODF village

Health and hygiene promotion activities happening across the targeted wards have seen households mobilising resources and constructing own (Blair Ventilated Improved Pit latrines) BVIP and uBVIP (upgradable BVIP) latrines units. Individuals used various ways to finance constructions such as: private funds from formal and informal trade or employment, proceeds from sale of agriculture produce, proceeds from artisanal gold mining exercises, bartering livestock such as chickens and goats for cement, remittance proceeds from relatives and general donations from neighbours and colleagues among other sources. The Community leadership (Chiefs) have also assisted in this drive by imposing direct and indirect pressure through community sanctions and penalties for OD such as.. A GOAT FOR THE CHIEF FOR OD. These measures have resultantly seen 899 self sponsored latrines being constructed in the reporting period benefiting more than 5739 people (AM 1223, AF 1337, DAM 13, DAW 23, AGCh 1688, ABCh 1438, DAG 10, and DAB 7).

2.6 Latrines constructed with subsidy

The project has managed to construct a total of 150 latrines out of a target of 150 uBVIP. Selection of beneficiaries for the programme was done by the entire community who targeted vulnerable members in their midst. Such members included the elderly Orphans and Vulnerable children (OVC), Female Headed Households (FHH) and People Living With Disabilities (PLWD) among others. In most cases the community took upon themselves to ensure that every resource necessary for construction of the latrine was available for this target group. Most of the latrines constructed with brick lined pits, although stone lining was also common. The project provided cement and reinforcing steel while the community supplied locally available materials. 766 people (AM 133, AF 125, DAM 12, DAF 6, AGCh 256, ABCh 234,) benefited from this intervention.

2.7 Training of School Health Masters

A total of 66 School Health Masters (SHM) (Males 33, Females 33) were trained on how to conduct school health and hygiene activities. The trainings were facilitated by MoE and MoHCC staff. The trainings imparted SHM with knowledge and skills establish or strengthen School Health Clubs (SHC) as well as train and assist in development of calendar of events for the same. Cleaning of latrines and school grounds, watering hand washing facilities, staging WASH related drama, poems and music to peers were some of the tasks conducted at schools with the guidance of the school health masters. Schools clubs also conducted WASH outreach programmes at nearby community centres and villages

2.8 School Health Clubs

33 out of a target of 33 school health clubs were formed/revived by the project. A School Health Club (SHC) is an association of pupils interested in working to ensure that they, their peers, and their parents live in a healthy, clean, and safe environment free from preventable illnesses. The project managed to amalgamate its WASH in Schools activities with Ministry of Education School Health Policy (SHP) in its implementation. The SHP provides a broad frame of reference to guide the implementation of a number of health related interventions relating to the welfare of learners in the school system, Thus a total of 33 clubs are now active with a combined membership of 1017 (559G, 458B) MoHCC and School Health Masters trained the SHC members on health and hygiene and club management issues.

Menstrual Hygiene Management

Menstruation is generally perceived by most people as unclean, filthy, dirty and shameful. Based on these general perceptions, information on menstruation and menstrual hygiene is often treated with a lot of secrecy and embarrassment. Sustained sensitization of Adolescent girls on Menstrual Hygiene management was carried out in SHC trainings that were conducted across the 33 schools in targeted wards. The trainings covered issues of period management: sanitary pad availability, accessibility and disposal as well as roles of School Health Masters. Schools through SDCs are supporting girl the child with resources for menstrual management.

Theme 3: Public-Private Partnerships/Participation for Operation and Maintenance

3.1 VPM trainings



Fig 15 and 16 VPMs undergoing Repairs Training. A total of 13 Female VPMs were trained

Access to spares has enabled the district to effect repairs on WPs that in some instances were down for up to 15 years. Repairs were conducted by Ward based VPMs (M 81, 13 F) that were selected by their respective communities. The Trainees were a combination of old and new VPMs who underwent a rigorous 14 day training exercise at a DDF Training Camp on repairs and servicing of Type ‘A’ and Type ‘B’ hand pumps. The training was conducted and closely monitored by DMT comprising of DDF and MRDC technical Staff. In order to protect communities from unscrupulous VPMs who overcharge communities on repairs, the district through a Council Resolution passed in 2017 pegged repair charges at \$30 per Water Point. Pump minders Tool kits were supplied by the project and positioned at health Institutions (Clinics) for ease of access and management.

3.2 Water Point Committees

Every repaired water point has a 7 member committee selected by the community to manage its affairs. There was a deliberate effort by project to make sure that women had greater participation in issues related to the WPs- for strategic reasons that – women are the bed rock of household food security, nutrition, water, sanitation, and health and hygiene matters. Thus the project has managed to train 565 out of 467 WPCs (3922 members M 1493, F 2429). MoHCC and DMT facilitated the training to further the committees understanding of their roles and responsibilities in ensuring proper use of the water points. It should also be highlighted that cementing the functions of the WPCs and the community they represent, is a constitution that polices the water point operations and maintenance issues for sustainability.

3.3 Builders Trainings- uBVIP and BVIP Versions



Fig 15 and 16 Construction trainings of uBVIP and BVIP latrine units

A total of 150 builders out of a target of 150 (150Males) were selected by community and trained by project in construction of uBVIP and BVIP single compartment Latrine versions. The upgradable Blair Ventilated Improved Pit latrine (uBVIP) consists of a basic brick lined pit with a concrete covering that allows owner to upgrade in a sequence of steps to attain the final brick build BVIP latrine. This version is economical as it enables households with minimum resources such as 1 bag of cement to own a latrine. The builder’s trainings were capacity building exercises that exposed community members to skills on how to read plans, how to peg a latrine, and how to lay bricks. These builders are the ones constructing latrines presently. Community and ward consultations pegged project builders construction charges at \$60 per BVIP unit and \$20 per uBVIP although in many instances, communities formed

voluntary construction brigades (that moulded bricks and mobilised locally available resources together) and constructed free of charge.

3.4 Water Quality Monitoring

A total of 25 EHTs against a target of 10 (M 18 and F 7) underwent training on bacteriological and chemical testing. The project exceeded target on this component as it took a district wise approach to rope in for the training all ward based personnel on account of fact that WP repairs were being conducted across the entire district. After training, water samples were collected and tested from 565 WP out of a target of 565. Of these 15 tested positive for faecal coli forms. Assessment of affected WP showed that contamination was attributed to damaged pump stand units and broken sanitary seals. The project made sure that the damaged pump stand units were either replaced or repaired while the affected sanitation seals were reconditioned. Disinfection of the contaminated WP using Sodium hypochlorite was then done to enable the community to drink safe water. This WQM exercise is still ongoing.

3.5 Support of RDC

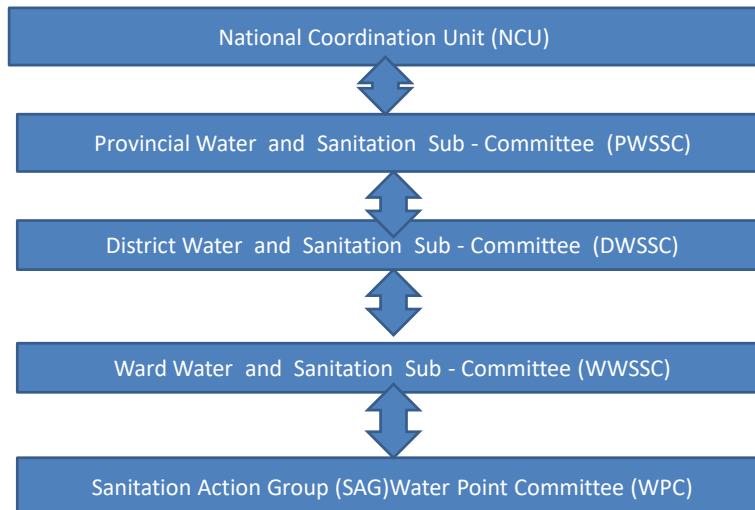
The Makoni Rural District Council (MRDC) has been overwhelmingly supportive of the RWP since its inception in 2017. The council has not only provided resources that include vehicle and staff in support of WASH initiatives across the 37 rural wards, but has also allocated a budgetary vote of \$205,000 towards the same. The \$5000 within this budget is a disease control vote is earmarked for district WASH emergency eventualities such as but not limited to responses to typhoid or cholera outbreaks while the remaining vote can be used for resuscitation or development of WASH infrastructure. Thus the Local Authority is taking positive initiatives in complying with Governments National Water Policy and National Sanitation and Hygiene Policy Frameworks.

The Local Authority took the WASH support to another level when a Full Council Meeting of March 2018 voted unanimously in support of tabled District Sanitation Policy. This instrument penalises residents of Makoni District with fines of up to \$200 for offences related to not constructing a BVIP or UBVIP latrine unit at household level. Other finable offences include lack of hygiene enabling facilities such as tippy taps, rubbish pits and pot racks. Thus

Theme 4: Wash Sector Monitoring and Governance

4.1 Governance

Information Flow



Flow of Information

- The district has been able to manage effectively the flow of information on progression of project variables using National Coordination Structure.
- Looking at the design of this instrument we have the grass root level structures where the community based WASH structures such as the CHC and SAGS are found. These entities promote health and hygiene education and consolidate information on progress at village level. Thus, information is gathered using the Hygiene Promotion for SAGS/ CHC tools and forwarded to the Ward Based Facilitators (WWSC Chairs). District level facilitators consolidate ward information for transmission upwards.
- The flow of data is a two way affair where information that is transmitted upwards also flows back to the district. This scenario enables us to compare with other districts on how we are faring. Thus, regular national reports, coming in monthly through our secretariat, the RDC and are shared with all district heads as feedback.
- It will not be adequate to applaud our progress and success as a district without mentioning the unwavering support PWSSC and higher structures have extended towards the district. At the beginning of project PWSSC capacitated the district on technical instruments to monitor and evaluate performance of WASH activities under the project. Our enhanced technical capacities were furthered with regular Joint Monitoring Visits (JMV) in the project wards, attendance of monthly provincial cluster meetings in addition to feedback reports from national coordination meetings. Project Monitoring tools such those stated above including ODF certification tools to mention only a few, have come down to us through our Province.
- Back home, as a district, we have been very consistent in conducting monthly update meetings and these meetings have been useful platforms for progress review, planning and information sharing.

5.0 Project Impact Summary

A Water Point Repairs

Funds for O & M

- 90% of WP are able to meet required costs on maintenance i.e. payment of VPM labour charges and buying of spares from local dealers.

Availability of funds at WP Treasury

- 25% of the WP have readily available funds in their coffers for O & M, while 75% mobilize funds for O & M when need arises. This is due to a lack of trust amongst handling of funds from previous experiences like theft, inflation and death of domestic animals they kept for revenue growth.

B Masvosva PWS

Access to safe Water by Community

- Proximity: 100% of the targeted communities have access to safe and portable water to within 400m radius to standpipes

Funds for O & M

- PWS beneficiaries are able to meet required costs on maintenance i.e. payment for security, maintenance labour charges and buying of required spares from local dealers.

Availability of funds at PWS Treasury

- Opening of bank accounts by management Committees (MC) in Progress. The collected PWS funds are however currently managed Through Eco Cash Accounts. Other forms of payments in lieu of cash such as livestock, grain etc also managed by MC
- 80% of the PWS beneficiaries are able to raise cash for O & M, while 15% pay through other forms. 5% that comprise of CHH, elderly etc are unable to pay completely but depend on community members taking turns to pay for them. This is due to a lack of trust amongst handling of funds from previous experiences like theft, inflation and death of domestic animals they kept for revenue growth.

Impact of Access to Safe and Portable Water

- Beneficiaries have access to safe and portable with labour reduction in water collection through tape stand platforms. Communities now have time to do other livelihoods chores as opposed to fetching water in distant boreholes.

C. Self Sponsored Latrine Construction

Funds for Latrine Construction

- 60% of community constructing BVIPs without external assistance
- 35% constructing through ISALs and building brigades
- 5% constructing through assistance of community well wishers.

Impact of Access to Safe Latrines

- Restoration of human dignity especially for women and children and reduction in diarrhoeal cases as well as protection of women and the children through use of safer sanitary facilities.
- Behaviour modification and mindset change in the use of safer sanitary facilities leading to reduction of diarrheal and related diseases as well as attainment of community ODFs

D. CHC and SHC

Operations of SHC and CHC

- 80% of the trained CHCs and SHC are meeting at least once per month for PHHE lessons

- 80% of CHCs are conducting door to door health education at least once per month.

Impact of CHC and SHC

- Accelerated construction of household Latrines and health and hygiene enabling facilities,
- Enhanced community awareness and behaviour modification on Health and Hygiene issues
- Reduction of reported diarrheal cases at local health institutions from project villages

6.1 Project Challenges

Although the project managed to record considerable success on targeted programme parameters, the implementation period faced a myriad of socio economic challenges that regressed progress. These challenges were, but not limited to:

- Shortages of hardware material (reinforcement wire, cement etc) for latrine construction at local business centres.
- Competing livelihood activities particularly in the agriculture season
- Fuel shortages that have affected access and price hikes of hardware material and public transportation system
- Diminished support of Government Extension Staff due to other commitments such as Indoor Residual Spraying (IRS) and Inter Ward/ District Staff movements among others.

The emergence of special facility for accessing WASH commodities through payments in foreign currency has saved the day although the problem of access to forex still persists as majority of communities still use local currency when purchasing.

7.1 Lessons Learnt

- The need to own a latrine has compelled innovative community members with compromised purchasing power to resorted to bartering live chickens for construction hardware such as cement
- The selection of VPMs for training was based on the number WP needing repairs per ward as well as its (ward) geographical orientation enabling hard to reach areas to have access to safe water supplies.
- Involvement of community leadership to sanction with penalties those open defecation has assisted in compelling communities to construct latrines.

Annex 1.

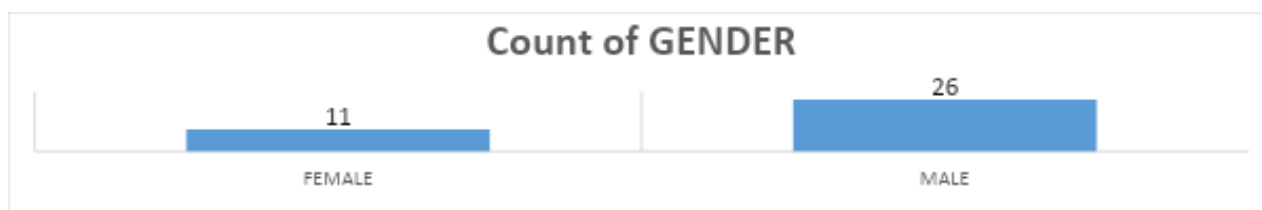
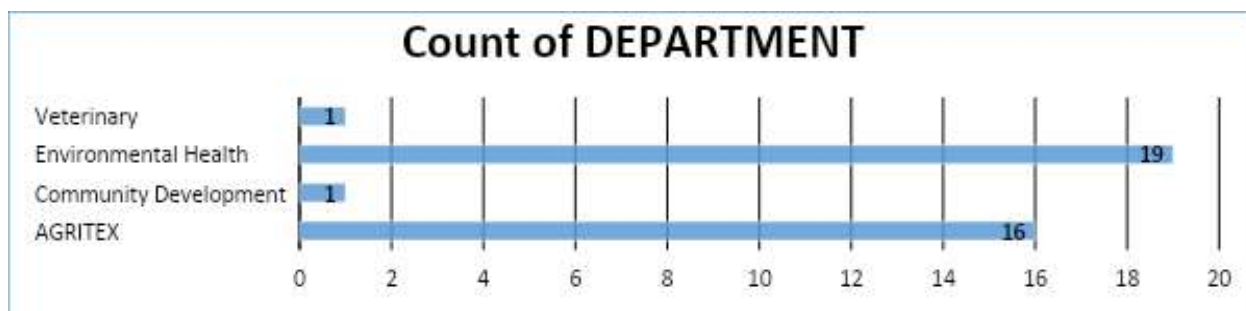
RWIMS UPDATE

Total number of facilitators – 5

Training – July 2018

Training Venue- MRDC

Enumerators Training profile- Total 37



Achievement to date

- All wards enumerated
- All DWSSC members have accounts.[15]
- New members of staff working in wash sector have accounts[Newly deployed EHTs]
- Enumerators are updating their information regularly and are bringing gadgets to MRDC or Health where there are challenges in updating data.
- 1 enumerator has since left for Nyanga but she has been replaced.

RWIMS benefits

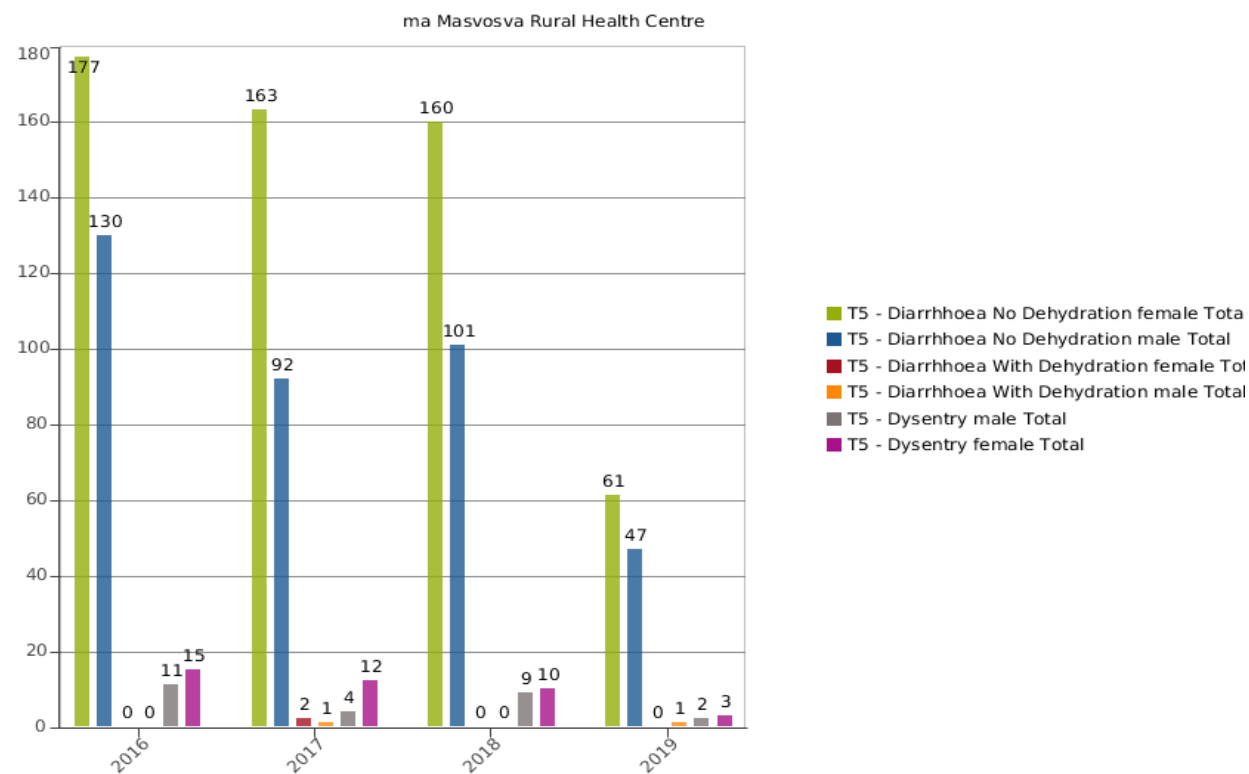
- Verification of rural wash data
- Newly qualified EHPs using RWIMS data for community diagnosis
- Verification of Malaria baseline data for the IRS programme.

Challenges

- Makoni not appearing in the system but it has since been resolved.

Annex 2.

Impact assessment of RWP in the communities – Case Study Masvosva Rural health centre.



Source: DHIS 2

Diarrhoea cases have declined at Masvosva clinic. In 2016 there were 307 cases recorded [female 177+ 130 male] which declined to 261 [163+92] cases in 2017]. In 2018 cases remained constant at 201[160 + 101] cases. Cases of dysentery have also gone down from 15[2016]-10[2018].

A further analysis of the diarrhoea cases showed that not all village showed a decrease in cases since 2016. The impact was felt mainly in villages under RWP and Mombeyara which is in piped water scheme but not under RWP.

	01/2017	02/2017	03/2017	04/2017	03/2017	04/2017	05/2017	Total	Before triggering	08/2017	09/2017	10/2017	11/2017	12/2017	01/2018	02/2018	03/2018	12/2018	01/2019	02/2019	03/2019	Total cases	Remarks	
Duri	0	0	1	0	1	1	1	4	Triggered	0	0	0	1	0	0	0	0	0	0	0	0	0	1	Reduction of cases
Gweremwezhe	2	3	5	0	0	0	0	10	Triggered	0	0	2	0	0	1	1	0	1	0	0	0	1	6	Reduction of cases
Hatirarami	2	0	0	2	0	0	1	5	Not triggered	0	1	1	2	1	0	1	0	1	0	1	0	0	8	An increase in cases
Machiridza	0	1	2	0	0	1	1	5	Triggered	2	0	0	0	2	0	0	0	0	0	0	0	0	4	Reduction of cases
Madongorere	3	2	3	1	0	2	0	11	Triggered{ Odf)	0	0	1	0	0	0	0	0	1	1	0	0	3	Reduction of cases	
Masvosva	2	0	2	1	2	1	3	11	Not triggered	1	1	1	3	0	2	0	0	1	2	1	1	13	An increase in cases	
Mombeyarara	1	0	1	1	1	6	4	14	Not triggered	4	2	1	0	0	2	2	0	0	1	1	1	14	No changes	
Mukonomuwi	0	1	1	1	2	1	0	6	Triggered	0	0	0	1	0	0	0	1	0	0	2	0	4	Reduction of cases	
Mutsvangwa	4	1	3	0	0	1	1	10	Triggered [odf]	0	0	1	0	0	0	0	0	0	0	0	0	1	2	Reduction of cases
Nedvedzo	3	1	1	0	0	1	1	7	Not triggered	2	2	2	1	1	1	0	0	0	0	1	0	10	An increase in cases	
Nemasango	2	1	2	1	1	0	0	7	Not triggered.	0	1	0	1	0	2	0	0	1	0	2	0	8	An increase in cases	
Takaza	1	0	0	1	0	1	1	4	Triggered	0	1	0	0	0	1	0	0	0	0	0	0	0	2	Reduction of cases
Zanamawiwi	2	1	1	0	1	1	1	7	Triggered	0	0	0	1	0	1	0	0	0	0	0	0	0	2	Reduction of cases
Nerwande	1	0	1	1	0	0	2	5	Triggered	0	0	0	1	0	0	0	0	0	0	0	0	0	1	Reduction of cases
Manyara	0	1	1	1	1	1	1	6	Triggered	1	0	0	0	0	0	0	0	0	0	0	0	0	1	Reduction of cases

Source: T12 Masvosva

Observations: Increase in cases were noted in villages which were not triggered. For ODF villages the decline is greater. The team also analysed data from some villages not triggered and found that majority of those analysed were either constant or an increase was noted.