VILLAGE INFORMATION MONITORING
— Our Vision

Our aim at Village Water is to eliminate the time lag between what is happening in the field and when we find out about it. As we are committed to investing in building local capacity within Zambia, choosing not to employ anyone in-country, it is vital for us to find the right technology to show us what is happening on a daily basis in each of the communities and schools we support.

REAL DATA, REAL RESULTS
— Our Activity

In 2015 we supported hygiene promotion, basic sanitation facilities and safe water in:

- 44 new schools
- 48 new villages
- 4 schools where we also funded permanent sanitation blocks

We repaired:
- 3 broken school pumps
- 3 broken village pumps

In addition we trained:
- 21 Environmental Health Technicians (EHTs) in water quality testing.
- 14 manual drilling teams in marketing, business plans, finance and recording.

"For the past 10 years we have been enjoying safe clean water. We have forgot even how we were managing life without the hand pump that was given to us in 2004. Since installation it never had a break down. And the water related diseases are vanished we don’t experience any."

Mr Sikongi Simasiku, Situva village

1 | VILLAGE WATER
   From our UK office, we are able to assess the information uploaded to the system and offer suggestions to our local partners about priority planning and actions.

2 | VILLAGE WATER ZAMBIA
   We have been working with Village Water Zambia for more than 8 years. We share a passion for improving lives through access to safe water and decent sanitation.

3 | LOCAL GOVERNMENT
   We have joined forces with local government departments who identify where we should focus our efforts, collect data and follow up after the project ends.

4 | LOCAL COMMUNITIES
   We aim to build local ownership. We show people how to track their villages’ performance in hygiene and sanitation and also to monitor any other changes.
What’s new and how does it work?

Step 1
Partners fill in forms on an app to capture the information about each community.

Step 2
They then submit the form.

Step 3
The forms are then instantly uploaded to our cloud database.

Step 4
Seconds later we can contact them if there is any action needed.

“Knowledge is key! The VIM system allows us to have a window into the communities we work in. We can now plan better, work more effectively and ensure sustainability across all our activities.”

Ian Stone
Monitoring and Evaluation Officer VILLAGE WATER

Health
During every visit, the team selects 3 households to take part in a health survey. We use this data to track changes in the number of water borne diseases.

School Health
We collect health data for each full month of the year to track changes in attendance, especially for girls.

During the first few visits our partners work with the teachers in the schools on the importance of collecting this data to measure the effectiveness of good hygiene and sanitation and safe water on health. We are delighted with the take up from the schools.

What can we see?
There are over 250 fields in various sections of our data forms, of which up to 100 are collected each visit. This is a vast amount of time series data that we can tap into to see the changes in each community.

District Joint Monitoring Teams (DJMTs)
Our partners work very closely with local government bodies which is key to helping the Government of Zambia realise its own strategic goals. From the very start they work together to identify villages and schools, run hygiene education sessions and monitor the project activities, before, during and afterwards. In 2015, the DJMTs started testing water quality and running hygiene promotion sessions in villages outside of the Village Water project.

New Phones Better Results
Village Water introduced a new Android app in 2016 to further improve our system and collect more data year on year.

2015 saw a 17% increase in form submissions from the previous year.
20,127 people reached

In 2015 we supported more than 20,000 people with hygiene promotion, sanitation and safe water. But we know we cannot just assume that our work is improving lives, instead we want to prove it.

Village Health

- **80%** drop in cases of eye infections
- **100%** drop in cases of skin infection
- **87%** drop in cases of diarrhoea

Village Sanitation

- **92%** drop in households without handwashing devices
- **100%** drop in households without latrines
- **96%** drop in open defecation

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>BASELINE</th>
<th>LATEST INFORMATION</th>
<th>% DROP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage diarrhoea</td>
<td>17.8%</td>
<td>2.25%</td>
<td>87.36%</td>
</tr>
<tr>
<td>Percentage skin infection</td>
<td>0.38%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage eye infection</td>
<td>11.04%</td>
<td>2.17%</td>
<td>80.34%</td>
</tr>
<tr>
<td>Sanitation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of households without a hand washing device</td>
<td>49%</td>
<td>4%</td>
<td>91.84%</td>
</tr>
<tr>
<td>Percentage of households without a latrine</td>
<td>35.16%</td>
<td>0.08%</td>
<td>99.77%</td>
</tr>
<tr>
<td>Percentage of villages practising open defecation</td>
<td>46%</td>
<td>2%</td>
<td>95.65%</td>
</tr>
</tbody>
</table>

*Based on 41 villages from 2015*
Menstrual Hygiene Management (MHM)
In all schools supported by the Department for International Development (DFID) in 2015 our partners conducted MHM training. We want to change the knowledge, attitudes and practices of boys and girls in schools and communities, so that girls are less likely to miss out on the education they are entitled to.

Look back study
It is important to look back as well as forward and our recent study of 453 wells completed between 2004 and 2015 revealed 96% functionality.

The study included 39 villages for which we had scant data. Thanks to 2 volunteers we now know how many are working, and have beneficiary quotes and photos. We aim to capture this information at every one of the 800+ villages and schools we have funded.

Pilot drum latrines
100% survived the first rainy season
With the help of DFID we are changing the way latrines are built, by piloting a new model to see if they can withstand the annual rains in the flood plains where we work. We have had a lot of interest from local authorities and other NGOs and will share our learning after the pilot phase. Monitoring after the first rains shows that no latrines have collapsed against an expected 40% collapse of traditional pit latrines. Households have expressed delight that they will not need to rebuild their latrine this year.

Manual or mechanical drilling?
We love manual drilling at Village Water! It’s fast, promotes local enterprise, is cheaper than mechanical drilling and it is perfect for the sandy soils of Western Province, Zambia. We have supported the training of 14 manual drilling teams, all local people who are now able to drill a borehole within one day, up to 35 metres deep!

£1,950 Average cost of manually drilled well
£3,500 Minimum cost of mechanically drilled
Everyone in the community is shown how to maintain the pump and encouraged to contribute to a repair fund. The village is then linked to one of the trained manual drilling teams who they can call on if the pump breaks down.

**Health case study Namungu village, Kalabo District, population 159**

Hand washing is proving to be the most difficult hygiene behaviour to change, because people only think their hands need washing if they can see the dirt, whereas germs are invisible. Our local partners work tirelessly to reinforce its importance at every visit to villages and schools, so that pupils can spread the word.

During 2015, thanks to intensive hygiene and sanitation promotion sessions by our local partners, we saw existing villages improving dramatically with a 47% increase in the number of hand washing devices at households. In new villages, where no hygiene education had previously been done, there was an astonishing 97% increase.

This proves that our integrated approach of working in villages, schools and health centres and combining hygiene education, sanitation facilities and safe water has a greater impact on health and well-being than simply providing water in communities.
Thank you for your support

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