ZIMBABWE

Strategy To Accelerate Access To Sanitation And Hygiene

JULY 2011 - JUNE 2015

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The national lead agency for the sanitation and hygiene sector is the:
Ministry of Health and Child Welfare.

The preparation of this document has been coordinated by the:

National Action Committee for the Water and Sanitation Sector

through the: Sanitation and Hygiene Task Force

The NAC acknowledges and thanks the following stakeholders for their engagement in the consultative process in the development of the Strategy:

Local Authorities, Provincial Water and Sanitation Subcommittees, Civil Society Organizations and Media and Private Sector representatives.

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United Nations Children's Fund (UNICEF)

Water and Sanitation Collaborative Council (WSSCC)

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FOREWORD

Zimbabwe has a long history of championing innovative approaches to safe sanitation improvements. While specific technologies such as the Ventilated Improved Pit Latrine (VIP) rejuvenated improved sanitation access worldwide, the use of social marketing strategies, such as the Participatory Health and Hygiene Education (PHHE), provided a strong impetus to positive behavior change. The National Action Committee (NAC) for rural water supply and sanitation created in the mid-1980s has over the years not only provided leadership in the sub-sector, but also assured co-ordination of efforts, cross-cutting learning and become a repository of valuable experiences and lessons.

The Ministry of Health and Child Welfare, as part of its overall mandate of providing quality health to all Zimbabweans, has and will continue to lead in all efforts to ensure sustainable provision of safe sanitation to all. Experiences to-date indicate that total access to safe sanitation is best achieved by participatory efforts, involving community groups as key beneficiaries and owners of interventions. My Ministry acknowledges the shortcomings of subsidy based sanitation interventions and to this end has led efforts to revise sanitation and hygiene approaches nationally. While the shift from a supply led to a demand led sanitation approach has its own challenges, key among them capacity of service providers and customers, my Ministry is fully committed to lead the subsector and address these changes.

Building on this commitment, the Ministry of Health and Child Welfare welcomes all efforts at strengthening the re-branded NAC, which has assigned the responsibility and financial resources for rural household sanitation, hygiene and household primary water improvements to this Ministry. I assure the WASH Sector in general of my Ministry's commitment to take on this mandate, firmly and boldly and to continue to chair the Sanitation and Hygiene Task Force in the implementation of this Sanitation and Hygiene Strategy.

This Strategy outlines key focus areas and strategic actions to ensure that Zimbabwe achieves zero open defaecation within the foreseeable future. With effective promotion, communication and co-ordination, it is possible that a significant number of rural communities and urban local authority areas will be open defaecation free in the short term and sustainably maintain such a status in the long-term. To achieve this noble objective, it is important that the WASH Sector works in a co-ordinated manner, with clear designation of roles and responsibilities. This strategy is only but one tool by which the sector can have a common shared-vision on issues of mutual concern, especially around the provision of safe sanitation, water and hygiene.

I commend this Sanitation and Hygiene Strategy to all WASH Sector Policy makers, managers, practitioners and financiers as a guide to achieving the shared vision of sustainable access to safe water, sanitation and hygiene nationally and eliminating open defaecation in Zimbabwe.

Honourable Dr. Henry Madzorera (MP) Minister
Ministry Of Health And Child Welfare

ACRONYMS

AMCOW	African Minister's Council on Water
BNR	Bio-Nutrient Removal
BVIP	Blair Ventilated Improved Pit
CATS	Community Approaches to Total Sanitation
CBM	Community Based Management
CBO	Community Based Organisation
CFR	Case Fatality Ratio
CHC	Community Health Club
CSO	Country Status Overview
DDF	District Development Fund
DWSSC	District Water and Sanitation Sub-committee
EHTs	Environmental Health Technicians
EMA	Environmental Management Agency
GPS	Global Positioning System
IDP	Internally-displaced persons
IRWSSP	Integrated Rural Water Supply and Sanitation Programme
JMP	WHO/UNICEF Joint Monitoring Programme
MDG	Millennium Development Goal
MIMS	Multiple Indicator Monitoring Survey
MoHCW	Ministry of Health and Child Welfare
MoWRDM	Ministries of Water Resources Development and Management
NAC	National Action Committee
NMWP	National Master Plan for Integrated Rural Water Supply and Sanitation Programme
NCU	National Coordination Unit
NGO	Non-Governmental Organization
ODF	Open Defaecation Free
O&M	Operation and Maintenance
PHHE	Participatory Health and Hygiene Education
PWS	Primary Water Supply
PWSSC	Provincial Water and Sanitation Sub-committee
RDC	Rural District Council
SDC	School Development Committee
UNICEF	United Nation's Children Fund
VHW	Village Health Workers
WASH	Water, Sanitation and Hygiene
WB	World Bank
WHO	World Health Organisation
WPC	Water Point Committee
WSWG	WASH Sector Working Group
WSSCC	Water Supply and Sanitation Collaborative Council

WORKING DEFINITIONS

Access Ability to use sanitation infrastructure and services. The type of sanitation service available, the design of the project/programmes and the physical location or environmental conditions, influences access.

Community A group of people sharing the same geographic area, often using the same common property, identifying with each other and seeking to work together. Communities are not necessarily always cohesive.

Community participation Community members voluntarily contribute ideas, labour, materials and management to local initiatives. Community participation gives rural consumers voice, uses local management capacity and is an instrument of empowerment.

Community management Community management means that the communities are accountable, and have authority and management control over the development and care of their facilities.

Coverage The physical presence of sanitation services, enabling access, but may not guarantee use. The WHO/UNICEF Joint Monitoring Program (JMP) gives the definition of what is improved and unimproved sanitation.

Equity Equity means fairness and impartiality to all concerned. In the context of sanitation and hygiene it recognizes that there should be no policy, legal, technological barriers which exclude access to entitlements. Equity recognizes that people are different and may require support to overcome impediments that limit access or sustainability of service use.

Freedom This is a basic human right, entitlement of which loosely refers to liberty, free will, self-determination, and choice allowing for inventiveness, openness.

Gender While gender refers to biological differences between men and women, gender differences are also socially constructed, impacting the division of roles, responsibilities and power between women and men. These vary over time and between cultures, classes and age groups.

Gender mainstreaming An approach in which equal participation between men and women is practiced in core-decision-making and at scale.

Improved sanitation Means safe disposal of human excreta and waste. Improved sanitation prevents human contact with excreta. Components are:

- Safe collection, storage, treatment and disposal/re-use/recycling of human excreta (faeces and urine)
- Management/re-use/recycling of solid waste (rubbish)
- Collection and management of industrial waste products
- Management of hazardous wastes (including hospital wastes, chemical/ radio-active and other dangerous substances)

There are many technologies for improving sanitation: these include flush toilets connected to piped sewers, toilets connected to septic tanks; basic pit latrines; ventilated improved pit-latrines; or compositing latrines. The JMP defines the minimum improved sanitation system as a pit latrine with a slab.

Sanitation services Facilities for safe disposal of excreta and waste. There are many levels of services, each implying different technical, institutional, policy and financing arrangements.

Paradigm A coherent and mutually supporting pattern of concepts, values, methods and action for wide application.

Participatory tools Techniques and materials used in group mobilization or education. They should be adapted to the environment and circumstances of the group one is working with.

Participatory Health and Hygiene Education An approach that aims to empower men, women, young, old, rich and poor with health and hygiene awareness and promote behavior changes limiting water and sanitation-related diseases. The methodology recognizes that people will only change their behavior if they have been given an opportunity to analyze their situation and consider options for improvement. PHHE uses methods and visual materials (toolkits) that stimulate participation of communities in making these decisions.

Poverty Poverty is the state of one who lacks of material possessions or money and is unable to afford basic human needs. These commonly include clean water, nutrition, health care, education, clothing and shelter.

Use This is influenced by access, coverage and norms and values associated with the infrastructure or project conditions

Vulnerability This refers both to external vulnerability, through sudden shocks such as death or natural disasters, which leave people or entities exposed or defenseless; and also internal vulnerability when coping mechanism have broken down.

EXECUTIVE SUMMARY

This National Sanitation and Hygiene Strategy builds on the rejuvenation and refocusing of the water and sanitation sector under the leadership of the Ministry of Water Resource Development and Management. The objective of the Strategy is to provide a framework for improving and sustaining sanitation and hygiene service delivery for all Zimbabweans, including elimination of open defaecation (OD) (reducing OD from 33% to under 10% by 2015) and making significant progress towards the attainment of the sanitation Millennium Development Goals (MDG) (increase total sanitation coverage to 60% by 2015).

The Strategy builds on progress made to-date and lessons learnt. Critically, it adjusts current approaches in the light of recent implementation experiences. The strategy signifies a shift from a supply-driven approach, with a strong emphasis on technologies; to a demand-management approach, with emphasis on behavior change and services responding to community and consumer demand. The Strategy is intended for policy makers, implementers and development partners in the WASH sector in Zimbabwe and seeks to address challenges that have impeded progress.

The Strategy analyses the key issues and challenges facing sanitation and hygiene in urban and rural settings, reviews existing practice and recommends priority strategic actions.

The main recommended actions are:

1 **Institutional:** strengthen the leadership, institutional and legal framework of the sanitation and hygiene sub-sector.

2 **Capacity building:** assess capacity needs, establish a capacity building fund and initiate key training and professional development to rebuild the sector skill base.

3 **Sanitation technologies:** extend the range of sanitation technology options, create a sanitation ladder and encourage increasing adoption of more effective technologies, whilst not allowing unaffordable standards to limit basic improvements for the majority of the population.

4 **Financing:** increase the priority given to financing sanitation and hygiene; shift from government-centric, supply-driven, technology-focused financing; place priority on demand creation and the stimulation of a market of public and private service suppliers; and shift away from blanket subsidies, so that affordable subsidies are targeted at highly vulnerable populations. Public finance priorities should be to support large-scale behavior change and health and hygiene education to eliminate open defaecation and prioritize the construction of institutional sanitation facilities (schools, clinics, and public places). Sanitation-specific budget lines should be created at national and local levels.

5 **Sustainability:** sustainable service development requires significant strategic shifts in financing, institutional responses, service levels and service management priorities.

6 **Policy Framework:** sanitation and hygiene components of national policies need updating to respond to Zimbabwe's changed circumstances and reflect best international best practice.

7 **Informal, Peri-urban and New Settlements:** urbanization and land reform have changed the urban and rural landscape. RDCs and urban authorities need to increase capacity and adopt new sanitation strategies adopt to tackle the specific needs of peri-urban areas, informal settlements and resettled areas.

8 **Research and Development:** rejuvenate local research capacity to support knowledge development in the sector.

9 **Monitoring, Evaluation, Knowledge Management and Advocacy:** Re-establish a sector monitoring system and national sanitation inventory, drawing on modern information technologies to support evidence-based decision-making.

10 **Gender, Equity and Inclusion:** give priority to improving services for the poorest rural households and particularly households who practice open defaecation. Continue to be sensitive to gender as a critical element in sanitation and hygiene service development, including development of gender-friendly toilets and ensuring adequate representation of women at all levels.

11 **Behaviour Change and Health and Hygiene Education:** place emphasis on driving sanitation improvement by effecting large-scale behavior change using modern behavior change approaches; and build on Zimbabwe's strong experience in hygiene education. These shifts in strategy need to be reflected in budgets and staffing strategies.

12 **Climate Change:** Climate change, in the shape of floods and droughts, poses a threat to sanitation. Sanitation needs to be factored into climate change responses at national and local governmental levels.

In order to finance the strategy, at this time of transition, the NAC and the lead implementing agency for sanitation and hygiene, Ministry of Health and Child Welfare, will reach out to existing multi-donor funding and NGO sources, present a strong case for future budget allocations, and influence NGOs, the private sector and other bodies to support components of this strategy.

1.0 INTRODUCTION

1.1 Preamble

This National Sanitation and Hygiene Strategy puts in place key measures for sustained sanitation and hygiene service delivery in Zimbabwe, including the elimination of open defaecation. The Strategy is cast within the scope of the Zimbabwe government's Millennium Development Goals (MDG) and targets, and builds on progress made to-date, and lessons learnt. Critically, it adjusts current approaches in the light of recent implementation experiences. The strategy signifies a shifts from a supply-driven to sanitation development, with a strong emphasis on technologies, to a demand-management approach, with emphasis on behavior change and responding to consumer demand. The Strategy is intended for policy makers, implementers and development partners in the WASH sector in Zimbabwe and seeks to address challenges that have impeded progress. The development of the sanitation and hygiene strategy took place at time when the WASH sector is undergoing institutional renewal, and moving from emergency to recovery.

The Strategy provides a framework for:

- A sustainable sanitation and hygiene delivery system
- Amending minimum sanitation and hygiene standards
- Demand-creation based on behavior change and community managed approaches for sustained elimination of open defaecation
- Improving service sustainability through institutional reform, capacity building and rethinking financing priorities.

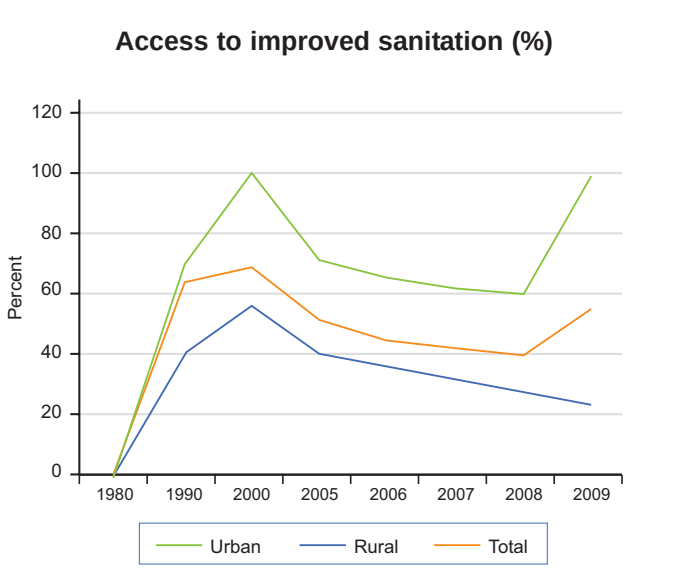
1.2 Methodology for Strategy Development

The National Action Committee (NAC) identified the need for a national sanitation and hygiene strategy. An initial concept paper was prepared and through its Sanitation and Hygiene Taskforce, NAC organized an all-stakeholders workshop to identify critical sanitation and hygiene issues that need tackling in order to attain the MDGs sanitation target. About 90 people participated in these consultations, including representatives of key government ministries and departments at national and provincial levels (including the lead implementing ministry, the Ministry of Health and Child Welfare - MOHCW), Non-Governmental Organizations (NGO) and donor and external agencies. The workshop helped to identify key areas of focus and strategic solutions. Follow-up steps included the drafting of the strategy and further consultation.

1.3 Rationale for the Sanitation and Hygiene Strategy

For many years the strategy to improve sanitation services in Zimbabwe had two pillars: use of standardized technologies, essentially full water-borne systems in urban areas and the ventilated improved latrine in rural areas; and subsidies to cover the capital costs of these services. Figure 1 below shows that after an encouraging start from Independence, this policy did not succeed in maintaining Zimbabwe's level of service access - in fact service access has declined or stagnated from a high of 54% service coverage in 1990 to 30% in 2008[1]. Following the economic collapse after 2000,

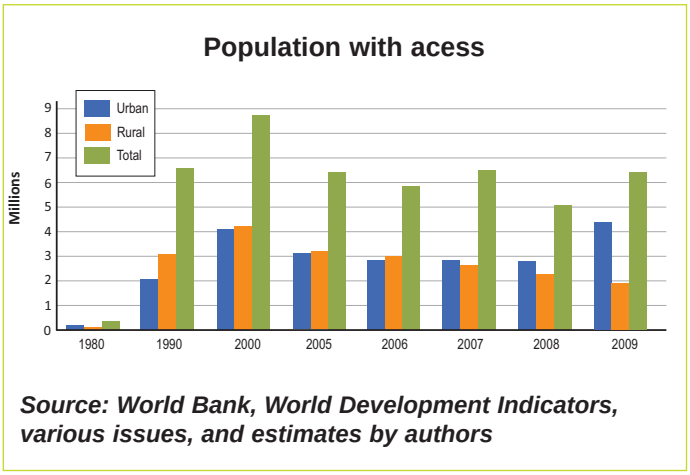
Figure 1: Trends in Access to improved Sanitation in Urban and Rural Areas



Source: World Bank, World Development Indicators, various issues, and estimates by authors

Footnote

[1] Zimbabwe Country Status Overview, 2010 (2008 statistics)



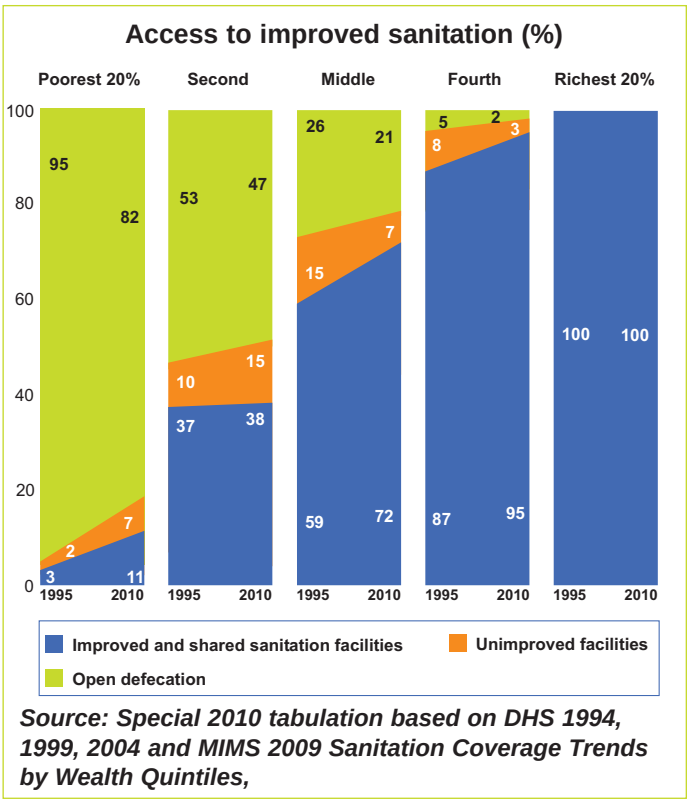
Source: World Bank, World Development Indicators, various issues, and estimates by authors

urban and rural systems have suffered a major decline. In urban areas sanitation systems have collapsed as a result of lack of maintenance of aging systems and absence of investment. With the drying up of government and donor subsidies, Government-led rural sanitation programmes also collapsed.

The supply-driven approach failed:

- To increase sustainable access, as rural households failed to replace filled or collapsed latrines, while urban local authorities failed to reinvest in water and wastewater services. At growth points, wastewater services were affected by lack of investment, poor cost recovery and lack of clear accountability.

Figure 2: Sanitation Access by Wealth Quintile



Source: Special 2010 tabulation based on DHS 1994, 1999, 2004 and MIMS 2009 Sanitation Coverage Trends by Wealth Quintiles,

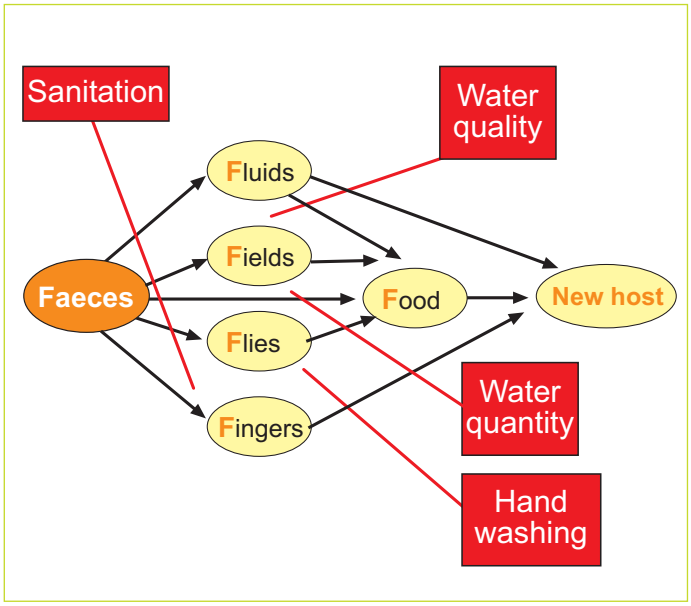
- To target the most vulnerable households. Figure 2 below shows sanitation service access by wealth quintiles. Nationally over 33% of the population defecates in the open. These are predominately the poor: over 82% of the poorest Zimbabweans have no alternative than to defecate in the open.

To put Zimbabwe back on track to the sanitation MDG target, a change is needed in the prior strategy. Government estimates that for the MDG targets to be met, 65,000 latrine units need to be constructed per year. This is more than three times the maximum output of 18000 latrines per year achieved during the peak of the well-resourced Integrated Rural Water Supply and Sanitation Programme (IRWSSP) in the late 1980s.

1.4 Defining sanitation and hygiene

Sanitation refers to the principles and practice relating to the collection, removal and disposal of human excreta, refuse, storm water and waste water as they impact upon users, operators and the environment.

Figure 3: Disease Transmission Routes from Human Faeces



Hygiene refers to behavioural practices which breaks the transmission of disease. Figure 3 below shows the disease transmission routes from faeces. What is considered hygienic or not can vary between different cultures, genders and sectarian groups.

2.0 SECTOR OVERVIEW

At Independence in 1980, the government of Zimbabwe recognized the need for uplifting the living conditions of the previously neglected rural population. Clean drinking water and safe sanitation were one of the components in development identified as a priority in the overall reconstruction programme. This coincided with the United Nations Declaration of the Decade for Drinking Water Supply and Sanitation (IDDWSS), which further stimulated focus on the water sector in the newly independent country.

In 1985, the NAC, then chaired by the Ministry of Health and Child Welfare (MOHCW) (Environmental Health) was created for oversight of the IRWSSP. The NAC spearheaded the sub-sector and implemented recommendations presented in the National Master Plan for Integrated Rural Water Supply and Sanitation Programme (NWMP). The NMWP overall goal was to: "To provide the entire communal and resettlement area population with access to safe and adequate (drinking water and sanitation) facilities by the year 2005". In terms of implementing the programme, the NAC sought to improve health conditions and quality of life of rural population in the communal lands and resettlement areas through:

- Provision of safe and adequate water from Primary Water Supplies (PWS)
- Provision of improved excreta disposal facilities through the construction of Blair Ventilated Improved Pit (BVIP) latrines.

This was to be achieved in two phases:

Phase 1:

Phase 1 was to be achieved when:

- Everyone can access safe drinking water supplies from a Primary Water Supply within 1 km of home
- 50% of rural households have at least a Blair latrine

Planning Criteria

- 250 persons per borehole
- 150 persons per deep well
- 50 persons per shallow well

Phase 2:

Phase 2 was to be achieved when:

- Everyone can access safe drinking water supplies from a Primary Water Supply within 500 meters of home,
- Every household has at least a BVIP latrine.

In large urban areas a strong local authority based programme of water supply and sanitation was promoted, while in small towns government provided and managed WASH services. While most urban areas and growth points had waste stabilization points or conventional trickling filter systems as off-site wastewater treatment systems, urban wastewater treatment shifted to include bio-degradation of nitrates through BNR plants. These highly mechanized and heavily energy-dependent plants were installed in Harare (Firle and Crowborough), Bulawayo (Asbey Farm), Mutare (Gimboki) and most recently in Chitungwiza. In general proper maintenance of wastewater treatment plants in both urban areas and growth points is weak, leading to heavy pollution of the receiving water bodies and the environment in general.

Since Independence the WASH sector went through both institutional and legal reforms (Table 1 lists of some of the major landmarks). The recently re-branded NAC provides oversight on sector development and facilitates linkages among the government departments, NGOs, donors and the private sector.

The country made significant progress on sanitation and hygiene improvements moving from 5% in 1980[2] to 43% in 2009 coverage in rural areas of Zimbabwe[3]. In urban areas coverage was once

Footnote

[2] JMP figures.

[3] The 43% is in respect to the BVIP latrine and not the lined pits as accepted by the JMP. The figure as per JMP would be a high as 60%

Table 1: Milestones of Water and Sanitation Development in Zimbabwe

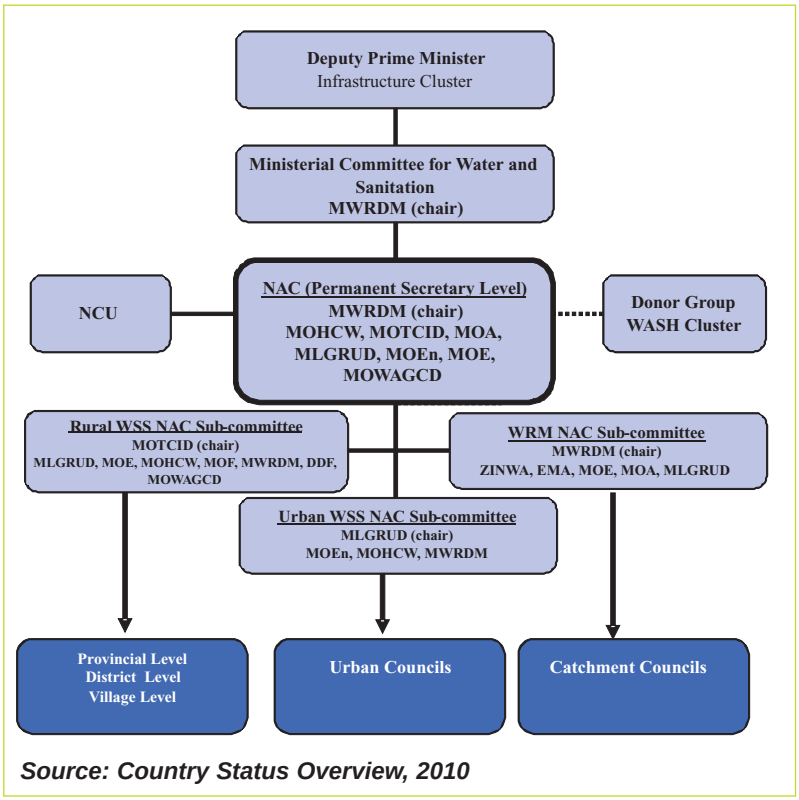
Date	Event
1980	National Independence
1981	ZIMCORD
1985	National Master Plan for Rural Water Supply and Sanitation (1985-2005) (NMWP) approved
1987	National Action Committee (NAC) established with MLGRUD in the chair
1987	Integrated Rural Water Supply and Sanitation Program (IRWSSP) initiated
1999	Water Act promulgated
1999	Establishment of Zimbabwe National Water Authority
2004	Draft Domestic Water Supply and Sanitation policy submitted to cabinet
2006	Urban water assets transferred to ZINWA
2008	Government of National Unity (GNU) established
2008	Urban water assets returned to local authorities
2008	Outbreak of national cholera emergency and emergency response
2009	Cabinet appoints MWRDM to lead the water sector
2010	Minister's leadership Water Retreat
2010	Cabinet approves amended sector responsibilities
2010	NAC re-launched

pegged at 99% in 1990 but has since declined to 40%[4] in 2008. The inability of vulnerable populations to access safe water and basic sanitation, poor hygiene behavior and practices and a collapsed health care system culminated in frequent diarrhoeal and cholera outbreaks in the country. The 2008/09 cholera outbreak affected all the ten provinces (urban and rural) in the country. More than 98,000 cumulative cases and 4,300 deaths had been reported with a Crude Case Fatality Rate (CFR) of 4.3%, which is way above the WHO standard of < 1%. Diarrhoea also remains one of the top ten diseases affecting under-fives in Zimbabwe (Multiple Indicator Monitoring Survey - 2009).

Multiple Indicator Monitoring Survey (MIMS) in 2009 indicates that by then 60% of the Zimbabwean population used improved sanitation facilities with only 43% of the rural population and 97% of the urban population using an improved sanitation facility. However, it is of significant concern that a third (33%) of Zimbabwe's population has no toilet facility and uses the bush or field and practice open defaecation. This percentage is high in rural areas (48%) and 1% percent is in urban areas[5]. Progress to achieve the water and sanitation MDG Number 7 target in Zimbabwe is off-track. For rural areas, the country has five years to raise improved sanitation coverage from 43% to 71%. (Country Status Overview - 2010).

Since 2010, Government has sought to re-invigorate the sector, restore WASH service delivery and arrest further decline. Government revitalized sector coordination mechanisms under the leadership of the Minister for Water Resources Development and Management (MWRDM). A re-branded NAC, adopted by Cabinet, builds on the prior rural NAC and extends its responsibilities and structure to oversee the rural, urban and water resources subsectors. NAC also

Figure 4: WASH Sector Coordination Structure.



Source: Country Status Overview, 2010

Footnote

[4] Zimbabwe Country Status Overview, 2010
[5] MIMS, 2009

created a special committee, the National Sanitation and Hygiene Taskforce, to coordinate and advise NAC on all sanitation and hygiene issues affecting the sector. The Sanitation and Hygiene Task Force led the preparation of this sanitation strategy.

With these coordination mechanisms now in place, MWRDM has also created a WASH Sector Working Group (WSWG) to create a linkage with sector donors. Sector focus can now shift towards the development of policies, strategies, investment plans, establishment of a regular annual joint sector review and operationalizing sector development programmes.

3.0 CHALLENGES IN THE SANITATION AND HYGIENE SECTOR

Sanitation and hygiene promotion are the two most effective interventions for controlling endemic diarrhoea and are the most cost-effective public health interventions. In terms of health impact, experts rank hygiene promotion as the most cost-effective public health intervention (US$ 3 per DALY averted) followed by sanitation promotion (US$ 11 per DALY averted)[6] ranking higher on this basis than any other form of health intervention (e.g. combating malaria, tuberculosis and HIV Aids)[7]. According to Hutton et al. (2007), every dollar invested in sanitation can generate benefits of an order of magnitude of 6.6 times in sub-Saharan African countries. While the results of these studies demonstrate a strong case for increased investment in sanitation and hygiene, the reality is this subsector has been severely neglected. This section analyses some of the major challenges facing the sanitation and hygiene sector.

3.1 Institutional Framework

Issue: Sanitation does not have a strong and clear institutional framework with senior accountable officials responsible for delivery of sanitation plans and undertakings. Several legal instruments exist for the sanitation sector, but enforcement is weak.

Practice: Since 1985, the rural WASH sub-sector was managed through the inter-ministerial committee, the NAC. The development of sanitation guidelines, approaches and standards was the prerogative of the lead implementing agency, Ministry of Health and Child Welfare (MOHCW), itself a member of the NAC. The highest official in MOHCW with direct responsibilities for sanitation is the Director of Environmental Health.

The NAC structure is replicated at provincial, district and sub-district levels through WASH sub-committees responsible for planning, implementation and coordination at these levels. The NAC has been an effective model for effecting rural WASH institutional coordination in the country but there is no legal instrument to back up the NAC structure.

In urban areas, sanitation provision is the responsibility of local authorities. Both the Town Planning Act and the Urban Councils Act make it mandatory to have water and sewerage access before a house is built. However, the treatment and discharge of wastewater, though regulated by the Pollution Control Regulations has not always been enforced, leading to discharge of partially treated effluent into the environment. A number of water and sanitation related pieces of legislation exist in the various government agencies, but their enforcement is generally weak. These include among others:

- Public Health Act, which should ensure that every household is provided with a toilet. In addition, the Act gives powers to act on any forms of public nuisance through prosecution.
- Environmental Management Act, which deals with prosecution of those who discharge raw sewage into water bodies.

Footnote

[6] Cairncross, Valdmanis (2006). Water supply, sanitation and hygiene promotion. Disease Control Priorities in Developing Countries. Jamison, Breman, Meashametal, 2nd Edition. New York: Oxford University Press

[7] Laxminarayan, R., Chow, J., and Shahid-Salles, S.A. (2006) Intervention Cost-Effectiveness: Overview of Main Messages. Chapter 2 in "Disease Control Priorities in Developing Countries (2nd Edition)". Edited by Dean T. Jamison et al World Bank, Oxford University Press.

- Model building by-laws which set requirements for drainage and water supply

Challenges:

1. Weak institutions at sub-national tiers.
2. Sanitation is not represented at a high enough level in MOHCW and other agencies and plans are not fully integrated into Health, Education, Water and other planning frames.
3. Unclear separation of roles over sanitation provision and management between rural and urban local authorities regarding peri-urban areas; and local authorities and government departments in urban areas.
4. Sanitation responsibilities are defined in several Acts, e.g. Rural District Councils Act, Urban Councils Act, Public Health Act, Environmental Management Act. These need harmonization.
5. Weak enforcement of environmental and public health regulations relating to sanitation.
6. Weak strategies and lack of incentives to engage the private sector.

3.2 Capacity Development

Issue: Zimbabwe's once strong, local government and professional environmental health extension staff, which reached down to sub-district level, has been significantly weakened in skill, manpower and mobility. Capacity at all levels, including communities and the private sector, has also declined.

Practice: The WASH programme largely focused its human resources development framework on central government personnel, especially senior staff, with little focus on local government or community structures. For rural sanitation, capacity development has focused on skills development of BVIP latrine builders and hygiene promoters, supervised by Environmental Health Technicians with little attention to development of a sustainable business model for private contractors. In urban areas capacity development for sanitation has focused on wastewater treatment plant operators, and not on the full management chain for WASH services. These capacity development programmes (both rural and urban) were largely project specific and funded by external support agencies or in urban areas on self-financing basis. Many skilled and experienced personnel have since left government service. A significant and dedicated effort is required to rebuild the human resource and capacity needed at all levels for a large-scale national sanitation improvement program.

Challenges:

1. Human and institutional capacity is currently low, and capacity building efforts are limited in scope and scale.
2. Water and sanitation sector needs are weakly reflected in the training curriculum of most non-health training institutions. Most syllabi at non-health training colleges take water and sanitation components of civil engineering only as electives and not as main courses.
3. Capacity deficiencies have not only been observed in the government and NGO institutions but also with service providers.
4. Capacity building programmes are fragmented and usually too project specific to make long-term impact on the human resources needs of the WASH sector.

3.3 Sanitation Technology

Issue: Zimbabwe has in the past promoted subsidised, high-standard sanitation technologies (water borne-sewerage in urban areas and BVIPs in rural areas). These service levels are no longer affordable at scale.

Practice: The BVIP is a Zimbabwean designed latrine, developed by the Blair Research Laboratory (now called the National Institute of Health Research), which has been widely promoted in the country and abroad. For its construction the WASH programme contributes cement, fly screen, reinforcing wire and the training of builders, while households contribute burnt bricks, sand, stone and pay builders. The rural water supply and sanitation programme has been promoting a 5 cement bag model of a BVIP latrine: this subsidy has placed a great burden on the state to finance this capital infrastructure in rural households. Individual researchers and NGOs have developed a number of other sanitation alternatives, but government authorities have not yet approved these alternatives.

Urban wastewater treatment systems include septic tanks, wastewater stabilization ponds, conventional systems (including trickling filters) and most recently

bio-nutrient removal plants. With unreliable water supplies, aged infrastructure, over loading of systems, poor maintenance, low cost recovery, frequent power outages, urban sanitation has posed fresh challenges of reliability and efficiency of service and declining customer connectivity and access.

Challenges:

1. BVIP latrines are now unaffordable both by consumers and State/development partners. Other options have been developed, including an upgradeable BVIP, which need to be incorporated into rural sanitation programmes.
2. Government approvals of alternative sanitation technologies have been slow and are without clear indicators and benchmarks defining conditions to be met for approval.
3. Most of the sanitation technologies in use, especially for public places (markets, street corners, etc.) are not sensitive to the special needs of children, the elderly and disabled people.
4. Aging infrastructure, many years of low investment, sub-economic tariffs and lack of capacity mean that breakdowns in urban water and waste are frequent. Growth points and small towns face the most severe challenges to manage their services. Water treatment systems can no longer meet demand, and most sewage treatment works are overloaded. The unreliability of water services in urban areas is compromising the efficiency of operation of wastewater collection and treatment systems.
5. Local authorities struggle to operate and maintain the highly mechanized and technically complex energy-demanding bio-nutrient removal and trickling filters systems. Frequent power outages also affect the operation of sewerage treatment plants, especially BNR plants.
6. By-laws prohibit pit latrines in many urban areas.

3.4 Financing

Issue: The cholera outbreak and the collapse of urban and rural infrastructure have shown the unsustainability of approaches that depend on donor aid and government subsidies and promote technologies and service levels that the country does not have the manpower or finance to sustain. As at 2000, donors contributed an estimated 90% of the total funding to the rural sector. From 2000, donor support to Zimbabwe declined, as did government budgets. Infrastructure loans and grants to urban authorities also declined. Tariffs do not cover the cost of service maintenance and replacement; and revenue generation has declined due to the economic collapse and failure to enforce service payment.

Practice: The precedent of subsidizing materials means that most rural households do not invest in their own sanitation services, either building new facilities or replacing full pits. Institutions responsible for rural sanitation development, especially environmental health officers and rural local authorities have continued to wait for donor resources and have not sought alternative ways of delivering sanitation improvements. Blanket subsidies have stifled local innovation and investment and often benefit the least deserving at the expense of the vulnerable groups.

Neither national nor local authorities have a budget line for sanitation. Sanitation is still not highly prioritised in local government budgets. In urban areas, some measure of cost recovery is anticipated through the collection of rates, however this has not always been properly ring-fenced to benefit the sanitation sub-sector.

Challenges:

1. The sanitation programme has been highly supply driven and not demand driven. The approach adopted has focused on technology

and not aimed at eradication of open defaecation.

2. Current water and wastewater tariffs in urban areas are below the operating optimum and are not properly ring fenced to benefit the sub-sector.
3. Implementing mechanisms to target improved sanitation to the most vulnerable members of society.
4. Unclear revenue collection and reinvestment mechanisms for growth points and small towns hinder effective maintenance and expansion of sanitation services.
5. Current approaches do not take full life-cycle costs of sanitation (including repair and replacement) and hygiene promotion (including refresher and follow-up promotion) into account when planning interventions.

3.5 Sustainability

Issue: The key lesson from the collapse of water and sanitation services is the lack of attention to service sustainability. The high standards in both service levels and service management (hardware and software) could not be maintained.

Practice: In urban areas insufficient budgetary provision was made for maintenance and generating the capital to manage the replacement of ageing infrastructure. Technologies were also chosen that did not reflect the skill base available to operate and maintain the infrastructure. Tariffs were set at sub-economic levels and enforcement for payment has not been consistent. In growth points and small towns there is virtually no waste-water treatment due to poor operations and maintenance.

In rural areas the subsidies and costs of service supply to the state could not be maintained. Previous policies underestimated the level of support needed to achieve the large-scale roll out of BVIP latrines. This was evident before the economic collapse, and the collapse further undermined the program. The policy assumption that the motivation to replace old superstructures and dig new pits would be established once a generation had used a family latrine, has not proved to be correct. Rather, subsidized service handouts have laid the expectation that future latrine replacements would also be paid for by the State. Surprisingly many have reverted to open defaecation rather than construct their own facilities.

Local authorities and communities have not retained the managerial and technical capacity to continue to manage services. Furthermore services that depended on a centralised drive - such as the BVIP latrine program, were especially vulnerable to collapse. When the centre collapses it affects the entire programme.

Challenges:

1. How to manage a move to sanitation service levels that the country can afford and for which households are willing and able to pay.
2. Rebuilding the capacity for service management and establishing responsibility and capacity for component replacement.
3. Rebuild a culture of service payment and enforcement of tariffs and regulations.

3.6 Policy Framework

Issue: The national WASH programme has been operating without a consolidated national WASH policy and relies on outdated strategies and guidelines derived from a variety of pieces of related legislation. These include: the Water Act, the Public Health Act, the ZINWA Act, the DDF Act, the Provincial Councils and Administration Act, the Rural District Councils Act, and the Traditional Leadership Act.

Practice: A draft National Rural Water and Sanitation Policy document was produced in 2004 but has not yet been ratified. A subsequent review by NAC in 2009, indicated gaps in the draft policy document, among them the need for clarity on

sector leadership and definition of institutional roles, inclusion of new international sector knowledge and climate change issues. The cholera outbreak was in itself an impetus to re-examine approaches to WASH development in the country, amongst them the need for sector coordination, institutional rationalization and capacity development and the need to prioritize sanitation and hygiene issues on the national development agenda.

Challenges:

1. A national sanitation and hygiene policy needs to be developed and ratified within the context of an overall water and sanitation policy.

3.7 Informal and Peri-urban Settlements

Issue: The urban population continues to grow rapidly as a result of rural-to-urban migration. This high increase in the urban population is not matched by growth in urban infrastructure, including housing, water supply, sanitation and waste removal. Access to water and sanitation services is dropping both in terms of reliability of supply, quality and adequacy. Agrarian reform has opened up new resettlement areas where additional new service facilities are required.

Practice: According to the government reports, in 2004 the urban housing backlog list stood at one million families (Zimbabwe MDG Report, 2004). Some peri-urban areas fall under the jurisdiction of neighbouring Rural District Councils (RDC): areas such as Mayambara and parts of Whyte Cliff, which border Chitungwiza and Harare. These are populations effectively fall in Manyame and Zvimba RDCs respectively. In these areas problems of water pollution, open defaecation and overloading of sewer reticulation system are ubiquitous and hygiene education is neglected. WASH in peri-urban areas are essentially emergency activities and only offer temporary solutions. The institutional, financial and service level challenges for the fast-growing peri-urban need to be addressed in a holistic way. Per-urban growth is not only restricted to major towns but is also affecting outlining rural growth centers, mining towns, peri-urban and informal settlements. New resettlement areas have few support services.

Challenge:

1. There is no clear specific policy on peri-urban areas to address their long-term institutional, financial and service level challenges.
2. Low capacity by RDCs to provide and manage services in informal and peri-urban areas.
3. Sanitation service levels are low in new resettlement areas.

3.8 Research and Development

Issue: In recent years, research and development for sanitation and hygiene has not been prioritized and is underfunded.

Practice: Zimbabwe has a Research Council that regulates research in the country and also ensures adherence to research ethics. The rural WASH sub-sector benefited from a long association with the National Institute of Health Research (formerly Blair Research Institute), which undertook research on water, sanitation and health technologies as well behavioral practices, epidemiological and other associated research. Most research results are published in both academic and non-academic journals and reports. In the early stages of the rural programme, a Research Fund was established within the NAC for the purposes of strengthening research capacity. In the early 2000s a regional research fund, called WARFSA, was hosted in Zimbabwe, providing opportunities for Zimbabwean WASH professionals to research in such diverse fields as integrated water resources management, for which sanitation and health was a part. All these funding channels are now largely non-operational.

In urban areas, no specific research agenda has been pursued by the WASH programme for the sub-sector, but academics and other research organizations have used urban areas for their research, especially in the area of water pollution and other socio-economic dynamics of water and sanitation service provisions.

Challenges:

1. There is no clear policy or guidance on national applied research despite, the NAC having promoted research in technologies and approaches in the past and continuing to operate as a clearing house for is all new technologies and strategies. Currently partners (such as

NGOs) lead sector research, with limited government involvement, hence limiting the acceptance of findings and use of results. In the case of piloting technologies no guiding parameters or indicators are established, making it difficult to evaluate results and consequently make scientifically sound conclusions.

2. Funding for sanitation and hygiene-related research is limited and in recent years little meaningful official research has been undertaken. Local authorities and WASH sector programmes do not provide budget lines for research.
3. There is a general capacity limitation in all sector institutions to conduct meaningful applied research. There are also no established mechanisms for dissemination of research results, especially outside of academic institution based research.

3.9 Monitoring, Evaluation, Knowledge Management and Advocacy

Issue: The sector presently has low capability in monitoring, does not have a current sanitation inventory and lacks a structured system for knowledge management, including documentation, analysis and sharing of lessons learnt.

Practice: In prior years, the rural sub-sector's monitoring and evaluation activities have been through subcommittees at national, provincial and district levels, with backstopping support from the National Coordination Unit. A data-base management office was established at an earlier stage, but financing for this activity has not been continued. In the absence of a nationally agreed and adopted monitoring and evaluation framework with clear indicators, the information collected varies from district to district, and project to project, thereby limiting the capacity of the sector to utilise it for improvement. Monitoring has remained the preserve of government or project officials with little involvement of or feedback to beneficiary communities. The lack of clear data has limited the effectiveness of sector advocacy. Zimbabwe has officially commissioned very few recent sector studies and large gaps in sector information exist.

Knowledge management and information exchange has occurred through Annual Sector Reviews, though these have not been held regularly. The urban sub-sector has used annual local authority association forums to share information. With weak documentation, the sector thus basically relies on 'moving libraries' (existing sector practitioners), whose institutional memories will disappear if/when they leave their jobs. The NAC has however continued to develop and widely distribute strategies documents and guidelines to guide implementation of specific rural programme components for enhanced standardization of approaches. Despite, its weak documentation capacity the rural WASH sector has sought to incorporate lessons learnt and this has resulted in a number of changes to sector programmes. These include: a recent shift from a priority focus on hardware promotion shift towards software development and capacity building for sustainability, the use of community based management approaches, the incorporation of new stakeholders especially NGOs and private local entrepreneurs, standardisation of technologies and harmonisation of approaches. Urban authorities have not yet shown similar operational shifts.

Challenges:

1. An updated sector monitoring system needs to be developed and put in place, including adequate focus on sanitation and hygiene.
2. An inventory of sanitation facilities needs to be developed and mechanisms put in place to have it regularly updated.
3. Sector monitoring should use modern information collection (including water and sanitation mapping approaches, web-based data-bases, GPS, and mobile to web technologies) to speed up sector data collection and monitoring.
4. All agencies developing water and sanitation services should be required to provide regular data on their activities in a standard format.
5. Feed-back loops need to be built into monitoring systems beneficiary communities are involved in data collection and receive monitoring results.
6. Progress in sanitation and hygiene should have a priority component during regular annual sector reviews in both the water and health sectors.
7. A strategy for analysis, documentation and sharing monitoring results needs to be developed and implemented, including a mechanism for sharing conclusions and lessons learnt with all WASH implementing agencies.
8. The sector has not managed to cultivate a

culture of documentation amongst practitioners and institutions. This has affected institutional knowledge management and continuity.

9. A sector advocacy strategy needs to be developed and implemented.

3.10 Gender, Equity and Inclusion

Issue: The poorest Zimbabweans have the least access to sanitation facilities and hygiene support. Rural coverage is significantly lower than urban coverage. Sanitation programmes in Zimbabwe have not effectively targeted neglected regions, communities or individuals. Women, who constitute the majority of population and are custodians of household health and hygiene, should be the primary focus for sanitation and hygiene improvement programmes. Whilst the WASH sector has sought to give emphasis to gender issues, targeting remains weak and women are not always adequately represented in senior leadership and decision-making levels. Zimbabwe has an increasing number of internally-displaced persons and street children who have little or no access to sanitation and hygiene support.

Practice:

Gender Issues: Women are generally active in the lower levels of the decision-making hierarchy. The NAC Project Management Handbook provides that women should make up at least 30% of the membership in all management structures and administrative activities. Apart from being members of the water point committees, women should also be trained as latrine builders and hand pump mechanics so that they can work as private entrepreneurs, servicing hand pumps in communal areas. In urban areas small numbers (less than 10%) of women are becoming water and wastewater treatment plant operators. Technology development has not paid significant attention to the needs of both men and women; for example, latrines with squat holes often do not take into account the preferences of women, the elderly or children. School girls starting their menstrual cycle are unlikely to use school latrines that have no doors

Equity Issues: In Zimbabwe the poorest quintile is 20 times less likely to practice open defaecation than the rich quintile. Those categories of people who are excluded from access to sanitation include those who are socially and economically marginalized or excluded and those who cannot use standard designs. For example the BVIP can exclude children, those who are weak and infirm pregnant women and those living with disabilities.

Internally displaced Persons: The number of persons who live off and on the street is increasing. IDPs do not have always have access to safe sanitation because they cannot afford to pay for municipal facilities. These facilities are locked at night prohibitting use by IDPs sleeping rough. Consequently in urban areas there is often faecal matter along roads and other public places, posing a health threat. The only places where street people can have access to sanitation are drop-in centres and these are limited in numbers. NGOs giving assistance to IDPs do not include improving sanitation access in their support.

Challenges:

1. The WASH programme has not been sufficiently focused on improving services for the poorest rural households and particularly households who practice open defaecation.
2. The options of available sanitation facilities should include options that cater for the specific needs of vulnerable groups, such as the disabled, elderly, physically infirm children, disposal of children's stools, and pregnant women. Options and latrine location should bear in mind women's safety and need for privacy.
3. Policies and strategies are required to tackle the challenge of services for IDPs.

3.11 Behaviour Change and Health and Hygiene Education

Issue: Significant new research has shown that peer pressure and other social factors can be successfully used to change sanitation behaviours and eliminate open defaecation. These techniques are being successfully applied in many African and Asian countries but have not yet been attempted at-scale in Zimbabwe. Increased sanitation access and effective use of WASH facilities can be enhanced by Participatory Health and Hygiene Education (PHHE), but sustaining these behaviour

changes has been difficult to achieve. Community Health Clubs (CHC) have a good track record in heath and hygiene promotion and need institutional support to enable them to operate on a larger scale.

Practice: Zimbabwe has adopted a programme to enhance public participation in health and hygiene matters through Participatory Health and Hygiene Education (PHHE) - see Box 1. PHHE was initiated in the 1990s, as a development from the Participatory Hygiene and Sanitation Transformation (PHAST) approach. Environmental Health Technicians (EHTs) in the MoHCW are central to the promotion of hygiene education. The NAC has developed a Participatory Health and Hygiene Promotion - Field Guide and a tool-kit that is widely used at sub-district level. This approach needs to be sufficiently resources as to enable large-scale roll-out. There is a lack of monitoring outcomes and refresher support. Research has shown that behavior changes are not sustained a third of beneficiary households.

Another approach to improve community health and hygiene promotion, that has been used successfully in Zimbabwe, is through the CHCs. Health Clubs foster exchange of information among householders and between community groups on many health matters (including home hygiene and construction of sanitation facilities). Clubs have also been known to assist vulnerable groups construct toilets.

One NGO (Plan) has implemented a pilot project seeking to eliminate open defaecation through Community-Led Total Sanitation (CLTS), but Government cautiousness and concerns about lowering sanitation has limited further take up of this approach. Behaviour change and health and hygiene education approaches have been used to prevent Cholera outbreaks, and the spread of typhoid and measles, but no systematic approach has been used in urban populations and few local authorities have sustained educational or behaviour change programmes. Women are a strong constituency for hygiene promotion.

Box 1: PHHE

Participatory Health and Hygiene Education, (PHHE) is a facilitated community process that helps people develop the outlook, the competence, the self-confidence and the commitment to improve local hygiene practices and the management of local water and sanitation facilities. Reviews carried out to date indicate that the PHHE programme has had a positive impact on behaviour change, such as improving hand washing and disposal of wastes.

Challenges:

1. PHHE has not been properly packaged to be easily transferred to urban situations.
2. Further clarity is needed to specify the comparative advantages of different health and hygiene approaches.
3. Recent health and hygiene education initiatives have focused on cholera prevention. A national programme needs address how to sustain hygiene improvement.
4. The hygiene and sanitation promotion has largely been a preserve of public enterprises with little private sector engagement.
5. A major national program is required to focus on behavior change to eliminate open defaecation.

3.12 Climate Change

Issue: Climate change, manifested in droughts and floods, pose a potential threat to the sanitation and hygiene sector. Toilets in rural areas have been destroyed due to flooding. In urban areas, sanitation infrastructure would be affected either through flooding or too little water for system efficiency.

Practice: Climate change has not yet been integrated into national and local level planning. There is no sense of urgency to develop climate change adaptation strategies within the sanitation agenda.

Challenges:

1. There is a risk that climate change effects will impact on sanitation services and hygiene promotion.
2. Sanitation and hygiene needs to be integrated into national and local plans to adapt to climate change.

4.0 THE STRATEGY

4.1 Objectives, Outputs and Outcomes of the Strategy

The objective of the Strategy is to provide a framework for improving and sustaining sanitation and hygiene service delivery for all Zimbabweans, including elimination of open defaecation and making significant progress towards the attainment of the sanitation MDG.

The specific objectives of the strategy are to:

1. Eliminate open defaecation (reducing OD from 32% to under 10% by 2015);
2. Increase total sanitation coverage (using JMP criteria) to 60% by 2015; and
3. Implement and sustain positive hygiene behaviours in all communities where activities are undertaken to eliminate OD.

The main strategy outputs are:

1. Strengthening leadership and the institutional framework for sanitation and hygiene.
2. Increasing capacity for service delivery and management.
3. Revising sanitation technology standards to enable mass take up of sanitation improvement.
4. Improving sector financing and the financial sustainability of services.
5. Finalizing the national policy framework.
6. Developing approaches to meet the demands in informal, peri-urban and resettlement areas.
7. Rejuvenating local research and development in sanitation and hygiene.
8. Improving sector monitoring, evaluation, knowledge management and advocacy.
9. Mainstreaming strategies in gender and achieving greater equity and inclusion.
10. Stimulating behavioural change and rolling out large scale health and hygiene education.
11. Addressing risks of climate change.

The main intended long term impacts from the Strategy are:

- Reduced incidence of WASH-related diseases through sustained positive hygiene practices in urban and rural areas.
- Poverty reduction among households in the lowest wealth quintiles.
- Reduction in environmental degredation through safe disposal of human waste and re-use practices.

4.2 Strategic Actions

4.2.1 Institutional Framework

Government is resuscitating structures and clarifying accountabilities at all levels for effective coordination and management of the WASH sector. The sanitation and hygiene sub-sectors are managed with the oversight of the NAC Rural and Urban Water Supply and Sanitation Sub-committees and coordinated by the NAC Sanitation and Hygiene Task Force. The NCU provides secretariat and data

collation support. The lead national implementing agencies for the sanitation and hygiene sectors are in rural areas, the MoHCW working with District Councils and specifically DWSSCs, and in urban areas, MLGRUD and Urban Authorities. ZINWA manages wastewater treatment facilities in some small towns and growth points.

Key strategic actions are:

1. The NAC would be accountable for delivery and monitoring of the implementation of this national strategy.
2. Priority is needed to complete the full operationalization of the new NAC, the NCU, and the relevant sub-committees. The next tiers for rejuvenation are the sub-national structures (for the sanitation and hygiene sub-sector these are the Provincial and District Water Supply and Sanitation Subcommittees; sanitation functions in Urban authorities; and ZINWA).
3. Local authorities would re-establish linkages with sub-district health and hygiene related community and institutional (e.g., school) structures. Special attention will be given to resuscitation of the water point committees, health and hygiene clubs, and ward and village WASH committees. Strong linkages with traditional and community leadership structures can help sustained support to these WASH committees. Local authorities would also develop local private sector capacity to offer support services.
4. Clarification is needed on roles and responsibilities between Environmental Health Officers and staff in RDCs and Urban local authorities. Local authorities become the responsible authority for managing all sanitation infrastructure in their jurisdiction and that EHOs have specific roles in public health promotion, monitoring, training and technical support.
5. Sanitation needs leadership and profile at a senior management level. Accountability for sanitation and for delivering the important MOHCW component of the strategy should fall to the Permanent Secretary or Deputy PS. National government and business leaders should be engaged in a program to prioritize sanitation improvement.
6. Sanitation and hygiene is an inter-sectoral issue and needs to be fully incorporated and have specific actions in the recovery plans in the Health, Education and Urban sectors.
7. NAC should commission a review of all the existing legislation affecting sanitation and hygiene with a view to harmonizing and updating relevant provisions. The amendments would also reflect recent sectoral policy changes.

4.2.2 Capacity Development

The WASH sector has experienced significant skills flight and now has a lack of capacity at all levels.

Key strategic actions are:

1. The NAC should revive its Human Resources Development Sub-committee to lead sector thinking on to develop sector capacity.
2. In order to develop a sector capacity development framework, clarify the scope and nature of capacity needs through a comprehensive sector capacity needs assessment.
3. Attract resources to establish a capacity building fund to support a major sector revitalisation and capacity enhancement process and attract skills back to Zimbabwe and to the sector.
4. Other key actions will be determined following the assessment, but are likely to include:

a. Career development through long term courses such as the post graduate diploma in WASH, national plant operator training and extensive EHT training programmes

b. Professional skills strengthening through short targeted courses.

c. Increased use of collaborative partnerships, both bringing in skills from the NGO sector and contracting out to the private sector.

d. Review of training curricula against the needs of the water supply and sanitation sector. Most syllabi at colleges take water and sanitation as components of civil engineering not as the main courses.

e. An urgent capacity development thrust is needed to refresh the staff in all NAC structures. The thrust will enhance technical and managerial skills of the various personnel at all levels, especially the local authorities and the lower tier structures implementing WASH services.

f. Especially in areas where investments are being made, capacity building resources will also need to target artisans (builders, pump mechanics,

well sinkers), planners, community mobilizers, hygiene promoters, care givers and community leaders. Guidance on good business practices will be needed for local entrepreneurs, NGO and private sector institutions involved in component supply chains.

g. External technical assistance will continue to be needed, but should be properly coordinated by donors and follow a code of practice which empowers counterparts and the transfer of knowledge and skills.

4.2.3 Sanitation Technology

The standardization of sanitation technologies, while appropriate during times of resources abundance is now constraining coverage. Urban authorities are struggling to maintain what they have, let alone extend water-borne services. In rural areas it is now evident that most households are unable to replicate or replace BVIP latrines and are neither emptying full pits nor constructing new ones.

The NAC has as its objective to assist in the provision of appropriate, affordable and sustainable sanitation technologies. There is clear evidence for the need to increase the menu of appropriate sanitation technologies, especially in the light of issues of State and householder affordability. Options should also take cognisance of gender issues, children and vulnerable or physically challenged members of user communities.

To this end, user community needs, concerns shall be taken into account in the development and provision of any such facilities as sanitation issues are highly prioritized and incremental sanitation improvements included at the household level. The development of an upgradeable BVIP is a significant step towards creating a sanitation ladder enabling the poorest housholds to begin to improve their own facilities. For rural communities the BVIP is still a highly desirable service level and a critical benchmark, but this strategy also recognizes that an intermediate step involving a lower entry point is necessary to improve the sanitary conditions for the poorest.

Key strategic actions are:

1. A national sanitation ladder of different sanitation technology options shall be developed to provide sector guidance. Rather than have a single standard, the strategy will be to encourage every Zimbabwean to start up the ladder. The single option BVIP will be amended to an upgradeable sequence of steps in improving sanitation.
2. First priority shall be given to eliminating open defaecation by having all householders move to having the most basic and community-affordable option - a basic pit with a slab. Local innovations in terms of pit lining and the superstructure shall be encouraged and supported.
3. Where appropriate, composting latrines, arbour loos and other options which safely recovery and use sanitation nutrients, will be encouraged.
4. The NAC shall collate existing research work and encourage new research into technology options to encourage innovation and achieve a multiplicity of choice of sanitation technologies
5. For urban sanitation, power-cuts contribute to the worsening situation and a significant shift shall be made towards less mechanized and low energy streams that include stabilization ponds.
6. In urban areas, rehabilitation of wastewater treatment systems will be given priority, while expansion will focus on low energy, low maintenance systems such as septic tanks and stabilization ponds.
7. Options for peri-urban populations need to be developed, including empty-able pit latrines and simplified sewerage. Urban by-laws need amendment to allow construction of more affordable sanitation options.
8. NAC will encourage public-private partnerships for sewerage treatment rehabilitation and management.

4.2.4 Financing

For the past 30 years, the Zimbabwe sanitation and hygiene programme has anchored its service development on construction subsidies. This has inculcated a strong dependency amongst consumers, especially rural households and created a focus on construction of new facilities, rather than on service sustainability.

Key strategic actions are:

1. Sanitation programmes will shift away from supply to demand-driven approaches.
2. The first priority for public and donor finance will continue to be emergency repair of public facilities to avoid major breakdowns which could spread of infectious diseases.
3. With the situation now stabilized, the priority in rural sanitation finance would be on demand-creation, putting the onus on householders to take responsibility for improving their own facilities. Demand-creation will require both behavior-change and hygiene education techniques: public finance is needed to develop these approaches and support their large-scale roll out.
4. Public and donor resources are also required to stimulate both public and private sector service suppliers to respond to the created demand. In rural areas masons need training and viable business models developed which provide incentives for local service providers to the develop capacity for service supply.
5. Public funds would also focus on construction and management of institutional sanitation: at schools, clinics, markets and other public places.
6. A specific strategy on targeting assistance to the most vulnerable and the destitute will be devised on the basis of an assessment of the scope of this need and the design of ring-fenced mechanisms which do not undermine no-subsidy approaches.
7. Zimbabwe has been implementing public works programme where communities are paid for services. This programme has largely been utilised for improving infrastructure such as roads, bridges, and gully reclamation. The NAC will explore this opportunity for the appropriate inclusion of public latrine construction and other WASH services.
8. Life-cycle costing will be used for all future sanitation investments to address issues of service sustainability and replacement.
9. In the urban areas, including growth points and small towns, the water and wastewater tariffs need to be reviewed and set at economic levels for improved service delivery and the NAC will work closely with the relevant authorities to influence this. Measures to enforce payment should be implemented. Government agencies should be encouraged to show the way and clear all water and sanitation service payment debts.
10. At national level, the NAC will continue to lobby central government to increase budgetary allocations to sanitation and hygiene. The expenditure will focus on demand-creation, institutional sanitation and targeted subsidies for the most vulnerable and avoid blanket sanitation subsidies. NAC will liaise with multi-donor trust funds supporting the sector to ensure that these funding sources follow the framework established in this national strategy.
11. MOHCW will establish a specific budget line for sanitation and hygiene.
12. At district level, NAC will make it mandatory for all Rural District Councils (RDCs) to make budget provisions for WASH service delivery as stipulated in the RDC Act of 1988. The RDCs will be encouraged to set up WASH Funds through for example, levies, royalties etc. to be accessed by communities and local agencies for the development of WASH services. Community funds, with backing of RDC by-laws will also be encouraged to uplift sector services. In this way, local-level development and traditional structures will be encouraged to give priority to sanitation and hygiene.
13. Public Private Partnerships (PPP) mechanisms will be explored to support targeted sanitation subsidies and hygiene promotion activities. This will also be cultivated at community level, so as to increase the skills and resources available to the sector.
14. Micro-finance and output-based aid approaches will also be explored to increase off-budget investment in sanitation, hygiene and related activities.

4.2.5 Sustainability

The need to sustain services is the key challenge facing water and sanitation development in

Zimbabwe. Addressing it requires a comprehensive response which amends institutions, technologies and financing and places users and communitie at the centre of service development.

Key strategic actions are:

1. The NAC will prioritize sustainability in future policy amendments and in the activities of all three sub-committees.
2. The NAC together with private sector and public partners will build the technical and managerial capacity of local government.
3. The NAC will promote the piloting and application of decentralised waste water treatment plants.
4. The NAC will promote in both urban and rural areas the use of sustainable, affordable and acceptable to users. Subsidies will be limited and targeted to the destitute and extremely vulnerable.
5. NAC will advocate for the allocation of 5% from national budget to be used for operations and maintenance.

4.2.6 Policy Framework

NAC is giving priority to a holistic update of water sector policies, which includes sanitation and hygiene in rural and urban contexts.

Key strategic actions are:

1. Government short-term priority is the finalization and operationalization of an updated WASH sector policy and related regulatory frameworks.
2. NAC will explore ways of raising awareness, harmonizing and facilitating the enforcement of existing water, sanitation and hygiene related legislation.
3. At local level, local traditional leadership is an effective arm in law enforcement. Local authorities should be encouraged to can enact and enforce by-laws targeting issues as open defaecation, safe sanitation and hygiene.

4.2.7 Informal and Peri-urban Settlements

Populations shifts are creating new challenges for sanitation services. These include services to peri-urban populations; the growth of street kids and internally displaced-persons; and new service requirements to resettlement areas.

Key strategic actions are:

1. NAC should conduct a national study of peri-urban settlements to determine their size and scope of the challenge and provide a basis for a development of specific strategies for these growing areas.
2. The Urban NAC sub-committee should lobby for urban authorities and RDCs to give priority to these at-risk populations. RDCs with peri-urban populations should collaborate closely with neighbouring urban authorities to develop specific policies for sanitation service provision in line with NAC's framework, including increasing their own technical capacity to support sanitation service development. RDC should collaborate with NGOs and others with experience in low-cost sanitation and hygiene to increase their capacity. Law enforcement through deterrent penalties and also a "name and shame" strategy to prevent contamination of the public environment should be explored.
3. An integrated approach to WASH challenges for all settlements (rural, urban, peri-urban) should be adopted to ensure continuity of approaches in adjacent settlements.
4. A comprehensive programme of reconstruction, rehabilitation and management of public toilets in urban areas is required, including an intensive hygiene awareness/education campaigns in the informal settlements and targeted to street kids and IDPs.

4.2.8 Research and Development

Re-establishing a strong, local research and development capability in the sector is one of the keys to success.

Key strategic actions are:

1. NAC will collaborate with other research bodies to align water, sanitation and hygiene with national research policies.
2. NAC should scope out options for establishing a research fund (e.g. own-managed, linked to other research institutions or independently managed) to stimulate sector research and development in collaboration with other research initiatives and institutions (e.g. in health), universities and technical colleges.
3. NAC should prioritize key knowledge gaps or studies need to solve operational problems and encourage research-funding bodies to undertake research in these areas.
4. A clear policy will be developed on research parameters and sharing of research results within the research and development community, both to guide researchers and promote use of gained knowledge.
5. Government research institutions such as the National Institute of Health Research will receive targeted government support to recapitalize and attract skilled and experienced scientists.
6. NAC will establish transparent criteria, processes and time-frames for clearing sanitation and hygiene technologies and processes.

4.2.9 Monitoring, Evaluation, Knowledge Management and Advocacy

Good quality sector information is critical for informed decision-making. Earlier sector monitoring mechanisms have broken down and need re-establishment using modern information management approaches.

Key strategic actions are:

1. A monitoring and evaluation (M&E) sector framework needs to be put in place with adequate attention to sanitation and hygiene. The framework needs to be complemented by training at all levels to improve the regularity and quality of sector reporting and foster a culture of documentation amongst practitioners and institutions.
2. A key component of the upgraded monitoring system is an updated national inventory of sanitation facilities, using modern information collection techniques (including water and sanitation mapping approaches, web-based data-bases, GPS, and mobile to web technologies) to speed up sector data collection and monitoring and allow real-time updating of data bases. Feed-back loops need to be built into monitoring systems such that beneficiary communities are invoved in data collection and receive monitoring results.
3. NAC will encourage all sector agencies to comply with the new framework and to regularly provide reports on sector activities.
4. Sanitation and hygiene should be a specific topic for focused discussion during regular annual sector reviews in both the water and health sectors.
5. NAC should prepare and implement a sector advocacy strategy, including targeting a better understanding of the economic importance of the sector to the country's top decision-makers; capturing human-interest stories and educating the general public on sanitation and hygiene; and sharing best practices to sector practitioners.
6. NAC should establish a Monitoring and Knowledge Management entity in the National Coordination Unit (NCU), to support this important stream of sector activities, including liaison with resource centers, development and management of sector websites and data-bases. Through this entity, NAC shall continue to develop and widely distribute documents and guidelines to encourage learning and the standardization of approaches.

4.2.10 Gender, Equity and Inclusion

The WASH programme has not been sufficiently focused on improving services for the poorest rural households and particularly households who practice open defaecation. The programme will continue to be sensitive to gender and other cross-cutting issues such as HIV and AIDS, climate change and the environment as they impact on the sector development and sustainability.

Key strategic actions are:

1. Future sanitation and hygiene programmes should give primacy to supporting service development amongst the poorest and most vulnerable populations.
2. NAC will promote sanitation technologies that are user friendly especially to the needs of special groups, such as the elderly, the physically challenged, pregnant women, and girl children. The focus will be to scale up gender friendly latrines. Latrine options and locations should bear in mind women's safety and the need for privacy.
3. NAC will continue to improve the representation of women at all levels in WASH management structures, including encouraging at technical and managerial levels.

4.2.11 Behaviour Change and Health and Hygiene Education

Prior supply-driven approaches led with a focus on technology and disbursement of subsidies. Demand-driven approaches give priority to inducing behaviour change (citizens wanting to construct latrines) and improving hygiene. Zimbabwe has strong experience in hygiene education. The strategy places emphasis on achieving a large-scale attitude and behaviour change with regard to sanitation and hygiene.

Key strategic actions are:

1. Behaviour change and health and hygiene education should become key items of sanitation and hygiene budgets and staffing/skills development strategies.
2. Behaviour change should lead a major national programme to eliminate open defaecation.
3. Health and hygiene targets and outcomes will be clearly monitored and evaluated to show efficacy. Behaviour change and hygiene should be fully integrated into national monitoring systems.
4. NAC should lead an analysis of the efficacy and comparative advantage of different heath and hygiene education approaches (such as PHHE and CHCs).
5. PPHE approaches should develop long-term plans in order to sustain learnt behaviours. PHHE should also be packaged for use in urban communities.
6. NAC will engage the Ministry of Education to include sanitation and hygiene issues in the school curriculum to help develop improved sanitation practices and focus on grooming a generation that is committed to zero open defaecation.
7. NAC will support improving the priority and techniques of hygiene education In the same regard, targeted health and hygiene education will also be made through other related programmes such as clinic education programmes to young mothers.

4.2.12 Climate Change

Climate change poses a threat to sanitation, both by too little and too much water. Sanitation needs to be factored into climate change responses at national and local governmental levels.

Key strategic actions are:

1. The NAC will act on climate change through facilitating the integration of climate change adaptation into regional, national and local planning.
2. The NAC will in liaison with the Civil Defence authority to develop strategies for a rapid response to climate change disasters, to reduce the impact on people, infrastructure and sanitation.

5.0 FINANCING THE STRATEGY AND KEY FUTURE ACTIONS

Financing sanitation and hygiene needs a higher priority. A consequence of the cholera outbreak has been greater recognition of the costs of not investing in this sub-sector and the need to sustain service management.

Whilst national budgets have been constrained in recent years, recognition that retaining sanitation services is critical issue has created some immediate financing opportunities.

Currently the following funds have sanitation components.

- Education Transition Fund - US$ 6 million
- Health Transition Fund - US$10 million
- National Fiscus (water and sanitation allocation in the 2011 budget) - US$72,5 million.

In addition donor partners are pooling funds in support of the water and sanitation sectors, both for urban construction and rehabilitation and rural service development in vulnerable areas. Other funding sources exist within the NGO and private sector.

Key strategic actions are:

1 At this time of national transition, NAC should reach out to these existing potential sources of finance to brief them on the national sanitation and hygiene strategy to ensure consistency between ongoing activities and this strategy.

2 Even where funds are not channeled through government (such as finance through NGOs or multi-donor trust funds), NAC should seek to guide and coordinate finance to the sanitation and hygiene sectors.

3 The NAC, through its sub-committees will identify the funds for priority actions defined in this strategy.

The NAC will adopt a phased out work plan where actions will be classified under short-term, medium term and long term.

Short-term actions

1 NAC to endorse the strategy.

2 Increase awareness of all stakeholders about the national sanitation strategy.

3 Undertake advocacy of the strategy among funding organizations, parliamentarians, traditional leaders and create awareness of the strategy in all provincial and district sub committees.

4 Give priorty to sanitation and hygiene in upcoming joint sector reviews in the water and other relevant sectors (including health and education).

5 Update policy related to sanitation and hygiene.

6 Develop detailed proposals to pilot the new strategies and test out behaviour change approaches and new technologies.

7 Initiate national sector mapping, sector inventories and sector monitoring improvements.

Medium and long-term actions

1 Intensify resource mobilization for the sector.

2 Make a strong economic case to Treasury for increased sector investment and coordinated budget requests.

3 Develop a sustained national program to eliminate open defaecation using behaviour change and hygiene education

4 Implement capacity building, research, knowledge management, monitoring, recommendations

5 Pilot of decentralised waste water systems and seek to influence future urban authority investments to more sustainable options.