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Africare

Africare helps Africa, with programs in food, water, the environment, health and emergency humanitarian aid as well as private-sector development and governance.

PD-ABU-685
92903

Fourth Year

Annual Report

for

MATCHING GRANT

FAO-0158-A-00-2047-00

Submitted to:

Office of Private and Voluntary Cooperation

January 31, 1997

Summary of Program, Administrative and Financial Status

1. Program

Africare and its partners in the three target countries--Zambia, Zimbabwe and Malawi--continued during the fourth year of the project to focus on community mobilization and construction of latrines and wells. Substantial matching funds were secured and applied to the program.

The project continued in existing project areas and expanded into Zambia's Southern Province and Lusaka Rural District.

2. Administration

Africare's Washington-based Regional Director for Southern Africa continued to provide overall project management. The three country-specific components are managed, from an administrative and financial management perspective, as part of their constituent Africare country portfolios.

3. Financial Status

Through September 30, 1996, \$1,447,662 in AID funds and about \$1,334,000 in Africare matching funds had been spent. Africare matching expenditures are expected to exceed USAID spending by the amended end-of-project date, December 31, 1996.

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- A. Financial Profile of the Project
 - Budgeted Versus Actual Expenditures
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- B. Financial Profile of Africare

I. Background to Grant and Project Context

Africare was established in 1971 to support improved water, health and food production in rural Africa. Africare works principally through local structures, including government ministries, district and provincial authorities, indigenous PVOs and village-based groups.

The majority of people living in Southern Africa's rural areas lack access to adequate supplies of clean water. Relatively few use sanitary means to dispose of fecal material. As a result, there is a high incidence of diarrheal and other diseases, which contribute to the region's high infant mortality rates. Cholera, until recent years isolated to a few areas of the region, has spread at an alarming rate, especially in rural Malawi and Zambia.

Africare had been supporting construction of village wells and latrines for many years, prior to submitting its proposed matching grant program to AID in August 1991. Well projects, in particular, had tended to be one-village activities, funded by small donors and implemented over short periods. Although Africare also supported latrine construction programs in the region, these were seldom integrated with well projects. Africare's matching grant proposal was based on integrating water and sanitation, on raising funds to support this work on a broader, longer-term scale in geographical areas of need, and on providing more effective technical support and coordination to similar projects within Southern Africa.

Africare hoped, at the end of the proposed three-year matching program, to have strengthened its own capacity to undertake integrated water and sanitation programs. It also hoped to strengthen local capacity, particularly through the creation or bolstering of local PVOs.

The conceptualization of this project took place within the context of the declining capacity of government water departments in the region to cope with the rising demand for new water sources or with the need to maintain existing water points. In consulting with local water officials, Africare determined that there is a consensus among them (and among health personnel as well) to devolve more responsibility upon the private sector and upon the people themselves to plan, implement and maintain community water and sanitation programs. The Africare matching grant proposal thus addressed this rising local concern that governments--for fiscal and philosophical reasons--should concentrate on setting policy and standards in sectors such as water, but resist trying to shoulder the main responsibility for providing people with all of their needs.

II. Project Methodology

The project is intended to improve the health of rural peoples in Malawi, Zambia and Zimbabwe by reducing the incidence of water and fecal-borne diseases. The project supports construction of water points and improved pit latrines.

The program emphasizes the formation and training of village health and water committees, health education leading to behavioral changes such as handwashing, and the training of local water and sanitation technicians at the village level. (Baseline studies and KAP surveys were carried out in selected target areas during the first year of the project.)

Following a strategy outlined by consultants from the former WASH project, which facilitated preparation of the DIP, the project is promoting the mutually-reinforcing effects on health of clean water and a clean environment.

The target groups are people resident in rural areas with a relatively high incidence of water and fecal-borne diseases, such as diarrhea, typhoid and cholera. Several criteria for selecting target areas were agreed upon by project staff, WASH facilitators and other participants in a pre-planning workshop in December 1992 in Malawi. In addition to the obvious reference to health status and availability of protected water sources, criteria include population density, community "stability" and support for self-help projects, high water table and suitable soils for well and latrine construction and reasonable access/distance to project management staff.

Project objectives, while scaled back from original levels, remain substantial. At the end of the project, about 500 villages are expected to have improved access to safe water, expanded latrine use and functioning committees responsible for maintaining community water sources. To accomplish this, Africare established water and sanitation teams to work with villages at several levels: building community awareness, organizing and training village water committees, and providing material support and technical assistance.

The project methodology is innovative in several respects: community participation, hygiene promotion, the role of women and the emphasis on integrated water and sanitation. Despite variations from country to country, the methodology can be summarized as follows:

- * The project is introduced to the community;
- * Baseline information is collected and analyzed;

* A water and health committee is established in the village;

* The water and health committee begins to promote hygiene and sanitation;

* Latrine construction is undertaken on a self-help basis, with Africare providing material inputs and training;

* The use and maintenance of the latrines, and hygiene, are stressed through community education;

* The community participates in selecting a water source to be protected; and a water point caretaker committee is selected and trained;

* The water source is protected, largely on self-help. Africare trains builders and villagers, builders are then employed by Africare in Zambia and Malawi, and by the villagers themselves in Zimbabwe.

* Water source committees/caretakers are trained;

* Training is conducted in the community on hygiene, proper use of protected water sources, and the handling of water at the household level;

* Communities are monitored to determine how well the people are applying the lessons learned.

Community participation in management and execution of the project is built into all steps of project implementation. Women play a prominent role. Hygiene sessions are focused on their inputs; they are elected to the water and health committees and serve as caretakers on the water source committees. The women have a full say in selecting the water points to be protected.

At the district, provincial, regional and national levels, Africare coordinates its activities with the various government counterpart agencies. In all three countries, Africare is a member of the relevant district and national coordinating bodies for water and sanitation. In Zambia and Malawi, special steering committees have been established for this purpose.

III. Monitoring and Evaluation

The Detailed Implementation Plan, submitted in March 1993, revised the quantifiable objectives of the project. Following is a summary of major changes in the quantifiable and other measures for monitoring and evaluating the project's implementation:

a. Baseline data -- No baseline data was presented in the original proposal. This information has been developed in the target areas, utilizing the survey instrument developed by the then co-project managers based in Malawi (water engineer Steef Kruitwagen and sanitation specialist Marian Marseille). The document is included in the project report for January-June 1993, submitted to PVC in August 1993.

b. Targets -- The principal quantifiable targets were revised as follows. The DIP targets have since been amended, based on country-by-country circumstances:

	Original Proposal	DIP	Current Revised
Wells (new)	575	680	993
Latrines	3,550	21,300	20,358
Beneficiaries (Total)	175,250	169,500	292,719
Beneficiaries (Women)	96,313	101,700	175,631

c. Critical indicators of effectiveness -- These have been derived from the KAP surveys and baseline studies. One major change from the original proposal is greater stress on behavioral change versus reduction of the incidence of diarrheal disease as a useful indicator of improved health status.

d. Benchmarks for project progress -- See below for levels of progress in each country.

e. Monitoring plan -- Country-specific monitoring is incorporated in each country work plan.

f. Evaluation plan -- An external evaluation was performed late in the fourth year.

IV. Review and Analysis of Project Results by Country

Malawi

The project is being implemented in Nkhata Bay and Ntchisi Districts. The initial target areas have been Timbiri Chiefdom in Nkhata Bay and three chiefdoms in Ntchisi. The project moved during the fourth year into adjacent areas of Nkhata Bay District and was preparing to extend into neighboring Mzimba District.

a. Specific Outputs Achieved

Seventy-nine water points and more than 4,200 latrines had been established by the end of the fourth year, benefitting an estimated 19,750 people.

b. Effect on Target Groups Disaggregated by Gender

Women in rural Africa typically travel up to three miles, spending several hours daily, to fetch water. Due to the project, about 12,000 women and young girls have safe and adequate water within a reasonable distance of home. This saves enormous amounts of time and frees women for other important domestic duties,

including child care, cultivation of crops and preparation of food.

Due to improved availability of water and sanitation facilities, as well as hygiene education at the community level, health center reports in the project area indicate that the incidence of diarrheal diseases is dropping.

c. Problems Encountered and How They Were Addressed

Malawi is undergoing democratization. The political transformation has created problems for rural development programs, however. During the former regime, under Life President Hastings Banda, people participated in community projects as much out of fear as of a commitment to community self-help. Many development initiatives were associated with, and supported by, the ruling (and then only) political party. When the political system was opened to broader participation, many opposition leaders encouraged the people to resist self-help projects because these were associated with the Banda regime.

Africare has worked closely with community leaders and Government officials to help villagers understand that, regardless of the political changes, development will only occur if people work together and contribute time and material support. This appears to have had sufficient impact in most areas where the project is active.

d. Impact on Local Institutions, Local Policy and People Outside the Project

As in the first years of the project, the so-called "WASH approach" to community mobilization and emphasis first on improving sanitation coverage before focusing on water has had a real, if subliminal, affect in various quarters. Local donors, including UNICEF, have been more supportive once they saw that the approach works.

e. Unintended Effects

None to report.

Zambia

The project operated during the past year in four rural health center catchment areas: Mungule, Kayosha and Naluyanda in Chief Mungule's area, Chibombo District; and in Waya, Chief Chipepo, in Kapiri Mposhi District. During the fourth year, project activity extended into drought-affected areas of Southern Province and Lusaka Rural District.

a. Specific Outputs Achieved

Village health committees have been organized, to date, in 204 communities. The combined efforts of the committees, villagers and Africare have completed 169 wells and 3,264 latrines.

Three types of latrines are being constructed, depending on their suitability to a particular household. These are traditional latrines with a sanitary platform and lid; traditional latrines with a sanplat and ventilation duct; and ventilated improved pit latrines made with concrete blocks or burned bricks.

b. Effect on Target Groups Disaggregated by Women

The community mobilization component of the project has increased women's participation in other activities, including poultry, gardening, rehabilitation of schools, clinics and roads. An estimated 59,150 persons--35,490 of them women--have benefitted from the program.

c. Problems Encountered and How They Have Been Addressed

Community participation was hampered during the peak period for relief food distribution. Many people opted to work for food, at the expense of wells and latrines. This issue was addressed by incorporating WASH activities into the food-for-work program.

A continuing problem has been the declining water table and the presence of rock formations underground. This has seriously impeded progress, requiring efforts to be directed at deepening existing wells instead of digging new ones. In several areas, well sites had to be abandoned because water levels were too low or rock strata too thick. This is a major reason that the project sought alternative target areas.

d. Impact on Local Institutions, Policy and People Outside the Project Area

The WASHE approach continues to spread. The project has set an example of community mobilization and implementation which is

encouraging requests from schools, church missions and local political leaders for the project to assist in their areas.

The project also has been requested to send staff to participate in workshops in Zambia and to share the WASHE experience.

e. Unintended Effects

Prolonged drought in central Zambia has resulted in migration into the project area by people who have heard about the improved water availability. This has led to a greater demand for wells and latrines.

Zimbabwe

The project is being implemented in Mutasa and Nyanga Districts in Manicaland Province. The project is benefitting an estimated 35,000 people in six administrative wards.

a. Specific Outputs Achieved

The project has concentrated on community mobilization, health and hygiene education and latrine construction. About 3,000 latrines had been completed by the end of the fourth project year.

b. Effect on Target Groups Disaggregated by Gender

The project has had a substantial impact in terms of latrine coverage and use. A survey conducted in July 1995, comparing indicators used in the March 1994 baseline study, showed major increases in use of latrines and an appreciation for good hygiene. In three wards, where there had been virtually no latrines in use at the outset of the project, coverage now ranged from 54 percent to more than 85 percent. The study indicated that about 90 percent of those individuals with access to a latrine are using and maintaining latrines on a regular basis, two and three times the rate prior to the project. Anecdotal information suggests that the number of flies in the project villages has declined.

Improved water supplies also have had an impact. Community members and local health officials believe that the incidence of diarrheal disease has declined in villages where new wells and protected springs have been constructed. This has reduced the amount of time spent by women on fetching water. The construction of storage tanks, as part of each of 20 protected springs, has improved water security in dry areas.

Roughly equal numbers of men and women are benefitting from the project.

c. Problems Encountered and How They Have Been Addressed

In contrast to Zambia and Malawi, where matching funds have been adequate to sustain the pace of the program, raising matching support has been extremely difficult. This is largely due to the Zimbabwe Government's insistence that bilateral and other major donor aid be channeled through central government.

d. Impact on Local Institutions, Policy and People Outside the Project Area

As indicated in the final evaluation, conducted in September-October 1996, government health officials and others have begun to accept the value of the WASH approach. This is regarded as a major development, given that Zimbabwe was the most resistant of the three countries in accepting the WASH philosophy.

Use of a single latrine by both sexes was regarded as taboo by many communities. Use of project committees to convince beneficiaries that one unit per family is adequate resulted in gradual acceptance.

Introduction and promotion of protected springs is another example of the project's encouraging change in the target area.

e. Unintended Effects

Most of the unintended effects were economic. Training of builders increased their skills and enabled many of them to earn income from construction of simple houses. This benefitted the communities. However, in villages where major construction (such as bridges) was taking place, successful builders have often left the project to find better remuneration.

Another unintended consequence resulted in **increased** labor for women and girls: Because more water is required for handwashing after latrine use, water consumption increased as a result.

V. Management: Review and Analysis of Headquarters/Support Functions

a. Project planning and management

The project manager, Africare's Regional Director for Southern Africa, has been actively involved in most aspects of the program. During the fourth year, he visited all three

countries and most project areas; assisted with raising matching funds; and coordinated reporting and the final evaluation.

b. Staff resources

The project remained fully staffed in Zambia and Malawi. In Zimbabwe, however, the lack of adequate matching funds resulted in the termination of the principal field coordinator and, ultimately, the Zimbabwean water engineer who had served as project coordinator. Two field workers were retained under a small grant from UNICEF.

c. Training

See above country sections for the numbers of persons trained.

d. Logistical support

Africare has seven project vehicles (three in Malawi and two each in Zambia and Zimbabwe). UNICEF contributed a new pickup truck for use in Malawi. Several motorbikes have been assigned to field officers.

The project has experienced only minor logistical problems.

e. Technical assistance

Project staff mentioned above have provided all necessary technical assistance.

f. Project fund-raising and marketing

Several donors stepped forward in the fourth year to support the project and ensure that Africare's matching obligation will be met.

g. Role of board of directors

The Africare board of directors has not been asked to play a direct role in the program.

h. Development education

No special development education activities were planned as part of this project.

VI. Financial Status

1. See the annex for the overall financial profile for the project and an updated Africare financial overview.

2. Africare does not anticipate major changes in the structure or line item allocations of the budget.

3. Africare has more than a 20 active AID/OFDA grants and normally draws down on its U. S. Treasury letter of credit on a quarterly basis. Drawdowns are based on submission of Form 269 (Financial Status Report). Drawdown on USAID funds for this project ceased early in the fourth year. The grant has been virtually fully expended.

4. Africare has substantially improved its position vis-a-vis the matching obligation and expects to fulfill its requirement by the new EOP date of December 31, 1996.

VII. Lessons Learned and Long-Term Project Implications

The following lessons, some of which were included in the first three annual reports, have been learned:

1. There is a strong local interest in developing indigenous capacity to carry out and maintain water and sanitation projects. It is unclear whether the project can encourage development of new, local PVOs. However, there is consensus in all three countries that the project's objective to "privatize" water point development and maintenance, in particular, is valid.

2. The project has incorporated WASH's methodical, community-based approach to developing sanitation and water facilities (in that order) to achieve greater sustainability. Getting all field workers to follow through on this approach has been one of the project's major challenges, however. In Zimbabwe, especially, the project has been working against well-established traditional approaches for developing water and sanitation programs along separate tracks. Substantial progress has been noted in this regard.

3. Women have been the major beneficiaries. Females are a distinct majority in most rural areas of Southern Africa, including the project's target districts.

4. Technology transfer and cross-fertilization of experience within the region is an important, though not primary, objective of the project. The original project design focused largely on the transfer of protected spring technology from Malawi, where Africare has helped popularize it, to Zambia and Zimbabwe. However, the district chosen in Zambia does not have natural springs to be protected. The project has been able to introduce improvements in protected spring technology in Zimbabwe.

5. The principal policy implication--for Africare--remains the shift toward greater integration of water and sanitation projects, as well as the more methodical approach to community

mobilization behind, first, improved sanitation, followed by improvement--on the premise that better water is not possible in an unsanitary environment.

6. Africare has made an effort to contact local and external PVOs which also are working in the target districts in the water and sanitation sectors. This is bearing fruit especially in Malawi and Zambia.

VIII. Recommendations

Africare has stressed to PVC and to its WASH project staff that it regards the "program" as a continuing one. Therefore, it is expected that work will continue in this sector in Zambia and Malawi, in particular, where donor support has been strongest. In Zimbabwe, UNICEF is increasing its level of support, particularly for sanitation-related activities.

Financial Profile of the Project

A. Budgeted Versus Actual Expenditure

Program Elements	Year 1-3				Year 4				Year 1-4		Months 49-51*		Total	
	AID		PVO		AID		PVO		Total Spent		Projected		AID	PVO
	Bud	Exp	Bud	Exp	Bud	Exp	Bud	Exp	AID	PVO	AID	PVO	AID	PVO
<u>Malawi</u>														
Total Program	392	467	161	45	11	2	50	55	469	100	-	53	469	153
Total Procurement	80	53	255	210	-	-	150	55	53	265	-	83	53	346
Sub-Total	472	520	416	255	11	2	200	110	522	365	-	136	522	499
<u>Zimbabwe</u>														
Total Program	198	144	82	-	27	57	40	14	201	14	-	2	201	16
Total Procurement	60	30	406	103	-	-	153	10	30	113	-	1	30	134
Sub-Total	258	174	488	103	27	57	193	24	231	127	-	3	231	150
<u>Zambia</u>														
Total Program	184	203	115	121	27	55	50	234	258	355	-	31	258	386
Total Procurement	28	50	201	135	-	5	167	149	55	284	-	68	55	258
Sub-Total	212	253	316	256	27	60	217	383	313	639	-	99	313	644
<u>Headquarters</u>														
Total Program	105	55	23	-	-	-	-	-	55	-	2	-	57	-
Total Procurement	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sub-Total	105	55	23	-	-	-	-	-	55	-	2	-	57	-
Total Direct Costs	1,047	1,002	1,243	614	65	119	610	517	1,121	1,131	2	238	1,123	1,369
Total Indirect Cost	257	307	282	100	16	20	141	103	327	203	-	47	327	250
Total Grant	1,304	1,309	1,525	714	81	139	751	620	1,448	1,334	2	285	1,450	1,619

(*) - October 1996 through December 1996

Financial Profile of the Project

B. Sources of Project Funds for the PVO (in thousands)

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Total</u>
AID Matching Grant	335	616	358	139	1,448
Private Cash	98	164	452	528	1,242
Host/Other Government	-	-	-	92	92
Other AID Grants/Contracts	-	-	-	-	-
Other U. S. Government	-	-	-	-	-
Other	-	-	-	-	-
	<u>433</u>	<u>780</u>	<u>810</u>	<u>759</u>	<u>2,782</u>

14.

Africare Financial Profile

Fiscal Years 1995-96

(\$000s)

<u>Program Expenditures</u>	<u>1995</u>	<u>1996</u>
General Programs	2,454	3,647
Internship Programs	1,756	1,166
Relief/Refugee Assistance	3,743	5,251
Health	4,956	13,044
Water Resource Development	1,533	1,467
Agriculture/Irrigation	2,527	2,896
Integrated Rural Development	2,340	2,878
Fundraising	258	284
Indirect Costs	5,340	4,430
Total	24,907	35,063

<u>Source of Funds</u>		
AID Matching Grant	3,591	3,663
Private Cash	673	5,001
Private in-Kind	6,050	8,765
Host/Other Govt - Cash	630	1,185
Host/Other Govt - In-Kind	-	-
Other AID Grants	16,034	16,148
Other US Govt	-	-
Other (Special Events, Int)	584	508
Total	27,562	35,270

**PVO PROJECT REPORTING INFORMATION
ON AID SUPPORTED PVO PROJECTS**

OMB No 0412-0630
Expiration Date: 03/31/89

FOR OFFICIAL USE ONLY

PVO Type	Project Number	
Appropriation	Level	
Country Code	Fund Type	Technical Code
Project Officer	Key 1	Key 2

PROJECT INFORMATION (PRIMARY)

Name of Organization Africare	Grant/Contract Number FAO-0158-A-00-2047-00	
Start Date (MM/DD/YY) Sept. 18, 1992	End Date (MM/DD/YY) Dec. 31, 1996	AID Project Officer's Name Mary T. Herbert, BHR/PVC/MGD

AID OBLIGATION BY AID-FY (\$000)

FY	AMOUNT	FY	AMOUNT
1993	40	96	72
1994	136		
1995	156		
LOP			404

Activity Description

Under a regional matching grant program, Africare is supporting an integrated village-based water and sanitation program intended to reduce water and fecal-borne disease. The program is supporting construction of wells and latrines, and training village health teams to carry out this work and provide basic maintenance.

Status

The project is operating in Southern Province, Chongwe in Lusaka Province and in parts of Kabwe Rural.

COUNTRY INFORMATION (SECONDARY)

Country Zambia	Location in Country (Region, District, Village) Southern Province, Lusaka Province, Kabwe Rural District
PVO Representative's Name Vanessa Williams	Local Counterpart/Host Country Agency Ministry of Energy and Water Development Ministry of Health

COUNTRY FUNDING INFORMATION (\$000)

YEAR	FY93	FY94	FY95	FY96
AID \$	1,250	1,100	465	200
PVO \$	350	410	543	1,300
IN KIND				
LOCAL				

**PVO PROJECT REPORTING INFORMATION
ON AID SUPPORTED PVO PROJECTS**

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AID Project Officer's Name Mary T. Herbert, BHR/PVC/MGD	

AID OBLIGATION BY AID-FY (\$000)

FY	AMOUNT	FY	AMOUNT
1993	36	96	32
1994	107		
1995	123		
LOP			298

Activity Description

Under a regional matching grant program, Africare is supporting an integrated village-based water and sanitation program intended to reduce water and fecal-borne disease. The program supports construction of wells, protected springs and latrines, and training of village health teams to carry out the work and provide basic maintenance.

Status

The program has been operating in six wards, focusing on construction of improved pit latrines, shallow wells and protected springs.

COUNTRY INFORMATION (SECONDARY)

Country Zimbabwe	Location in Country (Region, District, Village) Mutasa and Nyanga Districts
PVO Representative's Name Laurin Banner	Local Counterpart/Host Country Agency Ministry of Health; National Action Committee

COUNTRY FUNDING INFORMATION (\$000)

YEAR	FY93	FY94	FY95	FY96
AID \$	980	500	71	27
PVO \$	619	475	300	123
INKIND				
LOCAL				

**PVO PROJECT REPORTING INFORMATION
ON AID SUPPORTED PVO PROJECTS**

OMB No 0412-0630
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Country Code	Fund Type	Technical Code
Project Officer	Key 1	Key 2

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Start Date (MM/DD/YY) Sept. 18, 1992	End Date (MM/DD/YY) Dec. 31, 1996	AID Project Officer's Name Mary T. Herbert, BHR/PVC/MGD

AID OBLIGATION BY AID-FY (\$000)

FY	AMOUNT	FY	AMOUNT
1993	164	96	13
1994	222		
1995	276		
LOP			675

Activity Description

Under a regional matching grant, Africare is supporting an integrated village-based water and sanitation program intended to reduce water and fecal-borne disease. The program supports construction of wells and latrines, training of village health teams to carry out this work and training of villagers to provide basic maintenance of their water points.

Status

The project has continued to operate in three Traditional Authorities (TAs) in Ntchisi and Nkhata Bay Districts, and has been extended to Mzimba District bordering Nkhata Bay.

COUNTRY INFORMATION (SECONDARY)

Country Malawi	Location in Country (Region, District, Village) Ntchisi, Nkhata Bay and Mzimba Districts
PVO Representative's Name Antonio Barnes	Local Counterpart/Host Country Agency Department of Water

COUNTRY FUNDING INFORMATION (\$000)

YEAR	FY93	FY94	FY95	FY96
AID \$	801	348	275	600
PVO \$	110	172	302	130
IN KIND				
LOCAL				