

ZIMBABWE

Water, Sanitation & Hygiene

Annual Project Impact Report

Reporting Period:
July 2019 - June 2020



It starts with equal

Thank you for your support

In Zimbabwe, over half of the people in rural areas don't have access to clean water or toilets. The lack of toilets and adequate sanitation leads to the spread of illness and disease, and impacts on children's ability to attend school and parents being able to work and earn an income.

Severe drought has left communities with no choice but to collect dirty or contaminated water, with women and girls shouldering the burden of walking long distances to collect it for their families just to survive.

While some project goals were changed in response to the global crisis, almost all targets were either met or exceeded. With your help, CARE has supported the rural Chivi district through the COVID-19 pandemic, as well as providing safe drinking water and basic sanitation to 39,176 people — this exceeds the target of 17,856.

CARE also worked with disabled focused organisations and involved a total of 628 people with disabilities in project activities — including 355 men and boys, and 273 women and girls.

Quick facts



50% of the population don't have access to a toilet.



Nearly 80% of people lack access to clean water.



Women and girls travel 4km on average to collect water every day.



What you've helped achieve this reporting period

July 2019 – June 2020

Supporting the people of Zimbabwe through the COVID-19 pandemic

CARE Australia is monitoring and responding to COVID-19 around the world — pivoting projects to include teaching vulnerable people the best ways to protect themselves from disease, and taking extra precautions to reduce the risk of spreading infection for, and from, our own staff and partners.

CARE activities ensured that 28,645 people have been supported through COVID-19, including local village leaders, district water committees (and sub-committees), and frontline health staff, who were in turn, able to support community members.

There were numerous challenges, including initial shortages of Personal Protection Equipment (PPE). CARE delivered 200 PPE starter packs to people working on the frontline in villages, and encouraged them to source additional PPE.

Non-food items were distributed to 2,207 people, including buckets (some with taps), soap, hand sanitisers, disposable sanitary pads, cloth face masks and latex gloves.

CARE trained local Village Health Workers (VHWs) so they could educate the nearest villages on COVID and hygiene promotion, and hard-to-reach villages were allocated Motorised Environmental Health Technicians to reduce the distance travelled on foot. Help desks and toll-free phone calls were used to get feedback and provide ongoing support.

Due to lockdown restrictions, CARE and government support staff were unable to continue with on-ground support to construct latrines in the villages. The team adapted by using social media to monitor and assist locals to take up the tasks themselves — this showed the importance of having backup strategies in place going forward.

Despite pandemic lockdowns extending delivery times on spare parts, community access to sanitation improved by 50% (exceeding the target of 30%).

Building boreholes and helping the community maintain them

The overall project aim to repair and rehabilitate 120 boreholes, which give people access to safe drinking water, was reduced to 100 due to limited funding and an increase in the cost of spare borehole parts.

During the past year, CARE has trained 15 Village Pump Mechanics including 8 women, who repaired 18 out of 20 boreholes, giving an additional 15,643 people access to safe drinking water.

This well exceeds the government stipulation that each borehole should serve 250 people. It also reduced the average walking distance to water from 3km to 1.5km, meaning these women and girls have more time for education and productive activities.

98 Water Point Committees (WPCs) were formed and trained (exceeding the target of 68), with 386 female members.

13 WPCs led by women used the project's Village Savings and Loans associations to raise money to reduce the average borehole downtime from one month to one week. This also means that women and girls spend less time walking to collect water for their families.



Reducing the burden of collecting water on women and girls, and giving women leadership opportunities

As women and girls are the ones who are most affected by water scarcity, it's vital that they are part of all decision-making processes. During the year, 58 Sanitation Action Groups (SAGs) formed to actively safeguard water, sanitation and hygiene in their communities following CARE's education in these communities. 70% of these groups were led by women, giving females a voice in these activities.

50% of men and boys participated in water, sanitation and hygiene (WASH) tasks — an improvement from 38% — as a result of discussions about gender roles conducted in 10 wards. This meant the roles typically filled by women and girls (such as fetching firewood and water) were done by men and boys. Other gender projects in the district may have contributed to this increase also.

Working towards open defecation free (ODF) communities

CARE trained 36 VHWs and provided ongoing support to encourage them to form community health clubs and promote hygiene.

In order to prevent diarrhoeal diseases, it's important to create open defecation free zones, particularly near boreholes. CARE trained 30 latrine builders, who worked with the VHWs and SAGs to lead 18 villages to become ODF.

From 98 WPCs, 42 committees fenced their boreholes and 13 constructed latrines to prevent open defecation near the boreholes.



CASE STUDY

Stepping up in the face of a pandemic

Rachel Chiware is one of the brave village health workers stepping up in the face of the Corona Virus pandemic to become an inspiration to her community. An avid promoter of health and hygiene, the 46-year-old widow has worked even harder during the global crisis to keep members of the Jenjere village in rural Chivi district informed.

As Rachel explains, one of the biggest challenges has been the number of myths and misconceptions circulating about the disease: “People believed the Corona virus only affected the rich and famous, who always travel abroad and used planes; or that gum tree leaves, lemon and ginger were the cure for the virus.”

Through the Ministry of Health and Child Care (with the support of CARE International, and funding from the Australian Non-Governmental Cooperation Project), Rachel was supplied with training, a reusable face mask and hand sanitiser.

Rachel has worked closely with the local leadership in her region to help educate her community about the importance of social distancing, proper hand washing and wearing face masks. She is seen regularly at social gatherings, food distribution centres, community gardens, community water points and village meetings to help disseminate this life-saving information, as well as ensuring that people are protecting themselves at funerals.

“Now that we have been trained, we can boldly stand before the community, giving them the correct information on the signs and symptoms of the disease, how it is spread and how best to prevent it,” she says.

She is grateful for the work that has been done in the lead up to the pandemic, noting that her village had already taken steps towards adopting good hygiene practices through the WASH project.

And the message is getting through. Rachel notes that there are now tippy taps at the entrance to every household, and an additional 24 at the latrines, plus the local business centre has reported selling more soap.

Rachel continues to walk door-to-door in her community, ensuring that the people in her community are kept up to date with the latest information on the crisis; as well as monitoring any people illegally crossing the border from South Africa.

Fortunately, there have not been any cases of the virus in her village and Rachel will continue doing all she can to help curb the risk of it spreading, while helping her community towards overall improved health and hygiene.





If you would like more information about this project and how you can be involved, please contact:

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