

PROJECT ASSISTANCE COMPLETION REPORT

PROJECT TITLE: Rural Water Borne Disease Control Project  
PROJECT NUMBER: 645-0087  
PROJECT AMOUNT: \$5,296,801  
FIRST OBLIGATION: \$640,000  
FINAL OBLIGATION: \$2,000,000  
COUNTRY: Swaziland  
FINAL PROJECT EVALUATION: Impact Evaluation scheduled for August/September 1990

1. Summary of Services Performed

This Project began in 1979 and was scheduled to end in 1986 but a Project Amendment was written which extended the Project until 1989. Thus, there were two phases under Rural Water Borne Disease Control Project. The first phase (1979 to 1986) consisted of three major inter-related components: (a) Health education, (b) sanitation and public health engineering, (c) and schistosomiasis and a water-related disease survey. At the end of the first phase eight water systems were constructed by the Rural Water Supply Board, as a forerunner of the second phase. A Project Amendment extended the Project from 1986 to September 1989. USAID provided (a) in-country training for health inspectors, health assistants and community development officers in supervision, community development and motivation; (b) funds for the construction of 64 water systems of which 48 were smaller handpump systems and 16 were larger reservoir systems; (c) funds for the construction of 23 water systems by two Non-Governmental agencies involved in the water supply and sanitation sector; (d) funds for the construction of 3,000 pit latrines; (e) and the services of a public health engineering advisor to provide leadership and momentum to the newly formed Public Health Engineering Unit of the Rural Water Supply Board.

The Project objectives stated that 78 water systems would be completed by the PACD. Only 64 water systems were completed, but the population being served by the completed systems is approximately 42,000, or 35% more than originally planned.

The Government of Swaziland provided in-kind services, e.g., personnel, furnishings, and offices in addition to constructing the rural water systems. The water systems constructed under the Project Amendment were financed under the Fixed Amount Reimbursement mechanism whereby USAID paid 69% of the costs of construction and the GOS paid for the remaining 31%.

## 2. Status of Completion of Project Elements

The Project terminated on September 30, 1989. 64 water systems out of the planned 78 were certified completed by the contract engineer prior to September 30, 1989. Three systems were unable to be certified completed by the PACD due to delays in construction and therefore were unable to qualify for payment by USAID under the FAR system. These three systems have been completed by the Rural Water Supply Board using GOS funds. Due to these three systems being incomplete by the PACD, there are unexpended funds in the Project totaling approximately \$300,000, which the Mission plans to reobligate under the Primary Health Care Project.

The latrine component of the Project made good progress in meeting the target of 3,000 latrines. By the PACD 3,500 latrines had been begun, 3,300 had their latrine slabs in position and 2,000 of these had their superstructures completed. The latrine program has been incorporated into the Ministry of Health's budget and shall continue indefinitely. The Council of Swaziland Churches, one of the two NGOs financed under the Project, completed all twenty of their handpump systems prior to the PACD; the other NGO, Emanti Esive completed two of their three macro water systems prior to the PACD. Due to problems in the third community, the final finishing touches of the third system were completed by the Emanti Esive after the PACD. The Project completed all planned in-country training as scheduled. All other project activities were completed as planned prior to the PACD.

## 3. Accomplishments in terms of Project Purpose

The purpose of the Project was to expand the capacity of the GOS to deliver effective preventive health services to combat disease related to water and poor sanitation, and to assist the GOS to reach its goal of providing one-third of the rural Swazi population with piped water supplies. With regard to the sanitation component of the Project, more than 90% of the Health Inspectorate staff were actively involved in the latrine construction programme under the Project. Health criteria were incorporated into the design of water systems. Health Assistants, Health Inspectors, and Community Development Officers were trained in supervision of community latrine programmes, communication skills and community motivation. Water committees in all four regions of the country were trained in basic book-keeping and preventive maintenance of their water systems. The Health Inspectorate can now adequately respond to requests for assistance from communities in the construction of their latrines. The Project supported the development of minimum design criteria for pit-latrines; this was published in the form of a manual, and continues to be used in all pit latrine construction.

The project contributed a great deal to planning activities in the water and sanitation sector in Swaziland. Input was provided through the assistance of the public health engineering advisor and consultants recruited through the WASH Project, culminating in the finalization of a two-year action plan for the sector which was updated and revised in 1989 to fall into step with the three-year rolling plan that the GOS has recently adopted.

The Project greatly increased the Rural Water Supply Board's capacity to construct rural water systems. The Project also strengthened the Health Inspectorate Unit of the Ministry. Due to the coordination and collaboration encouraged by the Project, rural water systems constructed by the Rural Water Supply Board are now constructed in communities that have already fulfilled their latrine requirements. On the construction side the Project has greatly assisted the GOS in meeting its target of providing one-third of the rural Swazi population with clean water supplies by 1995. In 1979 it was estimated that access to rural water supplies in Swaziland was no more than 20% and to rural sanitation 15%. In 1989 access to clean water supplies stands at 45% of the rural population and to rural sanitation at 25%. The construction of 72 water systems over the life of the Project contributed significantly to providing clean water and sanitation to Swazis in the rural areas.

4. Further inputs expected into the Project: None

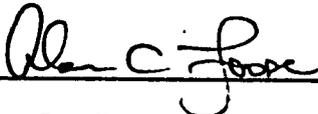
5. Lessons Learned:

- a. The main lesson learned from the construction component of the Project was that major construction Projects within the GOS face innumerable difficulties which are accentuated by financial mechanisms such as the FAR system. The FAR mechanism proved to be inefficient because of time delays between establishing and approving cost estimates and beginning construction implementation activities. Delays inevitably occurred on the part of both the GOS and the rural community involved, and construction materials were purchased long after the estimates were established; meanwhile, prices had increased and the estimates were no longer valid. Water systems constructed varied in size and cost, so estimates had to be made for each system; this coupled with the GOS implementation delays usually resulted in the FAR estimates being out of date by the time each cost was agreed to. Despite other problems with conventional reimbursement mechanisms, perhaps a more appropriate method of funding for the project would have been for USAID to reimburse the costs of construction materials and the GOS meet the cost of labour and transport. Construction implementation activities were hampered by normal GOS procedures such as lack of order books, budget allocation, etc., which are wider GOS problems not resolvable by the Project. Delays in initiating work at the beginning of the three-year extension meant that actual construction work did not begin until 1987 and thus there was a rush to complete systems in the final months prior to the PACD.

- b. Interministerial linkages are essential if more than one implementing office of Government is involved in project activities. The Ministry of Health and the Ministry of Natural Resources, Land Utilization and Energy worked well during the Project and continue to do so.
- c. Long-range sectoral planning can be effective so long as the mechanisms focus on GOS participation, not just external consultants. Again, the process established under the Project continues to work well.

6. Recommendations for further monitoring, reporting and evaluation:

- (i) No further monitoring and reporting are required.
- (ii) An impact evaluation of the entire ten years of implementation is scheduled to take place in the last quarter of FY90 (August/September 1990).
- (iii) A fiscal report should be prepared by USAID/Swaziland Controller's Office and the remaining unexpended balance should be deobligated as soon as it is determined that all disbursements have been properly recorded. The mission plans to reobligate this unexpended balance into the Primary Health Care Project (645-0220).



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29 January 1990  
Date



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