

CHIMANIMANI CHIPINGE EMERGENCY AND EARLY RECOVERY PROJECT

SEMI-ANNUAL PROJECT REPORT (October 1, 2019–March 31, 2020)

ACTIVITY SUMMARY

Award No. 720FDA19GR00121

Reporting Period October 1, 2019 –
March 31, 2020

Total Award Value \$ 928,881

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List of Acronyms

BVIP	Blair Ventilated Improved Pit
CCEER	Chimanimani Chipinge Emergency and Early Response
CHC	Community Health Clubs
MHM	Menstrual Health Management
NFIs	Non Food Items
PHHE	Participatory Health and Hygiene Education
VHWs	Village Health Workers
WASH	Water Sanitation and Hygiene

Executive Summary

This report covers the period October 1, 2019 to March 31, 2020. The Project started on 12th August 2019 and is expected to end on March 31, 2020. The project is being implemented in Chimanimani (wards 16 & 21) and Chipinge (wards 8, 9 & 14) with the aim of reducing morbidity and mortality rates linked to waterborne diseases among the cyclone-affected populations. The main purpose of the review was to assess the state of progress achieved against the expected outputs as well as progress towards realisation of project indicators. Lessons learnt from the project were generated and recommendations proffered for corrective action for the last months of project implementation.

To date, there is notable progress in latrine construction indicated by 359 (53%) completed latrines. Under water supply rehabilitation of springs is in progress and commendable progress has been noted, 3 springs were completed during training and 10 spring boxes have been constructed and these are awaiting connections to the water sources. Progress on rehabilitation of springs was slowed down by the rainy season and coupled with the delayed submission of the protection designs. Recommendations were made to make use of local expertise and use of indigenous knowledge in the spring rehabilitation process. There is also commendable progress under hygiene promotion as 90 Village Health Workers (VHWs) were trained and received the Participatory Health and Hygiene Education (PHHE) tool kit. A total of 4,128 (460 (11%) men and 3,668 (89%) women) club members have been registered. Menstrual Health Management kits targeting school going girls and young women and NFIs were also distributed successfully to the target beneficiaries.

1. Project Background

In response to the devastating impact of Cyclone Idai on Manicaland Province, where 270,000 people have been affected through injury, loss of life, damage to homes, loss of livelihoods, schools, health centres, road infrastructure, utilities and other facilities, Mercy Corps is implementing the Chimanimani and Chipinge Emergency and Early Recovery WASH (CCEER) program. The intervention is built on the immediate life-saving efforts by Mercy Corps and other sector actors in the province through working to reduce morbidity and mortality rates linked to waterborne diseases among the cyclone-affected populations.

The project is restoring community water supplies, supporting reconstruction of household sanitation facilities, and promoting essential health and hygiene messages among the affected populations to prevent further disease transmission in a high-risk environment. CCEER is ensuring the reconstruction of safe, sufficient and sustainable water supplies, supporting critical repair works for household latrines in the most affected areas and promoting appropriate hygiene messaging necessary to prevent uptake of potentially damaging hygiene behaviours. Geographically, the program is targeting wards 16 & 21 of Chimanimani and wards 8, 9 & 14 of Chipinge districts respectively. The CCEER program is providing emergency and early recovery WASH assistance to 20,500 individuals, including vulnerable populations such as children, women, the elderly and people with disabilities (PWD), who are at a high-risk of contracting waterborne diseases due to the destruction of water and sanitation infrastructure.

The aim of the CCEER project is to reduce morbidity and mortality linked to water borne diseases. This is being promoted through protection of springs, construction of latrines and facilitating hygiene education.

2. Project Achievements

The period under review saw the beginning of implementation for most of the program activities. The onset of the rain season as well as the hyperinflationary environment had a negative impact on implementation of activities as some communities became inaccessible and procurement became difficult as transporters charged exorbitant prices. Activities included:

Water Supply

- Identification and selection of springs that needed to be rehabilitated.

- Engagement and site visits by Consultant Engineer in the 2 target districts during the reporting period to assess the spring sites that had been pre-selected by the district team.
- Mobilization of 60 Water point User committees in preparation for training.

Sanitation

- Households targeted for sanitation assistance were identified, registered, and mobilized for the works.
- 81 builders were trained on Blair Ventilated Improved latrine construction (the target was 75).
- Distribution of builders' kits to 25 builders in ward 8, 9 and 10.
- Construction of household latrine has commenced.

Hygiene Promotion

- Training of 90 Village Health Workers on PHHE.
- Distribution of PHHE tool kits to 90 Community Health Clubs.

2.1 Overall Performance Overview

Generally, there are still outstanding activities especially in rehabilitation of springs for the two districts as well as construction of household latrines, which are still lagging behind due challenges faced in procurement in the high inflationary environment. Progress in spring rehabilitation was stalled by the late submission of the consultant's engineer report which has since been received. This will see activities being speeded up. Procurement of sand (river and pit) for latrine construction has been very slow due to the hyper inflationary environment (high costs being charged by transporters) thus affecting implementation. Delivery of sand has since been done and this will see remarkable progress in latrine construction within the coming weeks.

2.1.1 Water Supply

The project still has a lot of outstanding activities to ensure that people directly utilise improved water services. Implementation of this activity has been hinged on the designs by the consulting engineer for the preselected sites. However, the report has since been received and implementation activities in progress. The 60 springs that need rehabilitation were identified.

2.1.2 Sanitation

There has been remarkable progress in latrine construction in both Chimanimani and Chipinge indicated by 24 latrines at supper structure, 463 lined and 66 bottom slabbed. Challenges in the procurement of both cement and river and pit sand, due to fuel shortages and high costs being charged by transporters has been a draw back in implementation of project. Some of challenges have since been managed and this has seen the two districts receiving both sand and cement hence the latrine construction is in progress. However, challenges of fuel supply have remained a big constraint for business support the project activities. The WASH Officers from both districts are facilitating pit lining as well as bottom slabbing of the latrines before the onset of heavy rain as this could have a negative impact on latrine construction. The method for pit lining that is being used in both Chimanimani and Chipinge is that of dry bonding with stones as opposed to lining with bricks and cement. This is so as to ensure that the latrines are resilient to heavy rainfalls that affect the two districts.

2.1.2.1 Latrine builder's training

The Sanitation Builders training program was held for both Chipinge and Chimanimani districts and 81 builders were trained against the project target of 75 builders. The 10 days training was done in collaboration with the Ministry of Health & Child Care's Environmental Health Department and the Ministry of Women's Affairs. The training covered both the theoretical and practical aspects of latrine building.

The training focused on hands on approach with most of the time devoted to practical construction work. The trainees worked in groups with each group under the supervision of a dedicated facilitator. After the training only trained builders are now constructing household latrines under the CCEER project.

2.1.2.2 Latrines constructed for affected households

There has been notable progress in latrine construction during the reporting period as 30 latrines are now at superstructure level. However, procurement has not been easy due to the hyperinflationary environment and the ever-changing regulatory framework, which has affected pricing of products. Prices on the market have been fluctuating in both USD and the local currency. Procurement of river and pit sand into the area has been very slow thus affecting implementation of the project, due to fuel shortages and high costs being charged by transporters. Slabbing of latrines was prioritised to ensure that the onset of the rain season will not result in collapsing of the dug pits.

2.1.3 Hygiene Promotion

2.1.3.1 Village Health Workers' Training

The targeted 90 Village Health workers (42 Chimanimani and 48 Chipinge) were trained. Support visits from the WASH Officers ensured that the trained VHWs were facilitating CHCs on hygiene promotion. Distribution of the trained VHWs by district and by ward are Chimanimani 16 and 26, and Chipinge wards 8, 9 and 14 (12, 18 and 18) respectively. The VHW were trained on participatory health hygiene education and a member of the MOH&CC facilitated the training.

2.1.3.2 Community Health Clubs Strengthened

Strengthening of health clubs was done by WASH Officers through visiting Health Clubs during their weekly sessions. The registration of club members is ongoing at all the 90 community health clubs. A total of 4,128 community club members have been registered among these 460 are men against 3,668 women.

2.2 Achievement Against Set Targets

Thematic Area	Activity	Achievement Against set Targets			Comment
		Target	Achieved	Target Shortfalls	
Water Supply	Training VHWs on household water quality monitoring	90	90	0	The activity was done for both districts, there is therefore need for monitoring visits to see if the trained VHWs and EHTs are doing water quality monitoring. (42 VHWs were trained in Chimanimani and 48 in Chipinge as well as 5 EHTs in Chipinge district)
	Conduct water quality monitoring in collaboration with the DWSSC through the Ministry of Health and Child Care (MoH&CC) and the District Development Fund.	2	0	2	2 Water Testing kits were procured; activity will be done in the next month.
	Training of 60 Water Point User Committees on community based management	60	60	0	60 water point committees across the 5 wards have been trained. The training was supported by DDF Water Technician, Women Affairs, Ministry of Youth and Ministry of Health Technicians. The traditional leadership were invited to share the traditional knowledge and practices regarding spring protection
	Training of 35 builders on spring rehabilitation and protection.	35	35	0	A total of 35 builders (28 men and 7 female) were trained in spring protection. The inclusion of 7 women in spring protection was a welcome move as it broke barriers for women to enter the usually men dominated field
	Training of 25 plumbers on spring rehabilitation and protection.	25	0	25	25 plumbers were identified and selected and are awaiting training (15 Chipinge and 10 Chimanimani

	Rehabilitation of community springs and associated piped water schemes:	60 (Spring targeted for spring rehabilitation)	3	57	A total of 3 springs and 10 spring boxes have been completed to date. A total of 380 people (75 households) are accessing water from the 3 rehabilitated sources. The 10 spring boxes awaits connections to the water source
Sanitation	Selection of Target Households for Sanitation Assistance	650	650	0	Targeted latrine beneficiaries (442 Chimanimani and 208 Chipinge) were registered for the 2 districts and these beneficiaries will have their latrines constructed before the project end. The number of targeted beneficiaries will increase as 1 bag of cement will be saved as a result of dry bonding of latrines which can then be distributed to other beneficiaries.
	Training of 75 builders on Blair Ventilated	75	81	0 Surpassed target by 5 builders	Training of latrine builders (55 in Chimanimani and 26 in Chipinge) was done and construction of latrines is underway within the 2 districts. There is however need for the procurement of the builders' tool kits to enhance the builders' work.
	Improved Pit (BVIP) latrine construction	650	359 completed	291	There is notable progress in latrine construction in both Chimanimani and Chipinge, however more need to be done for the 2 district to be able to meet the target. The 262 latrines that are being dry bonded have created 38 new beneficiaries in Chimanimani giving a total of 480 beneficiaries.
	Provision of trained builders equipped with Protective clothing	75	0	81 (6 additional builders who were trained)	The trained builders for both districts have not yet received the protective clothing. Procurement was done.
Hygiene Promotion	Refresher training for Village Health Workers (VHWs) and selected Community Health Club (CHC) Facilitators on Participatory Health and Hygiene Education (PHHE)	90	90	0	The targeted Village Health workers (42 Chimanimani and 48 Chipinge) were trained. There is need for continuous visits by WASH Officers to see if the trained VHWs are facilitating hygiene promotion in the CHCs

	Strengthen existing Community Health Clubs (CHC) and establish new clubs where necessary and provision of PHHE kits	90	90 (61 new health clubs and 29 existing health clubs)	0	Strengthening of Community Health Clubs is done by WASH officers through visiting Health Clubs during their weekly sessions and providing assistance where needed. The onset of the rain season however has a negative impact on the attendance of members to community health clubs as they will be busy in their fields.
	Distribution of PHHE kits	90	90	0	Distribution of PHHE kits with 11 different topics was done (48 for Chipinge and 42 for Chimanimani). Support visits by WASH Officers will see the use of these PHHE kits being implemented.
	Distribution of WASH NFI kits to households in Chipinge	2,460NFI kits	2460	0	The NFI kits that were distributed included, 1 bucket to store their drinking water, 1 jerry can for fetching water, 2 bars of washing soap for handwashing and 2 bottles of water guard for drinking water treatment
	Menstrual Health Management (MHM) Kits supplied to women and girls between ages 12-50 in target communities and training provided on solid waste management	4100	5898	0	The distribution of menstrual pads was a great relief to beneficiaries as the general price increases across the country due to the deteriorating economic conditions have been a burden to many child bearing mothers and adolescent girls

3. Key lessons learned

A number of key lessons were learned, including the following:

- Engagement of local leadership is important to encourage/mobilise communities to participate in project implementation to enhance ownership and sustainability.
- It is very challenging to work in communities during this prevailing economic situation, e.g. VHW expect to receive allowances for them to fully participate.
- Proper targeting of the VHWs is important to facilitate transparent selection of programme participants.
- OFDA partners should relate more to improve coordination project activities in shared areas.
- Training for transformation is essential for local leaderships and VHWs.
- Door to door verification is important for registered beneficiaries in order to target the neediest as they are usually left out.
- Registration should be verified as VHWs can register the local leaders/relatives leaving out the vulnerable people.
- DWSCC need to be capacitated for them to be more effective, for example in resource mobilisation, monitoring and finance to support their mobility.
- Government participation cannot be guaranteed during programming if extension staff is not given adequate support.

4. Conclusion and Recommendations

4.1 Conclusion

The project review recognizes that the project has made commendable progress in terms of achieving outputs though there is need to strategies on rehabilitation of springs to be able to meet the target. The project should focus more on accelerating work towards spring rehabilitation and latrine construction as these activities are lagging behind. Menstrual Health Management kits and NFIs were procured and await distributions, which is a positive step towards hygiene promotion. Procurement of pit and river sand for Chimanimani is yet to be finalized and this had been a great drawback on latrine construction within the district as latrine construction has be withheld back.

4.2 Recommendations

The following were the key recommendations from the review meeting, anchored in the results of the review:

- Training for transformation, for all community structures involved in the program implementation e.g. village head, councillors and VHWs as they will understand their roles and responsibilities.
- There is need to invest in local expertise during project implementation e.g. Spring protection was delayed due to use of consultant engineer.
- Given the status of the project and achievement to date it might be necessary to begin to think about engaging the donor on the possibility of a NCE for the project to successfully complete all outstanding activities.
- There is need of ensuring that the Business Association in the two districts participate more in the cluster meetings so that they use a social corporate responsibility approach when charging for services