Foroma villagers collect water from a solar-powered piped water scheme in Chipinge, Zimbabwe. Trust Mugwagwa/Oxfam

IMPACT EVALUATION OF ZIMBABWE CYCLONE IDAI RECOVERY PROJECT (ZIRP) CHIPINGE

February – April 2024

www.oxfam.org

OXFAM

Contents

Acknowledgements	3
Acronyms	3
Executive summary	4
1. Background	9
2. Methodology	13
3. Evaluation findings	18
4. Discussion of the findings	49
5. Conclusions and Recommendations	54
Annexes	56
Notes	64
About Oxfam	65

Acknowledgements

The impact evaluation was carried out between January and March 2024, and we would like to acknowledge and thank the following individuals and stakeholders for their steadfast support, without which this evaluation would not have been possible.

The District Development Coordinators, Chief Executive Officer and the President's Office of Chipinge District both facilitated the evaluation and helped during data collection as enumerators. Officials from the Department of Social Development, Rural Infrastructure Development Agency, Ministry of Women Affairs, Community Small and Medium Enterprise Development, Ministry of Primary and Secondary Education, School officials, Ministry of Health and Child Care (specifically the Environmental Health Department), Public Works Department, Environmental Management Agency and the Ministry of Local Government, Rural and Urban Development were readily available for the stakeholder workshop and for in-depth interviews.

Traditional and elected leaders, notably councillors, headmen and village heads, in liaison with CRDC and Oxfam staff, were instrumental in mobilizing members of their communities and enabling the primary data collection. They also provided key ward- and village-specific data. We are indebted to the community members in all eight wards provided the bulk of the data in this report.

VAL!Data Research provided the technical staff who conducted this impact evaluation: team leader Dr Dereck Moyo, quality assurance expert Kudzai Makoni, statistician Jabulani Mavudze, data manager and field coordinator Archibald Nyere, WASH expert Isabel Gwaze and enumerators Shylet Chepi, Tatenda Madamombe, Vanessa Makoni and Goldman Munjoma.

Acronyms

DRR	Disaster risk reduction
FGDs	Focus group discussions
KII	Key informant interviews
RIDA	Rural Infrastructure Development Agency
WASH	Water, sanitation and hygiene

Executive summary

This evaluation assessed the impact of Oxfam's response, through the Zimbabwe Cyclone Idai Recovery Project (ZIRP), to the cyclone's devastating effects on human lives after its destruction of water, sanitation and hygiene (WASH) infrastructure in Zimbabwe's Chipinge District (Manicaland Province). Oxfam's response involved developing solar-powered piped water schemes, rehabilitating boreholes, protecting springs, constructing institutional and household latrines, and promoting improved hygiene practices and community disaster risk management.

Methodology

The evaluation employed a cross-sectional mixed-methods design to collect qualitative and quantitative data. Contribution analysis was applied in determining the project's results at output, outcome and impact levels. Purposive or convenient sampling was employed to select 173 respondents who provided qualitative data, while a multi-stage sampling strategy was used to select 403 household survey participants across eight wards. To ensure statistically sound quantitative data, the evaluation considered the following factors in calculating sample size:

1. Desired level of confidence (95%)
2. Acceptable margin of error of the survey results (5%)
3. Design effect (default 1.25)

Qualitative data collection methods included focus group discussions, in-depth interviews of key informants and stakeholders, participatory simulations, and desk review of secondary data. The Statistical Package for Social Scientists (SPSS) was used to analyse quantitative data, while Nvivo was used to analyse qualitative data.

Findings

Demographics of the survey sample

- Female household heads made up nearly 23% of the surveyed households and were either widowed, divorced/separated or never married, meaning that married women did not head households, in line with patriarchal values in the communities. Even women in polygamous marriages did not view themselves as heads of their households, although in reality they did head them.
- In total, 75% of respondents were married, 14% widowed, 6% separated/divorced and 5% never married.

- Overall, 23% of households had a member with a disability – far higher than the national average of 11%. Ward 22 had the highest proportion of such households (30.8%), followed by Ward 12 (28%), while Ward 20 had the lowest proportion (13.2%). While 26% of these households were female-headed, 74% male-headed. The high prevalence of disabilities underlines the protective value of the ZIRP project, inherent in its support of vulnerable people and households.
- Around 34.5% of households had one or more chronically ill members, which is higher than the national average of 25%. A greater proportion of female-headed households (46.7%) had a chronically ill member than male-headed households (31%). With a p-value less than 0.05, female-headed households bore a significantly heavier burden of care for chronically ill people – again signifying the project's wide reach to vulnerable households.
- Ninety-one percent of the sampled households participated in the project, which covered an entire district. This qualifies as universal coverage.

Project outcomes: access to clean water

- As a result of the project's efforts, 94% of the households had access to clean drinking water, an increase of 31 percentage points from the 63% at baseline. This is significantly higher than the national coverage of 78%.
- The proportion of households taking 30 minutes or less to travel to and from the nearest clean drinking water source increased from 28.8% before ZIRP to 84.6% at endline – an improvement of 55.8%.
- Eighty-four percent of the households were within 500m of a clean water source at the time of this evaluation compared to only 27% at baseline. This is much higher than the national average of 54%.

Access to improved sanitation facilities and practices

- Coverage of improved sanitation (Blair toilets and pit latrine with slab) increased from 56% at baseline to 81% at endline.[1] This was higher than the average national coverage of 66%, but varied widely across the eight wards, ranging from 46% in Ward 8 to 95% in Ward 38.
- The proportion of households cleaning their toilets at least twice per day increased from 4% at baseline to 24% at endline, while the proportion cleaning once per day increased from 43% to 49%, implying a 24% increase in households cleaning their toilets at least once per day, from 47% to 71%.

- Seventy-four percent of sampled households with an improved sanitation facility had functional handwashing facilities, compared to only 8% national coverage.

Capacity to absorb or deal with shocks

- Overall, 64% of respondents felt that they were prone to another cyclone or flooding, with this proportion highest in Ward 19 (83%) and lowest in Wards 16 and 22 (57% apiece). With a p-value of 0.009, a greater proportion of female-headed households (74%) than male-headed households (61%) anticipated another cyclone or flooding.
- Given these high levels, 69% of households had taken at least one measure to mitigate the impact of a future cyclone or flooding.
- The most common measure was moving houses to higher ground (22% on average, ranging from 4% in Ward 18 to 39.6% in Ward 22).
- Overall, 49% of respondents were aware of community systems and structures for disaster mitigation and management, but there were wide differences between wards.
- Only 31.5% of respondents were aware that an Environmental and Social Management Plan had been developed for the community, indicating the need to undertake more awareness-raising activities.

Project impacts

- There was a reduced risk of gender-based violence associated with disputes at crowded water points or women encountering violent men during long walks to and from distant water points.
- Child labour and exploitation, which formerly involved assigning children to collect water at the expense of their lesson time, decreased, both at home and at school.
- There were reported increases in school attendance and exam pass rates. This was associated with the project's improvement of water supply and sanitation at schools, with a case study of one school showing how an improved water supply was used to support a gardening project that generated income that was then used to procure textbooks and provide students with meals.
- Schoolteacher retention at supported schools increased.
- There was a reduced incidence of waterborne infections and reduced workloads at health facilities.
- Government line ministries partnering with the project increased their activities with communities.

Sustainability

Over 90% of respondents either strongly agreed or agreed that gains achieved through the project would continue beyond Oxfam's financial support. This is mostly because:

- the project invested in transferring WASH and disaster risk reduction knowledge and skills to local communities, setting up and strengthening community-based collectives that would organize actions to sustain the project's initiatives, as well as strengthening local relationships between community members, leaders, service institutions and government or duty-bearers.
- functioning water point committees, sanitation groups and community health clubs had been set up in communities, with 95%, 65% and 71% of respondents aware of their existence, respectively.
- levels of satisfaction with the work and performance of water point committees and sanitation groups were high: at 95% and 98% of respondents, respectively.

Recommendations

1. Revisit wards where hygiene practices and access to safe water were found to be lower (e.g. Ward 8). These areas need continued support for water source rehabilitation to reduce distances to water points and for hygiene education.
2. Scale up the disaster risk reduction (DRR) and environmental and social management systems (ESMS) components of the project, as DRR and ESMS knowledge levels were much lower than hygiene knowledge, with the implementation of community DRR plans lagging behind other positive practices that the project promoted.
3. Develop communities' and schools' economic empowerment by promoting agro-based enterprises around the water points that the project supported, building on the Chiriga Primary School case study. Oxfam may need to specifically promote school-based income-generating projects as these can evidently have multiple impacts on child protection (e.g. improved school attendance).
4. Support exchange learning between schools to promote the kind of economic strengthening model documented in the Chiriga Primary School case study.
5. Consider a second phase of the project on 'software' components to complement the 'hardware' component (water source rehabilitation), focusing on hygiene promotion and addressing causes of gender-based violence that are not associated with pressure and conflict at water points.

6. If resources are available, consider producing a documentary of the project's impact to demonstrate the efficacy of some best practices that the evaluation identified, including:
    a. using water security strengthening as a strategy for economic empowerment.
    b. stakeholder and community engagement for effective local buy-in and ownership of community projects.
    c. addressing power relations to reduce sexual and gender-based violence through humanitarian programming.
7. For future similar WASH projects, revise the Theory of Change to include impacts and explicitly support the following domains of change:
    a. Waterborne infections reduction
    b. Economic strengthening
    c. Staff retention in institutions supported with improved WASH infrastructure
    d. Improved social protection of vulnerable groups such as children, elderly people and persons with disabilities.

1. Background

Oxfam commissioned this impact evaluation to unpack how the Zimbabwe Cyclone Idai Response Project (ZIRP) employed the Rights, Resilience Response, Valuing Women's Work and Climate Justice strategies in its programming and how this integration could be improved in the future.

1.1. Background to Oxfam in Zimbabwe

In Zimbabwe, Oxfam strives to reduce poverty, inequality and suffering among poor and marginalized people by tackling the root causes of poverty to enable them to enjoy their rights and lead dignified lives. It works with other international organizations and actors throughout society to contribute to a stronger civil society in Zimbabwe, recognizing the importance of collective responsibility. Oxfam is part of a broad process which supports and sustains citizen empowerment and national development.

Oxfam's work in Southern Africa, including Zimbabwe, is organized into three interrelated pillars:

- **Humanitarian response**
  Oxfam works with partners to respond to humanitarian crises, helping to reduce the risks faced by vulnerable households and to improve their ability to recover after a crisis has struck.
- **Just economies**
  Oxfam supports smallholder farmers, especially women and youths in programme regions, to have the capacity to manage risks and to achieve food security.
- **Gender justice**
  Oxfam enables women to claim their rights to leadership and economic empowerment as well as their sexual and reproductive health rights.

As part of these three pillars, Oxfam in Southern Africa has successfully responded to humanitarian crises such as Cyclones Idai, Anna and Freddy in Zimbabwe, Malawi, Zambia and Mozambique, as well as cholera, drought, and water and sanitation crises. ZIRP was Oxfam's way of not just addressing the immediate water, sanitation and hygiene (WASH) challenges emerging from Cyclone Idai, but of building community resilience to absorb future shocks in the cyclone and flood-prone Chipinge District in eastern Zimbabwe.

1.2. Background to Chipinge District's WASH situation

Chipinge District's water supply is generally fragile and unreliable, with constant breakdowns often leading to communities resorting to unsafe water sources such as dams, rivers and unprotected shallow wells. Boreholes are the major clean water source in most rural areas, but they are far apart, which lengthens the distances that people travel and time spent on water collection (more than 5km and more than 30 minutes for a round trip, respectively). This applies to both households and service institutions such as rural health centres and local schools, with staff coping with this challenge by hiring casual labour to collect water for them. Girls and women bear the double burden of both travelling long distances to collect water several times per day to meet domestic household water needs and doing domestic chores. However, poor access to clean water translates into unhygienic practices (e.g. irregular handwashing, reduced frequency of bathing, laundry or dishwashing and neglect of routines that rely on constant water supply). Unsanitary practices were a leading source of risk during the height of the COVID-19 pandemic.

Cyclone Idai struck Chipinge District in March 2019, damaging already stretched institutional and household WASH infrastructure and causing livelihood setbacks as many people's means of earning income were destroyed.

Restoring sources of livelihoods naturally took precedence over activities to restore WASH infrastructure across most responses to the emergency. COVID-19 and subsequent droughts compounded challenges to efforts towards recovery, leaving communities in dire need of assistance to improve WASH services and combat any spread of WASH-related diseases and risks. Oxfam therefore used a grant received from the World Bank through UNICEF to rebuild WASH infrastructure in Chipinge District under ZIRP. Applying the 'build back better' concept, the project aimed to both improve access to safe water and build community resilience through the following interventions:

- Developing solar-powered piped water schemes
- Rehabilitating boreholes
- Protecting springs
- Constructing institutional and household latrines
- Promoting improved hygiene practices and community disaster risk management.

1.3. Background to this impact evaluation

This evaluation aimed to assess the impact of ZIRP's application of the Rights, Resilience Response, Valuing Women's Work and Climate Justice strategies on the lives of cyclone-affected people, their households and institutions in Chipinge District as well as how this integration could be improved in future programming. The evaluation sought to answer the following questions, which were subject to refinement following the design workshop:

1. To what extent have Oxfam's actions influenced the Cyclone Idai mitigation, recovery and longer-term resilience in Chipinge District, with regards to:
    a. reducing water insecurity?
    b. reducing time spent on, and the burden of, gathering water, especially for women and children?
    c. adopting hygiene-enabling facilities?
    d. strengthening local disaster management systems and improving community resilience to hazards such as cyclones and flooding?
2. To what extent did Oxfam in Zimbabwe contribute through the ZIRP to any notable changes?
3. What impact has ZIRP achieved and how likely is this impact to continue and be sustained?
4. What are the noticeable gaps in the project's design (and Theory of Change)?
5. How far was impact achieved as per the Theory of Change, especially the project's contribution to addressing existing inequalities in relation to gender justice, disabilities and vulnerable groups' abilities to access WASH services such sanitation and clean and safe water?

1.3.1. Scope of work

Oxfam recruited VAL!Data – a private consulting firm – to co-lead in the impact evaluation, working alongside the Impact Evaluation Working Group (with members from Oxfam in Zimbabwe and Oxfam GB). VAL!Data worked collaboratively with Oxfam personnel throughout the evaluation.

The impact evaluation provided an independent assessment based on primary data to evaluate Oxfam's work in Chipinge District, its achievements, strengths and weaknesses. Key milestones of the evaluation included:

- Evaluation design – produced together with Oxfam officers through a design workshop held with Chipinge stakeholders.
- Reworking and finalizing ZIRP's Theory of Change.
- Designing a data collection and analysis plan.
- Collecting and analysing data using competent teams recruited

through VAL!Data.

- Producing a detailed evaluation report.
- Validating the evaluation results through sense-making processes.

2. Methodology

Data was collected from 4 to 15 March 2024 using a cross-sectional mixed-methods research design, which entailed combining qualitative and quantitative data collection methods and analysis manipulations. This enabled the triangulation of data generated through qualitative and quantitative methods, primary and secondary sources as well as data from individuals and from groups. Accordingly, this report presents aggregate findings that are generalized to entire populations (quantitative data) with case studies of noteworthy outliers. To objectively analyse the project's impact, the evaluation applied the contribution analysis framework, which entailed identifying the causal links between results and enabling factors within the project's design and external factors outside the project's control. Contribution analysis was used to explain the causal pathways of change effected through the project's efforts. Table 1 outlines the contribution analysis applied.

Table 1. Application of the contribution analysis theory in the evaluation

Attribute	Description	Steps taken to achieve contribution analysis
Generative causality	The evaluation must illustrate multiple causal factors and contributory causes for the project's performance.	The methodology design workshop was used to develop tools with descriptive and explanatory questions to track causes of each finding. Quantitative methods mostly generated descriptive responses and qualitative, explanatory responses.
Useful Theory of Change	A robust Theory of Change must be developed for the intervention through a consultative process	ZIRP had a Theory of Change that was developed at its inception.
		Two sessions were held to review this Theory of Change, including by identifying potential additional pathways of change.
Meaningful causal questions	The evaluation must meaningfully include questions on the causality of its findings.	A methodology design workshop was held before data collection to develop evaluation tools that would include follow-up questions to interrogate the causality of findings.
Empirical evidence	The evaluation must use empirical evidence to verify or update the Theory of Change, building credible causal narratives for the causal links in the impact pathway.	• A sample size was calculated that assured 95% confidence level and <5% margin of error to allow for the findings to be generalization to the wider population. • P-values were calculated to determine the statistical significance of differences between baseline and evaluation stages. • Qualitative and quantitative data was used as evidence to support causal narratives.
Inferring causality	Credible evidence-based causal pathways must be used to support the evaluation's claims.	

The evaluation further compared its findings with the situation before the start of the project, as well as between evaluation participants who actively participated in the project and those who did not.

2.1. Data collection methods

Data was collected in eight wards from the two clusters, Upland and

Save Valley. In the Upland cluster, data was collected in Wards 12, 19, 8 and 18, while along the Save Valley, data was collected in Wards 22, 20, 21 and 16, through survey questionnaires, in-depth interviews, focus group discussions (FGDs), participatory simulations and observation.

2.1.1. Survey questionnaires

A survey questionnaire was developed in close consultation with key Oxfam staff and Chipinge District stakeholders through the design workshop. It was utilized to gather data on the demographic characteristics of the surveyed population along with information relating to their experiences of participating in and benefiting from ZIRP. Trained VALIData enumerators and selected staff of Chipinge District government ministries and departments orally administered the questionnaires with households in the eight sampled wards, entering responses on an Open Data Kit (ODK) form via mobile phones and tablets supported by Ko-Bo-Collect software. This software enabled the daily uploading of data into an online cloud for real-time data cleaning before analysis through the Statistical Package for Social Scientists (SPSS) immediately after data collection.

To generate statistically sound data, three factors were considered in calculating the sample size:

- Desired level of confidence (95%)
- Acceptable margin of error of the survey results (5%)
- Design effect (default 1.25)

The following sampling formula was used to calculate the sample size:

$$n = [(z2 * p * q) + ME2] / [ME2 + z2 * p * q / N]$$

Where n = is the sample size; ME = sampling error (0.04); p = population proportion, estimated at 0.5 since it is not exactly known; q = 1-p; N = estimated project beneficiaries (52,000 direct beneficiaries); and Z= z-score at 95% confidence interval (1.96).

Based on this formula, 370 households sufficed as the sample size for the desired 95% confidence level and 5% margin of error. The evaluation team exceeded this, interviewing 403 respondents of whom 255 (63%) were women and 148 (37%) were men.

2.1.2. Focus group discussions

Data on collective experiences of the target primary and secondary beneficiaries was collected using FGDs. By design, FGDs require participants who are confident to speak up; therefore, to ensure participation and rich data, eight to twelve participants who assured the research team that they were willing to speak out were assigned to the FGDs, while more reticent participants were assigned to a different set of participatory simulations. A facilitator steered these FGDs using a semi-structured facilitation guide, recording the responses on a voice recorder. This maximized the accuracy of participants' verbatim quotations. The guide comprised a list of major discussion themes on ZIRP interventions,

notably:

- participants' lived experience in relation to Cyclone Idai and associated WASH challenges.
- challenges that beneficiaries viewed as the reason for introducing the programme.
- beneficiaries' understanding of programme activities and whether these activities were relevant to their needs.
- beneficiaries' perspectives on programme outcomes and impacts (supported by life stories).
- beneficiary views on the programme's strengths and areas for improvement.
- lessons learned from participating in the programme.
- recommendations for improving the programme's impact.
- other matters that may arise.

2.1.3. Participatory simulations

The preferences of shyer or more reticent people who expressed little interest in FGDs were respected by assigning such participants to small groups of three to five people, where they used creative ways to discuss the WASH challenges they faced after Cyclone Idai, ZIRP interventions and the impact they have seen with the guidance of various sets of thought-provoking questions. Termed participatory simulations, this approach involved mock exercises with edutainment value.

a. **Mock gossip:** The facilitator guided the beneficiaries with thematic areas to discuss, but in the form of a gossip session. This exercise attracted the interest of participants who enjoy acting, and they created a gossip scene in which they revealed their WASH situation after Cyclone Idai, what interventions were implemented in response and the impacts they have noticed. This unique method allowed research participants to use a simple everyday communication method that they are familiar with, while allowing the research team to have a taste of private conversations that beneficiaries have regarding WASH and the ZIRP project.

b. **Mock letter-writing:** Beneficiaries expressed their views about Cyclone Idai's effects on WASH, ZIRP's intervention and its impact through a mock letter addressed to the researcher.

2.1.4. In-depth interviews

While FGDs shed light on the collective experiences of participants and were used for engaging programme beneficiaries, in-depth interviews were used to understand the unique experiences and perceptions of individual participants (project implementers, stakeholders and key informants). These included community traditional and elected leaders, school and health centre staff, Oxfam staff and volunteers, and heads of government departments (e.g. Rural Infrastructure Development Agency (RIDA), Ministry of Health and Child Care, Department of Social Development and CDRC). Participants were interviewed at their areas of operations (e.g. offices) when face-to-face interviews were possible to enable them to refer to relevant files when necessary. The evaluation also used virtual interviews if respondents preferred. Interview questions were derived from a semi-structured interview guide which was adjusted to suit the characteristics of respondents. The interviews were also captured use a voice recorder.

2.1.5. Desk review

The evaluation began with a desk review of project-related literature to identify existing information on the programme's progress, performance and significance, and to gain a clearer understanding of the programme and its context, enabling the development of data collection tools that comprehensively addressed the evaluation questions. These internal project documents included the UNICEF 2023 midterm review, ZIRP gender analysis report, Chipinge baseline report, ZIRP end of project report, ZIRP final report narrative, ZIRP monitoring, evaluation, accountability and learning framework, ZIRP project summary and other relevant documents.

The scoping review method was used to extract relevant information from the key documents that were purposively selected with assistance from programme implementers and partners. A data extraction tool was developed to objectively extract data from the documents, using a set of questions derived from the terms of reference. The desk review findings were used as both secondary data and to inform the design and focus of tools for gathering complementary primary data.

2.1.6. Site observation with photography

The evaluation used field visits to communities to observe and take photographs of evidence of the programme's efforts (e.g. rehabilitated boreholes, piped water schemes, latrines and springs). Some interviews were held at the sites where observation took place in order to inspire contextually sound questions and deliberations.

2.2. Sample

Table 2 profiles the qualitative and quantitative samples of the evaluation. The qualitative sample was purposive, based on either respondents' knowledge of the subjects or by virtue of being the project beneficiaries.

Table 2. Qualitative and quantitative samples

Respondent category and evaluation method		**Sample size**		
Evaluation method	**Evaluation participants engaged**	**Male**	**Female**	**Total**
Questionnaire – guided survey	Community members/target beneficiaries	148	255	403
FGDs	Community members/target beneficiaries	17	6	23
	Students	6	6	12
Participatory simulations	Community members/target beneficiaries	1	15	16
In-depth interviews	Implementers – Oxfam staff	0	0	0
	Stakeholders – government officials	11	2	13
	Stakeholders – traditional leaders	17	0	17
	Stakeholders – community elected leaders	4	2	6
	Partners – NGO staff	0	0	0
	Key informants – WASH experts	0	0	0
	Village health workers	44	42	86
Total		**248**	**328**	**576**

In total, 173 people (100 men and 73 women) participated in the qualitative component of the evaluation. Meanwhile, 403 people participated in the quantitative component. It is important to note that participants in the qualitative components also took part in the quantitative component.

2.3. Limitations

Community mobilization was limited in Wards 12, 19 and 20, while some key stakeholders were not available due to other commitments.

To overcome these limitations, the evaluation capitalized on other wards where mobilization was better to cover for the deficit in those three wards, while virtual interviews were used in place of in-person interviews.

3. Evaluation findings

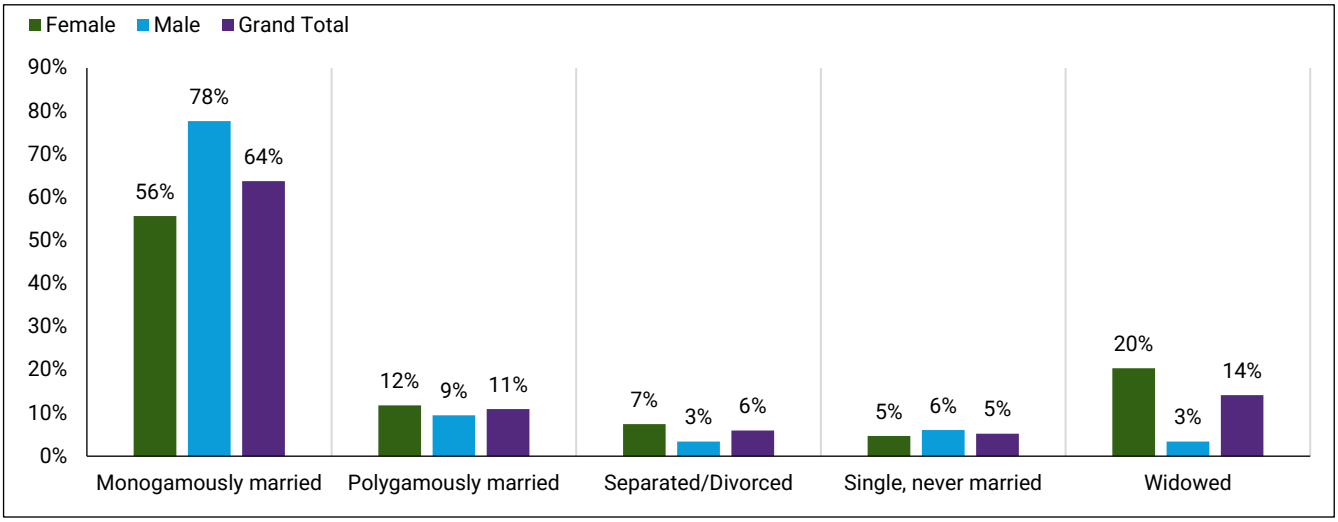
The evaluation findings were generated through triangulating the results of the structured survey questionnaire with the outcomes of the qualitative data collection. Data is presented here in tables and graphs and mostly disaggregated by ward, as differences in geographical location showed stronger statistical significance in their relationship with dependent variables than others (e.g. age, gender and levels of participation in the project). P-values were calculated to determine the statistical significance in differences between dependent and independent variables. No control sites were sampled as the project covered all the wards in the district. Instead, the project's impact is demonstrated through comparing results of its baseline study with the outcomes of this evaluation.

3.1. Demographics of Surveyed Households and Participants

Respondents from 403 households are the basis of statistical data presented in this chapter and Table A1 (Annex 1) shows their distribution by location, gender, age and position in their household. Females made up a larger proportion of the survey sample (63%) than males (37%). This distribution was consistent in six wards, with Wards 19 and 20 the exceptions. Most respondents were between 25–60 years old, with 52.1% being heads of households and 38.2% the spouses of household heads. Data was therefore gathered from people with knowledge of the affairs of the represented households based on their active decision-making roles.

Table A2 (Annex 1) profiles the demographic characteristics of household heads. Around 23% of the surveyed households had female heads of households, while 77% had male heads. The largest proportion of female-headed households were found in Ward 18 (29.4%) and the lowest in Ward 22 (16.5%). Most household heads were adults (25–59 years), followed by elderly people (22.3%) and adolescents and young people (2.2%). Analysis of marital status showed that 75% of household heads were married, 63.8% of them monogamously so.

Figure 1. Marital status of heads of households



As shown in Figure 1, a larger proportion of male heads of households were married (78% in monogamous unions and 9% in polygamous unions) than female heads of households (56% in monogamous unions and 12% in polygamous unions). Female heads of households dominated the proportion who were widowed (20% of female household heads were widowed, compared to 3% of males) and separated or divorced (7% of females and 3% of males). The total proportion of female heads of households without spousal support was 32%, significantly higher than the 12% of males with a similar status. The proportion of female heads of households without spousal support coincides with the gendered distribution of heads of households (Figure 2).

Figure 2. Gendered distribution of heads of households

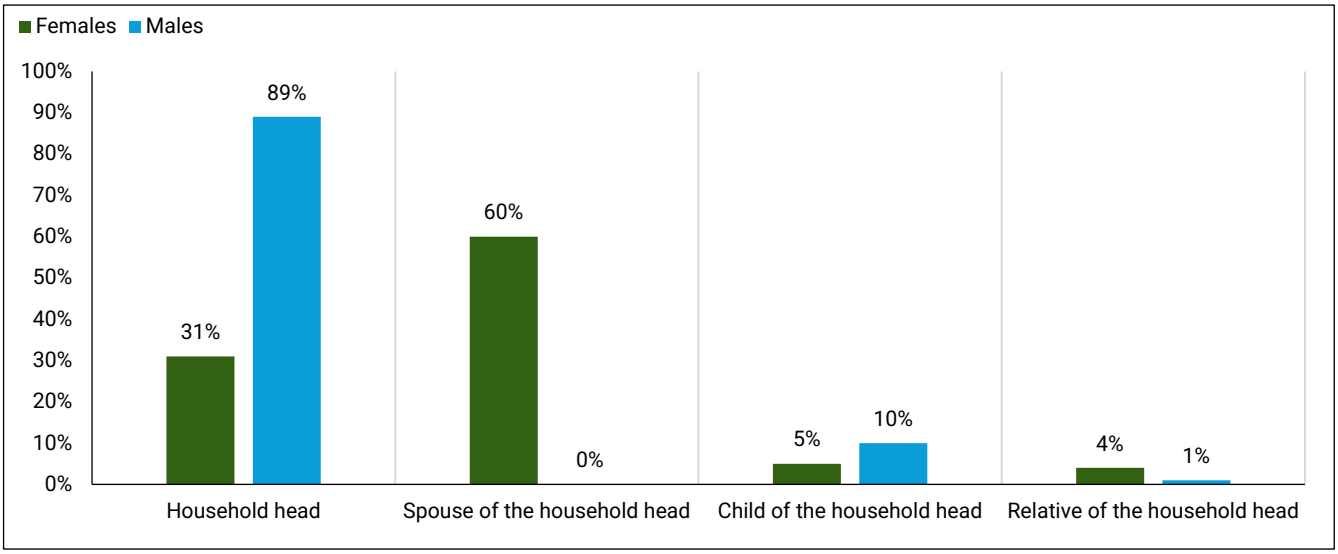
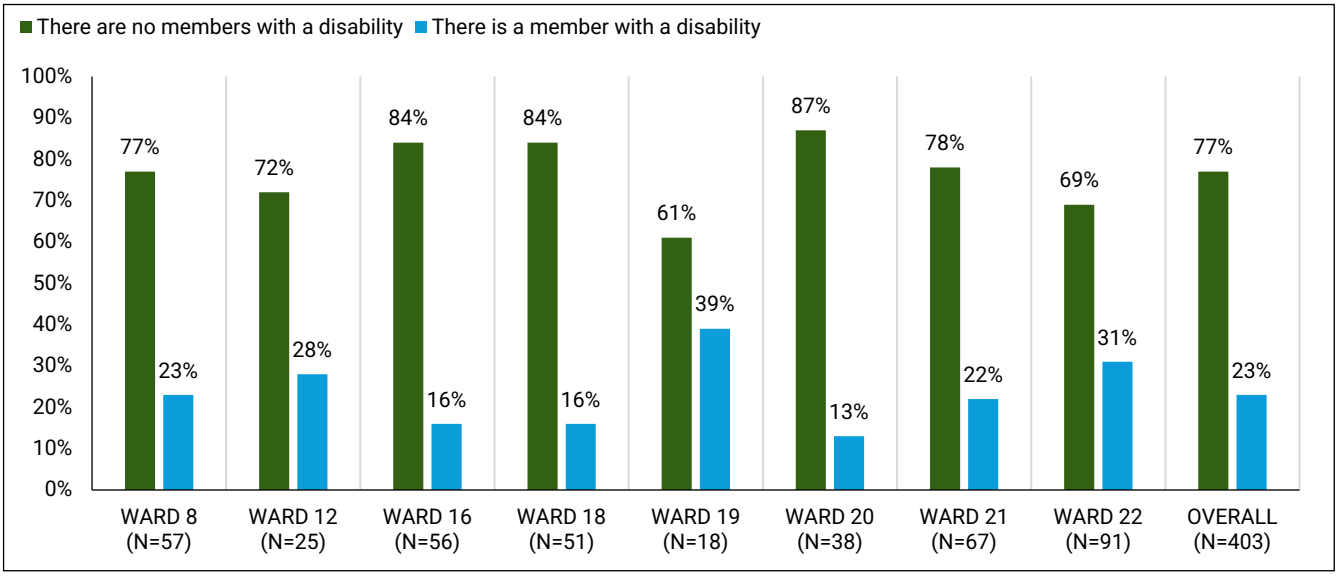


Figure 2 shows that 31% of heads of households were women, which aligns with the 32% who were unmarried, but widowed, divorced/separated or never married. Spouses of heads of households were all women, suggesting that in households where men and women cohabited household headship was men's responsibility – a symptom of patriarchy.

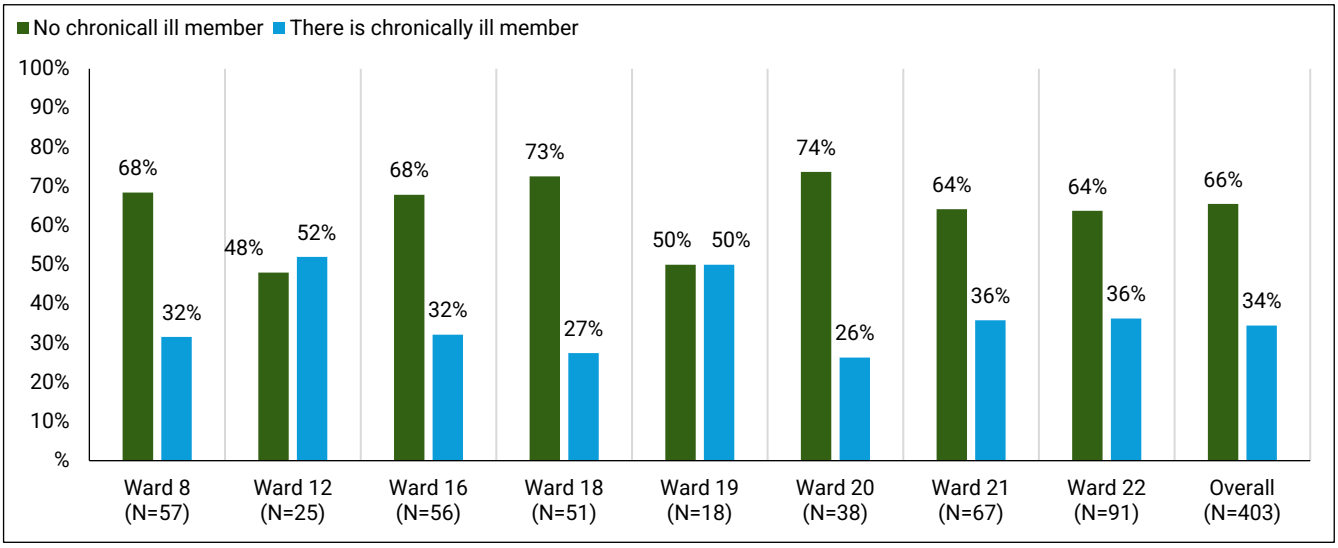
Overall, the demographic profile of the sampled households shows that the evaluation collected data from appropriate households.

Figure 3. Proportion of households with persons with disabilities



Twenty-three percent of households reported that they had a member with a disability (Figure 3). This prevalence is much greater than the national average of 11%. It was highest in Ward 22 (30.8%) followed by Ward 12 (28%), and lowest in Ward 20 (13.2%). Disaggregated by sex of household head, 26% of female-headed households had a member with a disability, compared to 22% of the male counterparts, with a p-value greater than 0.05.

Figure 4. Proportion of households with a chronically ill member



The overall proportion of households with a chronically ill member was 34.5%, compared to the national average of 25.[2] Ward 12 recorded the highest proportion (52%), followed by Ward 19 with 50%, with lowest in Ward 20 at 26.3% (Figure 4). Disaggregated by sex of household head, 46.7% of female-headed households had a chronically ill member compared to 31% of male-headed families (p-value less than 0.05), implying that female-headed households were more likely to have a chronically ill household member.

In terms of the economic activities of the sampled households (Table A3, Annex 1) casual labour, farming, vending and formal employment were the top four sources of income. There was a significant shift in sources of income compared to what was observed at baseline (farming changed from 62% to 33.5%, vending from 19% to 13.9%, casual labour from 1% to 35.5%, while begging changed from 0% to 1.2%). With a p-value of 0.000, there was statistical difference between ward and source of income: farming was a more likely source of income in Ward 8, casual labour in Ward 12, formal employment in Ward 19 and remittances in Ward 16.

3.2. Key project activities and their progress

Before presenting the project's performance and impact, it is important to first profile key activities that were responsible for the positive or negative changes that happened in people's lives. During in-depth interviews and FGDs, stakeholders and community members identified the following as the project's key activities:

a. **Oxfam subsidized toilet construction for vulnerable people such as those with disabilities**: 'Through Oxfam, I received a modern toilet seat which has reduced the burden for my family as they no longer have to carry my stool. I can now just go and sit on the toilet seat and relieve myself without anyone's assistance' (female with a disability, Ward 16). 'Oxfam rehabilitated 70% to 80% of sanitation facilities, especially in schools, although we are still lagging behind with a 20% to 30% gap in WASH infrastructure' (Department of Public Works official).

b. **Hygiene and sanitation training:** 'We were corrected on many things that we were doing wrong, which [had] exposed us to diseases' (FGD participant, Ward 8).

c. **Institutional WASH facilities:** 'Although the project did not reach the whole district, at some schools Oxfam supported the construction of handwashing basins to improve health/hygiene standards' (RIDA official).

d. **Health club formation and capacity building:** 'The project established and strengthened health clubs to sustain community-led efforts to promote hygienic practices' (RIDA official).

e. **Promoting and supporting community-led menstrual hygiene:** 'The project trained women in the skills of sewing sanitary pads and underwear for underprivileged girls and young women' (Female secondary-school student).

f. **Establishment of piped water schemes:** 'Compared to the aftermath of the cyclone, the district is now miles ahead in terms of WASH infrastructure' (Department of Public Works official).

According to the summary of the project's progress versus targets, the project rehabilitated 85 water points in Chipinge over four implementation phases (Table 3).[3]

Table 3. Total water points made functional through the project in its four phases

Water point type	Phase 1	Phase 2	Phase 3	Phase 4	Total
Springs	35	5	0	0	40
Boreholes	12	10	0	0	22
Piped water schemes	3	4	15	1	23
Total	50 (59%)	19 (22%)	15 (18%)	1 (1%)	85

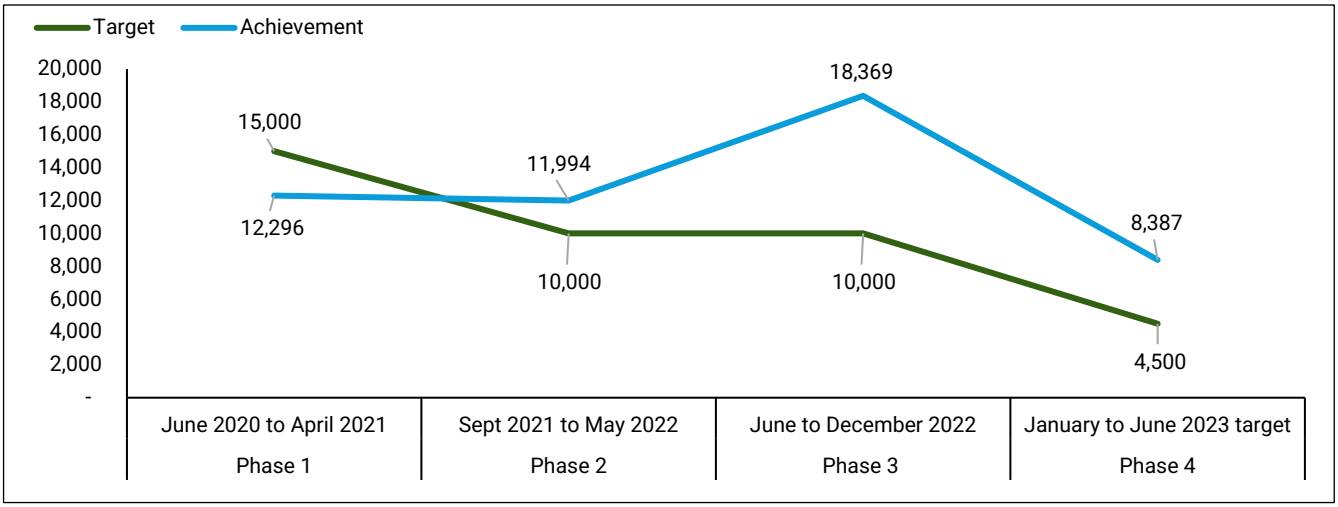
Of the 85 rehabilitated water points, 59% were completed during the first phase of the project, which underlines Oxfam's understanding of the urgency of people's need for water. Notably, the number of water points rehabilitated declined over time (22% in Phase 2, 18% in Phase 3 and 1% in Phase 4). As the emphasis on the 'hardware' components of the project receded, increasing attention was paid to 'software' components, namely capacity building and hygiene awareness-raising to enhance local communities' capacity to manage their water resources, resilience in the face of future emergencies and hygienic practices.

These efforts enabled the project to surpass its targeted reach of households that accessed the project's benefits, such as safe water, hygiene knowledge, sanitation facilities and linkages to platforms for exchanging information. This saw the project overachieve by 29% (Table 4).

Table 4. Percentage reach of implemented project activities

Project activity	Achievement vis-à-vis target (%)
Piped water schemes	100
Spring protection	100
Borehole rehabilitation	106
Number of people reached with access to water	109
Subsidized household latrines	108
Institutional latrines	113
Number of community builders trained	305
Number of pump minders trained	125
Number of self-driven household latrines/demand-led sanitation	127
Number of people reached with hygiene messaging	100
Number of community health clubs supported	150
Menstrual health management in schools	175
Menstrual health management in the communities	100
Number of community volunteers trained	150
Number of communities trained on drinking water safety and security planning	100
Environmental and social management and disaster risk reduction	100
Average achievement	129

Figure 5. Target versus achieved reach through project activities in its four phases



The project's reach fell below its target in the first phase, but it surpassed the targeted number of households reached through its activities from Phases 2 to 4, exceeding its target by 25 percentage points (Figure 5).

Figure 6. Proportion of households that directly benefited from ZIRP

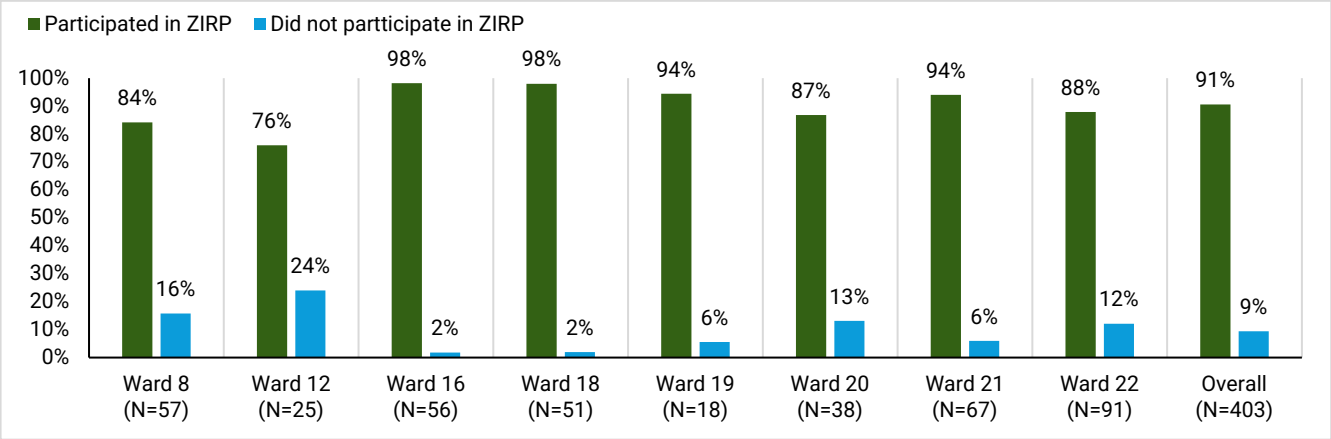


Figure 6 shows that 91% of the households confirmed that they had directly benefited from ZIRP. This qualifies as universal coverage, indicating the project's focus on the whole district. Ward 12 had the highest percentage (24%) of households that did not directly benefit from ZIRP. There was no statistical difference between female-headed and male-headed households. Deeper analysis showed that:

- 87% of households benefited from protected water sources.
- 5% participated in hygiene services.
- 4.5% received cash for non-food items.
- 3% were supported to build Blair toilets.

Health and hygiene education coverage was much lower than the coverage of clean water supply, which is understandable considering that the most urgent need was for safe water. Similar future projects should scale up this area to complement the infrastructure development achieved under ZIRP.

3.2.1. Project implementation challenges and their mitigation

According to the ZIRP summary of project progress versus targets,[4] the project's major challenge was COVID-19, notably lockdowns made it difficult to mobilize communities. With gatherings banned during the height of the COVID-19 outbreak, Oxfam resorted to working remotely and meeting small groups of community members to reach its targets.

The terrain in some parts of the district where construction work was needed was impassable during the rainy season, so more work was done during the dry periods.

Some of the best practices that the project documented in achieving its objectives against challenges were:

a. Engagement of district and community-level stakeholders during the project and this evaluation enabled locals to buy into the project and share one vision and the same goals with Oxfam. Tasks could therefore be shifted and because of the local buy-in achieved, local mobilization efforts enabled work to progress even in the absence of Oxfam staff during COVID-19.

b. Applying the *nhimbe* concept from conservation farming groups enabled efficient community mobilization and maximized participation. This concept involves communities exchanging visits to provide agricultural labour at each other's households in turn. This approach was applied to the setting up of sanitation facilities at households.

c. Learning on hygiene promotion and menstrual health management was exchanged between schools and their communities. Students at schools in the district become the bearers of hygiene messaging to their guardians, reversing the trends in which they contracted waterborne infections at school and transmitted it them to people in their households.

3.3. Findings on project outcomes and impacts

ZIRP's outcomes and impacts are most clearly noticeable in view of damage that Cyclone Idai caused and the contribution of COVID-19 in worsening its impact. As a Department of Public Works delegate summarized, 'Cyclone Idai destroyed 70% of sanitation facilities in the district'. Due to the destruction and damage of WASH facilities, communities endured the following impacts.

a. **Limited or poor access to safe clean water sources:** 'Cyclone Idai is the most devastating disaster I have experienced … it destroyed boreholes, toilets and other water sources, leaving people without access to clean water' (FGD participant). 'Although Upper Chipinge faced more devastating effects than Lower Chipinge, at least 40% of infrastructure was damaged and people had to travel long distances to access water sources, and those in Ward 20 travelled 3.5km to Save River' (RIDA official).

b. **Long queues at water sources and long hours of travelling to these:** 'Only one spring remained functional and people were travelling very long distances to access it, up to 10km for areas'.[5] FGD participants concurred that women and girls, as custodians of water collection and management in their homes, endured long distances to water points and long queues and hours waiting there, which sometimes attracted gender-based violence from spouses due to their late return home. 'Men dictate everything', one female FGD participant reported. 'They expect us to collect water for the household, knowing that water sources are very far, but they do not adjust the time they expect us to return home … so women can be assaulted for coming home late or

for returning home without water.'

c. **The risk of waterborne infections:** 'Following the destruction of springs, people were drinking contaminated water with all sorts of dirt, including corpses, and outbreaks of diarrhoeal diseases were rampant in our community. People near Simudza Primary School were relying on the school-based borehole but the water from this source was unsafe for drinking' (councillor, Ward 8).

d. **Unhygienic practices**: 'As only a few households still had toilets most people turned to unhygienic methods of waste management, including the bush toilet system' (RIDA official).

These challenges created the following secondary problems:

a. Child labour – most parents delegated water collection work to their daughters, sometimes at the expense of their time for study. This was also the case at schools where water sources were far away, as schoolteachers assigned students to collect water on their behalf during lesson times.

b. Increased risk of harm for children – rivers were the most common alternative water sources, meaning that the children assigned to collect water there risked drowning, potential sexual abuse or exploitation, and crocodile attacks.

c. An increase in gender-based violence, especially intimate partner violence in cases where women returned home late from collecting water, and violence arising from conflicts at the few remaining functional water sources.

Figure 7. Problem chain emanating from Cyclone Idai

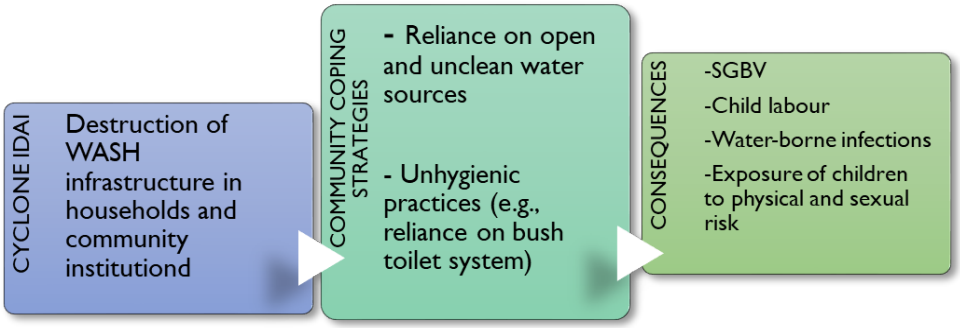


Figure 7 illustrates the chain of challenges that Cyclone Idai caused. It shows that the challenges that the project responded to were consequences of negative coping strategies that households and community institutions adopted after Cyclone Idai destroyed WASH infrastructure. The following sections outline how ZIRP performed not just in restoring destroyed WASH infrastructure, but in responding to the consequences of the negative coping strategies that Chipinge households adopted.

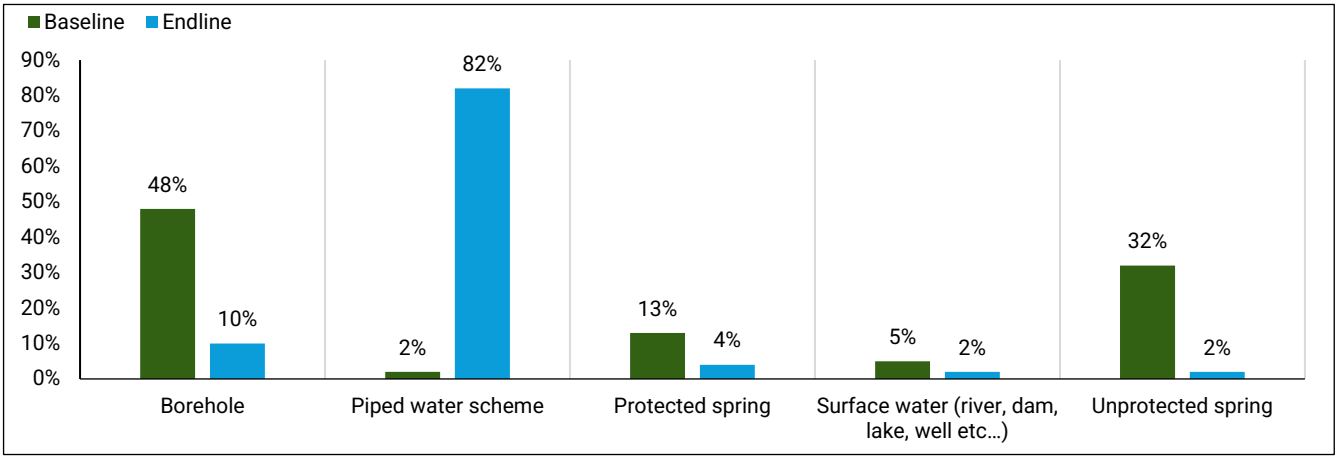
3.3.1. Water security and access to clean water

ZIRP's central response to the problem chain in Figure 7 was to rehabilitate boreholes and pipe clean water to sites closer to households. Piped water meant more than just increased access to safe drinking water, as FGDs showed that women could reinvest the time and effort saved in collecting water. '*Zvairwadza* [it was painful] to walk for three kilometres uphill and downhill with a baby strapped on the back, carrying

a 20l tin of water' (Ward 8 FGD participant). 'With the piped water alternative, I can send my 9-year-old son or daughter to collect several small volumes of water, like 2 litres each time, while I do other chores because water is more accessible' (Ward 16 FGD participant).

Figure 8 compares the baseline and endline status of the proportion of households accessing clean drinking water.

Figure 8. Proportion of households newly accessing clean drinking water



The percentage of households accessing clean water, particularly through the piped water scheme, significantly increased after ZIRP from 10% to 82%. Overall, 94% of the households had access to clean drinking water compared to 63% at baseline – an improvement of 31%. This coverage is 16 percentage points above the 78% national coverage.[6] Disaggregating households with access to clean drinking water by ward showed the following: Ward 16 – 100%; Ward 18 – 100%; Ward 19 – 61% (see Figure 9). With a p-value of less than 0.05, there was a statistical significance between wards in accessing clean water. The evaluation found no statistical difference when data was disaggregated by sex of the household head. However, the proportion of households with a member with a disability accessing a clean water source was lower (90.3%) than among households without a member with a disability (97.4%). This was taken to reflect that disability remained a key factor in any vulnerability analysis and indicates the importance on strengthening disability inclusion in follow-up projects. Nonetheless, the proportions that newly accessed safe water suggest that ZIRP significantly contributed to increasing access to clean water in the surveyed districts.

Very small proportions of households continued to collect their water from unprotected water sources, namely surface water (5.3% in Ward 8 and 6% in Ward 21) and unprotected springs (7% in Ward 8, 12% in Ward 12, 5.6% in Ward 19 and 1.5% in Ward 21). Piped water was accessible to between 44% (Ward 12) and 100% (Wards 16 and 18) of the households. Future WASH projects may need to increase the numbers of households accessing piped water in Wards 12, 19 and 8, as well as in other wards with a similar status that were not sampled for the evaluation.

Figure 9. Distribution of households accessing clean drinking water by

ward

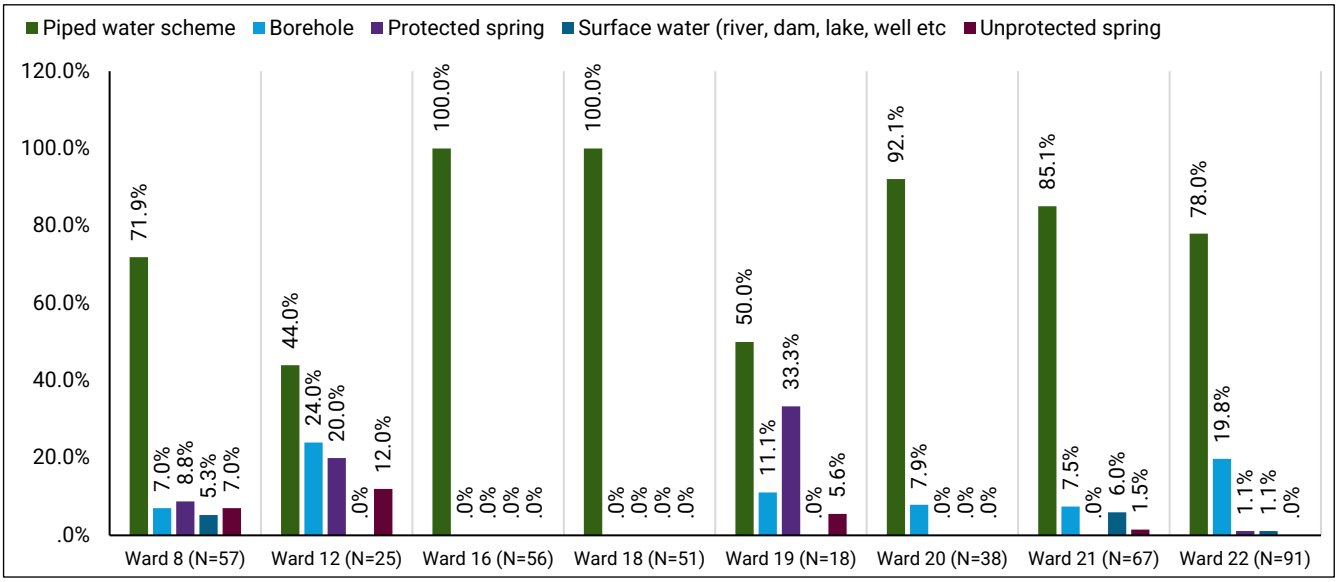


Table A4 (Annex 1) shows the amount of time that people took to collect water. The proportion of households reporting travel times of 30 minutes or less to and from the nearest clean drinking water source increased from 28.8% before ZIRP to 84.6% at endline, an improvement of 55.8%. Similarly, the proportion of respondents taking more time to travel to and from the nearest clean water source significantly decreased, from 69.2% at baseline to 15.1% at endline – a change attributable to ZIRP. With a p-value of less than 0.05, access to clean drinking water varied from ward to ward, suggesting an uneven distribution of rehabilitated or constructed water sources across the wards. There was no statistical difference when time taken to the water source was analysed by sex of household head, age of household head or marital status, suggesting that the project facilitated equal access to water.

According to the Sphere Standards, households should be 500m or less away from the nearest clean water source.[7] As shown in Table A5 (Annex 1), nearly 84% of the surveyed households were within this threshold at the time of the evaluation, compared to only 27% before the project, while 54% of households nationally were within the 500m distance, and 67% overall in Manicaland Province.[8] The project therefore enabled Chipinge District to surpass both the national average (by 30%) and provincial average (by 17%). Ward 16 had the highest proportion of households accessing clean water within 500m, followed by Ward 21 and Ward 20. The lowest proportion of households enjoying shorter distances to safe water was found in Ward 12. With a p-value of 0.000, safe water access was significantly a function of geographical location.

Figure 10. Water purification by source of water

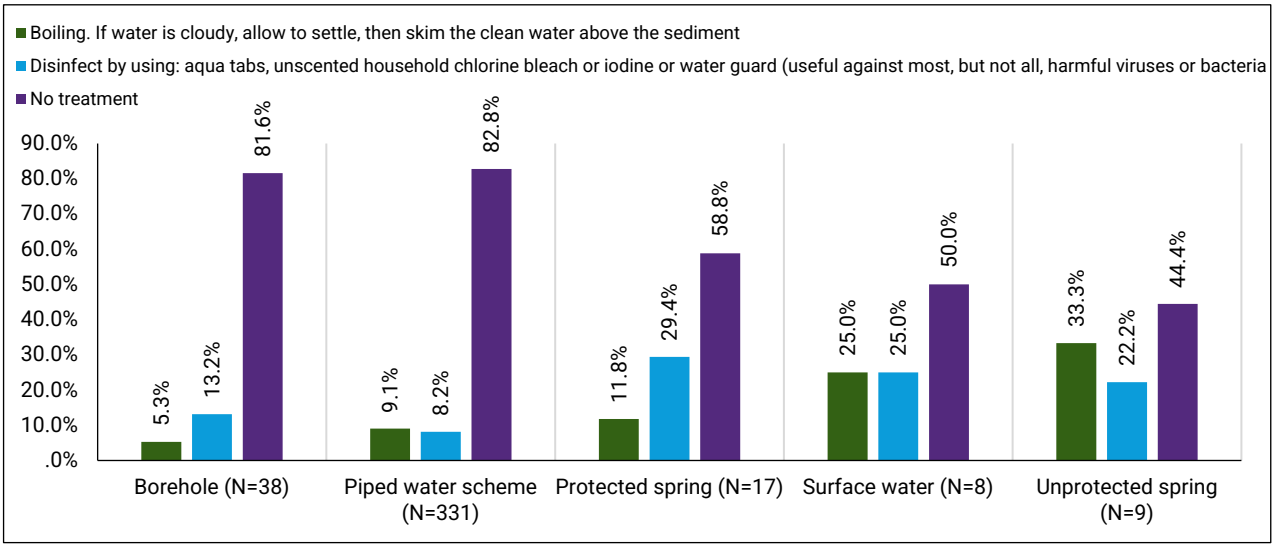


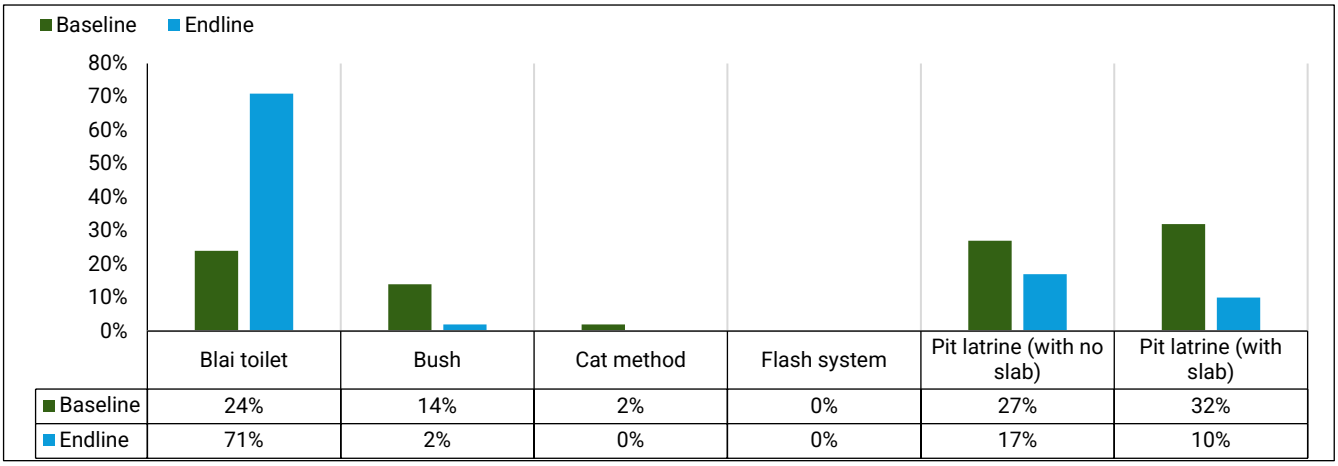
Figure 10 shows that households accessing clean water did not purify their water. What was concerning was that half of the few households accessing water from unclean sources were not purifying it before drinking. This underlines the need for strengthened hygiene promotion in a possible next phase of ZIRP. This is understandable considering the low proportion of respondents who participated in ZIRP hygiene sessions. Apart from water treatment, almost 100% of surveyed households (versus 77% at baseline) always kept drinking water in closed containers.

According to the project's baseline study, 80% thought that collecting water for household uses was adult women's responsibility, 15% thought it was girls' role and 6% thought it was boys' role. Adult males were excused altogether, likely because of their decision-making power in their households, with all married men being heads of their households (the only women heading their households were widowed, divorced/separated or never married). As shown in Table A6 (Annex 1), this perception had changed at the time of this evaluation, with 19.9% stating that fetching water is the responsibility of both men and women. The change is also evidenced by the decline from 80% to 54.6% of respondents who indicated that fetching water was the responsibility of adult women, 6.5% said it was the responsibility of girls, while 7% mentioned men and boys. With a p-value of less than 0.05, this change can be attributed to ZIRP.

3.4. Access to improved sanitation facilities

ZIRP noted that the combination of water scarcity and poor sanitation and hygiene facilities or knowledge were risk factors related to potential waterborne infections. Its response was to raise hygiene awareness and promote sanitary practices, including handwashing. Figure 11 compares household access to sanitation facilities before and after the project.

Figure 11. Proportion of households with access to improved sanitation facilities



	Blai toilet	Bush	Cat method	Flash system	Pit latrine (with no slab)	Pit latrine (with slab)
Baseline	24%	14%	2%	0%	27%	32%
Endline	71%	2%	0%	0%	17%	10%

The coverage of improved sanitation (Blair and pit latrine with slab) increased from 56% at baseline to 81% at project endline – a 15% improvement. The average national coverage is 66%.[9] Coverage of Blair latrines increased from only 24% to 71%, while a decrease was observed in the use of less sanitary practices, including bush defecation (from 14% at baseline to 2% at endline), 'cat method' (2% to 0%), use of pit latrine without slab (27% to 17%) and use of pit latrine with slab (32% to 10%). With a p-value of less than 0.05, coverage of improved sanitation was highest in Ward 38 (95%), followed by Ward 16 (89%), Ward 18 and 22 (86% apiece), Ward 21 (85%), Ward 12 (76%), Ward 19 (72%) and Ward 8 (46%).

Analysing data on sanitation coverage with a focus on vulnerabilities, the evaluation found that:

a. the proportion of male-headed households with improved sanitation facilities (83%) was larger than for female-headed households (71%). With a p-value of less than 0.05, this suggests a gender gap in sanitation facility coverage.

b. there was no statistical significance in sanitation coverage between households with persons with disabilities (81.5%) and those without (81.4%).

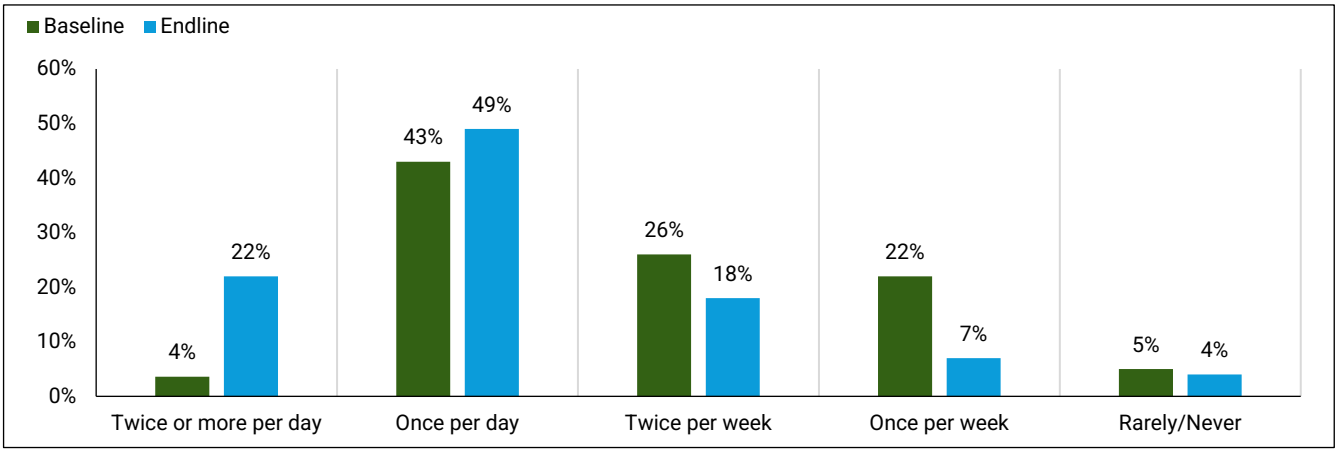
c. there was no statistical difference in access to improved sanitation was found between households with a chronically ill member and those without.

Among households with functional Blair toilets, 81% had used their own resources to build these, while 13% had constructed them with the support of other non-governmental organizations (NGOs) and 6% with Oxfam subsidies. This was in line with the project's strategy, which was to invest in subsidizing the construction of household latrines for just 271 households to provide an example for other households, rather than directly construct toilets for all the households.[10] This was designed to promote sustainability. It also trained 61 community-based builders on how to construct and site Blair toilets. Hygiene messaging reached 29,677 community members, resulting in 318 households constructing toilets on their own initiative.

FGDs and participatory simulations confirmed this finding. 'This project

caused hygiene practices to improve … for example, we formerly did our laundry at very sources where we drew water for drinking … now it is different; we collect water and do our laundry in our homes' (FGD participant, Ward 16). 'Hygiene practices have improved a lot, and we are seeing many tippy taps in most households, demonstrating that people are really washing their hands' (councillor, Ward 8). 'Village health workers, led by environmental health technicians, hold quarterly sensitization meetings to remind people of the importance of hygiene' (councillor, Ward 8).

Figure 12. Frequency of toilet cleaning



As Figure 12 shows, toilet cleaning frequency improved between baseline and endline. The proportion of households cleaning toilets at least twice per day increased from 4% at baseline to 24% at endline, while the proportion of those cleaning once per day increased from 43% to 49%, implying a 24% increase in households cleaning toilets at least once per day, from 47% to 71%. Ward 20 had the highest proportion of respondents cleaning their toilets at least once per day, followed by Ward 19 (83%), Ward 21 (82%), Ward 22 (78%), Ward 16 (70%), Ward 12 (64%), Ward 8 (58%) and Ward 18 (51%). A greater proportion of male-headed households cleaned toilets at least once per day (72%) than female-headed households (62%).

Figure 13. Proportion of households with handwashing facilities

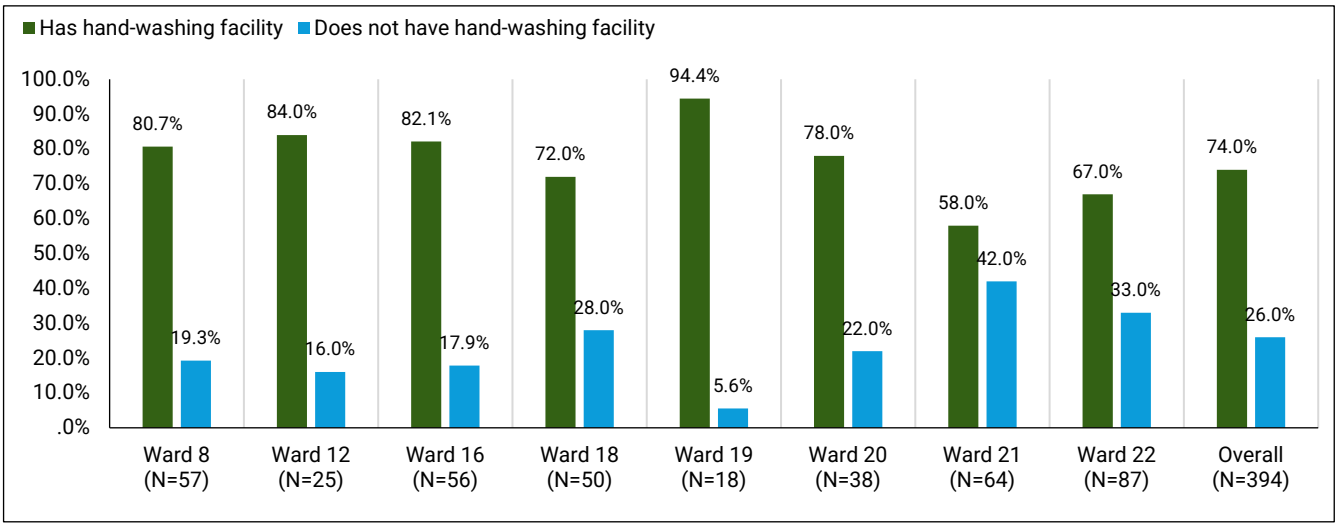


Figure 13 shows that 74% of sampled households had functional handwashing facilities compared to only 8% national coverage.[11] With a

p-value of 0.02, functionality of handwashing facilities was significantly ward-specific. The highest rate of handwashing facility availability was in Ward 19 (94%), followed by Ward 12 (84%), and lowest was in Ward 21 (58%). A greater proportion of male-headed households (73%) had functional handwashing facilities near their toilets than female-headed households (67%). The evaluation team confirmed by observation that there was a higher proportion of handwashing facilities (74%) than at baseline (67%). There was no significant difference between the handwashing methods observed at baseline and during this endline evaluation: 86% either used water and ashes/soap at baseline compared to 83% at endline. At endline, the proportion of respondents using only water for handwashing was lowest in Ward 18 (0%), Ward 12 (8%), Ward 16 (13%), Ward 22 (14%), Ward 21 (15%), Ward 20 (18%), Ward 8 (21%) and Ward 18 (35%).

Table A7 (Annex 1) shows that the proportion of respondents (10%) who were aware of all the five key times of handwashing (before and after eating; after using toilet; before and after preparing food; before and after assisting someone who was ill; and after changing nappies) was 44 percentage points lower than at baseline (54%). The most common handwashing critical times known were:

1. Before and after eating – 90% at endline versus 68% nationally.
2. After using toilet – 86% at endline versus 74% nationally.
3. Before and after preparing food – 77% versus 70% nationally.
4. Before and after assisting someone who was ill – 29% versus 13% nationally.[12]

The project therefore raised the proportion of households that consistently washed their hands at critical times above the national averages. When data was disaggregated by gender, female respondents were more likely to know more of the five key times for handwashing than male respondents.

Commendably, the project increased safe water supply and promoted hygienic practices effectively not just in households, but at an institutional scale, as the success story at one targeted school demonstrates.

3.4.1. A success story: Chinyerere piped water scheme at Chiriga Primary School

Before ZIRP, Chiriga Primary School had no potable water source, with students collecting water from Chiriga River for use at the school, spending an hour on average on each such errand. They would walk along the busy main road to do so, risking potential accidents. The water collected was used for cleaning toilets, drinking and handwashing. Students reported that water collection cost them time and energy for lessons. The river water was reportedly ‘extremely dirty and contaminated’ enough to carry waterborne diseases, including cholera, which students in turn transmitted to members of their communities and households. The school therefore campaigned to seek help to address its dire need for water. When Cyclone Idai struck, the school’s

infrastructure, including classrooms and toilets, was damaged, resulting in students not going to school for a period. Usual water sources were damaged and flooded, leaving the school entirely reliant on contaminated water.

In response, the project drilled a borehole that it attached to a solar-powered pump to feed an overhead tank with supporting taps. Toilets were reconstructed according to sanitation and hygiene standards, supported by handwashing facilities. Interviews and FGDs with students and school officials showed that this support translated into several positive changes and improvements to wellbeing that were not initially anticipated, suggesting a relevant review of the project's Theory of Change. For example, the ready availability of water inspired the school to set up a 500m^2 garden in which it was producing vegetables such as covo, cabbages and rap, carrots, green mealies, bananas, beans and macadamia nut trees (the school recently planted 100 trees and has a few trees that were ripe for harvest).

Figure 14. Garden at Chiriga Primary School

Source: Oxfam evaluation team.

Some of the intended impacts of installing the piped water system at the school included:

- increased access to clean safe water, leading to reduced cholera risk and reported cases of cholera and bilharzia among students.
- increased time dedicated to learning, as students no longer walked long distances in search for water.
- improved hygiene standards at the school, with at least four handwashing facilities and sanitation at toilets greatly improved, thanks to the constant supply of water to clean toilets.
- increased attraction and retention of teachers as there is now plenty of potable water.

Unintended impacts of the installation of the piped water scheme

- Students benefited from practical agriculture lessons from the newly established garden.

- Students benefited nutritionally from the garden as they received a part of the harvested produce, improving the quality of their diets. The school prepared nutritious meals for students with food harvested from the garden.
- The community also bought the produce from the school garden.
- The school was able to raise US$600 from selling produce to complement the income received from school fees. School officials complained that rural poverty meant that few guardians paid their children's tuition on time or at all, and that the tuition charged by the school was too low to support meaningful development projects.
- The garden project and the income generated through it reduced the pressure on parents to pay tuition fees because the school had a fund that was used to finance new school projects.
- The school had also purchased farming tools from the proceeds of its market gardening.
- The growing of macadamia nuts and bananas – a long-term and sustainable cash source – were watered through irrigation, not manual systems that could have deprived students of some of their lesson time.

'We never expected our school to end up being as developed and beautiful as it is now. We never thought we would have a farming project at our school, selling our produce to the community and becoming like a small centre of excellence that we are now because the school receives visitors who come to see what we are doing to replicate it in their own schools'

(Grade 7 student, Chiriga Primary School).

'We sell our produce and at times we are given three or four green mealies per student to take home. When the maize ripens, we mill it and the school prepares sadza and vegetables from the garden for our lunches. The money earned from selling our garden produce is used to buy cooking ingredients such as cooking oil'

(Grade 7 student, Chiriga Primary School).

Figure 15. A tank, piped water scheme, new toilets and handwashing

facilities at Chiriga Primary School

Source: Oxfam evaluation team.

This success story demonstrates that without a safe water supply, students were highly vulnerable to many risks such as loss of time for lessons, drained energy for study and susceptibility to waterborne infections such as cholera and bilharzia. The project did not include positive changes to reductions in incidences of waterborne infections in its Theory of Change.

3.5. Accountability

ZIRP followed the Core Humanitarian Standard on Quality and Accountability (CHS), which promotes ethical and dignified delivery of assistance to populations affected by disaster.[13] One of its tenets is that humanitarian assistance should include mechanisms for accountability to affected populations, which entails sharing essential information regarding the project with beneficiaries, making project decisions by consultation and receiving beneficiary feedback and complaints.

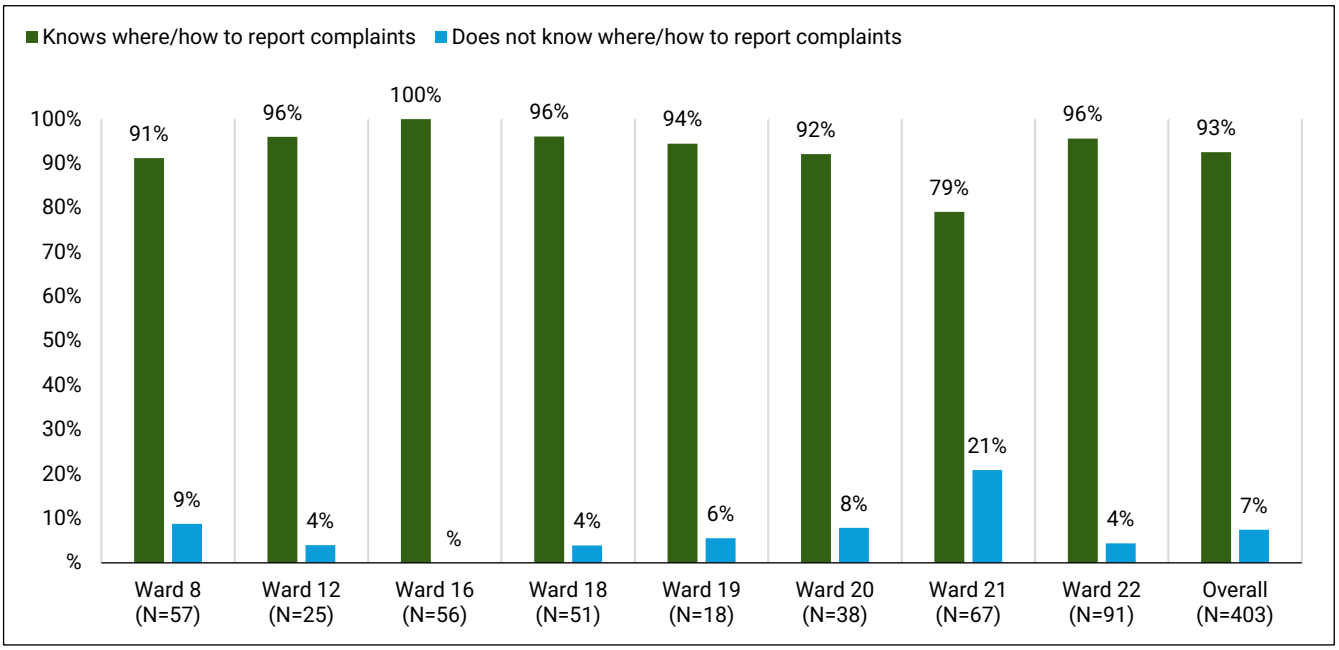
The evaluation found that the project had established toll-free numbers and suggestion boxes to enable community members to share their feedback and complaints – something the RIDA official interviewed confirmed. 'Oxfam set up and marketed a toll-free number and a suggestion box. These methods were really helpful as they enabled people to speak freely. However, we did not receive any complaints in those suggestion boxes, maybe because people were really happy with how Oxfam supported them. I think some men in this community changed their behaviour, emulating how Oxfam staff did their work.

Table A8 (Annex 1) shows that most respondents on average (45%) accessed essential information about ZIRP from fellow community members, especially in Ward 18 (72.5% of respondents), and least so in Ward 12 (28%). The second-most common source of information was community volunteer workers (24% of respondents on average), especially in Ward 21 (36%), and least so in Ward 20 (10.5%). Overall, community-based structures were cited as sources of project information 77% of the time and non-Oxfam employees were cited 20% of the time. This was taken as confirmation that Oxfam had transferred project ownership to community structures and members.

The project also scored highly in raising the awareness of community members about mechanisms for reporting their complaints. As shown in Figure 16, nearly 93% of respondents were aware of how and where to lodge complaints about the project in ways that enabled Oxfam to respond. With a p-value of less than 0.05, awareness levels varied widely across wards, with the highest proportion of respondents who were aware of complaints mechanisms being in Ward 16 (100%), followed by Ward 18 and Ward 12 (96% apiece), and the lowest proportion in Ward 21 (79%). Given the minimum proportion of households knowing the available complaints mechanisms was 79%, which is high, with no

statistical difference by sex and age of respondent, Oxfam was effective in its accountability to affected populations.

Figure 16. Proportion of respondents who knew where and how to report complaints about Oxfam



3.6. Project inclusiveness and performance in addressing inequalities

FGDs and in-depth interviews with key informants revealed that the CHS was taken seriously. 'Oxfam applied a holistic approach and left no one behind' (RIDA official). A FGD participant from Ward 8 confirmed: 'Women were trained on maintenance of WASH infrastructure, including … how to join burst pipes … we can now fix our pipes without [anyone's] assistance'. To this end, the project was not merely inclusive in facilitating women's active participation, but was empowering them through transferring the skills to maintain the sources of the water that they were responsible for collecting.

The project's responses were also inclusive of other vulnerable people:

a. **Girls:** The project supported the construction of girl-friendly toilets at various sites, including Clearwater (Ward 6), Rutengeni (Ward 6), Nyaututu (Ward 12) and secondary schools (according to a RIDA official).

b. **Persons with disabilities**: The project constructed disability-friendly toilets and by shortening distances to water sources it eased water collection for persons with disabilities. According to the councillor from Ward 8: 'The water source rehabilitation works eased water collection for everyone, including persons with disabilities.' The councillor added: 'The furthest distance to the taps that the project installed might be between 500m and 600m, so fetching water is

convenient for everyone.'

c. **Elderly people**: The councillor from Ward 18 stated: 'As this ward's councillor, I was excited when I was passing through one of the water sources and saw an elderly woman in her eighties collecting water for herself because a tapped water source was closer to her homestead. When I asked her why she was collecting water she said, "*ungatadza chiri pabonde kunge chiri kudzana futi?*' [how can you fail to collect something presented on a silver platter as if it is skipping away from you?] In the past elderly people would spend long hours at boreholes, waiting for helpers to pump water for them because the bush pumps were very heavy.' Based on the above, 'even asking community members to collect water for school construction and other community projects is now conceivable, and when elderly people send their grandchildren to collect water … we do not see it as abuse or child labour' (councillor, Ward 8).

The evaluation also analysed gender equality or equity inclusion (see Table A9, Annex 1).

Table A9 shows that most respondents (82%) strongly agreed or agreed that women and men had equal access to sanitation facilities in their community while 14% either strongly disagreed or disagreed. The proportion who either strongly disagreed or disagreed was highest in Ward 8 (27%), followed by Ward 21 (25.4%), and lowest in Ward 18 (0%). When data was disaggregated by sex, 15% of females and 11% of males disagreed with the notion that women and men had equal access to sanitation facilities (p-value = <0.05). Regarding access to clean water, 89% of respondents either strongly agreed or agreed that women and men had equal access to clean water in their communities, the most so in Ward 18 (98%) and least so in Ward 21 (85%). There was no statistical difference by sex of respondents.

Another aspect of inclusion was related to the prevention of violence, including gender-based violence, particularly intimate partner violence. The qualitative data showed that sexual and gender-based violence was widespread and associated with congestion at the few available water sources. Table A10 (Annex 1) outlines the endline status, showing that 34% of respondents strongly agreed or agreed that persons with disabilities were still at risk of intimate partner violence, gender-based violence and sexual exploitation in relation to WASH challenges. The evaluation found statistically significant differences between wards (p-value = <0.05). Risk perception for sexual and gender-based violence for persons with disabilities was highest in Ward 8 (45.6%) and lowest in Ward 12 (8%). There was no statistical difference by sex or age of respondent. Around 30.5% of respondents strongly agreed or agreed that women and girls were still at risk of intimate partner violence, gender-based violence and sexual exploitation emanating from WASH challenges, the most so in Ward 8 (40%) and least so in Ward 12 (8%). Differences between wards were statistically significant (p-value = >0.05).

To test assertions about the ongoing nature of sexual and gender-based violence, the evaluation assessed the proportion of respondents who had experienced violence in the previous 12 months.

Figure 17. Proportion of respondents who experienced gender-based violence in the preceding 12 months

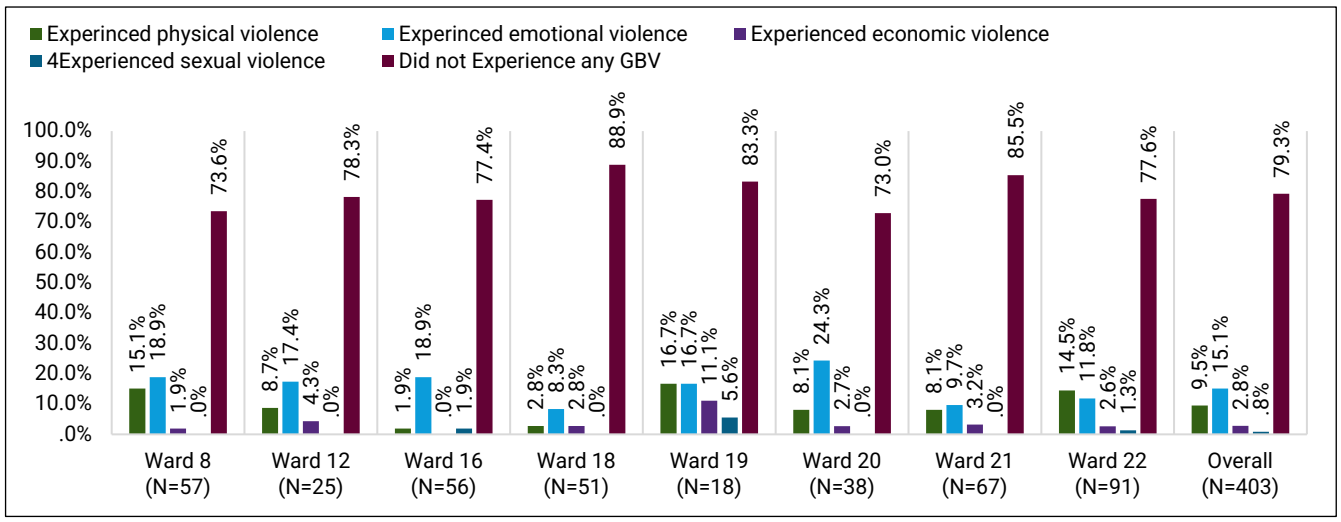


Figure 17 reveals that 21% of respondents had experienced gender-based violence in the past 12 months; this was highest in Ward 20 (27%) followed by Ward 8 (26.4%) and lowest in Ward 18 (11%). Disaggregated by sex, 23% of females and 19% of males had experienced gender-based violence in the preceding 12 months. The most common form of abuse experienced was emotional abuse (15%) followed by physical abuse (9.5%), economic violence (2.8%) and sexual abuse (0.8%)

3.7. Capacity to absorb or deal with shocks

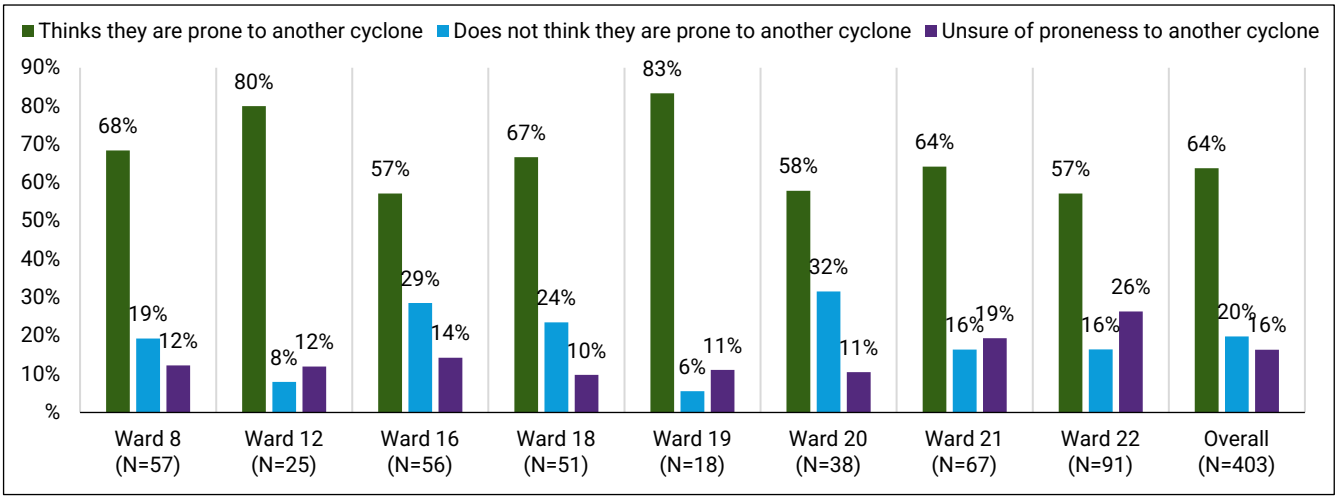
ZIRP was implemented not just to respond to the impacts of disaster, but to support recovery and resilience in the face of potential future emergencies. The interviewed Department of Public Works official said: 'Whenever an NGO starts operating in a new area, it becomes part of the disaster risk reduction (DRR) committee'. According to the councillor from Ward 8: 'We have the DRR committee, which promotes insurance planning in the face of disasters and urges people to stay in places with low risk in times of flooding and cyclones.' He added that 'people were newly encouraged not to build their houses near the mountains or near rivers as part of [his area's] DRR plan, and those staying near Chikodzana River have relocated to safer places.'

The Department of Public Works official provided a further assessment of Oxfam's performance in DRR:

- 'Oxfam installed early warning systems in some wards to alert communities about changes in weather conditions'. A RIDA official added that Oxfam complemented the similar work of other agencies: 'Other partners such as UNDP (Ward 25, Hwakwata area) have a machine that sends out early warning signs and guidance to farmers on which crops to plant.'
- Oxfam embraced the Zimbabwean government's building back better (3Bs) concept. 'The government came up with the 3Bs concept because it expects NGO partners involved in infrastructure rehabilitation works to erect better and stronger infrastructure that withstands repeat cyclones in the future to prevent the recurrence of infrastructural damages.'
- 'Whenever construction works are part of a project in a community, government standards must be met and our department [Public Works] makes sure of that. We do not allow construction works to proceed without our inspection and guidance at every stage. This is why we appear to many people as if we slow down their construction works. Oxfam demonstrated seriousness about the 3Bs by not using farm bricks for toilet construction, considering that Cyclone Idai easily washed away all structures constructed with weak building materials. Oxfam instead used cement bricks, which are much more durable.'

The survey triangulated these findings by assessing respondents' positions in relation to various attributes of DRR consciousness, including anticipation of another disaster.

Figure 18. Distribution of respondents feeling that they are prone to another cyclone or flooding



As shown in Figure 18, 64% of respondents felt that they were prone to another cyclone or flooding, the most so in Ward 19 (83%) and least so in Wards 16 and 22 (57% apiece). With a p-value of 0.009, a greater proportion of female-headed households (74%) anticipated another cyclone or flooding than male-headed households (61%).

In term of anticipatory measures taken to mitigate future adverse impacts of disasters:

- Sixty-nine percent of households had taken at least one measure to mitigate the impact of future cyclone or flooding.
- The commonest measure for mitigating the impact of cyclones or flooding was moving houses to higher ground (22% on average, ranging from 4% in Ward 18 to 39.6% in Ward 22).
- The second-most common DRR strategy was building water barricades (reported 20% of the time on average, ranging from 5% in Ward 20 to 36% in Ward 21).
- The least-adopted DRR strategy was to look for weather alerts and warnings, being reported by 4% of respondents on average, ranging from 11% in Ward 19 to 0% in Ward 16.
- A greater proportion of female-headed households (46%) had not taken any action to mitigate against future cyclone or floods than male-headed households (40%), although this difference was not statistically significant (p-value = >0.05).

Figure 19 illustrates these findings in relation to DRR at the household level.

Figure 19. Measures taken to reduce the impact of future cyclones or flooding at the household level

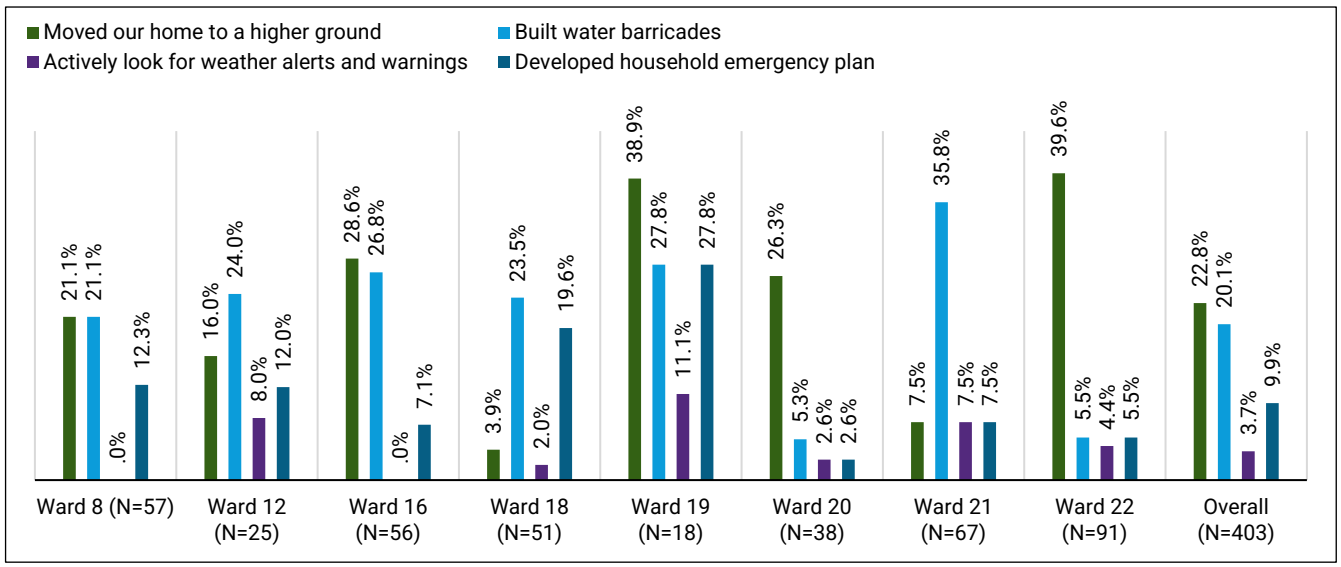


Figure 20 presents the findings on the distribution of adopting DRR measures at the community level.

Figure 20. Measures taken to reduce the impact of future cyclones or flooding at the community level

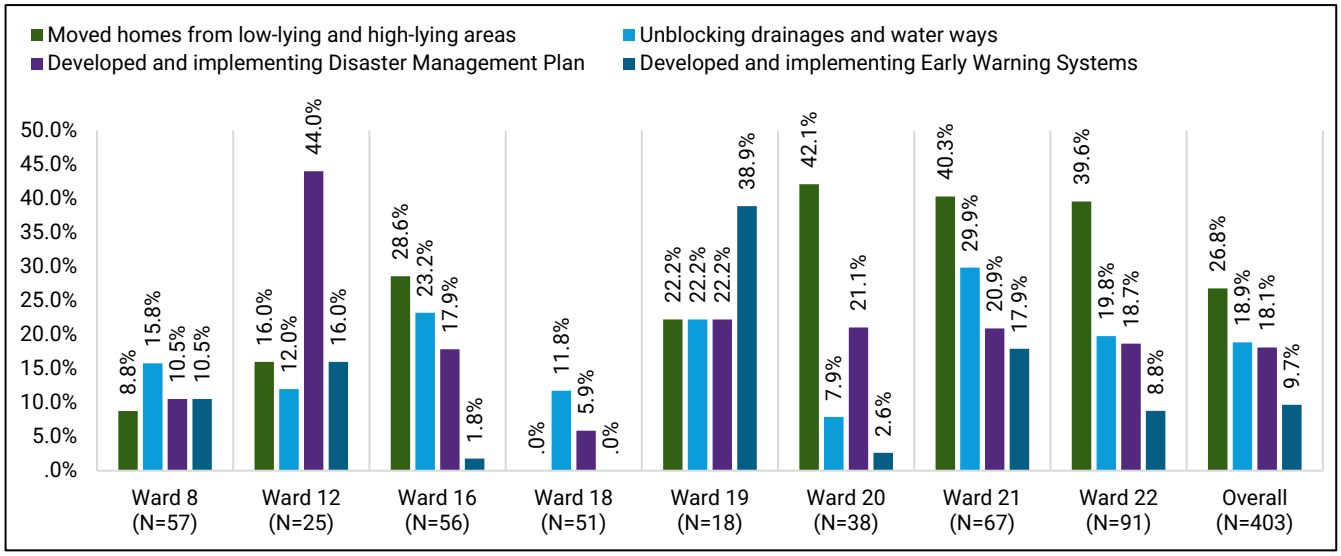
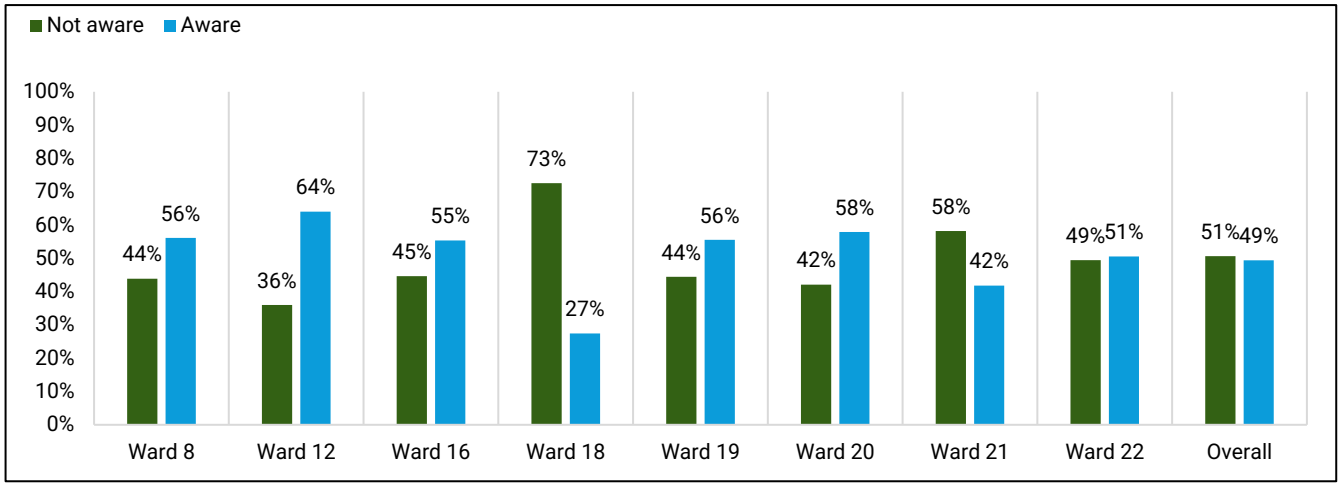


Figure 20 shows that the kinds of DRR actions reported at the household level recurred at the community level, with slight differences in patterns:

- Moving homes from low-lying areas to high-lying areas (27%) remained the commonest strategy.
- Unblocking drainages and water ways was the second-most common strategy at the community level (reported in 19% of cases) unlike the building of water barricades at the household level.
- Implementation of disaster management plans was the third-ranked DRR strategy (reported 18% of the time) and implementation of warning systems was the fourth-most common measure, reported 10% of the time.

However, while communities were implementing some DRR measures, awareness of these measures was still limited to selected households (see Figure 21).

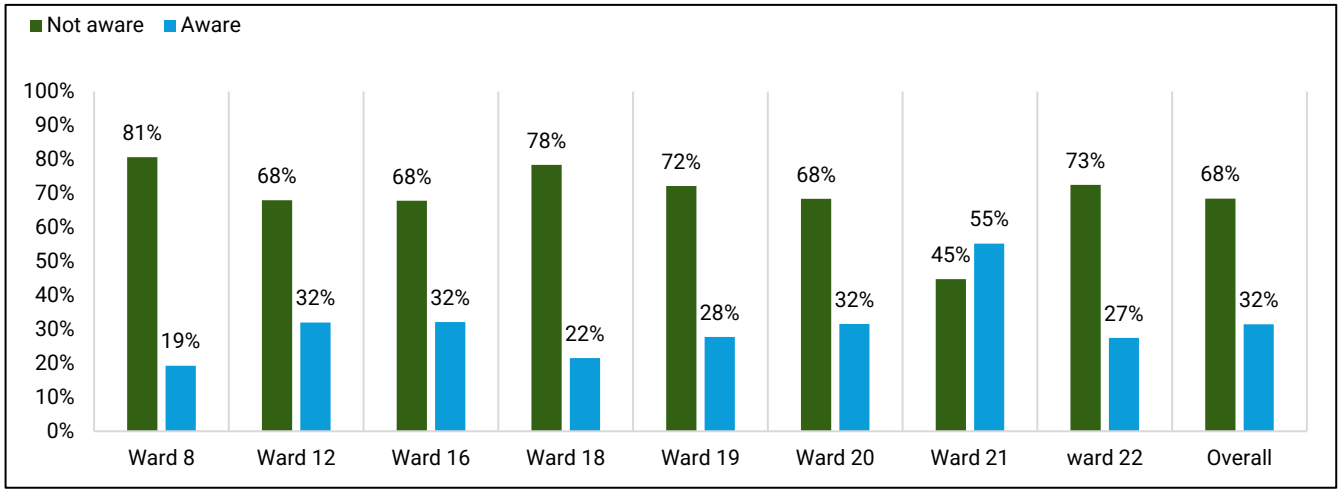
Figure 21. Awareness of community systems and structures for disaster risk reduction



On average, 49% of respondents were aware of community systems and structures for disaster mitigation and management, with wide differences between wards. Ward 12 registered the highest proportion of respondents who were aware of community DRR measures (64%), followed by Ward 20 (58%), Wards 8 and 19 (56% apiece), Ward 16 (55%) and Ward 18 (27.5%). This was taken to reflect an unmet need for DRR awareness raising.

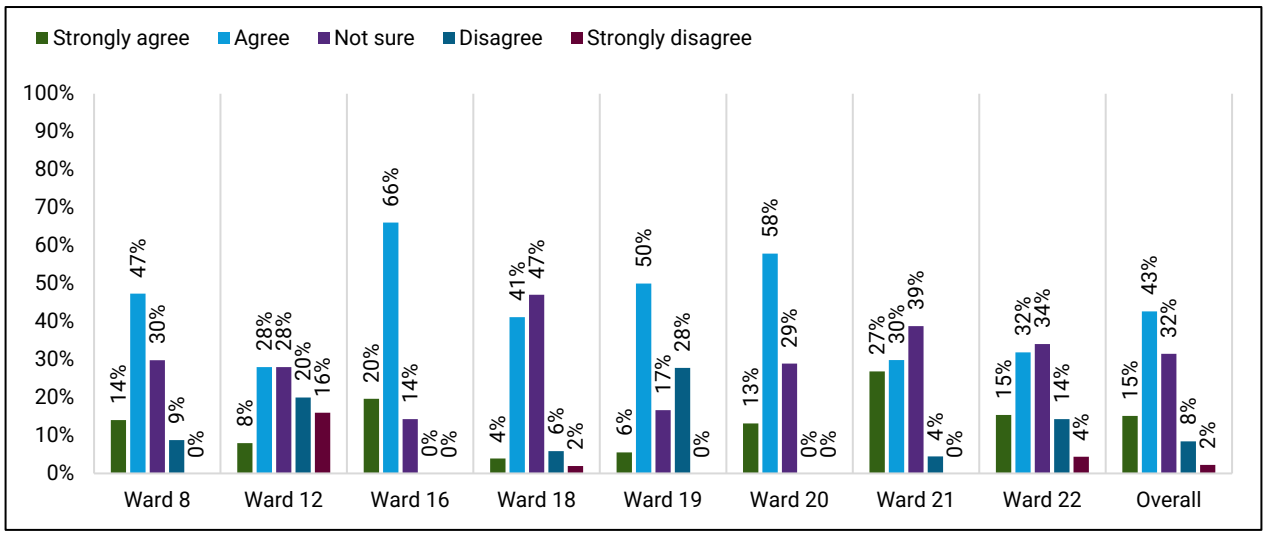
Figure 22 displays awareness levels for the Environmental and Social Management Plan developed in the community.

Figure 22. Awareness of the Environmental and Social Management Plan developed for the community



Only 31.5% of respondents were aware that an Environmental and Social Management Plan had been developed for their community. Ward 18 had the lowest proportion of respondents with this awareness (32%) and Ward 21 the highest (55.2%).

Figure 23. Proportion of respondents feeling that community capacity to respond to future floods or cyclones had increased

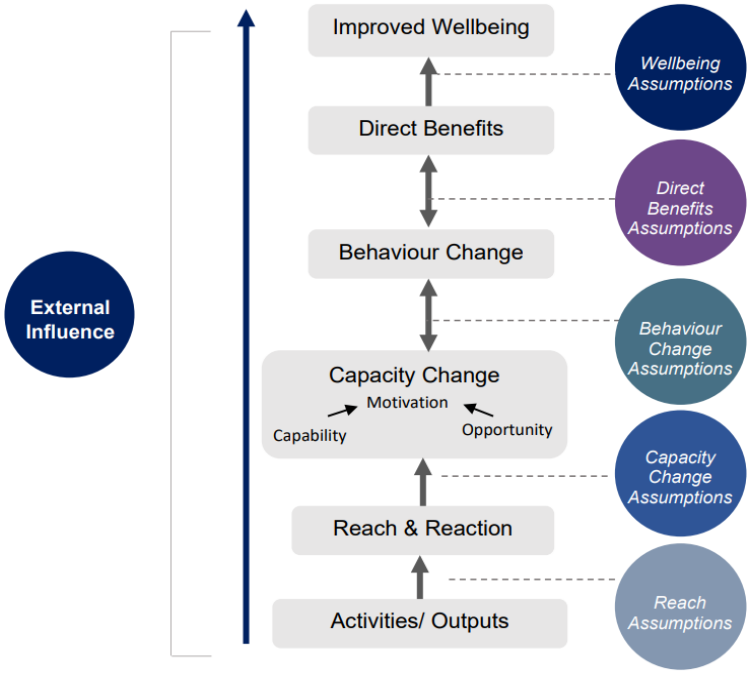


Overall, 58% of respondents either strongly agreed or agreed that their community had gained increased capacity to respond to future floods or cyclones, the most so in Ward 16 (85.7%) and least so in Ward 12 (36%) (Figure 23).

3.8. Summary of ZIRP's impact

The evaluation's concluding analysis of the project's impact used the framework of Capabilities, Opportunities and Motivation for Behaviour change (COM-B), which provides a model of how change happens between the time before an intervention's inception and its conclusion (Figure 24).[14]

Figure 24. COM-B model of the Theory of Change used as framework for impact analysis



According to this model, the project's activities reached all wards in

Chipinge with measures to improve access to WASH facilities, and messages for behaviour change and local capacity building. Those directly reached by these facilities and messages registered positive changes in their wellbeing (see Table 5).

Table 5. Project outcomes and impacts

Outcome achieved	Consequent impacts
Increased access to clean and safe water for households and schools: • Reduced distances to water points. • Reduced time for travelling to, and waiting at, water points. • Reduced physical effort needed to collect water due to the replacement of bush pumps with piped water.	• Improved protection of vulnerable community members: — For elderly people and those with a disability, reduced distances to water points reduced their reliance on others for accessing water. — For school-attending children, especially girls, the project eliminated the need for children to collect water at the expense of their time for study. Without need to travel long distances to access water, the project lowered children's risk of physical and sexual abuse, especially girls, — The project eliminated the need for children to go to rivers to collect water, where there were risks to their lives. Some had contracted bilharzia and one died through drowning in Musinzi River (Community leader, Ward 18). — With safe water sources nearby, women reported reduced risks of sexual and gender-based violence associated with either conflict at water sources or intimate partner violence likely to result if they returned from collecting water later than expected. • Improved teacher retention at schools reporting increased access to safe water. • Improved academic results for students, including higher attendance rates and higher pass rates in some schools. 'At Simudza and Mukiwa Primary Schools as well as Marirangwe Secondary, more [students] registered passes in their final exams' (councillor, Ward 8). 'We thought that our children's poor academic performance signified dullness and yet their heavy water collection burden fatigued them and minimized their concentration' (community leader, Ward 20). • Reduced risk (and reported reductions in the incidence) of waterborne infections. 'The clinic is now pleading with people to visit for tests of other health conditions because there are no cases of diarrheal diseases currently being recorded' (environmental health technician, Ward 12). • Household and institutional economic empowerment – Chiriga Primary School illustrates the economic benefits that became available to households and schools deciding to utilize increased water resources for nutritional improvement and income-generating ventures. Further, the project increased access to water for both people and livestock, giving scope for livestock-based business models.
Improved sanitation and hygiene facilities and knowledge for households and schools	• Improved hygiene behaviour translated into a reduced risk of waterborne infections in the communities and at local schools. • Interventions to improve menstrual hygiene contributed to the dignity of girls and young women in local communities and schools. The CHS is emphatic in emphasizing the importance of dignified delivery of assistance.
Increased DRR and environmental management systems (EMS) knowledge, including increased activity in implementing DRR and EMS plans	The evaluation found that the project set in motion important DRR and EMS processes with the potential to minimize disaster risks in the future if follow-up activities are done to increase the numbers of households participating in DRR and EMS, and to monitor progress in the implementation of local DRR plans.
Improved coordination in efforts to improve WASH in Chipinge District	'The project enabled participating line government departments to fulfil their mandates much quicker than would have been the case. It also managed to shorten the process as the government is more bureaucratic compared to partner NGOs' (Department of Public Works official).

3.9. Sustainability

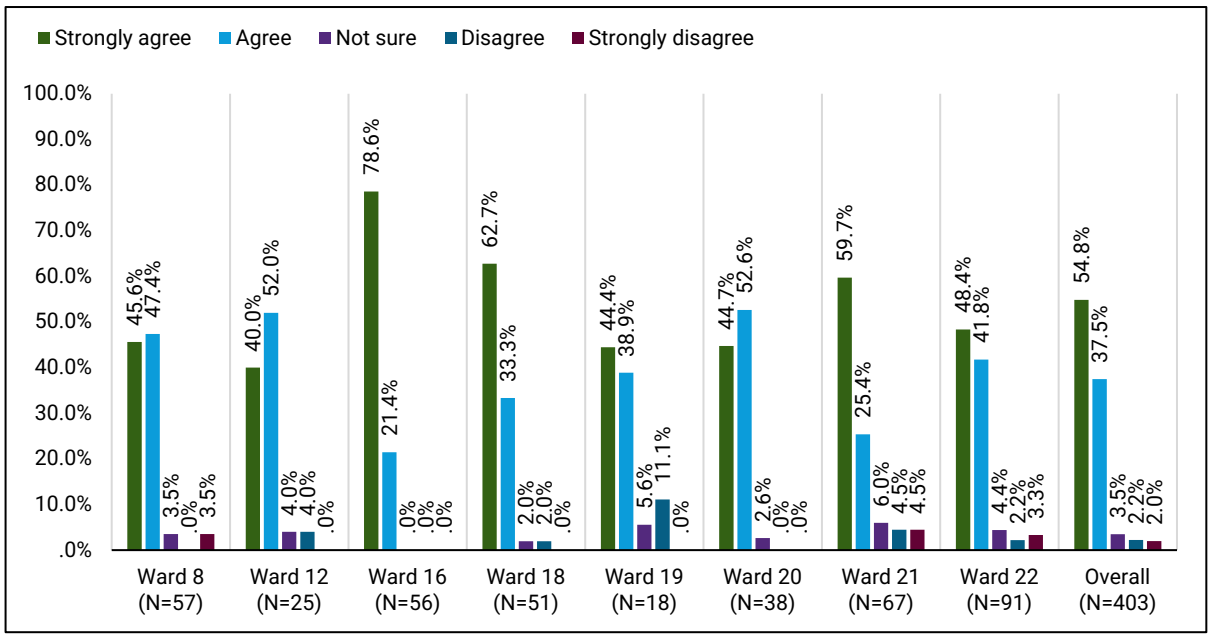
The evaluation showed that as much as an emergency primarily led to ZIRP, the project used several measures to enhance its sustainability beyond its course. Qualitative data generated through in-depth interviews of stakeholders and FGDs with community members suggests that the project's impacts presented in Table 5 will outlive the project.

1. **Sustainable relationships**: The project secured the buy-in of community leaders, local authorities and governmental stakeholders through fully consulting them during project implementation and this evaluation. According to a Ward 16 community leader, 'we are really happy with how Oxfam staff operated … they meaningfully consulted us [community leaders] before everything and this enabled us to properly guide them.' The councillor from Ward 16 added: 'Oxfam staff were excellent at following protocols of engaging local leaders, and this is one of the organization's unique aspects that differentiates it from other partners.' The evaluation further found that Oxfam built on and strengthened existing relationships rather than create duplicate structures in the following ways:
    a. Community health clubs were created based on interest, prior activity in health promotion work and concurrence of community leaders or school officials (for students).
    b. The project was formally handed over to local leaders and authorities for the transfer of coordination roles. 'The community knows that this is its project now and we will take responsibility in addressing any problems' (councillor, Ward 16).
    c. The project trained builders in how to construct standard Blair toilets. These builders will be motivated to create demand for their services since they earn income from them.
2. **Sustainable finances and livelihoods**: The project distributed sewing equipment to produce sanitary pads, which both cut costs for women and will sustain access to these products in a future without the project. The success story of Chiriga Primary School demonstrates that increased water access and gardening projects that were initiated became a sustainable source of school income to complement erratically paid tuition fees in funding school development. With students receiving periodic supplies of vegetables for home consumption, and given the reported school-based feeding, the project contributed to a sustainable income source to support school development beyond its course.
3. **Sustainable local capacities:** The project transferred technical skills through training to build local capacity and enable local resource persons to continue promoting behaviour change and maintaining WASH infrastructure without external assistance. 'With the training that the community received from Oxfam, including replacing worn-out taps and attending to burst pipes, people will be able to continue enjoying these benefits' (RIDA official). Members of key committees (e.g. water point committees) were enlightened about their roles and responsibilities. 'We will never forget that training ... we are now applying the knowledge in maintaining the water source … We are

performing way better in leadership [than before the project] ... the training is an important tool for sustainability because we had breakdowns in Foroma and Marirangwe and managed to fix them without any external help because people were trained ... without these trained people, we could be looking at each other, stranded, with non-functional schemes' (councillor, Ward 8).

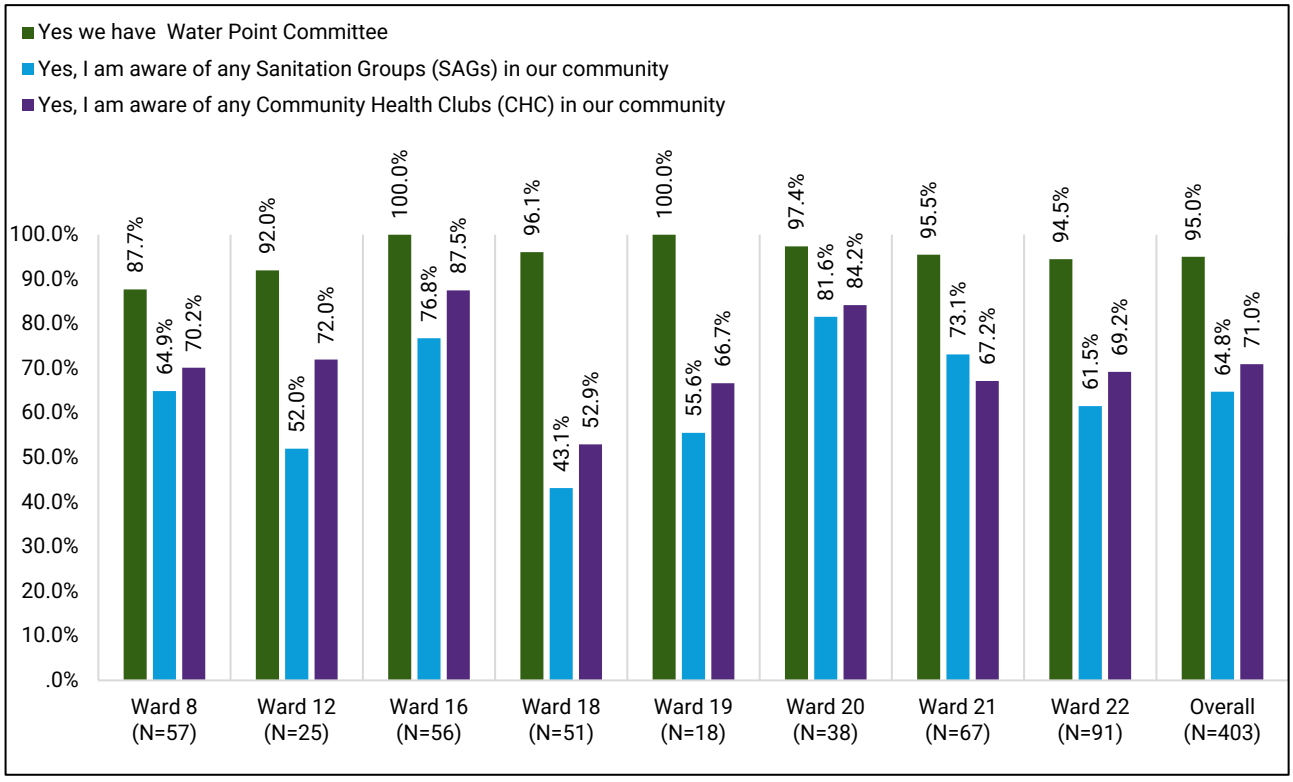
4. **Sustainable local institutions**: The project strengthened local community structures and systems to govern the piped water schemes (e.g. communities developed constitutions to regulate the management of their piped water schemes). 'They have a constitution which stipulates how they maintain and sustain the scheme' (councillor, Ward 8). Each water point committee was found to have set up a system for community members to contribute financially towards the scheme's maintenance, with Ward 16 having raised US$400 at the time of the evaluation for this purpose. According to a RIDA official, some community members had joined income saving and lending schemes. The evaluation further found some of the wards in the process of insuring their piped water schemes to sustain their financial capacity to maintain these. According to the councillor from Ward 8: 'A proper handover was done, and the community knows that the scheme is theirs now … they know that whatever problem they may face, be they breakdowns of equipment, it is their responsibility to address them.'
5. **Environmental sustainability:** In-depth interviews with ward councillors and officials from the Ministry of Local Government, Public Works and National Housing highlighted that the 3B concept was also at the core of all the facilities that were constructed by Oxfam. 'The structures built by Oxfam are very durable and whenever there was need for adjustment they would do so' (councillor, Ward 8).
6. **Sustainable motivation:** The project's high relevance to local needs was widely reported as a source of sustainability among key informants. According to one key informant from the Department of Public Works, a prior needs assessment enabled Oxfam to identify and accurately respond to local needs in a context-specific and customized way. This also enabled the project to target the worst-affected areas. This sufficiently motivated local communities to actively participate in the project, with 'village J in Ward 18 [reported to have] implemented their piped water scheme with their own resources' (councillor, Ward 18).

Figure 25. Proportion of respondents who agreed that the ZIRP gains will continue



Over 90% of the respondents either strongly agreed or agreed that gains achieved through ZIRP will continue beyond Oxfam's financial support (Figure 25). With a p-value of 0.019, this was highest among respondents from Ward 16, followed by Ward 20, and lowest in Ward 18.

Figure 26. Proportion of respondents aware of structures to support WASH infrastructure and health and hygiene education



As Figure 26 shows, 95% of respondents were aware of the water point committee in their community. Except for Ward 8, over 90% of respondents from each ward reported the existence of water point committees. Only 65% of respondents were aware of sanitation groups in their communities. This was highest in Ward 20 (82%), followed by Ward

16 (77%), and lowest in Ward 18 (43%). Meanwhile, 71% of respondents were aware of the existence of community health clubs. With a p-value of less than 0.05, this was highest in Ward 16 (87.5%) and lowest in Ward 18 (52.9%).

Among the respondents who reported the existence of water point committees in their community, 95% indicated that they were either strongly satisfied or satisfied with their work. Only Ward 20 had fewer than 90% of respondents who were satisfied with the water point committees. On the other hand, 98% of respondents who reported the existence of sanitation groups were either strongly satisfied or satisfied with the work being done by them in their community: this was 100% in Wards 18, 19, 20 and 22, while Ward 12 had the lowest proportion (92%). Regarding their functionality, 96% of respondents who were aware of the existence of community health clubs were happy with the work being done by these: this was highest in Wards 19 and 20 (100%) and lowest in Ward 12 (89%). If these community structures remain functional, the sustainability of the ZIRP gains are assured.

4. Discussion of the findings

In line with the contribution analysis theory that inspired the evaluation's methodology, this chapter identifies the contributory causes and causal pathways of the outcomes and impacts reported in Chapter 3.

4.1. Enabling factors for successes

Table 6 gives an overview of the factors that enabled the project's successes.

Table 6. Enabling factors for ZIRP's success

Reported success	Enabling factors
Community acceptance of the project and active participation (e.g. self-initiated construction of hygiene facilities, interpersonal communication for hygiene promotion, self-organizing for the maintenance of WASH infrastructure through water point committees and pump minders)	Stakeholders at all levels were involved in the project from the outset. These include government ministries and departments, local leaders (councillors and village heads), community volunteers and community members.
	Instead of introducing a new set of volunteers, Oxfam utilized the availability, commitment and expertise of village health workers to promote hygiene practices. Because these volunteers are trusted and accepted locally, the project was well received.
	The project targeted a need that was genuinely scarce and desperately sought after, evidenced by reports of gender-based violence at the formerly crowded water sources, with waterborne infections also a concern. This increased the local acceptance of Oxfam and the project.
	Oxfam provided technical support for the setting up of community structures to manage water sources and promote hygiene. The evaluation showed that most water point committees had constitutions that regulated their conduct and stipulated measures for sustaining their operations (e.g. through households' financial contributions).
	FGDs showed that Oxfam staff generally related with local communities respectfully, promoting local cultural and social practices.
	Oxfam focused its support around rehabilitating WASH infrastructure on financially demanding resources that local community members could not afford and left the mobilization of locally available resources, such as river and pit sand, concrete stones and labour, to the community. It invested in building the capacities of local artisans such as bricklayers and pump minders to localize the future maintenance of WASH infrastructure.

Reported success	Enabling factors
Wide-ranging unexpected impacts beyond those in the project's Theory of Change (e.g. schools' economic transformation, reported reduction in the risk of waterborne infections, reduced risks of child labour and exploitation)	The project combined the hardware components of rehabilitating WASH infrastructure with the software components of educating community members on hygienic practices, DRR, EMS, and so on. This increased participants' appreciation of the value of their WASH resources and their motivation to protect these.
	The project addressed various WASH challenges in the community in an integrated way: • WASH facilities were rehabilitated and hygiene practices promoted in households and schools. As a result, students in supported schools accessed safe water conveniently in their homes and at school, ending the exploitative precedent of assigning them to collect water at the expense of their time for studying at home and school. This also accounted for a reported reduction in waterborne infections in schools and households. • The project invested in addressing the needs of diverse groups, notably school-attending children, adults, elderly people and persons with disabilities. This balanced approach is why the evaluation found no statistical significance in the differences in the proportions reporting positive outcomes between households with persons with disabilities or chronically ill members and those without. • The project promoted agency (e.g. school health clubs) and community-driven innovations than rather prescribe how locals should manage their new WASH resources. This means that the reported impacts are readily traceable to the innovativeness of project participants, independent of Oxfam's influence. Examples include: – Schools initiated gardening projects to finance key expenses such as textbooks and supplementary meals, thereby boosting attendance rates and teacher retention. It is not surprising that the project did not anticipate this impact, as reflected by its absence in its Theory of Change. – Students in school health clubs promoted health and hygiene in their communities, meaningfully contributing to positive hygiene behaviours. – Water point committees innovated ideas for maintaining their water sources, with some writing constitutions and others organizing financial contributions. – Some households constructed toilets and handwashing facilities on their own initiative and at their own expense, after learning the importance of doing so.
High levels of beneficiary protection from harm (e.g. sexual and gender-based violence), especially women and girls, elderly people and persons with disabilities, through increased access to water.	The project's needs assessment at inception demonstrated that crowding at the few available water points was a source of conflict and subsequent gender-based violence. It further showed that girls' and women's delayed returns home from collecting water from distant sources made them vulnerable to attacks along the way. Married women experienced intimate partner violence for coming home late due to suspicions of infidelity. By increasing access to safe water through the piped water scheme, women and girls stopped travelling long distances during the night. Gender-based violence associated with water collection errands ended, but the evaluation showed that other gender-based violence continued. This will need to be explored separately and addressed through a different response.
	The needs assessment included a gender analysis which informed the project's efforts to ensure the equitable distribution of benefits between male and female members of the communities. The evaluation mostly did not find gendered differences in the distribution of households reporting positive project outcomes and impacts.
	The project was proactive about social protection and inclusion, identifying vulnerable groups in the community such as elderly people, persons with disabilities and households with chronically ill people. Its introduction of piped water in place of bush pumps meant that every community member could draw water easily, regardless of any physical disadvantage. According to a RIDA official, 'the piped water schemes lessen the effort and strain of drawing water compared to bush pumps, and breakdowns declined from 300 for bush pumps to 80 for piped water facilities.'
	The community-led production of sanitary wear for girls and young women demonstrated Oxfam's prior gender analysis and pursuit of gender equity in its programming. This was associated with improved dignity for the beneficiaries and with improved school attendance rates for girls.

Reported success	Enabling factors
Efficient completion of the project, with all outputs achieved at 100% or more despite circumstances such as COVID-19.	Oxfam engaged and collaborated with local stakeholders, including councillors, in planning project activities. It built local capacities for oversight of project activities and instilled a belief among community members that they owned the project. Therefore, during lockdowns the project activities planned with local stakeholders did not stop.
	Oxfam staff handling the procurement of project resources were reported to be efficient: 'Oxfam was very timely, and when pipes were needed they were procured on time and we did not wait for long periods for them ... if they continue to do that, communities surely will develop … Oxfam supplied everything we needed – cement, human resources and so forth – on time' (community leader, Ward 18).
	Oxfam promoted local innovations involving the use of local resources and expertise to achieve project goals, with local artisans receiving training to enable them to maintain or construct WASH facilities.
High rating of the project's performance on environmental sustainability	The project adopted government initiatives like the 'build back better' concept. The materials and methods used in building the water and sanitation facilities are very durable.
	While the evaluation's findings show that there is room for improvement, the project's investments in DRR and environmental management mildly changed attitudes towards the physical environment and motivated action to prepare for and mitigate future disasters through positive environmental protection measures.
	Hygiene promotion actions, especially the construction of toilets to reduce bush defecation, implies clean environments, resulting in the reported reduction in waterborne infections.

However, the evaluation found room for improvement and hence scope for a follow-up project to strengthen or reinforce the project's positive outcomes and impacts in the following areas:

1. Female-headed households in general remain vulnerable and worse off than male-headed households, with a heavier burden of care for elderly people, chronically ill people and persons with disabilities. The evaluation showed that the divorced, widowed and never married women almost invariably constituted these households, while most male heads of households were married. This indicates that the availability of spousal support is a telling protective factor. Further, women in polygamous marriages were more vulnerable than those in monogamous marriages and qualified to be heads of their households, even though they identified their husbands as the heads. Through the FGDs, the evaluation found that each household within a polygamy managed its own affairs, with women making all household decisions, including those related to food, children's education and healthcare.
2. The project contributed to the reported reduction in gender-based violence associated with crowding at scarce water sources, but gender-based violence continued due to other causes. These need to be explored and a programme response developed.
3. Improved access to water varied widely between wards, leaving room for a follow-up intervention to increase water access in some wards.
4. DRR and environmental and social management systems (ESMS) were reportedly new concepts, which communities engaged with for the project's duration. As a result, levels of knowledge, attitudes and behaviour change in these aspects of community development were much lower than for hygiene and sanitation. Oxfam should therefore consider a follow-up phase with greater emphasis on DRR and EMRS.

4.2. key challenges and their effects on project performance

4.2.1. Extremely low baseline

The project started with communities from a very low baseline, as it was a response to an emergency that had cost Chipinge District populations their livelihoods and had depleted local resources. In building capacity, the project introduced some new concepts that the communities were not previously concerned about. Therefore, more time will be needed to achieve greater impacts beyond those reported here. Key examples of this low baseline are:

1. **Low levels of willingness and ability to pay for water system maintenance**: A culture of taking collective responsibility for the care of community resources seemed absent prior to the project. The project found two extreme cases: one where the Ward 8 water point committee reported community members' reluctance and failure to contribute US$14 that was needed for repairing damaged water pipes; and in Ward 16, where the community had raised US$400 to cover any maintenance costs associated with the water system. With learning exchanges between wards that are performing better at maintaining their WASH facilities and those that are struggling, the project may achieve sustainability across the district.
2. **Low baseline for organizational skills**: The project did well to promote water point committees, but not all had developed constitutions to regulate their operations. Those without constitutions, which indicated poor organizational skills, were associated with an unwillingness to contribute financially towards the maintenance of their WASH facilities.
3. **Low baselines for DRR and EMRS**: The evaluation showed lower numbers of households with an understanding of DRR and EMRS or taking relevant remedial actions than households with WASH awareness. This is because these concepts were new and likely radical for communities, requiring more time to invest in awareness raising, agency and movement building.
4. **Wide gap in water supply before the project**: While the project met its targets for rehabilitating damaged water systems, the water supply gap was so wide that the evaluation revealed that some communities remained where people still travelled long distances to access safe water, especially in Upper Chipinge. Crowding and conflict was reported to persist at the water sources that these communities rely on. Coincidentally, it was reported that members of these communities were reluctant to contribute financially towards the maintenance of the water systems on which they relied.

4.2.2. COVID-19

The project was implemented during the peak of the COVID-19 outbreak, where frequent lockdowns that prohibited people from gathering in numbers compromised the project's planned activities. However, Oxfam's adaptive management culture and community engagement enabled the project to progress at the initiative of locals. Further, the health services sector promoted sanitation and hygiene as measures to mitigate the impact of the pandemic, which contributed to the project's positive outcomes.

4.3. Key lessons from ZIRP

1. Actively and meaningfully engaging communities and stakeholders in a project's planning throughout the project cycle inculcates a sense of project ownership and responsibility for project resources, which enhances a project's sustainability.
2. Promoting agency (e.g. school health clubs and water point committees) and building local capacities enable community-led independent innovations that translate into unexpected positive outcomes and impacts. For example, the evaluation showed that, because of agency, unexpected increases in attendance rates and teacher retention rates as well as economic strengthening were reported in schools that benefited from the project.
3. Capacity building and awareness-raising can improve knowledge in the short term, but more time is needed for positive behaviour-change outcomes to be realized. This is because undesired behaviours do not merely emanate from lack of awareness or knowledge, but also from other factors, such as poverty, culture and so on. The evaluation showed, for example, that the proportions of respondents who were aware of the concepts that the project promoted were generally higher than for those who reported positive behaviour change.
4. Femininity in general is a source of vulnerability and prior gender analyses are important starting steps of developing a gender-sensitive programme. The evaluation's findings that illustrate this are:
    a. Unmet menstrual hygiene needs and expenses place girls and young women at a disadvantage wherever they interact with boys and men (e.g. girls may not attend school lessons during their menstrual cycles).
    b. The responsibility of collecting water for the household was ascribed more to girls and women than to boys, making water scarcity a predominately female problem.
    c. Female-headed households were significantly worse off on some outcome indicators than male-headed households.
    d. Women were mostly the victims, and men the perpetrators, in cases of gender-based violence.

5. Conclusions and Recommendations

This impact evaluation confirmed that the project was successfully implemented and surpassed its targeted number of households by 25%, although its emphasis was stronger in the hardware aspects of rehabilitating water sources to increase access to safe water. Fittingly, increasing safe water supply and access thereto was a top priority given the emergency context within which the project was conceptualized and rolled out. Smaller proportions of the district population were targeted with software aspects such as raising hygiene awareness. The evaluation confirmed that the project caused positive changes that fell mostly in line with its Theory of Change, with average proportions of households newly accessing safe water and allied benefits surpassing national and provincial targets. Further, comparison of the project's baseline status with its endline status showed positive improvements after and as a result of the project. No significant differences were found between male- and female-headed households, suggesting success in promoting gender-aware households. Nonetheless, households with persons with disabilities continued to lag behind on a number of indicators.

5.1. Recommendations

Oxfam needs to follow up on the impacts of ZIRP in the following ways.

1. Revisit wards where access to safe water and hygiene practices were found to be lower than others (e.g. Ward 8). These areas need continued support for water source rehabilitation, reduced distances to water points and hygiene education.
2. Scale up the DRR and EMS components of the project, as DRR and EMS knowledge levels were much lower than hygiene knowledge, with the implementation of community DRR plans lagging behind other positive practices that the project promoted.
3. Expand communities' and schools' economic empowerment by promoting agro-based enterprises around the water points that the project supported. The case study of Chiriga Primary School shows the immense potential of generating income through market gardening supported by the increased access to piped water. This innovation was not part of the project's original design, but through schools' innovations there is scope to add economic empowerment to the project's Theory of Change. Oxfam may need to specifically promote school-based income-generating projects as these can evidently have multiple impacts in terms of child protection (e.g. improved school attendance, schoolteacher retention and academic performance).
4. Support learning exchanges between schools to promote the kind of

economic strengthening model documented in the Chiriga Primary School case study.

5. Consider a second phase of the project that focuses on software components to complement the hardware component (water source rehabilitation, focusing on hygiene promotion). While qualitative evidence suggested a reduced risk of waterborne infections, there remains room for improving hygiene knowledge in several wards, particularly Ward 8. In addition to continued hygiene promotion, consider further addressing sexual and gender-based violence, given that significant proportion of respondents who reported experiencing sexual and gender-based violence in the 12 months preceding the evaluation.
6. If resources are available, consider producing a documentary of the project's impact to demonstrate the efficacy of some best practices that the evaluation identified, including:
    a. using water security strengthening as a strategy for economic empowerment.
    b. stakeholder and community engagement for effective local buy-in and ownership of community projects.
    c. addressing power relations to reduce sexual and gender-based violence through humanitarian programming.
7. For future WASH projects designed along the same lines as ZIRP, revise the Theory of Change to include impacts and be deliberate in supporting the following domains of change:
    a. Waterborne infections reduction
    b. Economic strengthening
    c. Staff retention in supported institutions
    d. Improved social protection of vulnerable groups such as children, elderly people and persons with disabilities.

Annexes

Annex 1. Data Tables

Table A1. Profile of respondents

Ward	Sex of respondent (%)		Age of respondent (%)						Position of the respondent in the household (%)			
	Female	Male	18 years and below	19–24 years	25–39 years	40–49 years	50–59 years	60+ years	Child of the household head	Household head	Relative of the household head	Spouse of the household head
Ward 8 (N=57)	59.6	40.4	1.8	5.3	19.3	36.8	28.1	8.8	5.3	61.4	0	33.3
Ward 12 (N=25)	60.0	40.0	0	4.0	16.0	32.0	24.0	24.0	0	64.0	0	36.0
Ward 16 (N=56)	62.5	37.5	0	1.8	25.0	26.8	25.0	21.4	3.6	51.8	1.8	42.9
Ward 18 (N=51)	74.5	25.5	2.0	9.8	33.3	15.7	17.6	21.6	9.8	39.2	13.7	37.3
Ward 19 (N=18)	44.4	55.6	0	5.6	22.2	33.3	22.2	16.7	11.1	72.2	0	16.7
Ward 20 (N=38)	47.4	52.6	0	5.3	42.1	26.3	18.4	7.9	5.3	65.8	5.3	23.7
Ward 21 (N=67)	70.1	29.9	4.5	4.5	19.4	31.3	25.4	14.9	6.0	50.7	0	43.3
Ward 22 (N=91)	65.9	34.1	4.4	4.4	24.2	28.6	23.1	15.4	9.9	41.8	2.2	46.2
Overall (N=403)	**63.3**	**36.7**	**2.2**	**5.0**	**25.1**	**28.5**	**23.3**	**15.9**	**6.7**	**52.1**	**3.0**	**38.2**

Table A2. Profile of household heads

Ward	Sex of household head (%)		Marital status of household head (%)					Age of household head (%)						
	Female	Male	Mono-gamously married	Poly-gamous married	Separated or divorced	Single, never married	Widowed	18 years or below	19–24 years	25–39 years	40–49 years	50–59 years	60+ years	Do not know
Ward 8 (N=57)	26.3	73.7	66.7	8.8	7.0	1.8	15.8	0	1.8	14.0	28.1	42.1	14.0	0
Ward 12 (N=25)	24.0	76.0	68.0	4.0	12.0	0	16.0	0	0	16.0	28.0	24.0	32.0	0
Ward 16 (N=56)	17.9	82.1	60.7	17.9	3.6	5.4	12.5	0	0	10.7	30.4	23.2	33.9	1.8
Ward 18 (N=51)	29.4	70.6	64.7	17.6	2.0	0	15.7	0	3.9	15.7	31.4	19.6	27.5	2.0
Ward 19 (N=18)	27.8	72.2	66.7	5.6	16.7	5.6	5.6	0	0	16.7	27.8	38.9	16.7	0
Ward 20 (N=38)	21.1	78.9	71.1	7.9	5.3	10.5	5.3	0	2.6	31.6	26.3	21.1	15.8	2.6
Ward 21 (N=67)	26.9	73.1	64.2	0	7.5	11.9	16.4	1.5	4.5	11.9	26.9	32.8	19.4	3.0
Ward 22 (N=91)	16.5	83.5	58.2	16.5	4.4	4.4	16.5	0	1.1	13.2	24.2	31.9	20.9	8.8
Overall (N=403)	**22.8**	**77.2**	**63.8**	**10.9**	**6.0**	**5.2**	**14.1**	**0.2**	**2.0**	**15.1**	**27.5**	**29.5**	**22.3**	**3.2**

Table A3. Household's main source of income

Ward	Casual labour (*maricho*) (%)	Farming (%)	Vending (%)	Formal employment (%)	Remittances (%)	Shop owner (%)	Begging (%)	Cross-border trading (%)	Building (%)	Rentals (%)
Ward 8 (N=57)	26.3	59.6	1.8	5.3	1.8	0	0	1.8	0	0
Ward 12 (N=25)	48.0	32.0	0	12.0	0	0	4.0	0	0	0
Ward 16 (N=56)	46.4	21.4	16.1	5.4	5.4	0	0	0	3.6	0
Ward 18 (N=51)	41.2	54.9	0	2.0	2.0	0	0	0	0	0
Ward 19 (N=18)	27.8	38.9	0	27.8	0	0	5.6	0	0	0
Ward 20 (N=38)	23.7	47.4	15.8	7.9	0	2.6	0	2.6	0	0
Ward 21 (N=67)	23.9	10.4	43.3	9.0	1.5	1.5	0	3.0	0	1.5
Ward 22 (N=91)	42.9	23.1	12.1	4.4	1.1	3.3	3.3	0	2.2	0
Overall (N=403)	**35.5**	**33.5**	**13.9**	**6.9**	**1.7**	**1.2**	**1.2**	**1.0**	**1.0**	**0.2**

Table A4. Time taken to the nearest water source

Ward	How long does it take to go there, get water and come back from a clean potable water source?									
	30 minutes or less (%)		31–60 minutes (%)		61–90 minutes (%)		Above 90 minutes (%)		Do not know/ not sure (%)	
	Before ZIRP	After ZIRP	Before ZIRP	After ZIRP	Before ZIRP	After ZIRP	Before ZIRP	After ZIRP	Before ZIRP	After ZIRP
Ward 8	15.8	71.9	49.1	21.1	24.6	3.5	5.3	1.8	5.3	1.8
Ward 12	28.0	60.0	68.0	36.0	4.0	4.0	0	0	0	0
Ward 16	8.9	94.6	50.0	3.6	37.5	1.8	3.6	0	0	0
Ward 18	15.7	92.2	47.1	5.9	29.4	2.0	7.8	0	0	0
Ward 19	33.3	72.2	22.2	11.1	27.8	11.1	16.7	5.6	0	0
Ward 20	28.9	84.2	47.4	13.2	10.5	0	10.5	2.6	2.6	0
Ward 21	37.3	89.6	43.3	9.0	13.4	1.5	4.5	0	1.5	0
Ward 22	49.5	87.9	19.8	8.8	17.6	1.1	9.9	2.2	3.3	0
Overall	**28.8**	**84.6**	**41.2**	**11.7**	**21.1**	**2.2**	**6.9**	**1.2**	**2.0**	**0.2**

Table A5. Distance to the nearest water source

Ward	Before the Oxfam intervention, what was the distance to the source of water?							
	500m or less (%)		501–1,000m (%)		More than 1,000m (%)		Do not know (%)	
	Before ZIRP	After ZIRP	Before ZIRP	After ZIRP	Before ZIRP	After ZIRP	Before ZIRP	After ZIRP
Ward 8	17.5	73.7	47.4	17.5	33.3	8.8	1.8	0
Ward 12	16.0	52.0	56.0	32.0	28.0	16.0	0	0
Ward 16	10.7	96.4	50.0	3.6	39.3	.0	0	0
Ward 18	13.7	86.3	39.2	5.9	47.1	7.8	0	0
Ward 19	33.3	66.7	22.2	5.6	38.9	22.2	5.6	5.6
Ward 20	28.9	89.5	44.7	2.6	23.7	7.9	2.6	0
Ward 21	38.8	89.6	41.8	10.4	19.4	0	0	0
Ward 22	44.0	85.7	25.3	5.5	25.3	6.6	5.5	2.2
Overall	27.3	83.6	40.0	9.2	30.8	6.5	2.0	0.7

Table A6. Who normally fetches water in your household?

Ward	Boys and girls below 18 years old (%)	Boys below 18 years old (%)	Girls below 18 years old (%)	Men 18+ years old (%)	Men and women 18+ years old (%)	Women 18+ years old (%)
Ward 8 (N=57)	14.0	1.8	7.0	1.8	29.8	45.6
Ward 12 (N=25)	8.0	0	8.0	4.0	28.0	52.0
Ward 16 (N=56)	7.1	1.8	3.6	5.4	12.5	69.6
Ward 18 (N=51)	29.4	0	7.8	7.8	27.5	27.5
Ward 19 (N=18)	5.6	0	0	11.1	22.2	61.1
Ward 20 (N=38)	15.8	0	5.3	5.3	21.1	52.6
Ward 21 (N=67)	10.4	7.5	9.0	4.5	13.4	55.2
Ward 22 (N=91)	6.6	1.1	6.6	4.4	15.4	65.9
Overall (N=403)	12.2	2.0	6.5	5.0	19.9	54.6

Table A7. Proportion of respondents aware of key times for handwashing

Variable	Number of known key times for handwashing (%)				
	1	2	3	4	5
Ward (p value < 0.05)					
Ward 8 (N=57)	0	10.5	59.6	21.1	8.8
Ward 12 (N=25)	0	12.0	28.0	44.0	16.0
Ward 16 (N=56)	0	10.7	62.5	14.3	12.5
Ward 18 (N=51)	9.8	27.5	47.1	11.8	3.9
Ward 19 (N=18)	0	33.3	22.2	38.9	5.6
Ward 20 (N=38)	0	7.9	73.7	10.5	7.9
Ward 21 (N=67)	19.4	1.5	32.8	35.8	10.4
Ward 22 (N=91)	15.4	5.5	44.0	22.0	13.2
Overall (N=403)	7.9	10.9	48.1	22.8	10.2
Sex of respondent (p value < 0.05)					
Female	9.8	8.6	44.7	23.9	12.9
Male	4.7	14.9	54.1	20.9	5.4
Age of respondent (p value > 0.05)					
18 years and below	0	22.2	44.4	11.1	22.2
19–24 years	0	20.0	45.0	20.0	15.0
25–39 years	5.0	12.9	44.6	25.7	11.9
40–49 years	9.6	7.8	51.3	25.2	6.1
50–59 years	11.7	5.3	48.9	26.6	7.4
60+ years	7.8	17.2	48.4	10.9	15.6

Table A8. Sources of information about ZIRP

Ward	Community leaders (%)	Community workers (%)	Oxfam staff (%)	Government officials (%)	Family member and/or friend (%)	Other (specify) (%)	Radio and/or TV (%)	Social media (%)
Ward 8 (N=57)	42.1	17.5	35.1	1.8	1.8	1.8	0	0
Ward 12 (N=25)	28.0	32.0	4.0	20.0	0	4.0	8.0	4.0
Ward 16 (N=56)	32.1	17.9	44.6	3.6	1.8	0	0	0
Ward 18 (N=51)	72.5	15.7	9.8	0	2.0	0	0	0
Ward 19 (N=18)	27.8	16.7	16.7	22.2	11.1	0	0	5.6
Ward 20 (N=38)	39.5	10.5	39.5	5.3	5.3	0	0	0
Ward 21 (N=67)	52.2	35.8	3.0	3.0	3.0	0	1.5	1.5
Ward 22 (N=91)	45.1	34.1	12.1	3.3	3.3	2.2	0	0
Overall (N=403)	**45.2**	**24.3**	**20.3**	**4.7**	**3.0**	**1.0**	**0.7**	**0.7**

Table A9. Equality between men and women

Ward	Women and men have equal access to sanitation facilities in our community					Women and men have equal access to clean water sources in our community				
	Strongly agree (%)	Agree (%)	Not sure (%)	Disagree (%)	Strongly disagree (%)	Strongly agree (%)	Agree (%)	Not sure (%)	Disagree (%)	Strongly disagree (%)
Ward 8 (N=57)	29.8	43.9	0	24.6	1.8	31.6	57.9	.0	10.5	0
Ward 12 (N=25)	40.0	56.0	4.0	0	0	40.0	56.0	4.0	0	0
Ward 16 (N=56)	37.5	51.8	3.6	7.1	0	46.4	39.3	1.8	12.5	0
Ward 18 (N=51)	43.1	56.9	0	0	0	51.0	47.1	0	2.0	0
Ward 19 (N=18)	38.9	38.9	5.6	11.1	5.6	44.4	44.4	0	11.1	0
Ward 20 (N=38)	26.3	65.8	0	7.9	0	42.1	44.7	0	13.2	0
Ward 21 (N=67)	50.7	19.4	4.5	16.4	9.0	62.7	22.4	0	6.0	9.0
Ward 22 (N=91)	45.1	28.6	11.0	8.8	6.6	49.5	39.6	1.1	7.7	2.2
Overall (N=403)	**40.2**	**41.7**	**4.2**	**10.4**	**3.5**	**47.4**	**41.9**	**0.7**	**7.9**	**2.0**

Table A10. Risk of intimate partner violence, gender-based violence and sexual exploitation among women, girls and persons with disabilities

Ward	Persons with disabilities are still at risk of intimate partner violence, gender-based violence and sexual exploitation in relation to WASH challenges					Women and girls are still at risk of intimate partner violence, gender-based violence and sexual exploitation in relation to WASH challenges				
	Strongly agree (%)	Agree (%)	Not sure (%)	Disagree (%)	Strongly disagree (%)	Strongly agree (%)	Agree (%)	Not sure (%)	Disagree (%)	Strongly disagree (%)
Ward 8 (N=57)	0	45.6	12.3	26.3	15.8	1.8	38.6	10.5	17.5	31.6
Ward 12 (N=25)	4.0	4.0	16.0	64.0	12.0	4.0	4.0	8.0	68.0	16.0
Ward 16 (N=56)	0	30.4	3.6	41.1	25.0	10.7	19.6	1.8	28.6	39.3
Ward 18 (N=51)	2.0	27.5	9.8	45.1	15.7	2.0	27.5	3.9	33.3	33.3
Ward 19 (N=18)	11.1	27.8	11.1	38.9	11.1	11.1	27.8	5.6	38.9	16.7
Ward 20 (N=38)	0	34.2	21.1	26.3	18.4	0	28.9	10.5	26.3	34.2
Ward 21 (N=67)	14.9	23.9	3.0	20.9	37.3	16.4	11.9	6.0	20.9	44.8
Ward 22 (N=91)	15.4	20.9	8.8	38.5	16.5	17.6	14.3	6.6	44.0	17.6
Overall (N=403)	**6.9**	**27.5**	**9.4**	**35.5**	**20.6**	**9.4**	**21.1**	**6.5**	**32.5**	**30.5**

Table A11. Proportion of respondents satisfied with work done by community's WASH structures

Ward	I am satisfied with the work being done by the water point committee to manage our source of water				I am satisfied with the work being done by the sanitation group to promote hygiene practices in our community				I am satisfied with the work being done by community health clubs to promote hygiene practices in our community				
	Strongly agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)	Strongly agree (%)	Agree (%)	Disagree (%)	Not sure (%)	Strongly agree (%)	Agree (%)	Disagree (%)	Not sure (%)	Strongly disagree (%)
Ward 8	24.0	70.0	6.0	0	37.8	56.8	5.4	0	46.2	51.3	2.6	0	0
Ward 12	45.5	50.0	4.5	0	69.2	23.1	0	7.7	55.6	33.3	5.6	5.6	0
Ward 16	62.5	35.7	1.8	0	44.2	53.5	0	2.3	42.9	53.1	0	4.1	0
Ward 18	37.5	62.5	0	0	72.7	27.3	0	0	48.1	48.1	0	3.7	0
Ward 19	55.6	38.9	5.6	0	60.0	40.0	0	0	50.0	50.0	0	0	0
Ward 20	32.4	56.8	8.1	2.7	38.7	61.3	0	0	38.7	61.3	0	0	0
Ward 21	68.3	23.8	4.8	3.2	79.6	18.4	2.0	0	80.0	13.3	4.4	0	2.2
Ward 22	64.7	30.6	2.4	2.4	67.9	32.1	0	0	67.7	27.4	1.6	3.2	0
Overall	**51.5**	**43.5**	**3.7**	**1.3**	**58.6**	**39.5**	**1.1**	**0.8**	**55.8**	**39.9**	**1.8**	**2.1**	**0.4**

Annex 2. Sense-making workshop

A sense-making and validation workshop was held in Chipinge on 23 and 24 May 2024 with 18 participants (five women and 13 men) (see Table A12).

Table A12. Attendance

Name of organization	Number of participants		
	Men	Women	Total
DWSSC (District Water and Sanitation Subcommittee)	8	4	12
Community members	1	1	2
Oxfam	3	0	3
VAL!Data	1	0	1
Total	**13**	**5**	**18**

The workshop recapped the impact evaluation process and presented its findings. Participants were then tasked with discussing these findings, using the rubrics of bad, good or excellent to rate whether what was presented was reflective of the situation on the ground. Participants were divided into three groups, covering water, sanitation and hygiene/health. They then prioritized recommendations and outlined an uptake and engagement plan.

Increased access to clean and safe water for schools and households

Rating	Reasons
Excellent	• The distance and burden of fetching water has reduced due to the conversion of borehole (bush pumps) to piped water schemes. Piped water schemes cover more households and promote multiple water use. • Ease of access, especially for elderly people and persons with disabilities. • Reduced risks and protection issues as conflicts have decreased. • Uphold children's safety and right to education as they no longer have to walk for long distances in search of water, and therefore have more time to study.
Good	• Improved teacher retention – especially in Ward 20. • Improved academic results, reduction in the time spent fetching water has freed time for children to study and focus on their academic work.

Improved sanitation and hygiene facilities and knowledge for households and schools

Findings	Rating	Comments
Improved hygiene behaviour translated into reduced risk of waterborne infections in the communities and at local schools.	Excellent	Decrease on open defecation to 12%. Decrease in pit latrines (upgradeable Blair toilets): communities have now upgraded their pit latrines to standard Blair ventilated latrines. Communities continued constructing toilets using their own initiatives and funds. No major disease outbreaks were recorded in the wards where Oxfam was operating.
Interventions to improve menstrual hygiene contributed to the dignity of girls and young women in local communities and schools.	Good	
Improved coordination of efforts to improve WASH in Chipinge District	Excellent	Critical government stakeholders are still directly involved in WASH programming and meet periodically, a legacy of the project. Activation of the DWSSC – although the committee faces logistical and mobility challenges, monitoring of project sites is continuing and a WhatsApp group was created to virtually monitor and support communities. Improved social cohesion among DWSSC members. Oxfam and ZIRP promoted regular meetings and field visits, which improved coordination and cooperation among the various government departments. Proactive disaster response.

Increased DRR and EMS knowledge, including increased activity of implementing DRR and EMS plans

	Excellent	DRR remains a preserve of district stakeholders with little capacitation of individual community members; there is a very knowledgeable district team with very few activities visible at the ward or village level. DRR activities are not visible on the ground.
		Lack of early warning systems and DRR focal persons at the village level.
The project set in motion important DRR and EMS processes with the potential to minimize disaster risk in the future if more follow-up activities are done to increase the numbers of households participating in DRR and EMS as well as monitoring progress in the implementing of local DRR plans.	Excellent	The project, together with other projects by other organizations, has capacitated district stakeholders; cascading this knowledge to the communities still need a lot of investment.

Gaps

DWSSC members agreed that Oxfam and other partners have done their part in building the capacity of district- and ward-level stakeholders; what is left is passing on DRR knowledge to all the villagers. They agreed that, as a government, there is need to have a line ministry or department that is responsible for monitoring DRR and to have DRR extension workers.

The girl-friendly latrines have improved girls' school attendance and restored their dignity. Participants also agreed that there is observable change in sanitation coverage and continued construction of sanitation facilities can also be attributed to the activities of the project. During the project's lifespan, there was an increase in sanitation coverage from 21% to 28%, according to the national statistics. Ward 22 is at almost 100% and is one of the wards were ZIRP activities were concentrated in.

It was mentioned that it is difficult to avoid situational behaviour change; for example, people's handwashing behaviour was affected by the outbreak of COVID-19, as people were scared and therefore improved their handwashing hygiene.

Access to water is also promoting multiple and additional water uses, such as for domestic use, gardening and for livestock.

However, improved access to water has also brought about conflicts. Although conflicts have always been there, piped water schemes have created new power dynamics, whereby the water-scheme caretaker in charge of operating times now wields a form of power.

Dissemination plan

1. Technical report to the DWSSC.
2. Summarized PowerPoint report presented to the DWSSC.
3. DWSSC will disseminate the findings to the communities.
4. Summarized findings (also in vernacular).

Notes

1 A Blair toilet is type of pit latrine, designed in the 1970s at the Blair Research Institute and widely deployed following Zimbabwe's independence.

2 Zimbabwe Vulnerability Assessment Committee (ZimVAC). (2022). 2022 Rural Livelihoods Assessment Report. Accessed 6 February 2025. https://fscluster.org/sites/default/files/documents/zimvac_2022_rural_livelihoods_assessment_report.pdf

3 Oxfam. (2024). Zimbabwe Idai Recovery Project (ZIRP) Chipinge End of Project Report. Unpublished project document.

4 Oxfam. (2024). Chipinge End of Project Report, op. cit.

5 Oxfam. 2023. Zimbabwe Idai Recovery Project. YouTube, 15 August. Accessed 6 February 2025. https://www.youtube.com/watch?v=rfsMlLsrrdM&t=7s

6 ZimVAC. (2022). 2022 Rural Livelihoods Assessment Report, op. cit.

7 Sphere Standards. (2018). The Sphere Handbook 2018. Accessed 14 January 2025. https://www.spherestandards.org/handbook-2018

8 ZimVAC. (2022). 2022 Rural Livelihoods Assessment Report, op. cit.

9 ZimVAC. (2022). 2022 Rural Livelihoods Assessment Report, op. cit.

10 Oxfam. (2024). Chipinge End of Project Report, op. cit.

11 ZimVAC. (2022). 2022 Rural Livelihoods Assessment Report, op. cit.

12 The national proportions here are taken from ZimVAC (2022).

13 Core Humanitarian Standard. (2024). Core Humanitarian Standard on Quality and Accountability: 2024 Edition. Accessed 14 January 2025. https://handbook.hspstandards.org/en/chs/2024/#ch001

14 Evaluating Advocacy. (2020.) A Brief on Contribution Analysis: Principles and Concepts. Accessed 14 January 2025. https://evaluatingadvocacy.org/doc/A-brief-on-contribution-analysis-Principles-and-concepts.pdf

This publication was written by VAL!DATA consultants Dereck Moyo and Kudzai Makoni.

For further information on the issues raised in this paper please email publishingteam@oxfam.org.uk

The information in this publication is correct at the time of going to press.

Published by Oxfam GB for Oxfam International under
DOI: 10.21201/2025.000063
Oxfam GB, Oxfam House, John Smith Drive, Cowley, Oxford, OX4 2JY, UK.

Cover photo: Foroma villagers collect water from a solar-powered piped water scheme in Chipinge, Zimbabwe. Trust Mugwagwa/Oxfam.

About Oxfam

Oxfam is a global movement of people who are fighting inequality to end poverty and injustice. We are working across regions in more than 70 countries, with thousands of partners, and allies, supporting communities to build better lives for themselves, grow resilience and protect lives and livelihoods also in times of crisis. Please write to any of the agencies for further information or visit www.oxfam.org.

OXFAM