Report Project End Evaluation Environmental Health Alliance ZIMBABWE (ZWE 1058) ECHO Ref.: 2011/01034/RQ/01/02

Carried out on behalf of Welthungerhilfe Bonn.

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1 Summary

1.1 Brief description of the project and framework conditions

The countrywide Cholera epidemic in Zimbabwe of 2008/09 marked the failure to deliver basic services in the country's water and sanitation infrastructure, which had led to loss of a significant number of preventable lives. Despite improvements since then, there are still communities at high risk from communicable disease. Simultaneously engaging in several interconnected activities, joint Health and WASH, as well as linking relief and development could mitigate this. The former Health Emergency Response Unit (HERU) and the WASH Emergency Response Unit (WERU) established in response to the Cholera outbreak 2008/2009 were 2011 linked together in the Environmental Health Alliance (EHA) for this project. Welthungerhilfe is a member of the WASH cluster of the EHA and also the responsible Project Management Unit for the EHA WASH part. The EHA can be described as an emergency sub cluster to the UN health and WASH cluster.

1.2 Relevance

The project is relevant in contributing to the objectives of improved access to clean water and increased access to sanitation. Hence it improves health and livelihoods for the population in need and contributes to a reduction in poverty. The objectives fit well to Welthungerhilfe's vision and guidelines. An approach of partnering with the community and the local authorities while executing the WASH activities could be observed at all project sites. The need of emergency response has been proven with a typhoid outbreak in Harare suburbs and Bindura in 2011/2012. 4,896 suspected cases, of which 80 confirmed and 2 deaths were reported from Oct. 2011 to the 26th Aug. 2012.

1.3 Effectiveness

The project purpose was to contribute to reduction of excess morbidity and mortality of vulnerable populations as a result of disasters in Zimbabwe. Specific objectives were addressing emergency needs, building resilience and capacity and responding to disasters in in the targeted areas (Mashonaland East, Mount Darwin, Mbire, Centenary, Harare and Chitungwiza). The typhoid outbreak of 2011/2012 is not yet under control, but could be contained. In summary the specific objectives as planned in the log frame were achieved. Basic preconditions for this were realistic, but still ambitious objectives and a corresponding planning. The execution was very solid with only few details for remaining improvement. Rapid response was adequate and in time.

1.4 Efficiency

Hygiene and sanitation interventions are amongst the more cost-effective interventions in public health. The overall cost/benefit ratio of the project was reasonable. Welthungerhilfe used a mix of interventions with an emphasis on the most cost-efficient. Expense categories were analysed and no excessive cost items were discovered. The material used and the number of staff deployed did not show any lack of cost efficiency. Contributing to the efficiency was, that Welthungerhilfe kept the control over spending and did not basket-finance local authorities directly. Most construction work for instance was done using sub contractors working on a lump sum for agreed performance.

1.5 Outcomes and impacts

There is no doubt, the emergency response activities with rapid response for water and sanitation in disease outbreaks have contributed to a reduction in WASH related excess morbidity and mortality as a result of disasters. To quantify this effect on reduction on morbidity and mortality with exact numbers is not feasible, as there is an attribution gap. However, Zimbabwe did not see another Cholera epidemics yet since 2009. This is also a success of the Environmental Health Alliance including the contribution of Welthungerhilfe. An immediate improvement of living conditions of the targeted communities in terms of hygiene practice, having improved access to clean water and improved access to sanitation could be observed in the communities. Nevertheless, given the magnitude of the water and sanitation problem in the country, Zimbabwe has still a long way to go.

1.6 Sustainability

For the pure relief measures sustainability is of lesser priority, as the main purpose is to save lives. For the development activities though, sustainability is paramount. The change of hygiene practice in the communities served is likely to stay. Lack of public financial resources may jeopardise the maintenance & repairs of the water points. Community Health Clubs (CHCs) are likely most sustainable, where the income generating funds have taken off, although it is not a must have condition. The highest chance for sustainability is where the Ministries, district or town authorities will take over the responsibilities and integrate them in their duties. So has the MoHCW taken over the strategy of CHCs and will work on their multiplication in the country. The Welthungerhilfe team involved the authorities at all time, which helped strengthening their responsibility and capacity.

1.7 Most important recommendations

• Although it was not the task of Welthungerhilfe, it is recommended to follow up the disposal of medical waste in at least two rural health centres with the partners from the EHA or the clinic authorities themselves. In general the care of medical waste disposal should be coordinated amongst EHA partners in case a health centre is supported by the Alliance.

• Develop a very brief list of what should be handed over from the EHA to the MoHCW or the Ministry of Water, one day the Alliance stops existing. Ideally this goes along with the handover of the UN WASH Cluster and Health Cluster, which will likely happen the next years. Put together a tool

kit with key knowledge from the EHA (standard forms, standard log frames, standard reports, baseline database etc.) for the Ministries and for the Knowledge Management Unit in Bonn.

• Lobby further for the good practice of Community Health Clubs with the MoHCW and other Ministries. Support any research, if somebody does a study on the impact of CHCs in Zimbabwe and wants to include the CHCs started by Welthungerhilfe. Continue the establishing of CHCs, if possible, with new projects in Zimbabwe. Link Community Health Clubs systematically with the next rural health centres. It would help sustainability and foster the relations with the health sector.

• Lobby for Disaster Risk Preparedness components within new Development programs and for Welthungerhilfe keep some disaster response capacity (emergency stock) in the country. Although most donors and international organisations move to a development phase at present, the risk of disease outbreaks is still there, as some major causes still prevail.

1.8 General conclusions and "lessons learnt"

In summary the project ZWE1058 Environmental Health Alliance was very solidly planned and correspondingly executed. Reiterating that the spread of cholera is also a consequence of lack of adequate supply of safe potable water, deficient sanitation, poor hygiene, contamination of food, unplanned human settlement, especially in urban areas, absence of effective health systems, inadequate health care and poverty, the response by Welthungerhilfe and other partners within the EHA was very adequate. Given the countries' context the linking of emergency response with rehabilitation and development activities was a very appropriate strategy.