

A-8.1 ジンバブエ PRA の概要

ビンガ地区 Mucheni 村

1. PRA ワークショップの概要

PRA 実施の日程、各サンプル村からの参加者数を以下に示す。また、作業のテーマ、利用したツールなどは添付資料 7 の PRA ガイドラインを参照のこと。

実施日： 11 月 21 日～22 日

参加者： 参加者約 20 名（途中流動的）

2. 村の概要

ビンガ地区 Mucheni 村は民族的にはトンガ族であり、1957 年、カリバ・ダム建設により、ビンガ地区に強制移転された。その後、1961 年、82～83 年、91～92 年、2002 年に干ばつを経験している。

村落住民によれば、移転当時、一世帯の平均世帯人数は 6～7 人程度であった。保健医療サービスの欠如、麻疹の流行などから、1960 年代の死亡率は高かった。また、1963～64 年には Siabuwa 村に保健所が開設し、1965 年頃までには住民の保健医療サービスへのアクセスは改善し、人口増加が高まった。その後 1970 年代に家族計画が導入されたものの住民は受入れず、1980 年代半ばには総人口はピークを迎えた。1985～86 年から徐々に、HIV/AIDS が広がり始めた結果、1995 年以降家族計画が推進されたが、PRA 参加者の 75%は未だ避妊を認めていない。HIV/AIDS による死亡率の増加、家族計画の推進に加え、生活費の値上がりにより少子化が広がり、総人口は減少傾向にある。PRA ワークショップ参加者のうち、20 代の夫婦の平均的な子供の数は 3～4 人で、年配者では 7～10 人であった。

3. 社会状況

Mucheni 村では、チーフ、村長、チーフのメッセンジャーが役割を担うほか、村落開発委員会（VIDCO）、社会開発委員会（SDC）そして CAMPFIRE、ZDCP などプロジェクトの委員会を構成する。特に、チーフ、議員、村長、VIDCO は活発に活動し村の発展に努めている。

村落住民にとっての主要な情報源はラジオである。PRA 参加者のラジオ保有率は 25%であったが、持たない者は近所の所有者から情報を得ている。また、学校、村の集会も情報伝達の間となっている。村落住民と RDC の関係は疎遠であり、集会などで集められた村人の意見が十分に RDC に伝わっていないか、

RDC に無視されているのではないかと感じている。公的サービスは、社会福祉課が高齢者及び障害者への食糧援助を行なっている他、Siabuwa 村にある医療センターにおいて保健・医療のサービスを受けられるが、Mucheni 村からのアクセスは悪く、改善が望まれている。

4. 給水施設の運営・維持管理状況

日本政府支援による井戸掘削について SCF 主導で住民集会が催され、住民の理解のもと、村の 2 個所にハット・ポンプ付き深井戸が建設された。井戸建設にあたっては、村落住民は水、砂などを川から採取して提供したほか、周辺の清掃、フェンスの建設、洗濯台の建設なども行なった。Tugwasiyane に掘削された井戸は約 50 世帯に裨益している。Mucheni 小学校敷地内の給水施設は、2001 年 8 月に壊れたが、ポンプ修理人が近くにいないため、その後修理は行なわれていない。

SCF の助言のもと、井戸建設後には男女各 3 名、学校関係者 1 名（現在は移動により欠員）から成る水委員会（Water Point Committee）が設置され、O&M にあたっている。具体的には、施設の手入れ、正しい施設使用法の指導、周辺の清掃、水使用料の徴収などである。しかし、水委員会は修理道具の不足、低技術（DDF からの研修なし）、上位の管理責任機関不明、裨益者の料金未払いなどの問題を抱えている。水委員会は上位の管理責任機関がわからないため、壊れた井戸については、RDC へ報告をしたものの RDC からは反応がない他、SCF を通じて DDF に修理・管理についての研修を求めているものの、研修は行われておらず、維持・管理に関して行政からの十分な支援が得られていない。ZINWA は村レベルではまったく関与しておらず、住民からは認識されていない。他方、SCF は、深井戸建設の際に支援があったとその活動を評価している。

5. 保健・衛生習慣の変化

深井戸建設時に SCF と保健・子ども福祉省は保健・衛生教育を実施したこともあり、住民は安全な水を利用する大切さについて認識し、保護されていない水源を利用することにより生じる問題への理解を示している。しかし、住居が深井戸から離れているため、未だ保護されていない浅井戸の水を利用している者が多い。PRA 参加者 27 人のうち深井戸を利用している者は僅か 3 人で、残る 24 人は浅井戸を利用している。また、保健・衛生教育の結果、衛生的な水の利用、トイレの使用など住民は知識を得ているが、実践には移していないことも明らかになった。PRA 参加者 27 人のうち住居にトイレがあるのは 1 人であった。国は改良トイレ（VIP: ventrated improved pit latrine）の普及を奨励しているが、セメントなどの建設資材の購入が住民には大きな負担である。

6. 事業の効果と問題

現在深井戸を利用している参加者は、それまで川に水汲みに行っていたため主要疾患であった住血吸虫が減少した他、秋と初冬には川が干上がるため、まったく水が手に入らない状況だったのが改善されたと事業を評価した。また、母親が水汲みを早朝に行い子どもに食事を与えて学校に通わせるようになったことや、以前水汲みに費やしていた時間を、現在は料理などの家事に使うなど世帯レベルでの具体的な効果も述べられた。

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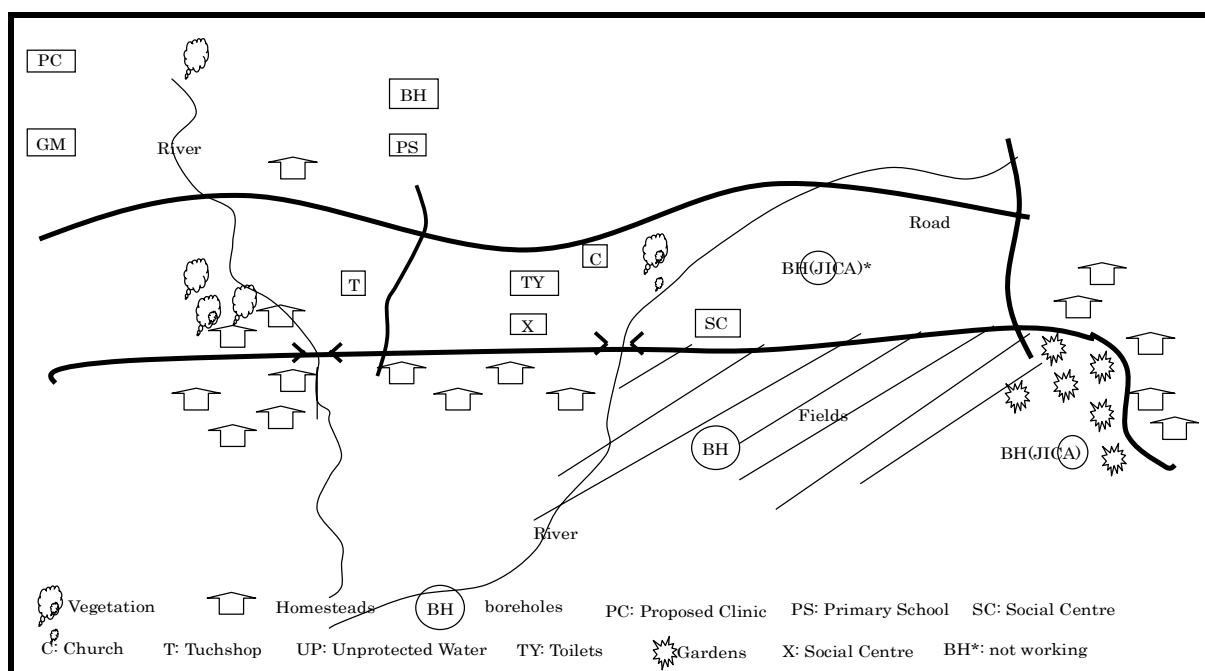
7. 他の援助の状況

NGO 及び他ドナーによる支援は以下の通りである。

組織名	支援の内容
Zimbabwe Decentralised Cooperation Program	診療所・学校建設
Save the Children Fund	食糧援助、水・衛生に関する啓蒙活動
Kulima Mbobumi Training Centre	農業のためのローン、種の配布、共同農地農家のための乾燥地農業研修
Christian Aid	母子保健のための移動診療所

8. PRA 結果の例

Mucheni Village: Social Map



WEALTH RANKING

	Richest	Rich	Poor	Poorer	Poorest
Cattle	40+	20+	N/A	N/A	N/A
Scotchcart	2/3	1	N/A	N/A	N/A
Donkeys	10	5	N/A	N/A	N/A
Goats	100	50	5	2	N/A
Sheep	27+	13	N/A	N/A	N/A
Chicken	50+	20	5	N/A	N/A
Guinea Fowls	50+	5	N/A	N/A	N/A
Dogs	7+	1 to 2	1	N/A	N/A
Bicycle	2/3	1	N/A	N/A	N/A
Type of House	Brick/Asbestos	Farm bricks and thatch	Poor House	Poorer House	Shack
Shop	1	N/A	N/A	N/A	N/A
Tractor	1	N/A	N/A	N/A	N/A
Grinding Mill	1	N/A	N/A	N/A	N/A
Radio	Big radio	Small radio	N/A	N/A	N/A
Plough/Cultivator		1	N/A	N/A	N/A
Marriage	2 to 3 wives	1 to 2 wives	1 wife	1 wife	Not married
					Lazy
					Survives on food donations
					Uses clay plot/wooden plate
					Does not plough

ビンガ地区 Gande 村

1. PRA ワークショップの概要

PRA 実施の日程、各サンプル村からの参加者数を以下に示す。また、作業のテーマ、利用したツールなどは添付資料 7 の PRA ガイドラインを参照のこと。

実施日： 11 月 25 日～26 日

参加者： 参加者約 30 名（途中流動的）

2. 村の歴史と概要

トンガ族である住民は、ダム建設のため 1957 年現在の地に移転させられた。移転により、それまでザンベジ川流域で 2 期作を行い、漁と狩で生活していた住民は、水へのアクセス、生活の糧を得ることが難しくなった。当初、政府から水へのアクセス、食糧援助、補償などが約束されたが、実行されていない。1961～62 年、67 年、92～93 年、95 年には干ばつが起きたほか、1970 年代半ばに開放戦争が始まり、激化とともに 1980 年に戦争が終結するまで深刻な食糧不足を経験している。

1957 年の移転当初、村は比較的小さかったが、その後人口は自然増加している。ここでは、1 世帯を「同じ食卓で食事をする家族」と捉えた。1 世帯は多くとも 10 人くらいであるが、家長によっては 3～4 人の妻があり、家長 1 人に対しては 35 人が総家族人数となるケースも見られた。村落全体の人口は、1964～65 年には麻疹、天然痘の流行、1974～79 年には開放戦争の影響による死亡者・転出者により、一時的に人口が激減した。また、1991 年には HIV／AIDS による死亡も顕著化した。家族計画は 1980 年代後半に導入されたが、社会慣習的理由などから住民にあまり受け入れられていない。

3. 社会状況

村には、チーフ、村長、村長の補佐役、議員、教会の長老、ヘルス・ワーカー、コミュニティー・ワーカーがおり、村落開発委員会 (VIDCO)、水委員会 (water point committee)、村内の安全を守る自衛団 (Neighbourhood Watch)、KMTC、CAMPFIRE などのプロジェクト委員会が構成されている。

住民の行動範囲は比較的広く、食糧調達に近隣村落を訪れ、都市部には買い物や職探しに出る。また、ザンベジ川の向こうザンビア側に親戚がいる者も多く、先祖の墓参りや親族との集まりなどに出かける。

住民の情報へのアクセスは、学校（子供を媒介にして）、ラジオやラジオを持った人からの情報、議員やチーフなどからの情報が主な情報源である。ラジ

オの所有率は PRA 参加者では約 30%であった。

RDC は、村のために殆ど何もしてくれないといった声が聞かれた。壊れたままの深井戸があるほか、途中で頓挫した保健所プロジェクトもある。また道路網は発達しておらず、インフラ整備は遅れている。これは以前の議員が十分に活発でなかったことも大きな要因だと住民は考えている。

4. 水供給施設の運営・維持管理

日本支援により掘削が始まる以前の 1999 年に、ワードにある村落の代表者と SCF、DDF との間で会合が催され、Sinakoma ワード内 5 箇所にハット・ポンプ付き深井戸が建設される予定であることが告げられた。議論の末、保護された水源が無く、住民が遠くまで水汲みをしている地域に掘削することで合意を得て、Gande 村に 5 つのうち 1 つの掘削が決まった。また、この会議では井戸は村の所有であり、建設に際しては住民が積極的な参加をすることで合意し、建設過程では用地の整地、砂と水の提供、道具の監視、維持管理への寄付などがなされた。

SCF の助言により、井戸の運用については、女性 7 名、男性 2 名から成る水委員会が設置されている。これは、水汲みが女性の仕事であることから、故障の時に最初に気付くのも女性であると考えられるためで、故障に気付いた場合には男性の委員に報告する。水委員会の主な仕事は、建設時の活動の調整と住民のオーナーシップの確立であった。現在では維持管理に関して、周辺環境の整備、修理など責任をもって手配すること、料金の徴収などが主な役割である。料金は 1 世帯当たり月 Z\$20 で 1999 年に合意し、2002 年 8 月には Z\$10 に改定されたが、現実には定期的な徴収は行われていない。

水委員会の議長、セクレタリーのみが維持管理に関する研修を受けていて、残りの委員は彼らから研修を受けることが期待されている。しかし、委員には何のインセンティブも無いため、委員交代が頻繁であり、1999 年当初からの委員はわずか 2 名しかいない。新しい委員は何をすべきか分からずにいるため、早急に研修を必要としている。また、水委員会が現在あまり機能していない理由として、住民が周辺の清掃の義務が無いことや受益者が何も貢献していないことを挙げている。2002 年 11 月に住民が井戸の囲いを修理したが、これは家畜が深井戸敷地内に入り込み、周辺を汚していたためである。

住民は 1)水委員会がどういった機能をもつのか理解していないため、貢献の意志を持たない、2)壊れた時にどう対応すべきか理解していない、3)水委員会の誰にコンタクトすべきかなども住民は知らないなど、維持管理についてまったく知らない。また、排水溝が設置されていないため、ポンプから漏れた水が周囲に溜まり非衛生的であるが、何も対処されていない。1999 年に SCF は活動的であったが、現在は給水関連の活動は Gande では行っていない。

現在いかなる問題についても ZINWA、DDF、RDC など公的機関から支援を受けていないため、水委員会は誰にどうコンタクトすべきか理解していない。ポンプが壊れた時の修理道具の配給と DDF によるポンプ修理人の養成が早急に必要である。

5. 保健・衛生習慣の変化

村の女性の一部は保健所と VHW（ヘルス・ワーカー）から、子どもたちは学校で保健教育を受けている。また、SCF と DDF は深井戸建設時に水と衛生環境に関する研修を実施した。これらによって、食事前後、調理前、外の仕事から帰ったとき、子どものおむつを換えた後、授乳前、病人を介護した後などに手洗いが励行されるようになった。また、食器を乾かすためのラックの使用、飲料水の煮沸、台所のため水の密閉、清潔な水での食器洗浄、ほとんどの家庭がトイレを持たないの排泄物を埋めることなどが指導され、これらを実行している住民もいる。しかし、井戸水の味が受け付けられず、浅井戸や表流水の水を飲料水とする住民もいる。また、トイレについては、住民はその重要性を理解しているものの、家庭に設置できる経済力はないため、実践されていない。

6. 事業の効果と問題点

住民によれば、井戸が設置されて以来、乾季の水不足は解消され、水質の面でも安心できるものとなった。健康面では、下痢症及び住血吸虫の感染の減少に効果が見られた。また、個人レベルでは水汲みの時間が短縮されたことにより、女性は家事労働に多くの時間が割けるようになった他、かご細工などの経済活動や畑での仕事に時間が使えるようになった。かつて女性は夜中に水汲みをしていて、睡眠時間が少なかっただけでなく、野生動物に襲われる危険性もあったという。さらに、村単位での活動を通して住民の結束感が高まったなどの意見も述べられた。

一方、本事業に係る問題点としては、施設の維持管理が挙げられる。システムとして水委員会が十分に機能しておらず、住民の維持管理システムに対する理解度が低いだけでなく、行政側からも明確な責任機関と範囲も示されていない。またポンプ修理人が村にいないことは故障のときに問題となり、放置される危険性もあることから、早急に修理人の養成が必要である。

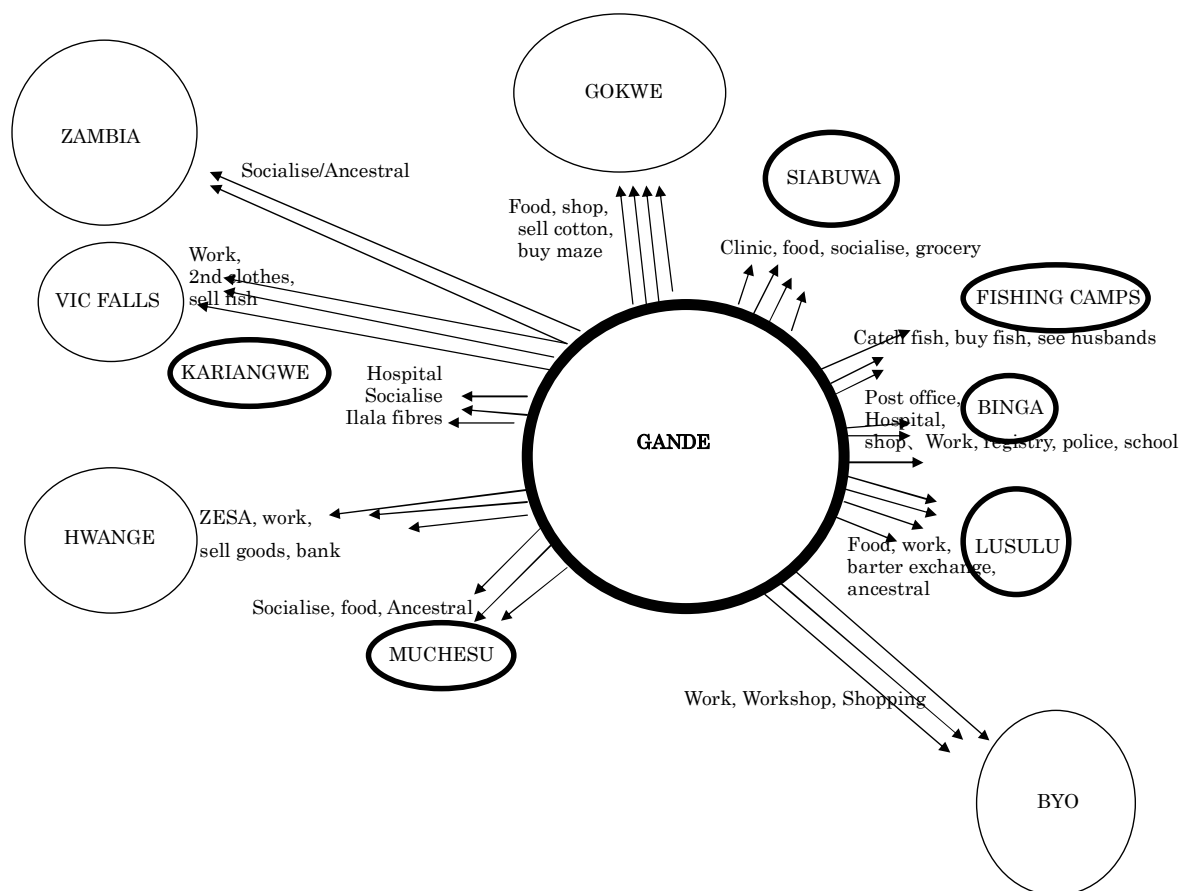
7. 他の援助の状況

NGO 及び他ドナーによる支援は以下の通りである。

組織名	支援の内容
Kulima Mbobumi Training Centre (KMTC)	乾燥地農業研修、農業のためのローン、種の配布、
Save the Children Fund	HIV/AIDS

8. PRA の結果例

Mobility Map of Gande Village



WELL-BEING RANKING

Criteria	Richest	Rich	Poor	Poorer	Poorest
Cattle	20+	10-	No cattle	No cattle	No cattle
Goats	20+	5	5	No goats	No goats
Sheep	20+	5	No sheep	No Sheep	No Sheep
Pigeons	20+	N/A	N/A	N/A	N/A
Chicken	50+	20+	N/A	N/A	N/A
Pigs	5	2	N/A	N/A	N/A
Number of Wives	2 to 3	1 to 2	1	1	Not married
Scotch-cart	1	N/A	N/A	N/A	N/A
Donkeys	5+	2+	N/A	N/A	N/A
Land	10 acres	5 acres	1 acre	½ acre	No land
Type of House	Brick and thatch House	Brick and thatch house	Poor house	Poorer house	Poorest House
Cultivation methods			Zero tillage		Does not plough. Relies on social welfare
			2 to 3 blankets	1 or 2 blankets	No blankets
			Pots need mending	Pots used obtained from tinsmiths	Cooks in tins

A-8.2 ザンビア PRA 結果の概要

1. PRA ワークショップ概要

PRA 実施の日程、各サンプル・ゾーンからの参加者数を以下に示す。また、作業のテーマ、利用したツールなどは添付資料 7 の PRA ガイドラインを参照のこと。

1) ジョージ地区

a. ジョージ・プロパー（12 月 12 日～13 日）

参加者： 住民（ゾーン 10 より 8 人、ゾーン 11 より 11 人）
 タップ・リーダー（18 人）

b. 第 5 給水区（12 月 11 日）

参加者： 住民（ゾーン 16 より 7 人、ゾーン 21 より 9 人）
 タップ・リーダー（22 人）

c. 第 7 給水区（12 月 10 日～11 日）

参加者： 住民（ゾーン 15 より 10 人、ゾーン 26 より 14 人）
 タップ・リーダー（17 人）

2) バウレニ地区（12 月 12 日～13 日）

参加者： 住民（ゾーン 8 より 11 人、ゾーン 13 より 7 人）
 タップ・アテンダント（10 人）

2. 居住地の概要

ジョージ・プロパー

同地区は浅井戸の数が多い。これはこの地区に居住する住民 1 世帯当たりの人数が多く給水施設からの割り当てでは十分では無いこと、水を多く必要とする煉瓦作り、ビールの生産などで住民が生計を立てていることによる。住民によれば、水は一度貯水槽に溜められるが、貯水槽を清掃しないためか水道からはゴミが出てくるなど、水質が悪いことが指摘される。また、トイレの数は少なく隣人のトイレを借りている住民が多い他、トイレが水道近くに設置されているケースも見られた。ゴミについては住居近くに自家製のゴミ捨て場を設置しており、衛生的な住環境とは言えない。また、同地区の住民は NGO のこれまで支援は効果がなかったと感じており、居住区内の活動参加

に対して消極的である。保健医療においては、診療所が地区内にあるが、常時薬が不足しており、あまり役立っていない。

ジョージ第5給水区

この地区は比較的多くの公共水栓が設置されているにもかかわらず、多くの住民が未だ浅井戸を利用している。水質に関する不満は住民からは出なかったが、給水時間は常に混雑している所もある（水道栓 13）。ゴミについては、収集場所が設置されているものの回収は行われておらず、現在では住民各自が穴を掘って埋めている。また、近隣に診療所、公私立の学校はなく、子どもは遠くまで通学している。

ジョージ第7給水区

住民の多くは家の中に水洗トイレを設置しており、住民は住環境について概ね満足している。但し、1個所においては公共水栓近くにトイレがあり、悪臭を放っていることが指摘された。また、水質については、砂や黒いゴミが混入している他、水圧が低く水の出ないことがあることも指摘されている。本評価調査時には、2つの水道栓が完全に壊れていた。また、ゴミ捨て場が浅井戸からわずか数メートルのところにあり、そこには工業地区からの川も流れ込んで来ているが、子どもは周辺で遊びまわっているなど衛生環境的には望ましくない。ゴミ収集は JICA のプログラムによって始められたが、現在は停止している。また、この地区にはコミュニティー学校、ホテル、2個所の民間診療所が存在する。市場もあるが、市場の水道栓のまわりは特に非衛生的である。

バウレニ地区

同地区では、水道栓は平均的に配置されている。水道栓設置前は、女性は農場や公共施設など遠くまで水汲みに歩いたが、現在では近くに水道栓がある。また、トイレの衛生状態は世帯の経済状況により異なるが、Programme for Urban Self Help (PUSH) の支援を受けて改良トイレを設置している家庭もある。Zone 8 にはパブや飲食店などがあり、それらのトイレは不衛生である。

3. 社会状況

各地区により地区内の貧困のレベルは異なる。ジョージ地区では社会経済的に以下の4つの階層に住民は分けられたが、バウレニ地区では3階層に分類された。

Table1 SUMMARY OF WEALTH CLASSIFICATION IN GEORGE COMPOUND

Rich	Middle Rich	Poor	Poorest
<ol style="list-style-type: none"> Owns own house & is Landlord. Children attend private School. Attends private hospital Pays for water in advance Has successful business Affords good food Employs workers Owns car Has bank account Electrical goods-Satellite TV, fridge 	<ol style="list-style-type: none"> Rents a good house Affords 3 meals Employed in a stable job Children go to government school Pays for water every month Can afford government medical scheme Has bank account Electricity in the house Radio/ TV/ Video Has bicycle 	<ol style="list-style-type: none"> Piece work Affords second hand clothes Eats at least one meal per day Poor housing structure Rarely pays for water No savings in the bank Only part of the children go to school Can't buy soap Latrine with sack walls Can't afford bicycle 	<ol style="list-style-type: none"> Drinks from shallow well Unemployed Can't afford medical scheme Children not in school Poor quality clothes Can't afford meals per day Uneducated No family planning No electricity in house Very poor housing structure

Table 2 SUMMARY OF WEALTH CLASSIFICATION IN BAULENI COMPOUND

Average Rich	Poor	Poorest
<ul style="list-style-type: none"> Affords Users Fees Owns a house Owns a reasonable business Helps extended family Eats 3 meals per day More than one relish per meal Has flush toilet Children in Schools Electrical goods 	<ul style="list-style-type: none"> Affords Users fees occasionally 2 meals per day Small electrical such as radio Has small shop in market Employed as house servant 	<ul style="list-style-type: none"> House built of mud Can't afford Users fee No electricity Children out of school Use neighbours latrine Malnutrition

両地区どちらにおいても、この 5 年間で最貧困及び貧困層の数が増加傾向にあることが分かった。これはインフレ、1991 年以降の民営化政策による国営工場などの閉鎖、保健医療サービスの有料化などによる複数の要因が起因している。公共サービス改革プログラム（PSRP）による公共サービス改革は、さらに多くの失業者を生み出し、世帯レベルでの影響はかなり深刻なものとなっていることが明らかになった。PRA のフォーカス・グループ・ディスカッションでも 5 年前に比べ生活が苦しくなったという参加者は多く、その理由としてジョージ地区では 1) 食べ物の値上がり、2) 失業、3) Kwacha の値下がり、4) 汚職の増加、5) 治安の悪化、6) HIV/AIDS の流行、7) ストリート・チルドレンの増加などをあげている。

これらの経済状況の悪化により、ジョージ地区では 3,000 K の月ごとの水料金支払いが難しくなっている。結果、浅井戸を掘って生活用水とする住民

が増えた。ジョージ地区の寡婦やシングル・マザーの多くは貧困・最貧困層に分類されているが、水料金が支払えないことは最も深刻な問題のひとつであり、浅井戸を掘るか、料金を支払っている友人や隣人に飲み水を譲ってもらっている。つまり、最貧困層は給水事業による安全な水へのアクセスが限られている。他方、バウレニ地区では 3,000K の水料金が支払えない住民は、市が設置した無料の水道栓を利用するため、ジョージ地区ほど経済悪化の影響が水利用に及んでいない。

両地区における主要疾患は、マラリア、結核、HIV/AIDS、高血圧、糖尿病などである。しかし、上記に分類された階層により、主要疾患は異なる。例えば富裕層には高血圧、糖尿病、鬱が多いのに対し、貧困層ではマラリア、下痢症、結核などが主要疾患として挙げられる。HIV/AIDS は階層に関係なく、蔓延している。

4. 水供給施設の運営・維持管理

ジョージ地区

水管理委員会はタップ・リーダーを通じて、水道栓を管理している。コミュニティにより選出されたタップ・リーダーは規範では朝晩 2 回(実際には朝 1 回)栓を開け、水汲みに来る人が料金を払っているか確認し、汲む水の量をチェックし、水道栓周辺を衛生的に保つよう管理し、住民に衛生教育を行う。周辺管理において、ほとんどの場合、実際に清掃するのは女性である。実際に朝 1 回しか栓を開けないことについて、タップ・リーダーはコミュニティが同意していること、住民が朝に 1 日の限界量を汲んでしまうこと、日に 2 回栓を管理するほどの手当てをもらっていないことなどの理由を挙げているが、住民は日に 2 回開栓すべきだと考えている。

また、タップ・リーダーは水管理に係る研修を受けているが、修理については指導を受けておらず、技術面での研修を必要だと考えている。実際水道栓が壊れることは多く、事業所が必ずしも迅速な対応をするとは限らないことを指摘する。

料金は 1 世帯につき月額 3,000K で、毎月 1 日までに事務所に支払われる。この金額を支払うことにより、1 日 10 杯 (20 リットル X10) の水の使用が許可される。しかし、利用者は毎月 1 日までに支払うことができない場合もあり、住民は数日の猶予を必要としている。1 日までに支払えない住民とタップ・リーダーは口論となることもあり、これはタップ・リーダーへの負担ともなっている。また、利用者は上限を超えて水を必要とすることもあり、タップ・リーダーは必要に応じて許可をすることもある。

タップ・リーダーは、1) 雨季のためのレインコートと長靴、2) ハードカバー

の記録用ノート、3) ペン、4) 手当での値上げなどを必要と考えるほか、諸問題への対策を考えるためのタップ・リーダー間の情報交換会なども行われるべきだと指摘する。諸問題が解決されずに放置されているのは、水管理委員会が充分機能していないためだとも指摘する。特に第7給水区においては、水圧が低くなり、いくつかの水道栓では水が出ないところがある他、混入物により水質の悪化も確認されているが、特に対処されていないことも挙げられた。

バウレニ地区

同地区では、水道栓は10箇所設置されており、受益世帯数は447にのぼる。また、同地区には、プロジェクト以外に政府が設置した無料の水道栓も存在する。

各水道栓はRDCの議長が指名したタップ・アテンダントによって運営される。タップ・アテンダントは毎月55,000Kと無料の水を受けて働く。Zone 8 及び13のタップ・アテンダントはすべて女性である。タップ・アテンダントは定期的に水管理委員会と会合を持つことになっているが、実際には行われていない。その結果、彼らの仕事に関係した問題について議論が行われることはない。また、ほとんどの意思決定は水委員会の議長が行なう他、彼らが使う本やペンなどは無くなれば事務所から配給される。事務所は記録ノートのチェックなどはしないものの、適度な監督を行なっているとタップ・アテンダントは感じている。

水道栓は朝7時から3時間、午後3時半から2時間半の間、開栓する。朝の開栓前にはタップ・アテンダントは周辺を清掃することが義務付けられている。水道栓は壊れるとプロジェクト事務所から迅速に修理に来るが、タップ・アテンダントは水の損失を防ぐため、水漏れを直す工夫をすることが多い。また、タップ・アテンダントは水道栓設置後最初に研修を受けたのみで、保健衛生に関する研修は長い間実施されていない。現在のタップ・アテンダントは1人を除いて全員新たに指名された人達で、研修を受ける必要がある。

月の使用料は1世帯当たり3,000Kで、1日20リットルを上限とする。20リットルを超えて水を汲む場合、1杯(20リットル)につき100Kを支払う。料金はタップ・アテンダントに支払い、タップ・アテンダントは受取額をノートに記録するが、受領書は出さない。受領書は3ヶ月に1度プロジェクト事務所から発行される。月ごとの支払いは原則毎月1日までに支払うが、5日間の猶予が与えられている。この期間に支払いのできない世帯とプロジェクトの水道栓に登録していない世帯は、政府が建設した無料の水道栓を利用している。

5. 保健・衛生習慣の変化

最も頻繁に手洗いを励行していると考えられる場合を選んで、実際にどの程度手洗いが行われているのか調査を行った結果、石鹼を使って手洗いをするのは、トイレの後及びおむつを換えた後であることがわかった。調理前や食事の前には手を洗うが、石鹼を使ってはいない。また、葬式に集まったときの手洗いについては、たらいの中で手を洗う人が最も多く、衛生教育の改善が必要であろう。

地域別に見ると、ジョージ・プロパー及びジョージ地区第5給水区では、比較的良好に石鹼を使って手洗いを行っている。また、ワークショップでは、女性は石鹼を使って手を洗うよう指導を受けていることが明らかになった。これは、女性は5歳以下の子どもを連れて、クリニックに行ったときに、指導を受けているためであった。他方、パウレニ地区では石鹼を使わずに手を洗うことの方が多くことが分かった。パウレニ地区では衛生教育よりむしろ HIV/AIDS 教育が盛んであり、衛生に対する認識が定着していないと考えられる。

おむつを換えた後

	ため水を流して石鹼を使わず洗う	ため水を流して石鹼を使って洗う	たらいで石鹼を使わず洗う	たらいで石鹼を使って洗う	水道水で石鹼を使わず洗う	水道水で石鹼を使って洗う	全く手を洗わない	合計
ジョージ・プロパー	4	6	1	5	0	1	0	17
ジョージ地区第5給水区	0	8	0	4	0	0	0	12
ジョージ地区第7給水区	0	6	0	6	0	0	0	12
パウレニ地区	0	0	6	5	0	0	0	11
合計	4	20	7	20	0	1	0	52

調理前

	ため水を流して石鹼を使わず洗う	ため水を流して石鹼を使って洗う	たらいで石鹼を使わず洗う	たらいで石鹼を使って洗う	水道水で石鹼を使わず洗う	水道水で石鹼を使って洗う	全く手を洗わない	合計
ジョージ・プロパー	1	6	5	3	2	4	1	22
ジョージ地区第5給水区	4	5	4	2	0	2	0	17
ジョージ地区第7給水区	6	0	12	2	1	2	0	23
パウレニ地区	0	3	8	5	0	0	0	16
合計	11	14	29	12	3	8	1	78

食事前

	ため水を流して 石鹼を使わず 洗う	ため水を流して 石鹼を使って 洗う	たらいで石鹼を 使わず洗う	たらいで石鹼を 使って洗う	水道水で石鹼 を使わず洗う	水道水で石鹼 を使って洗う	全く手を洗わな い	合計
ジョージ・プロ パー	7	7	4	1	0	2	0	21
ジョージ地区 第5給水区	5	3	3	4	1	1	0	17
ジョージ地区 第7給水区	9	2	7	5	0	0	0	23
バウレニ地区	2	2	10	2	0	0	0	16
合計	23	14	24	12	1	3	0	77

トイレ後

	ため水を流して 石鹼を使わず 洗う	ため水を流して 石鹼を使って 洗う	たらいで石鹼を 使わず洗う	たらいで石鹼を 使って洗う	水道水で石鹼 を使わず洗う	水道水で石鹼 を使って洗う	全く手を洗わな い	合計
ジョージ・プロ パー	0	5	1	7	1	6	0	20
ジョージ地区 第5給水区	0	9	0	2	0	6	0	17
ジョージ地区 第7給水区	3	7	6	6	0	1	0	23
バウレニ地区	0	7	5	4	0	0	0	16
合計	3	28	12	19	1	13	0	76

葬式

	ため水を流して 石鹼を使わず 洗う	ため水を流して 石鹼を使って 洗う	たらいで石鹼を 使わず洗う	たらいで石鹼を 使って洗う	水道水で石鹼 を使わず洗う	水道水で石鹼 を使って洗う	全く手を洗わな い	合計
ジョージ・プロ パー	6	3	7	3	0	2	0	21
ジョージ地区 第5給水区	2	0	11	4	0	0	0	17
ジョージ地区 第7給水区	0	0	17	6	0	0	0	23
バウレニ地区	0	2	11	0	0	0	3	16
合計	8	5	46	13	0	2	3	77

6. 事業の効果と問題

ジョージ地区においてもバウレニ地区においても、コレラの流行が減ったこと、水汲みの時間が減り女性の労働が他の家事や経済活動に使えるようになったこと、住民参加などが住民から効果として指摘された。ジョージ地区では給水事業の一環として給水区ごとに管理事務所を作ったが、この施設がコミュニティ活動の場としても活用されている。バウレニ地区には日本の援助で学校建設が行われ、これまで学校に行けなかった子供たちが就学できるようになった。

このような恩恵を認識する一方、住民は新たな問題も感じている。貧困層に

とって月々の使用料の支払いは重荷であり、自宅に水道を引く資本を持つ富裕層にとっては水道栓まで水汲みにいくことが手間であることも分かった。また、世帯の人数が異なるのに使用量の上限が同じであることは不公平であるとの不満もでた。これらに加え、負のインパクトとしては、料金支払い時には長い行列ができること、特にジョージ地区では公共トイレを衛生的に維持管理することは難しく、住民の負担となったこと、ゴミ回収されないゴミ捨て場が住環境を悪化していることなどが指摘された。

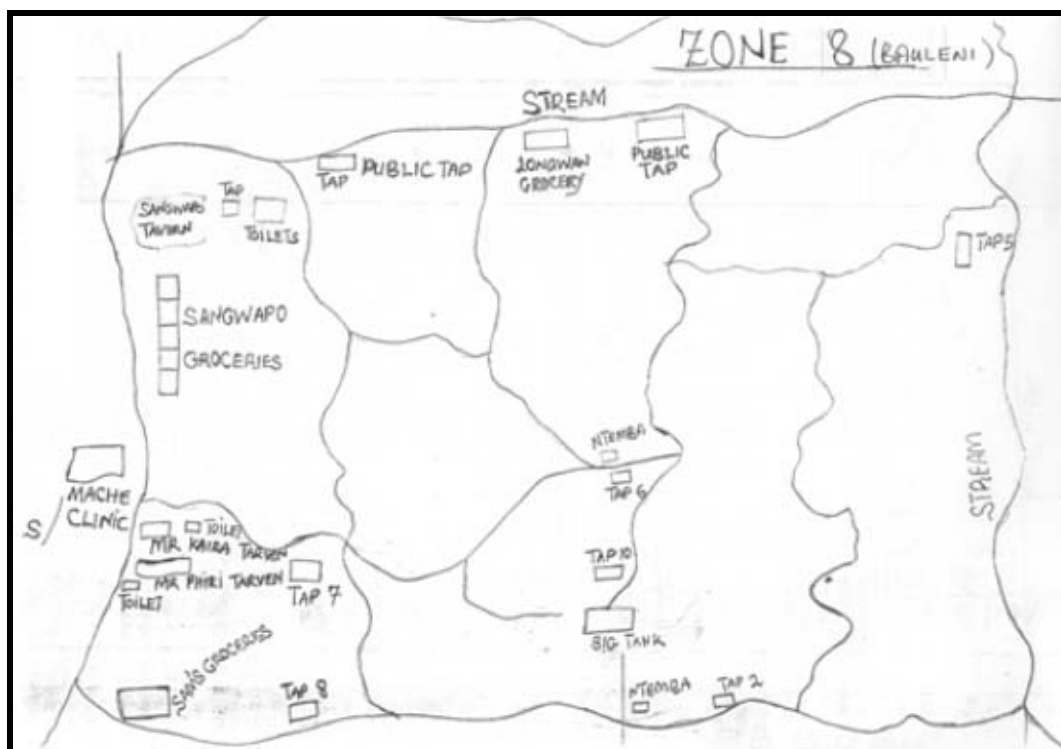
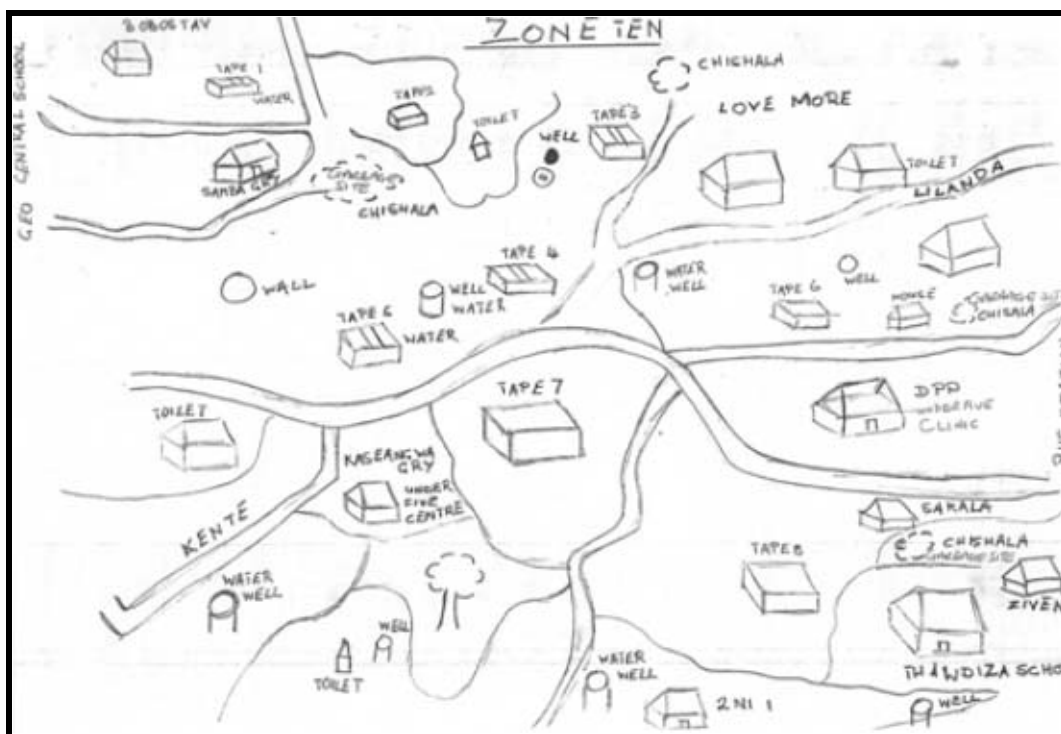
7. 他の援助の状況

NGO を含む組織の活動状況は以下の通りである。

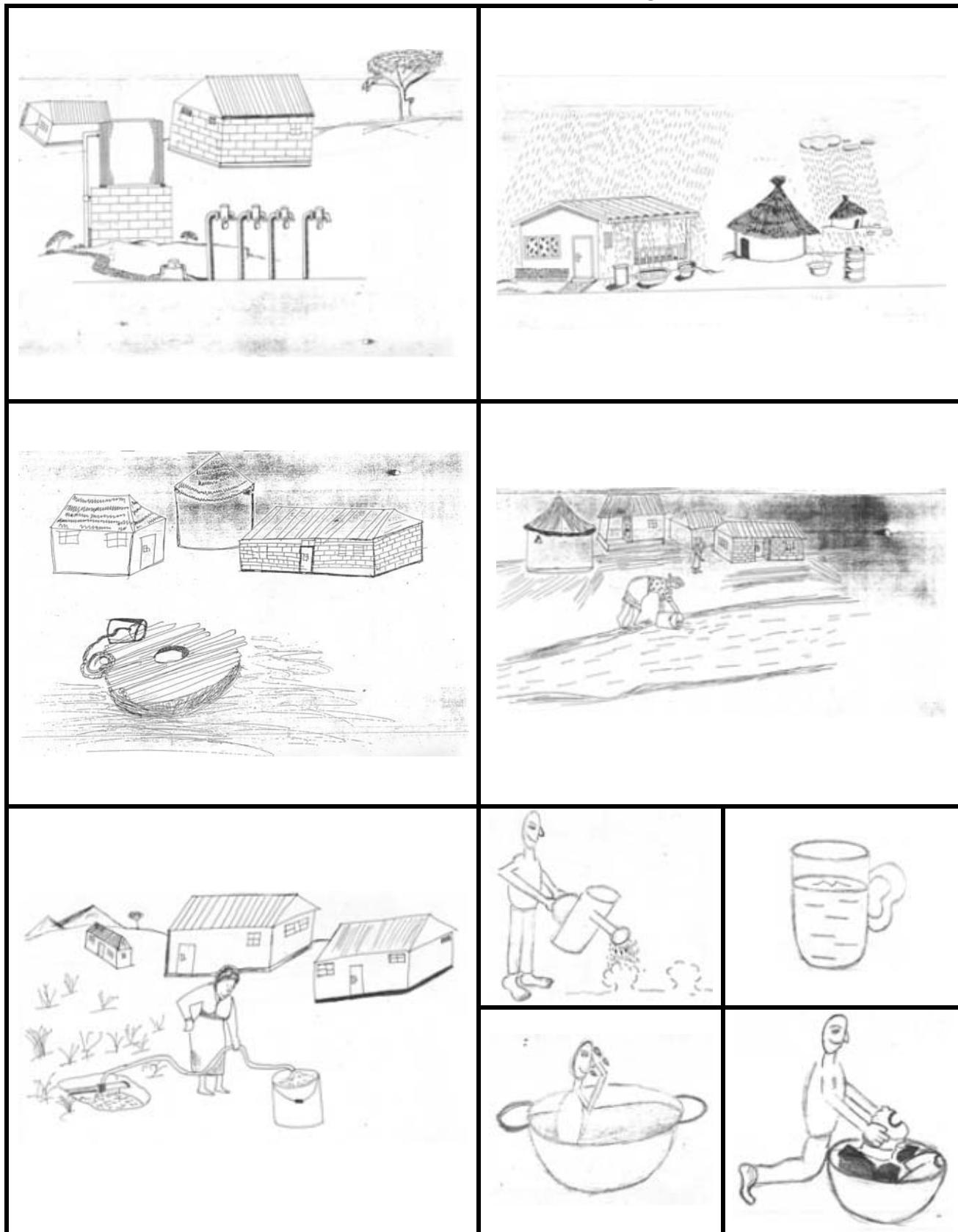
組織名	支援の内容
ジョージ地区	
CARE-PROSPECT	安全な水へのアクセス、住環境衛生、栄養
Peer Educators	コンドーム配布
CARE-PLUS	女性のマイクロ・ファイナンス
バウレニ地区	
PUSH	道路整備、
Neighbourhood Health Committee	HIV/AIDS
Human Settlements of Zambia	若者・女性のための職業訓練など

8. Examples of PRA Results





Social Map



Water Resources and Their Usage



Wealth Characters in George Proper (Zone 10)

<p style="text-align: center;"><u>ZONE 10</u> RICH MAN</p> <ul style="list-style-type: none"> • OWNS CAR, HOUSE, PHONE • CHILDREN ATTEND PRIVATE SCHOOL • EXPENSIVE CLOTHES • GOOD FOOD 4X a day • FORMAL EMPLOYMENT • SUCCESSFUL BUSINESSMAN • NOT SOCIAL • EMPLOYED DOMESTIC WORKERS • BIG ELECTRIFIED HOUSE WITH A WALL FENCE • EMPLOYS WORKERS TO DRAW WATER FOR THEM AND PAYS IN ADVANCE • HOUSE HOLD ELECTRICIAN • GO TO PRIVATE HOSPITALS • B. P, H.I.V, SUGAR, DISEASE, STROKE 	<p style="text-align: center;"><u>ZONE TEN MIDDLE RICH</u></p> <p>CAN AFFORD A HOUSE</p> <p>HOUSE WITH ELECTRICITY</p> <p>CAN AFFORD 3 MEALS A DAY</p> <p>SEND CHILDREN TO GOVT SCHOOLS.</p> <p>USUALLY IN FORMAL EMPLOYMENT OR RUNNABLE BUSINESS</p> <p>CAN AFFORD EVEN 3 MONTHS TO PAY FOR WATER IN ADVANCE</p> <p>AT LEAST SOCIABLE</p> <p>HAVE TB COMOTION</p> <p>AFFORD MEDICAL FEES</p> <p>SOME TIMES HAVE "AIRS"</p> <p>OWN TV, RADIO, STOVE.</p> 
<p style="text-align: center;"><u>ZONE 10 (TEN)</u> POOR</p>  <ol style="list-style-type: none"> 1) Two meals a day 2) Rents a house 3) NO electricity in house 4) Rarely pays water bill 5) CHILDREN OFTEN SICK malnutrition, kwashiorkor 6) Sends few children to school 7) Can't afford funeral exp 8) Can't afford Clinic 9) Use Charcoal for cooking 10) usually buy "Pamela" packs of meat meal 11) Piece workers. 12) NEIGHBOURS 13) Very sociable. 	<p style="text-align: center;"><u>ZONE 10 POOREST PERSON</u></p>  <ol style="list-style-type: none"> 1. Sometimes go for 2 days without food. usually eat at funerals 2. Seek for shallow well water or ask from neighbour 3. usually get clothes from church or charitable organisations 4. Street Kids 5. Always sickly 6. Can't afford medicals 7. No child is sent to school 8. Parents have resorted to illicit beer drinking 9. No fixed accomodation 10. Very illiterate 11. Use any toilet

添付資料 9 評価グリッド

(1) ジンバブエ国 ビンガ地区地方給水計画

Eval. Item	Detailed Sub-Questions	Required Information and Data	Source of Information	Survey Method
Performance	Achievement of overall goal	<ul style="list-style-type: none"> • Infant mortality rate in the target area • Occurrences of water-born diseases 	<ul style="list-style-type: none"> • Record at the health centre • Record at the health centre and information from community members 	<ul style="list-style-type: none"> • Document review • Document review and questionnaire survey
	Achievement of program purpose	<ul style="list-style-type: none"> • Water coverage rate in the target area • Number of water facilities in use 	<ul style="list-style-type: none"> • Record at RDC • Record at RDC 	<ul style="list-style-type: none"> • Document review • Document review
	Input performance	<ul style="list-style-type: none"> • Input of human resources, fund and financials 	<ul style="list-style-type: none"> • Project reports and information from ZINWA 	<ul style="list-style-type: none"> • Document review and interview
Implementation Process	What was the background of the project planning and implementation of the project?	<ul style="list-style-type: none"> • Background of project planning, project scheme and scale 	<ul style="list-style-type: none"> • Project reports and information from ZINWA 	<ul style="list-style-type: none"> • Document review and interview
	Did the implementing agency take part in the project with ownership?	<ul style="list-style-type: none"> • Performance of implementing agency, especially after the Japanese team left 	<ul style="list-style-type: none"> • Record and information from ZINWA 	<ul style="list-style-type: none"> • Document review and interview
	Was the timing right between construction of facility and other activities?	<ul style="list-style-type: none"> • Implementation schedule of the project components 	<ul style="list-style-type: none"> • Project reports and reports and information from SCF 	<ul style="list-style-type: none"> • Document review and interview
	How did the local community participate in the project?	<ul style="list-style-type: none"> • Strategy of community participation 	<ul style="list-style-type: none"> • Record and information from SCF 	<ul style="list-style-type: none"> • Document review and interview
Sub-Question 1: Sustainability of Water Supply Project	I-1 How was the planning and implementation of basic policy and development plans of water resource management and use?	<ul style="list-style-type: none"> • Basic policy and development plans of water resource management and use and the status of implementation 	<ul style="list-style-type: none"> • Water Act and information from DWD 	<ul style="list-style-type: none"> • Document review and information
	I-2 How is the planning, implementation, monitoring and evaluation of water use and water supply plans carried out in the target area?	<ul style="list-style-type: none"> • Status of water use and water supply plans in the target area (planning, implementation monitoring and evaluation) • Financial and human resources of implementing agency 	<ul style="list-style-type: none"> • Information from ZINWA and RDC • Information from ZINWA and RDC 	<ul style="list-style-type: none"> • Document review and interview • Document review, interview
	I-3 How are the existing water supply facilities managed and maintained?	<ul style="list-style-type: none"> • Basic plans and actual status of M&O and management of rural water supply facilities • Status of M&O and management of existing facilities by the community • Decision-making process of water management committees • Type of community participation • Support system by the government • Communication mechanism between the government and local community 	<ul style="list-style-type: none"> • Information from ZINWA and RDC • Information from water committees and community members • Information from water committees • Information from water committees and community members • Information from RDC and community members • Information from RDC and community members 	<ul style="list-style-type: none"> • Document review and interview • PRA and questionnaire survey • PRA • PRA and questionnaire survey • Interview and questionnaire survey • Interview and PRA

Eval. Item	Detailed Sub-Questions	Required Information and Data	Source of Information	Survey Method
Sub-Question II: Impact on Poverty Reduction	II-1 In what way did the living environment of the target community improved and as a result how has the life-style of the people changed?	<ul style="list-style-type: none"> Coverage of water supply Access to water Change of life-style as a result of reduced time for fetching water Coverage of toilet facilities Use of water (vegetable garden using wasted water at the borehole, etc.) 	<ul style="list-style-type: none"> Information from RDC Information from community members Information from community members Information from community members Information from water committees 	<ul style="list-style-type: none"> Interview Questionnaire survey Questionnaire survey Questionnaire survey Observation and key informant interview
	II-2 In what way has the peoples' behaviour and attitudes improved regarding hygiene?	<ul style="list-style-type: none"> Improvement of water quality, and the way of transportation and keeping of water Practice of hand washing Use of toilet facilities 	<ul style="list-style-type: none"> Information from community members Information from community members Information from community members 	<ul style="list-style-type: none"> Questionnaire survey Questionnaire survey Questionnaire survey
	II-3 What was the impact on the improvement of health status of the people?	<ul style="list-style-type: none"> Change of occurrence of water-born diseases Infant mortality rate Nutritious status of infants 	<ul style="list-style-type: none"> Information from the health centre, and community members Information from the health centre Information from community members 	<ul style="list-style-type: none"> Interview and questionnaire survey Interview Questionnaire survey
	II-4 What improvement has been made in terms of people's participation in the target community?	<ul style="list-style-type: none"> Status of community activities Status of training of community leaders 	<ul style="list-style-type: none"> Information from community members Information from community members 	<ul style="list-style-type: none"> Questionnaire survey Key informant interview
	II-5 Has the wealth and income of the people in the target community increased?	<ul style="list-style-type: none"> Change of wealth and income 	<ul style="list-style-type: none"> Information from community members 	<ul style="list-style-type: none"> PRA and questionnaire survey
Sub-Question III: Applicability of Integrated Approaches	III-1 How was the community involved in the planning and implementation of the project?	<ul style="list-style-type: none"> Community participation in the planning and implementation of the projects 	<ul style="list-style-type: none"> Information from community members 	<ul style="list-style-type: none"> PRA
	III-2 What are the characteristics of the community?	<ul style="list-style-type: none"> History of the community, climate and demographic changes Communal activities in the community 	<ul style="list-style-type: none"> Information from community members Information from community members 	<ul style="list-style-type: none"> PRA PRA and questionnaire survey
	III-3 What kind of resources (natural, human, etc.) does the community have?	<ul style="list-style-type: none"> Natural and social resources (facilities such as school, health centre, market, boreholes, etc.) and their use 	<ul style="list-style-type: none"> Information from community members 	<ul style="list-style-type: none"> PRA
	III-4 How is the information access and mobility and its means?	<ul style="list-style-type: none"> Communication and interaction with neighbouring communities and outside society Distance and means of transport to Binga town and Bulawayo Coverage of radio and newspapers Current status of training and visits by extension workers 	<ul style="list-style-type: none"> Information from community members Information from community members Information from community members RDC and community members 	<ul style="list-style-type: none"> PRA PRA PRA Interview and PRA

Eval. Item	Detailed Sub-Questions	Required Information and Data	Source of Information	Survey Method
	III-5 How is the interaction between government agencies and the community?	<ul style="list-style-type: none"> Rules and regulations Interaction with RDC Community's status in the development plans 	<ul style="list-style-type: none"> Information from RDC Information from community members Information from RDC 	<ul style="list-style-type: none"> Interview PRA Interview Document review and interview
	III-6 In what field has the community been supported by other donors and NGOs?	<ul style="list-style-type: none"> Situation of interventions by other donors and NGOs 	<ul style="list-style-type: none"> Information from RDC and community members 	<ul style="list-style-type: none"> Interview and PRA

(2) ザンビア国 ルサカ市ジョージ地区生活改善プログラム

Eval. Item	Detailed Sub-Questions	Required Information & Data	Source of Information	Survey Method
Performance	Achievement of overall goal	<ul style="list-style-type: none"> Increased number of projects for improvement of living conditions in the target area with community participation Status of mobilisation of resources by the ABO/CBO for community development activities 	<ul style="list-style-type: none"> Action plan of LCC, Business plan of other service providers and NGO, information from ABO/CBO Information from LCC, health centre, and ABO/CBO 	<ul style="list-style-type: none"> Document review, interview to LCC/LWSC/NGO, key informant interview Interview to LCC, key informant interview to health centre and ABO/CBO
	Achievement of programme purpose	<ul style="list-style-type: none"> Decrease of infection rate of the water-born diseases in the target area Decrease of infant mortality rate in the target area Decrease of malnutrition of children 	<ul style="list-style-type: none"> Statistics, record at health centre, information from community members Statistics, record at health centre Record at health centre 	<ul style="list-style-type: none"> Document review, key informant interview to health centre, questionnaire survey & PRA Document review, key informant interview to health centre Key informant interview
	Input performance	<ul style="list-style-type: none"> Input of human resources, fund, materials 	<ul style="list-style-type: none"> Project reports, information from implementing agency 	<ul style="list-style-type: none"> Document review, interview to implementing agency
Implementation Process	What was the background of the planning and implementation of the programme (projects)?	<ul style="list-style-type: none"> Background and timing of the request and formulation of each project Implementation scheme and scale of the projects Sharing of information and collaboration among stakeholders 	<ul style="list-style-type: none"> Project reports Information from implementing agency, Japanese experts/consultants Information from implementing agency, Japanese experts/consultants 	<ul style="list-style-type: none"> Document review Interview to implementing agencies, Japanese experts/consultants Interview to implementing agencies, Japanese experts/consultants
	Did the implementing agency take part in the project with ownership?	<ul style="list-style-type: none"> Performance of implementing agency on execution of the undertaking Status of allocation of fund for O&M as well as implementation of project 	<ul style="list-style-type: none"> Information from implementing agency Information from implementing agency, Japanese experts/consultants 	<ul style="list-style-type: none"> Interview to implementing agencies Interview to implementing agencies, Japanese experts/consultants

Eval. Item	Detailed Sub-Questions	Required Information & Data	Source of Information	Survey Method
	Was the timing of each component in the project co-ordinated properly?	<ul style="list-style-type: none"> Implementation schedule and process of components included in the projects 	<ul style="list-style-type: none"> Monitoring/ completion reports, information from implementing agency and Japanese experts/consultants 	<ul style="list-style-type: none"> Document review, interview to implementing agencies, Japanese experts/consultants
	Was there an over wrap of the target group of each project?	<ul style="list-style-type: none"> Scope and composition of the target group 	<ul style="list-style-type: none"> Project reports 	<ul style="list-style-type: none"> Document review
	How did the community members participate in the project?	<ul style="list-style-type: none"> Strategy/ approach on community participation in the project planning, implementation, monitoring and evaluation 	<ul style="list-style-type: none"> Information from implementing agency, Japanese experts/ consultants 	<ul style="list-style-type: none"> Interview to implementing agencies, Japanese experts/consultants
Sub-Question I: Sustainability of Water Supply Projects	I-1 How is the water resources management/development planned, implemented and monitored/evaluated?	<ul style="list-style-type: none"> Status of planning, implementation, monitoring and evaluation of the basic policy on the water resources management/ development Involvement of the communities in the basic policy 	<ul style="list-style-type: none"> Policy paper of DWA Policy paper of DWA 	<ul style="list-style-type: none"> Document review, interview to DWA Document review, interview to DWA
	I-2 How is the water supply in the peri-urban areas planned, implemented, and monitored/evaluated?	<ul style="list-style-type: none"> Status of planning, implementation, monitoring and evaluation of the water supply projects in peri-urban areas Status of allocation of resources by the implementing agencies/ service providers for water supply in peri-urban areas 	<ul style="list-style-type: none"> Information from MLGH, NWASCO, LWSC Information from MLGH, NWASCO, LWSC 	<ul style="list-style-type: none"> Interview to MLGH, NWASCO, LWSC Interview to MLGH, NWASCO, LWSC

Eval. Item	Detailed Sub-Questions	Required Information & Data	Source of Information	Survey Method
	I-3 How are the existing water supply facilities managed and maintained?	<ul style="list-style-type: none"> Basic policy on O&M of the water supply facilities in peri-urban areas Status of O&M of water facilities by the community members Process of decision-making by the Water Committee and other CBOs involved in O&M of water facilities Type of community participation Support services available by local administration/ service providers Communication mechanism between local administration and communities 	<ul style="list-style-type: none"> Policy paper, information from MLGH, NWASCO, LWSC Information from LWSC, Water Committee, community members Information from Water Committee and RDC Information from Water Committee Information from LCC, LWSC Information from LCC, LWSC, Water Committee, RDC 	<ul style="list-style-type: none"> Document review, interview to MLGH, NWASCO, LWSC Interview to LWSC, key informant interview to Water Committee, PRA & questionnaire at HH level Key informant interview to Water Committee & RDC Key informant interview to Water Committee Interview to LCC, LWSC Interview to LCC, LWSC, key informant interview to Water Committee & RDC
Sub-Question II: Impact on Poverty Reduction	II-1 In what way did the living environment of the target group improved and as a result, how has the life-style of the people changed?	<ul style="list-style-type: none"> Increased number of users in different socio-economic categories Quantity and quality of water supplied Equitable access to water Change of cycle of daily routine work by decrease of time to fetch water Number and capacity of CHWs and staff of health centres Status of monitoring by CHWs for health and hygiene education 	<ul style="list-style-type: none"> Monitoring record at LWSC and NGO Monitoring records by LWSC, information from community members Information from community members, Water Committee From community members Report of LDHMT, record at health centres Report of LDHMT, record at health centres, information from community members 	<ul style="list-style-type: none"> Document review, interview to LWSC/NGO Document review, interview to LWSC, questionnaire survey at HH level PRA & questionnaire survey at HH level, key informant interview to Water Committee PRA & questionnaire survey at HH level Document review, interview to LDHMT, health centre Document review, interview to LDHMT, health centre, questionnaire at HH level

Eval. Item	Detailed Sub-Questions	Required Information & Data	Source of Information	Survey Method
	II-2 In what way has the people's behaviour and attitudes improved regarding hygiene?	<ul style="list-style-type: none"> Practice to maintain/improve water quality at household Hygienic practice for drawing, carrying, storing and drinking water Utilisation of different water sources in compliance with the usage Practice of hand washing Practice to improve environmental sanitation at household level 	<ul style="list-style-type: none"> Monitoring records by LCC, LDHMT, health centres, information from community members Monitoring records by LCC, LDHMT, health centres, information from community members Monitoring records by LCC, LDHMT, health centres, information from community members From community members Monitoring records by LCC, LDHMT, health centres, information from community members 	<ul style="list-style-type: none"> Interview to LCC, LDHMT, health centres, PRA & questionnaire at HH level Interview to LCC, LDHMT, health centres, PRA & questionnaire at HH level Interview to LCC, LDHMT, health centres, , PRA & questionnaire at HH level PRA & questionnaire at HH level Interview to LCC, LDHMT, health centres, , PRA & questionnaire at HH level
	II-3 What was the impact on the improvement of education opportunities in the target area?	<ul style="list-style-type: none"> Enrolment rate of basic school Drop-out rate of basic school Number of basic schools in the target area per school-age children Literacy rate 	<ul style="list-style-type: none"> Statistics Statistics Statistics Statistics 	<ul style="list-style-type: none"> Document review Document review Document review Document review
	II-4 What improvement has been made in terms of people's participation in the target area?	<ul style="list-style-type: none"> Status of community participation in decision-making for improvement of living conditions Understanding and acceptance of women's participation in decision-making process Status of implementation of the action plans elaborated by ABO/CBO Status of capacity building of community leaders Extent of trust in ABO/CBO by the local authority and community members 	<ul style="list-style-type: none"> Information form LCC, ABO/CBO and community members From community members and ABO/CBO From ABO/CBO From ABO/CBO From LCC, LWSC, health centre, and community members 	<ul style="list-style-type: none"> Interview to relevant organisations, PRA & questionnaire at HH level, key informant PRA at HH level, key informant interview to ABO/CBO Key informant interview Key informant interview Interview to relevant organisations, PRA & questionnaire at HH level

Eval. Item	Detailed Sub-Questions	Required Information & Data	Source of Information	Survey Method
	II-5 Has the wealth and income of the target group increased?	<ul style="list-style-type: none"> Contents of assets held by household and ownership Main income source Number of HH members earning living Practice of saving 	<ul style="list-style-type: none"> Community members Community members Community members Community members 	<ul style="list-style-type: none"> PRA & questionnaire survey at HH level Ditto Ditto Ditto
Sub-Question III: Applicability of Integrated Approaches	III-1 How was the community involved in the planning and implementation of the project?	<ul style="list-style-type: none"> Status of community participation in the planning and implementation of the project 	<ul style="list-style-type: none"> From ABO/CBO 	<ul style="list-style-type: none"> Key informant interview
	III-2 What are the characteristics of the community?	<ul style="list-style-type: none"> Formation and history of the community Demographic change, social structure, tradition and practices Consideration of gender and the disadvantaged Decision-making system Communal activities in the community 	<ul style="list-style-type: none"> From LCC and RDC Statistics, information from LCC and RDC Information from LCC, NGO, RDC Information from RDC Information from RDC 	<ul style="list-style-type: none"> Interview to LCC, key informant interview to RDC Document review, interview to LCC, key informant interview to RDC Interview to LCC & NGO, key informant to RDC Key informant interview Key informant interview
	III-3 What kind of resources does the community have?	<ul style="list-style-type: none"> Natural resources and their utilisation Social resources and their utilisation Roles of the community leaders 	<ul style="list-style-type: none"> From community members & RDC From community members & RDC From community members & RDC 	<ul style="list-style-type: none"> Key informant interview to RDC, PRA at HH level Key informant interview to RDC, PRA at HH level Key informant interview to RDC, PRA at HH level
	III-4 How does the community access to information and how is the mobility?	<ul style="list-style-type: none"> Mobility within and outside Lusaka Coverage of radio, newspapers and other communication tools Status of monitoring/visiting of the target area by the staff from local authority/service providers 	<ul style="list-style-type: none"> From RDC From RDC From LCC, LWSC, health centre, ABO/CBO 	<ul style="list-style-type: none"> Key informant interview Key informant interview Interview to LCC and LWSC, key informant interview to health centre and ABO/CBO

Eval. Item	Detailed Sub-Questions	Required Information & Data	Source of Information	Survey Method
	III-5 How does the community interact with local administrations?	<ul style="list-style-type: none"> • Basic policy and regulations on development activity in peri-urban areas of Lusaka • Legal status of the target area • Relationship between communities and local administrations/ service providers • Interventions by politicians 	<ul style="list-style-type: none"> • Relevant regulations, information from LCC • Development plan by LCC • Information from LCC, LWSC, health centre, ABO/CBO • From LCC, NGO 	<ul style="list-style-type: none"> • Document review, interview to LCC • Document review, interview to LCC • Interview to LCC and LWSC, key informant interview to health centre and ABO/CBO • Interview to LCC and NGO
	III-6 In what field has the community been supported by other donors and NGOs?	<ul style="list-style-type: none"> • Situation of interventions by other donors and NGOs • Approach on community participation by other donors and NGOs 	<ul style="list-style-type: none"> • From donor agencies, NGOs, LCC, RDC • From donor agencies, NGOs 	<ul style="list-style-type: none"> • Interview to donor agencies, NGOs, LCC, key informant interview to RDC • Interview to donor agencies, NGOs

添付資料 10 調査結果取り纏め表

(1) ジンバブエ国 ビンガ地区地方給水計画

Eval. Item	Detailed Evaluation Questions	Data Collected and Data Collection Method	Survey Outcomes
Performance	Achievement of overall goal	<ul style="list-style-type: none"> The infant and under five mortality rates of Binga District/ Statistics from Binga District Hospital Prevalence of water-born diseases /Data from Binga RDC and Questionnaire survey in sample villages 	<ul style="list-style-type: none"> Infant mortality rate (per 1000) gradually increased from 96 in 1997, 103 in 1998, 117 in 1999 to 136 in 2000, though in 2001 it decreased to 125. Under-five mortality rate was 101 in 1997, 110 in 1998, 99 in 1999, 175 in 2000 and 174 in 2001 (statistics is not reliable). The district statistics show gradual decrease in Bilharzias and diarrhoea between 1995 and 1999 (statistics is not reliable). More respondents in the target area felt that the incidence of diarrhoea and skin disease had decreased (58.8% and 76.9%, respectively) than those in the non-target area (47.5% and 10%, respectively). It is interesting to note that 72.8%, 65.6% and 84.0% of respondents who use water from boreholes indicated decrease in each item, while for the respondents who use other sources (mainly from unprotected shallow wells and river) decrease was 29.3%, 41.3% and 56.0%, respectively.
	Achievement of program purpose	<ul style="list-style-type: none"> Water coverage rate in Binga District/ B/D document and Binga RDC (IRWSS project document) Number of water facilities in use/ B/D document and Binga RDC (IRWSS project document) 	<ul style="list-style-type: none"> According to JICA B/D document the water coverage in the target area (12 wards out of 21 wards in Binga District) was 31.7%. From the data in 2002 the water coverage in these 12 wards was 29% (using the number of functional boreholes only). According to the same document the water coverage of the whole of Binga District was 28% (and sanitation coverage of 4%). According to the B/D document there existed 107 BHs in the target area (12 wards). In 2002 there were 144 BHs though only 105 were functional. In Binga District the document states that out of the existing 264 boreholes 206 are functional; out of 490 deep wells 414 are functional; out of 26 small dams but some are and 3 piped water schemes (2 supplying water to 2 rural clinics and nearby communities and one in Manjolo supplies water to Manjolo secondary school and surrounding community, which needs major rehabilitation).
	Input performance	<ul style="list-style-type: none"> Input of human resources, fund and materials/ B/D document and information from ZINWA 	<ul style="list-style-type: none"> Human resources: Japanese consultants, counterpart personnel, Japanese contractors Equipment: survey and drilling equipment and materials, vehicles, hand pumps (E/N ceiling of 73 million Yen)
Implementation Process	What was the background of the project planning and implementation of the project?	<ul style="list-style-type: none"> Background of project planning, project scheme and scale/ B/D document and information from ZINWA 	<ul style="list-style-type: none"> The target area of the project was 12 wards which acutely needed additional safe water sources (Binga District comprises of 21 wards). The project consisted of procurement of survey and drilling equipments and materials for the 124 boreholes in the target area; construction of 30 borehole water facilities as the technical transfer to Zimbabwe counterparts; and formation of water point committees for the O&M of the facilities.
	Did the implementing agency take part in the project with ownership?	<ul style="list-style-type: none"> Performance of implementing agency, especially after the Japanese team had left/ information from ZINWA 	<ul style="list-style-type: none"> After the Japanese team completed 30 water supply facilities, ZINWA drilled 34 locations in Binga but only 10 were successful. Except year 2000 funds were disbursed from the government for the project though the amount is not enough to meet the target because of high inflation rate and unexpected large number of unsuccessful boreholes. Technical difficulties and current socio-economic conditions make it difficult to meet the target despite ZINWA's commitment.
	Was the timing right between construction of facility and other activities?	<ul style="list-style-type: none"> Implementation schedule of the project components/ Project Completion Report and information from SCF 	<ul style="list-style-type: none"> The Project Completion Report states that 30 water point committees were formed where the borehole water facilities were constructed, though timing was not given. According to the information gathered from SCF, sensitization of community leaders and community members were conducted before drilling and water point committees were formed when the drilling started. SCF completed formation of water point committees at 30 locations where borehole facilities were constructed, as well as some other places where borehole drilling was planned or tried. Training of committee members on O&M of the water facilities and health and hygiene education was neither complete nor adequate because of the time and resource constraints.

Eval. Item	Detailed Evaluation Questions	Data Collected and Data Collection Method	Survey Outcomes
	How did the local community participate in the project?	<ul style="list-style-type: none"> Strategy of community participation/ information from SCF 	<ul style="list-style-type: none"> SCF conducted sensitization meetings on community based management (CBM) of water supply facilities for district councillors, community leaders and community members in sequence. The approach was, in principle, participatory trying to facilitate the people to discuss water problems in the area, come up to their own solutions, pre-site drilling locations and form water point committees for O&M of the facilities. SCF admitted that the shortage of time and human resources did not allow the approach to be fully participatory.
Sub-question 1: Sustainability of Water Supply Project	I-1 How was the planning and implementation of basic policy and development plans of water resource management and use?	<ul style="list-style-type: none"> Basic policy and development plans of water resource management and use and the status of implementation/ information from DWD at Ministry of Rural Resources and Water Development. 	<ul style="list-style-type: none"> Government initiated water sector reform in mid 80s with announcement of the National Master Plan for Rural Water Supply and Sanitation. It was followed by the formulation of Water Resources Management Strategy (WRMS), establishment of ZINWA (Zimbabwe National Water Authority) and a new Water Act. The new policies and strategies encourage private sector participation and stakeholder involvement in water resources development and management. (Details were discussed in Chapter 2)
	I-2 How is the planning, implementation, monitoring and evaluation of water use and water supply plans carried out in the target area?	<ul style="list-style-type: none"> Status of water use and water supply plans in the target area (planning, implementation monitoring and evaluation)/ information from ZINWA and Binga RDC Financial and human resources of implementing agency/ information from ZINWA and Binga RDC 	<ul style="list-style-type: none"> Government has been promoting Integrated Rural Water Supply and Sanitation Programme (IRWSSP) since mid 1980s. Many of the districts have either implemented or are currently implementing the programme. In Binga so far no IRWSSP was put in place. Some water supply and sanitation projects including Japan's project were implemented in non-integrated way. In 2001 Binga RDC submitted a proposal of 3-year IRWSSP to NAC for solicitation for fund. It aims to drill additional 368 boreholes, construct 3089 VIP latrines, rehabilitate 77 boreholes, train extension staff and to develop sustainable O&M system by the community in the district. In the project proposal, Binga RDC states that although different agencies have implemented water supply and sanitation projects in different areas of the district, most of these projects were done in a fragment, uncoordinated manner to make long meaningful impact, hence remaining sanitation of 4% and water coverage of 28%. ZINWA is mandated to implement the commercially viable water supply services mainly in urban areas and rural townships with the self-supporting accounting system. Drilling of boreholes for the rural water supply projects in the communal land is also implemented by ZINWA based on the budget allocation by the government. After the organisation was established in 2001, it is still recruiting staff mainly for the provincial level while the drilling team had hydrogeologists were transferred from DWD. RDC is responsible for capacity building of user communities and support of the community in operation and maintenance of the constructed water facilities. District Water Supply and Sanitation Committee is the technical arm of the RDC for planning and implementing the water supply and sanitation projects. In Binga district, the committee consists of council staff and staff from district office of line ministries related to water and sanitation. RDCs are required to submit proposals to National Action Committee (NAC) to obtain the fund for implementation of the interventions. The government has executed the institutional building of RDC with assistance from donors based on the decentralization policy under the Rural District Council Act. Capacity of Binga RDC is still weak due to limited support from external agencies and difficulty in mobilizing the resources.

Eval. Item	Detailed Evaluation Questions	Data Collected and Data Collection Method	Survey Outcomes
	I-3 How are the existing water supply facilities managed and maintained?	<ul style="list-style-type: none"> • Basic plans and actual status of O&M and management of rural water supply facilities/ information from ZINWA, DDF and Binga RDC • Status of O&M and management of existing facilities by the community/ water point committees and community members through questionnaire survey and PRA in sample villages • Decision-making process of water management committees/ water point committees and community members through PRA in sample villages • Type of community participation/ water point committees and community members through site survey and PRA in sample villages • Support system by the government/ community members through PRA in sample villages • Communication mechanism between the government and local community/ community members through PRA in sample villages 	<ul style="list-style-type: none"> • Previous “three-tire maintenance system”, was replaced by “community based management (CBM) system” where community were made responsible for management and O&M of the water supply facilities. A pilot project has been implemented in 2 wards in Binga by SCF (funded by DfID) and shown some success. Binga RDC expressed the need in promoting CBM in the entire district, if funding were secured. • When boreholes were constructed water point committees were formed among the users. Majority of the committee members were not trained on maintenance nor equipped with tools. Although the situation varies from facility to facility, many boreholes were kept in reasonable condition (they are still fairly new) while some had stolen or broken fences and blocked soak away. Some committees carry out protective maintenance by greasing and tightening bolts. Out of 10 borehole facilities which the team surveyed, one was broken down (not mended), one was abandoned due to difficulty in pumping and two more were only used when no other sources (river and shallow wells) were available due to difficulty in pumping. • From PRA exercise no clear mechanism of decision making process was found within the committee members or between the committee and the users. • Though the situation varies from community to community, in general users keep the facility clean by sweeping the surrounding area and mending the fence when it is broken. Some communities follow a roster while others rely on common sense and good will of users. At early stage, many of the committees collected funds for future maintenance from the users, but in most cases it had stopped. • In two villages where PRA was conducted it was stated that no support was given from DDF or RDC for the O&M of the borehole facility. Both committees expressed that they were even not sure where they should seek support in case of problem. • There was no clear mechanism of communication. When one of the borehole broke down in Mucheni in the summer 2001 the committee notified the councillor in the area to seek assistance from RDC, though no response had so far been given.
Sub-question II : Impact on Poverty Reduction	II-1 In what way did the living environment of the target community improved and as a result how has the life-style of the people changed?	<ul style="list-style-type: none"> • Coverage of water supply in the target area/ information from Binga RDC • Access to water/ information from community members through questionnaire survey in sample villages • Change of life-style as a result of reduced time for fetching water/ information from community members through questionnaire survey in sample villages • Coverage of toilet facilities/ information from community members through questionnaire survey in sample villages • Use of water (vegetable garden using wasted water at the borehole, etc.)/ site observation and information from water committee through PRA 	<ul style="list-style-type: none"> • Refer to Performance: achievement of program purpose. • In the target area people who use boreholes have increased from 10.6% to 73.8% in five years while in non-target area the increase was from 2.5% to 17.5%. The average distance to water source (irrespective type of water source) has reduced from 1.42km to 1.15km in the target area while the reduction was from 1.84km to 1.5km in the non-target area. • In the target area 28% of the respondents indicated that women and children in the households spend less time fetching water compared to 5 years ago. Freed time was mainly spent by doing other household chores or working in the field or garden. A small number of women are also making handy crafts, which brings some income. • Very few households have toilet facilities at home though it has increased from 9.4% to 23.1% in the target area in 5 years. • Waste water at the water points is not actively utilized. In some cases due to blocked soak away wasted water formed stagnated muddy pools around the facility.

Eval. Item	Detailed Evaluation Questions	Data Collected and Data Collection Method	Survey Outcomes
	II-2 In what way has the peoples' behaviour and attitudes improved regarding hygiene?	<ul style="list-style-type: none"> Improvement of water quality, and the way of transportation and keeping of water/ information from community members through questionnaire survey in sample villages Practice of hand washing/ information from community members through questionnaire survey and PRA in sample villages Use of toilet facilities/ information from community members through questionnaire survey in sample villages 	<ul style="list-style-type: none"> For carrying water, use of containers with lids has increased from 10.5% to 43.5% in 5 years. For storing water, keeping water in containers with lids inside the house has increased from 57% to 85.5%. No significant difference was found in the target and non-target areas. Majority (78%) still wash hands in a basin or dish, which is a traditional way though discouraged for hygiene reason. Few households have toilet facilities at home, though those who have use the facility.
	II-3 What was the impact on the improvement of health status of the people?	<ul style="list-style-type: none"> Change of occurrence of water-born diseases/Data from Binga RDC and Questionnaire survey in sample villages Infant mortality rate/Data from Binga RDC and Questionnaire survey in sample villages Nutritious status of infants/ information from community members through questionnaire survey in sample villages 	<ul style="list-style-type: none"> Refer to Performance: Achievement of overall goal Refer to Performance: Achievement of overall goal The situation seems to vary from household to household as 38.5% indicated improvement compared to 5 years ago and 37.5% indicated deterioration while the rest (24%) said no change.
	II-4 What improvement has been made in terms of people's participation in the target community?	<ul style="list-style-type: none"> Status of community activities/ information from community members through questionnaire survey in sample villages Status of training of community leaders/ information from community members through PRA 	<ul style="list-style-type: none"> The most common community activities are collecting locally available resources and labour contribution for development projects such as construction of school blocks and health centres. Different activities were organized as food for work program. Three quarters of the respondents noted that people were in general more active in participating in community activities, though it varied from village to village.
	II-5 Has the wealth and income of the people in the target community increased?	<ul style="list-style-type: none"> Change of wealth and income/ information from community members through questionnaire survey and PRA in sample villages 	<ul style="list-style-type: none"> Due to serious food shortages caused by the severe drought, food stock and possession of livestock and poultry at the household level had significantly reduced compared to 5 years ago.
	III-1 How was the community involved in the planning and implementation of the project?	<ul style="list-style-type: none"> Community participation in the planning and implementation of the project/ information from community members through PRA in sample villages 	<ul style="list-style-type: none"> Prior to the drilling some community leaders attended consultative meetings organized by SCF. Workshops were held for community members on CBM and water point committees were formed. During the implementation community members contributed by clearing the area, fetching water and river sand, guarding tools and equipments, constructing washing slabs and cattle troughs and fencing the facility. Both in Mucheni and Gande funds were also raised for future maintenance from the users.
Sub-Question III: Applicability of Integrated Approaches	III-2 What are the characteristics of the community?	<ul style="list-style-type: none"> History of the community, climate and demographic changes/ information from community members through PRA in sample villages 	<ul style="list-style-type: none"> HISTORY: Majority of the people are Tonga who were displaced from the Zambezi Valley in 1957 due to the flooding of the valley caused by the construction of Kariba dam, downstream of Zambezi River. CLIMATE: The rainfall in this area is too low and erratic for the reliable farming and the area suffered severe droughts several times in the past (1961/62, 1967, 1982/3, 1991/2, 2002/3). At the time of field survey food shortage was serious due to 2 years of poor harvest caused by drought. DEMOGRAPHY: For example in Mucheni, in spite of high birth rate, due to lack of health facility in the area coupled with outbreaks of measles the population remained relatively low till mid 60s when a health centre was opened in Siabuwa (30 km from Mucheni). The population increased steadily since then. Although family planning was introduced early 90s many did not accept the idea and did not practice. Since mid 80s effect of

Eval. Item	Detailed Evaluation Questions	Data Collected and Data Collection Method	Survey Outcomes
		<ul style="list-style-type: none"> Communal activities in the community/ information from community members through questionnaire survey and PRA in sample villages 	<p>HIV/AIDS were felt and since mid 90s the death rate increased. Acceptance of family planning by younger generation has recently contributed to smaller fewer number of children in the family.</p> <ul style="list-style-type: none"> The most common community activities are collecting locally available resources and labour contribution for development projects such as construction of school blocks and health centres. Different activities were organized as food for work program. Three quarters of the respondents noted that people were more active in participating in community activities, though it varied from village to village.
	III-3 What kind of resources (natural, human, etc.) does the community have?	<ul style="list-style-type: none"> Natural and social resources (facilities such as school, health centre, market, boreholes, etc.) and their use/ information from community members through PRA in sample villages 	<ul style="list-style-type: none"> Two streams run through Mucheni. Mucheni has a primary school, a social centre with public toilets, a grinding mill, churches and 4 boreholes (2 constructed by SCF and 2 from Japan), of which 3 are functional. Ground work has started for the construction of a clinic in the village. Gande is adjacent to Chizaria National Park and Russ Brown Safari. Road network in and around the village is very poor. The village also has a primary school, a social centre, a grinding mill, churches and several boreholes of which only one is functional. The construction of a health centre started in 1992 with CAMPFIRE dividends but not yet completed.
	III-4 How is the information access and mobility and its means?	<ul style="list-style-type: none"> Communication and interaction with neighbouring communities and outside society/ information from community members through PRA in sample villages Distance and means of transport to Binga town and Bulawayo/ information from community members through PRA in sample villages Coverage of radio and newspapers/ information from community members through PRA in sample villages Current status of training and visits by extension workers/ information from community members through PRA in sample villages 	<ul style="list-style-type: none"> People visit friends and relatives in neighbouring communities as well as go to nearby rural service centres and Binga growth point for various reasons such as work, education, health service, purchase of food. In case of Gande some people have relatives in Zambia (the other side of the Zambezi river) where they go for family gatherings and ancestral duties. Binga is about 70km from Mucheni and Gande. Visits are quite frequent as Binga has a post office, hospital, grain market board and administrative offices. There are daily bus services. Bulawayo, the second largest city, is about 500 km from Binga. Some in the villages have/had work in Bulawayo. Newspapers are rare. Radio is one of the main sources of information both in Mucheni and Gande. Not many (less than 30%) have radios but important information is often communicated by those who have. Various community meetings are also held to pass information and messages. Children are also playing an important role in passing information and knowledge learned from school to the community. Mobile clinic visits both villages regularly mainly for mother and child health care. VHW and VCW are members of the community who were trained and assigned to work for the community in the area of health and community development, respectively. In Mucheni. EHT (environmental health technician) from Binga Hospital conducted awareness meetings.
	III-5 How is the interaction between government agencies and the community?	<ul style="list-style-type: none"> Rules and regulations/ information from RDC Interaction with RDC/ information from community members through PRA in sample villages Community's status in the development plans/ information from RDC 	<ul style="list-style-type: none"> Development issues are channelled through Village Development Committees, Ward Development Committees and Rural District Development Committee, the technical arm of Council. Political issues on the other hand are channelled through ward and district councillors. There seems little interaction between the communities and RDC. Both in Mucheni and Gande the participants expressed that RDC was not supporting the community adequately. Binga RDC Three Year Rolling Development Plan (2002-2004) addresses need of development in physical and social infrastructure, capacity building of the RDC, food security, natural resources management and water supply in the district.
	III-6 In what field has the community been supported by other donors and NGOs?	<ul style="list-style-type: none"> Situation of interventions by other donors and NGOs/ information from RDC and community members through PRA in sample villages 	<ul style="list-style-type: none"> Since early 1980s Save the Children Fund has been assisting the district in the fields of drought relief and emergency food distribution, water supply and sanitation and HIV/AIDS. Kulima Mbobumi Training Centre funds training of communal farmers on dry land farming and provision of farm implements. Christian Care funds Integrated Food Security and Nutrition Programme in 2 wards (Manjolo and Sikalengwe). ZDCP (Zimbabwe Decentralized Cooperation Program) is mobilizing community for construction of a school and a health centre in Mucheni Village in Sinansengwe Ward.

(2) ザンビア国 ルサカ市ジョージ地区生活改善プログラム

Eval. Item	Detailed Sub-Questions	Required Information & Data	Results of Survey		
			Sector-Wide Approach (George)	Integrated Approach (George)	No Intervention (Kalikiliki)
Performance	Achievement of overall goal	a) Increased number of projects for improvement of living conditions in the target area with community participation b) Status of mobilisation of resources by the ABO/ CBO for community development activities	a) Implementation of the development activities with community participation increased with understanding by the community members. b) ABO/CBO is also positive to identify the needs from the residents in the area and to take initiatives for facilitation of these community activities. However, they perceive the difficulty to mobilise the resources from the communities as well as from the external support agencies due to deterioration of economic situation and insufficient knowledge and skills to sell their ideas to support agencies.		a) Interventions for improvement of living conditions of the settlement are still very limited since the area has been illegal until recently. b) The RDC does not have much experience in mobilising resources from communities for development activities apart from current activity for bridge construction. Community members are contributing through provision of labour force.
	Achievement of programme purpose	a) Decrease of infection rate of the water-borne diseases in the target area b) Decrease of infant mortality rate in the target area c) Decrease of malnutrition of children	a) More than 60% of sample households indicated that diarrhoea, cholera and eye diseases decreased. Main reasons for this decrease are provision of clean water and improvement of hygiene condition. Residents in George Proper, target area of PHC project, mentioned improvement of knowledge on health and health care as well together with water and hygiene aspects. b) From PHC report c) Around 70% of sample households in George Proper indicated the nutritional status of children as deteriorated while the one in other sample areas remains around 50%.		a) Percentage of people indicating decrease of water-borne diseases is around 20%, which is lower than in George. b) No data was available specific for the compound. c) A little less than 60% indicated deterioration of nutritional status of children
	Input performance	a) Input of human resources, fund, materials	a) Human resources: Japanese consultants, contractors, local contractors and counterpart staff Equipments: equipments for O&M, clinic, laboratory, etc.		Not applicable
Implementation Process	What was the background of the planning and implementation of the programme (projects)?	a) Background and timing of the request and formulation of each project b) Implementation scheme and scale of the projects c) Sharing of information and collaboration among stakeholders	a) The Water Supply Project was launched in response to a critical need to improve accessibility to safe water for mitigation of cholera disease in the George Complex. JICA PHC project selected the George Compound as the pilot project on community-based PHC with considering to utilise the improved water supply available in the area for promotion of health and hygiene. b) Since GCEP was initiated to strengthen the management system of water supply services established by the water supply project, it can be regarded as implemented with an integrated approach within the same sector framework. c) Information on implementation of the project was basically shared among the project staff, counterpart personnel and other stakeholders at the field level through meetings and workshops.		Not applicable
	Did the implementing agency take part in the project with ownership?	a) Performance of implementing agency on execution of the undertaking b) Status of allocation of fund for O&M as well as implementation of project	a) LWSC established George Main Division for operating the constructed water scheme. Under the supervision by LWSC, George Main Division is running the scheme independent from the head office of LWSC, with self-supporting accounting system. b) Regarding the PHC project, LDHMT allocated counterpart personnel and other resources required to execute the projects with JICA experts.		Not applicable

Eval. Item	Detailed Sub-Questions	Required Information & Data	Results of Survey		
			Sector-Wide Approach (George)	Integrated Approach (George)	No Intervention (Kalikiliki)
	Was the timing of each component in the project co-ordinated properly?	a) Implementation schedule and process of components included in the projects	a) Construction of water supply facilities was completed as scheduled. Due to delay of conclusion on revised RDC constitution by LCC and other stakeholders, establishment and training of new RDC and ZDCs were delayed in the implementation schedule of GCEP. b) Various activities were planned in the process of the PHC pilot project. Those were readjusted to the appropriate scale and components in consultation with the counterparts and CBOs.		Not applicable
	Was there an over wrap of the target group of each project?	a) Scope and composition of the target group	a) The PHC pilot project covered only George Proper as the target area while the other projects were implemented for whole areas of George Complex. The target groups of the PHC project are staff of health centre and CBOs working with the health centre staff as well as the residents in the George Proper. GCEP supported ABO and LWSC in addition to the community members who were also target group of the water supply project.		Not applicable
	How did the community members participate in the project?	a) Strategy/ approach on community participation in the project planning, implementation, monitoring and evaluation	a) Participation of the community members in the projects has been facilitated through participating in the community meetings, sending representatives to ABO/CBO, and contributing to the cost for investment and/or O&M in cash, kind and labour. Capacity building of community members in identification and analysis of their problems so that they can come up with their own action plan.		Not applicable
Sub Question 1: Sustainability of Water Supply Project	I-1 How is the water resources management/development planned, implemented and monitored/evaluated?	a) Status of planning, implementation, monitoring and evaluation of the basic policy on the water resources management/ development b) Involvement of the communities in the basic policy	a) The National Water Policy (1994) sets principles on water resources management/ development as well as water supply in Zambia. The government initiated the Water Resources Action Program (WRAP) in 1997 aiming at supporting the development of the nation's water resources management capacity. Water resources development in the country is regulated by the Water Act under supervision by the Water Development Board in the Ministry of Energy and Water Development. Function as the regulator on water resources development is clearly separated from the implementation of water supply which is now administered by the Ministry of Local Government and Housing. b) As an expected output from WRAP, a system of "Catchment Management" is to be established in order to decentralise the roles of issuing licences of water development to the catchment level. Community member is regarded as one of the stakeholders in water resources management and development in their catchment basin.		
	I-2 How is the water supply in the peri-urban areas planned, implemented, and monitored/evaluated?	a) Status of planning, implementation, monitoring and evaluation of the water supply projects in peri-urban areas b) Status of allocation of resources by the implementing agencies/ service providers for water supply in peri-urban areas	a) Water and Sanitation Act (1997) governs the provision of water supply and sanitation services in the urban areas by the commercially-viable water utilities which are supervised by the National Water and Sanitation Council (NWASCO). NWASCO established the Devolution Trust Fund to be utilised by the commercial utilities or other service providers so that investments for water supply and sanitation services in peri-urban areas will be increased. As an overall strategy on water and sanitation in the peripheral areas, the Peri-Urban Water Supply and Sanitation Strategy defines the frameworks on policy, legislative and institutional arrangements, and financing for improvement of the service provision. b) Investment in peri-urban water supply and sanitation has been implemented by the local authorities with assistance from external donors. Major support agencies in case of Lusaka are DfID through CARE International, Ireland Aid, and JICA. Commercial utilities are searching possibility to get involved in the peri-urban water supply and sanitation sector through providing support services for the community to manage the water scheme rather than managing the whole scheme with their own resources.		

Eval. Item	Detailed Sub-Questions	Required Information & Data	Results of Survey		
			Sector-Wide Approach (George)	Integrated Approach (George)	No Intervention (Kalikiliki)
	I-3 How are the existing water supply facilities managed and maintained?	a) Basic policy on O&M of the water supply facilities in peri-urban areas b) Status of O&M of water facilities by the community members c) Process of decision-making by the Water Committee and other CBOs involved in O&M of water facilities d) Type of community participation e) Support services available by local administration/ service providers f) Communication mechanism between local administration and communities	a) Partnership between ABO and service provider is centred in O&M of water facilities. The water supply scheme in each settlement is expected to be financially managed in self-supporting management system. b) Tap leaders elected from the community members are involved in daily operation of the communal taps and monitoring of water use by the users. They are paid incentives from a profit of water services. c) Tap leaders through zone water monitors report to the Water Committee and George Main Division on problems they encounter at daily operation of water taps. d) The user communities participate in O&M of water scheme by cleaning of surrounding area of public taps, clearing grass, preventing vandalism. Around 90% of sample households pay user fee K3,000/ month. Major reason of default found is financial constraint to raise the amount. e) George Main Division provides preventive maintenance and repair services of water facilities apart from replacing the lock of the public taps which is supposed to be done by the tap leaders through the Water Committee. While nearly one quarter of sample households are aware of roles of tap leaders/Water Committee and LWSC, a certain portion of people in George Proper also cited JICA as the actor to repair water facilities compared with other sample areas. f) The RDC/ Water Committee is the interface between local administration and community members regarding the management of water supply facilities. External agencies working in cooperation with RDC/ Water Committee in George are LCC, LWSC (George Main Division), CARE-GCEP, JICA PHC and NWASCO.		a) Same as George Complex b) No activities in terms of O&M of water facilities since the existing boreholes are not functioning. Nobody is responsible for repairing the broken down boreholes in the settlement. c) No ABO/CBO responsible for O&M of water facilities. d) No contribution from community members since no service is provided. LWSC is not charging user fee to the users of existing network. Those who are supposed to pay for water seem to be using communal water scheme or individual tap in neighbouring areas such as Mtendere. e) All the services are available in Mtendere even police post. Slow process of legalisation made it difficult for external agencies to support the community for improvement of the living conditions. f) Same as e) above.
Sub Question II : Impact on Poverty Reduction	II-1 In what way did the living environment of the target group improved and as a result, how has the life-style of the people changed?	a) Increased number of users in different socio-economic categories b) Quantity and quality of water supplied	a) Social services in the community have been deteriorated apart from water supply and health services comparing with 5 years ago. Users of clinic can receive medicines though it is still limited. However, people does not feel positive change much in last 10 years regarding social services. Peoples feel hopeless to the government while the RDC is challenging such community's perspective by realising community-based development activities physically. Main water source for all the sample areas is the communal tap constructed in the water supply project as more than 90% of the sample households answered. Percentage of use of communal tap increased in the sample areas compared with five years ago. b) More than 90% of sample households in each sample area have perception that water quality was improved compared with five years ago, considering that they are now using water treated with chlorine.		a) Legalisation of the settlement is the major improvement since the external organisations may come into the area to assist for improvement of the living conditions. In other aspects, nothing much has changed. Things are getting worse because of high unemployment, high cost of living, more dependents in the family. Use of an illegal connection to the existing LWSC network increased from 52% in five years ago to 72%. b) All the sample households, who use tap water, perceive the quality good.

Eval. Item	Detailed Sub-Questions	Required Information & Data	Results of Survey		
			Sector-Wide Approach (George)	Integrated Approach (George)	No Intervention (Kalikiliki)
		c) Equitable access to water	c) Distance to the protected water source from houses reduced. While more than 60% of sample households do not feel difficulty in obtaining water, some portion of households have difficulty in accessing water due to failure of raising user fees, short period of opening time for the taps, and overcrowding. Problem on equitable access to water changed from issue of distance to the water point to the matters how they can utilise the facilities.		c) Situation has not improved. 5 years ago 47.5% had to cover a distance of 20-100m to water source while currently 52.5% still have to cover same distance. Major problems for the users are instable water supply and restriction of water fetching by the owner of the facility in addition to long distance and difficulty to afford user fee.
		d) Change of cycle of daily routine work by decrease of time to fetch water	d) Much difference is not observed among the sample area as adult women usually fetch water in most cases as the daily chore. An exception is decrease of percentage of adult women to fetch water instead of increasing percentage of "others" in George Proper. Distribution of the percentage of adult men remains same degree compared with five years ago. Water fetching by children did not decrease but remains same degree or slightly increased though it is relatively much less than that of adult women.		
		e) Number and capacity of CHWs and staff of health centres	e) CHWs in the area used to be only active during outbreak of diseases and have inadequate knowledge and skills. Capacity building of CHWs under the PHC project enhanced their knowledge and skills necessary to plan and conduct health education programme in the community resulting into reduction of workload of health centre staff. 51 CHWs including those who were initially trained by other donors in the past are now working with George Clinic.		e) No clinic in the settlement.
		f) Status of monitoring by CHWs for health and hygiene education	f) CHWs are mainly involved in growth monitoring and health and hygiene education. George Environmental Health Committee (GEHC) is facilitating improvement of environmental health in several aspects. They are trying to ensure sources of incentives for them to continue their activities with sustainability. Since activities by these CBOs are limited to George Proper under the PHC project (phase1), GCEP support to train Community Hygiene and Health Promoters to cover other areas of George Complex in terms of facilitation of water-related hygiene improvement.		f) Not applicable
	II-2 In what way has the people's behaviour and attitudes improved regarding hygiene?	a) Practice to maintain/improve water quality at household	a) About 60% of sample households in George do not treat drinking water at the household level presently. Trend of change in practice on treatment of water at household varies among sample areas. Percentage of households implementing treatment of drinking water tremendously decreased recently in George Proper compared with five years ago. Use of chlorine is the most common method for water treatment at present while it was by boiling in five years ago.		a) Those who treat water increased.
		b) Hygienic practice for drawing, carrying, storing and drinking water	b) Container with a lid is used to fetch water in most case.		b) Container with a lid is the most common vessel for fetching water. However, type of vessels used varies more than the one in George.
		c) Utilisation of different water sources in compliance with the usage	c) Use of different water sources by residents are getting decreased as the communal taps became the major water source for them.		c) More than 90% of sample households have been using a single water source for drinking and washing. A few people use handpump to fetch water for washing due to difficulty in obtaining enough water.
		d) Practice of hand washing	d) Most common timing for hand washing is after using the toilet and before eating with washing hand inside washbasin. Use of soap increased in all sample areas compared with five years ago.		a) Situation is not much different from George.
		e) Practice to improve environmental sanitation at household level	e) Households taking garbage to the collection site doubled in George Proper compared with five years ago while burying the garbage in the yard is the most popular way in other sample areas. Major reason to choose these methods for garbage disposal is to prevent diseases.		b) Most common method for garbage disposal is to take the garbage to the collection site.

Eval. Item	Detailed Sub-Questions	Required Information & Data	Results of Survey		
			Sector-Wide Approach (George)	Integrated Approach (George)	No Intervention (Kalikiliki)
	II-3 What was the impact on the improvement of education opportunities in the target area?	a) Enrolment rate of basic school b) Drop-out rate of basic school c) Number of basic schools in the target area per school-age children d) Literacy rate	Education statistics for the settlement was not available. In George Proper, there is only one basic school. In other areas of George Complex, they have five basic schools in total. Number of classes and schools are not enough to cater for school-aged children living in the area. Though application of enrolment is getting increased after announcement of “free education” by the government in 2002, enrolment rate cannot be improved due to shortage of facilities.		There is no formal school within the settlement. Children go to schools in neighbouring areas. illiteracy rate is high, especially among women.
	II-4 What improvement has been made in terms of people's participation in the target area?	a) Status of community participation in decision-making for improvement of living conditions b) Understanding and acceptance of women's participation in decision-making process c) Status of implementation of the action plans elaborated by ABO/CBO d) Status of capacity building of community leaders e) Extent of trust in ABO/CBO by the local authority and community members	a) PLA Committee under the RDC is supposed to mobilise the community in identification of their felt needs and keep records for further planning and monitoring the interventions. ZDCs are expected to have community meeting in their zone at least once in three months in order to identify the needs from the residents and inform the progress of the activities by ABO to them. People shows enthusiasm for participation in the community-based interventions though they cannot work for long time for those activities without doing other business since they need to earn their living. b) Understanding by the community members in participation of women in decision-making process has been improved. It has also been realised by actual representation by women in the ABO/CBO. c) Newly formed RDC has just elaborated 5-year action plan. d) Capacity building of ZDC and RDC members is on going process under the GCEP. Tap leaders were also trained by CARE under the GCEP in conflict resolution and attitude as the servant leader for the community. Apart from the new RDC and Water Committee members, there are community facilitators who were used to be members of RDC/ Water Committee and are still active as the leaders in their residential areas. Experiences and knowledge in management of the community development activities have been kept and succeeded at community level through these existing human resources. e) The RDC reports the progress of their activities to other stakeholders through regular meeting held once a month.		a) The settlement is divided into 10 zones and each zone has ZDC which sends representative to RDC. With RDC's initiative, the bridge is now being constructed. b) RDC is composed at a good balance of men and women. However, men are traditionally more outspoken and take charge of decision-making while many women participate in the communal activities. c) Previous RDC had 2-year action plan though many of the plans were not implemented due to lack of resources. The new RDC will prepare the 5-year action plan soon. d) RDC and ZDC members newly elected are being trained by LCC in their roles as the community leaders in accordance with the RDC constitution. e) The community is supposed to be informed the progress of activities by the RDC through ZDC.
	II-5 Has the wealth and income of the target group increased?	a) Contents of assets hold by household and ownership	a) As a general perception by the communities in their well-being/ ill-being, around 50% of sample households in the areas answered they had suffered a setback in their livelihood compared with five years ago due to increase in living costs and unemployment or reduction of household income. 10-17% perceive that their livelihood improved with regard to their financial ability to buy more household goods due to increase of household income.		
		b) Main income source	b) Income from salary/wages as government worker or private office worker decreased while the operation of own business/ shop/ trading and involvement of piecework increased. Also, households which depend on several income sources increased to complement each other. Only an exception is found in Area 7 that the income source from government/ private works increased compared with five years ago instead of decrease of own business relatively.		
		c) Number of HH members earning living	c) More than half of the sample households in the areas depend of their livelihood on one person.		
		d) Practice of saving	d) 70-80% of sample households in the areas do not have practice of saving. Further, its percentage slightly increased in George compared with five years ago while the one in Kalikiliki remains same degree.		

Eval. Item	Detailed Sub-Questions	Required Information & Data	Results of Survey		
			Sector-Wide Approach (George)	Integrated Approach (George)	No Intervention (Kalikiliki)
Sub-Question III: Applicability of Integrated Approaches	III-1 How was the community involved in the planning and implementation of the project?	a) Status of community participation in the planning and implementation of the project	a) Resource available from the community for the communal activities is labour rather than in kind.		People, especially women, participate in communal activities. They are currently busy constructing a bridge. Resources available from the community for communal activities are labour and cash.
	III-2 What are the characteristics of the community?	a) Formation and history of the community b) Demographic change, social structure, tradition and practices c) Consideration of gender and the disadvantaged d) Decision-making system e) Communal activities in the community	a) George Complex consists from 7 compounds named George, Soweto, Desai, Kizito, Lilanda Estate, Chikolokoso, Paradise and Lilanda Site 5. The area divided into 27 zones. LCC started the upgrading scheme including the site and service in 1974 with assistance from the World Bank. b) Population is getting increased and over spilled into western part. Number of population in the target areas of water supply project is approximately 100,000 excluding Lilanda Estate where the house connection from LWSC's existing system is maintained.	a) George Compound (Proper) which consists of zone 2-13 was used to be a commercial farm run by a white farmer named George in colonial days. After the independence of Zambia in 1963, migration by Zambian into George compound increased. The area has been an illegal settlement till LCC announced its recognition to start the upgrading scheme for George Complex as a whole. b) Number of population in George Compound is approximately 35,400. This area has the highest population density in the George Complex.	a) In the 1950s a businessman was making bricks near the dam. He brought people into the settlement. b) In 1970s and 80s the population increased tremendously and currently estimated at 20,000. The settlement is still growing and some houses have been built around the compound like mushrooms, some of which were demolished by LCC in end of November 2002.
			c) George RDC newly elected in July 2002 has Gender Committee as one of the sub-committees to enhance participation of women in decision-making at household and community level and awareness of the community regarding legal issues related to gender. HIV/AIDS has been affecting the community, hence increase of female-headed households and child-headed households. d) RDC is the sole Area-Based Organisation to coordinate the stakeholders for development activities in George Complex. ZDC in each zone sends their representative to RDC in order to realise the felt needs of the community members. Particular issues for the community are discussed in and facilitated by sub-committees under the RDC. e) There is an informal club called "Chilimba" which is a small-scale business fund for women. This fund has a characteristic of mutual-aid among women in the community.		c) There are lots of orphans, widows, the aged and the poor while very little assistance from the external organisations. Many orphans are taken care of by the unemployed grandparents. d) The RDC is the co-ordination body for decision-making in the community. The old RDC was dissolved in June 2002 and the new committee was established at the end of November 2002. Handover of the office from the former RDC members took place in middle of December 2002. The new RDC has no sub-committees. When it is necessary the RDC calls for public meetings to discuss and decide the common issues for the residents. e) The community sometimes clear the garbage heap

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					together. Currently people are working together to make a bridge, which was also decided at the public meeting organised by the RDC.
	III-3 What kind of resources does the community have?	a) Natural resources and their utilisation b) Social resources and their utilisation c) Roles of the community leaders	<p>a) Small land for cultivation inside the settlement. Some people work lime stone in western part of George complex for construction material. The area was used to have forest which has now decreased due to cutting trees for making charcoal for energy and for sale. Additional information to be captured from community map</p> <p>b) They have basic/ primary schools, private clinics, market, churches and community school run by a church. Public taps and shallow wells for water source. Road and drainage were improved in very limited area. Most of the households in the area do not have electricity.</p> <p>c) There are community leaders such as churches leaders and councillors apart from ABO members. Church has very pivotal role to look after orphans and the sick through home based care. Councillors are regarded as bringing negative impact to development of the community and not observing the rules in the community. Water Committee, one of the sub-committees of the RDC, has played central role to facilitate the community to participate in the operation and maintenance of the water supply services even during the absence of the RDC due to dissolve of the former RDC in Oct. 1999.</p>	<p>a) Same as other area of George complex. Additional information to be captured from community map</p> <p>b) They have basic/ primary schools, community school run by NGO, clinic, market and churches. Public taps and shallow wells for water source.</p> <p>c) Same as other area in George Complex. In addition, community-based organisations such as Neighbourhood Health Committee (NHC), George Environmental Health Committee (GEHC), Community Health Workers (CHW), Nutrition Promoters, Fee Paying Toilet Management Committee are active in George Compound in cooperation with George Clinic.</p>	<p>a) From JICA Development Study report.</p> <p>b) One public tap from LWSC water scheme is located at the end of Kalikiliki and used for drinking water together with the taps in Mtendere. Shallow wells for washing and other use. 4 non-functioning boreholes. There is no formal school and clinic in the settlement. Community school for children is run by church. Road was used to be rehabilitated through the food for work programme by PUSH. Currently RDC is implementing bridge construction with community so that minibus will operate in the settlement.</p> <p>c) RDC is non-political and works for development of the community. Political leaders talk a lot but little action, except for campaign periods. Church organisations contribute services where there is no other opportunity such as education and adult literacy class.</p>

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	III-4 How does the community access to information and how is the mobility?	a) Mobility within and outside Lusaka b) Coverage of radio, newspapers and other communication tools c) Status of monitoring/ visiting of the target area by the staff from local authority/ service providers	a) Mini bus is common transport for the community members to go downtown of Lusaka. There are very few owners of minibus in the area. b) Slightly less than 50% of the sample households own radio in George Proper. More than 60% of sample households own radio in other sample areas c) LCC has a site office near Lilanda market in George Complex. Also, community development officers are stationed at George Main Division/ LWSC to deal with the customer service issues. Head office of LWSC provides preventive maintenance service through checking condition of the pumps once a week while the Engineering section of George Main Division maintains leakage and small detectives. Also LWSC tests water quality once a week at their laboratory in conjunction with Environmental Council of Zambia (ECZ). Regarding health services, inadequate resource and motivation for monitoring activities by George Clinic staff before JICA PHC project started.		a) As there is no minibus service in the settlement, people walk to Mtendere and take minibus to go to city centre and other places. b) Radios are main source of information. Only a quarter of the residents have TVs and newspapers are not sold in the community. c) Except for LCC through Community Development Officers, little assistance is given to the community.
	III-5 How does the community interact with local administrations?	a) Basic policy and regulations on development activity in peri-urban areas of Lusaka b) Legal status of the target area c) Relationship between communities and local administrations/ service providers d) Interventions by politicians	a) Development of the peri-urban areas of Lusaka is governed by the Local Government Act. LCC provides upgrading scheme for the unplanned settlements for development and taxation after legalise and recognise the area. A community-based mechanism recognised as the ABO structure is centred in planning and implementation of interventions in these peri-urban settlements. Constitution for ABOs regulates how the RDC elections will be conducted, the duties of the RDC and relationship between the RDC and other stakeholders. Due to revision of the constitution in January 2002, the RDC is recognised as an institution under LCC while it was initially registered under the Society Act. b) George Complex is a recognised settlement as an improvement area and security of tenure is offered through provision of occupancy licences. c) There were some tension and conflicts between the former RDC and LCC over the management of the committee and community-based projects. LCC continues to monitor the activities by the newly established RDC. Regarding water supply services, LWSC recognises the community as their partner for operation of the services though the Water Committee expects to be responsible for the management of the water supply scheme by themselves rather participating only at the tap level. Regarding health services, there was no active interaction between the clinic staff and CHWs as of 1998 while coordination and communication between them have increased after JICA PHC project started d) MPs and councillors often ignore the rules and existing structure for decision-making in the community. This attitude has sometimes led confusion in the community.		a) Same as George Complex. b) Kalikiliki is declared as an improvement area to be issued with occupancy licences. c) Regular communication is only with Community Development Officer from LCC. d) People perceive that politicians have not done much for the community except talking during the campaign.
	III-6 In what field has the community been supported by other donors and NGOs?	a) Situation of interventions by other donors and NGOs b) Approach on community participation by other donors and NGOs	a) The World Bank and EU were used to assist LCC to upgrade the water scheme in George Complex in 1980s and early 1990s, respectively, though both of them failed due to vandalism by the community members. CARE has been active in George	a) AMDA Zambia office is working with JICA PHC project in addition to interventions by CARE. Main activities by AMDA are training of CBOs working with George Clinic and community	a) In the past, PUSH has done food for work for road repair, drainage clearance, etc. ANGO called CINDI has just started distributing food for widows though its activity is rather limited. The RDC is aware of JICA's development study which made an action plan to construct borehole in the

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			<p>Complex since 1992 for community empowerment and strengthening the ABO through projects such as PUSH, PROSPECT and PULSE. Urban LUSAKA, one of the CARE-funded projects, is to construct orphanage in the area with considering the increase of orphans due to death of parents from HIV/AIDS.</p> <p>b) CARE's approach in interventions has been changed from a food-for-work programme at its start of the activities in Zambia to more long-term development programme. Community empowerment for poverty alleviation is the main goal of every intervention while specific activities such as community infrastructure projects are considered as an entry point for establishment of the community-based initiatives. An integrated approach is employed and coordination of funding is promoted among the CARE-funded projects in order to maximise the expected positive impacts from the interventions.</p>	<p>members in tailoring, running adult literacy classes and community farms. Salvation Army runs community school in the area.</p> <p>b) Considering that most of CHWs and Nutrition Promoters trained under the JICA PHC project were illiterate and did not have stable source of income, the initial target group of the activities by AMDA was CBOs, especially CHWs and Nutrition Promoters in order to improve incentives and economic strengthen for them. These activities including community farm aim to support CBOs and community members to operate community-based PHC programme in sustainable manner with providing incentives for the participants.</p>	<p>settlement and the community has put the land aside.</p> <p>b) No information</p>