Strategic Result Area for Zimbabwe: 4. Open Defecation (ODF) - WASH

Background

At Independence in 1980, Zimbabwe inherited a well-developed urban WASH sector and a neglected rural sector. Despite significant efforts to develop infrastructure, about 28%[1] of the population in Zimbabwe still practice open defecation with the highest prevalence (82%[2]) among the poor. The prevalence of open defecation has decreased slightly from 32%[3] and 33%[4] in 2006 and 2009 respectively. Zimbabwe's AMCOW Country Status Overview (CSO) scorecard[5] reflects the extreme challenges that the sector now faces, especially in planning, budgeting, equity, output and markets.

In the last decade, rural WASH development and management have deteriorated sharply. The economic challenges faced during this period led to capital subsidies drying up and a few new facilities built except where aid programmes have rehabilitated or maintained services. With ageing superstructures, full latrine pits, unavailability (and un-affordability) of cement, many rural families have reverted to open defecation. The imbalance between urban and rural services remains a distinctive feature of the sector as 40%[6] of the rural population practice open defecation compared to less than 2% in urban areas and this is attributable to the collapse of infrastructure and weak hygiene education in rural areas.

The policy environment remains inadequate to support the development of the sanitation sector. The sector does not have a national water and sanitation policy in place. In 2004 a draft national water and sanitation policy was produced and submitted to Cabinet, but it was never endorsed. The reconstitution of National Action Committee (NAC)[7], is an important step to facilitate sector coordination. In 2009, the reconstituted NAC started reviewing the national water and sanitation policy in order to update the draft to reflect the changed circumstances in Zimbabwe with a view to developing a comprehensive National WASH Policy.

Progress toward MDG 7 and key World Fit for Children goals (WFFC) is off track[8][9]. To meet the MDGs for rural areas, the country has less than five years to eliminate open defection and raise improved sanitation from 43 to 71 per cent[10]. The investment gap to meet the MDGs is estimated to be as large as US$336 million for the entire sanitation sub-sector.

The cost of poor sanitation is considerable to the economy realised through opportunity costs of sickness, health sector attention to diarrhoea related diseases and death. In Zimbabwe, diarrheal diseases account for about 16 Disability Adjusted Life Years (DALYs) per 1000 capita per year[11] to which 80% of the DALYs are estimated to be due to water, sanitation and hygiene risk factors[12] outside of emergency outbreaks such as the 2008 cholera outbreak. Translated in financial terms, the annual costs to the economy of poor sanitation in DALYs amounts over US$50 million[13].

[1] DHS 2010/11 report
[2] MIMS 2009 report
[3] DHS 2006 report
[4] MIMS 2009 report
[5] See the Zimbabwe Country Status Overview (CSO)
[6] DHS 2010/11 report
[7] Key ministries and agencies that form the NAC are: Ministry of Water Resources Development and Management, Ministry of Agriculture Mechanization and Irrigation development, Ministry of Energy and Power Development, Ministry of Environment and Natural Resources, Ministry of Economic Development, Minsitry of Finance, Ministry of Health and Child Welfare , Ministry of Local Government Rural and Urban Development, Ministry of Transport Communications and Infrastructure Development, Ministry of Women Affairs Gender and Community Development, District Development Fund (DDF), Environmental Management Agency (EMA) Zimbabwe National Water Authority (ZINWA).
[8] MDG 7c Target 10 – reduce by half the proportion of people without sustainable access to safe drinking water and basic sanitation.
[9] At the 27th Special Session of the UN General Assembly in May 2002, Governments committed to a set of time-bound and specific goals, strategies and actions in four priority areas for the rights andwell-being of children: promoting healthy lives; providing quality education; protecting against abuse, exploitation and violence; and combating HIV/AIDS. These commitments reaffirmed and complemented the Millennium Declaration and its goals as a framework for development and a means for decisively reducing poverty.
[10] Country Status Overview, 2010.
[11] WHO Country profile, Zimbabwe 2009
[12] National Child Survival Strategy for Zimbabwe 2010-2015 MoHCW, WHO, UNICEF
[13] 16 DALYS per 1000 capita in population of about 13 million valued at the Gross National Income of 2008

Cate-gory of bottlenecks	Determinants	1.Bottlenecks/causes	2.Indicators	3.Means of verification (information source)	4.Frequency /Disaggregation	5.Assessment Criteria Threshold	Status
Enabling Environment	1. Social Norms	OD is actually considered social norm – "nature's call" **moderate**	% of communities with plans for ODF.moderate	DWWSC/VWSSC reports Baseline survey in 5 provinces	Annual Male/Female /Key influencers perceptions	80% of communities with plans for ODF	Piloting of CATS in two rural districts in progress
	2. Legislation/Policy	Standardization of sanitation technology still remains a major bottle-neck as this restricts communities to a limited menu of technologies. **significant**	Sanitation and Hygiene Strategy in place, which addresses technology bottlenecks. **Significant** Operational guidelines developed **Significant**	Operational guidelines	Annually	Sanitation and Hygiene Strategy endorsed by main NAC by mid-year Operational guidelines developed and used by all players Guidelines on alternative sanitation technologies developed	Sanitation & Hygiene Strategy awaiting endorsement by the main NAC Urban Hygiene Guidelines under development.
	3. Budget/Expenditures	The national budget allocated to sanitation in general and to ODF initiatives in particular remains very low. Only a very few NGOs are piloting ODF approaches. **significant**	% of national budget allocated to sanitation & hygiene.significant	National budget statements. NAC/NCU income & expenditure reports.	Annual	0.5% proportion of national budget allocated towards sanitation and hygiene	Efforts currently underway to mobilise $50mil for the Rural WASH programme.
	4. Management/Coordination	Coordination structures are either non-existent or are very weak at sub-district levels. **moderate**	Number of WWSSC and VWSSC with plans & budget for ODF.moderate	Minutes of NAC/DWSSC & its sub-structures. Joint Sector Review reports Attendance registers for NAC meetings	Annual.	WWSSC and VWSSC in 30 districts in place and active	NAC and DWSSC meetings currently being held. Weak sub-national structures existing.

Supply	5. *Availability of essential commodities/materials , inputs*	*Availability of construction materials and skills at community level is a challenge in some areas. In most areas bricks are locally produced but in some districts,, brick moulding is a challenge due to loose soils. River sand & pit sand not available in some areas while cement is rarely available in most remote rural areas.* ***significant***	*Number of local entrepreneurs stocking essential commodities at community level.* *Significant*	*DWSSC reports.* *Project reports* *NAC/NCU reports.*	*Monthly report by district* *Quarterly*	*Each community has at least 1 entrepreneur stocking WASH commodities*	*Government currently piloting the uBVIP which is of lower cost.*
	6. *Access to adequately staffed services, facilities and information*	*EHTs are currently thin on the ground, with the government having frozen any new posts. In addition, there are very few health personnel, including EHTs, trained on CATS or other ODF approaches.* ***significant***	*Proportion of wards with access to at least 1EHT/ward* *Significant*	*MoHCW reports*	*Quarterly* *Quarterly*	*80% of the wards have at least 1 EHT*	*A few EHTs have been trained in the two pilot districts. There are plans to train more in 30 more districts.*
Demand	7. *Financial Access*	• *The 'culture' of asking for subsidies (donor syndrome) still militates against self-reliance (even where one can afford to provide themselves with a toilet).* ***significant***	*% of HHs with a self-initiated uBVIP latrine* *Significant*	*Baseline Survey* *DHS/MIMS survey*	*Quarterly* *Once every five years* *By residence and by wealth status*	*80% of households have self-initiated latrines*	-
	8. *Social and cultural practices and beliefs*	*None*	-	-	-	-	-
	9. *Timing and Continuity of use*	*Replacement of full or collapsed pits remains a major challenge.* ***moderate***	*Proportion of communities that are sustaining ODF after 12 months.* ***moderate***	*District reviews*	*Bi-annual*	*80% of _ communities declared ODF sustain ODF status after 12 months.*	-
Qty	10. *Quality of Service*	*Follow up monitoring and operationalization of community plans for achieving ODF.* ***low***	*Proportion of SAGs having at least 1 meeting per month.* ***low***	*District reports*	*Quarterly*	*80% of the SAGs have at least 1 meeting every month.*	*Verification mechanisms are currently being developed through the use of a hygiene index.*