

BUILDING COMMUNITY RESILIENCE TO CLIMATIC SHOCKS, IN IMPROVING FOOD SECURITY, CARING PRACTICES FOR VULNERABLE GROUPS, AND SANITATION AND HYGIENE PRACTICES TO ENHANCE THE NUTRITIONAL STATUS OF RURAL COMMUNITIES IN ██████████, ZAMBIA AND ZIMBABWE

FINAL EVALUATION



PREPARED FOR THE CATHOLIC AGENCY FOR OVERSEAS DEVELOPMENT (CAFOD)



Environmental Partnerships for Resilient Communities

Illustrations. Top left, clockwise: New goat-breeding activity started with assistance from the programme in Ward 13, UMP District, Zimbabwe; Newly installed 10,000 litre capacity water tanks at Kaputo community in Mpongwe District, Zambia; Pot-drying rack contributing to household hygiene in Ward 13, UMP District, Zimbabwe; Newly constructed toilet facility in Fipashi community, Zambia. **Credits:** Jonathan Kagoro and Musaiwale Mwewa.

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ACRONYMS AND ABBREVIATIONS

CAFOD	Catholic Agency for Overseas Development
CHW	Community Health Worker
CDoN	Catholic Diocese of Ndola
FGD	Focus group discussion
GBP	UK Sterling (British Pound)
ha	hectare
HDDS	Household Dietary Diversity Score
ISAL	Internal Saving and Lending (scheme)
KII	Key informant interview
km	kilometre
l	litre
m	metre
MTR	Mid-term Review
MUAC	Mid-upper arm circumference
OECD-DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee
PLWHIV	People Living with HIV and AIDS
SILC	Savings and Lending Committee
ToC	Theory of Change
ToT	Training of Trainers
UMP	Uzumba Maramba Province (Zimbabwe)
VfM	Value for Money
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation
ZIMVAC	Zimbabwe Vulnerability Assessment Committee
ZMW	Zambia Kwacha

Note: at the time of this evaluation [REDACTED] was approximately equal to GBP5 and ZMW100 was equivalent to around GBP4.

EXECUTIVE SUMMARY

BACKGROUND

Since October 2018, and with funding from the Government of the United Kingdom (Match Fund 6), the Catholic Agency for Overseas Development (CAFOD) and partners have supported a closely integrated programme in parts of [REDACTED], Zambia and Zimbabwe. This initiative was aimed at improving the nutritional status of key vulnerable groups, including children under five, pregnant and lactating mothers, adolescent mothers, people with disabilities and people living with HIV. More specifically, the programme sought to address key underlying causes of malnutrition, targeting entire communities with increased food security, better and safer access to improved Water, Sanitation and Hygiene (WASH) facilities and practices, and improved caring practices.

All three countries have faced high levels of chronic malnutrition for at least a decade. Underlying causes for malnutrition include food insecurity – often a result of drought, poor soil conditions, deforestation and basic (often traditional) agricultural practices – limited knowledge about (or access to) WASH services and poor knowledge on appropriate caring, nutrition and child care practices, including breast feeding. Given this, as a starting point, this programme assumed that the distribution of food supplements is an insufficient response to malnutrition and actually **does little more than address the symptoms** of malnutrition. Central to this programme's design, therefore, has been a recognition of the need to integrate the interconnected causes of malnutrition in the three countries assuming, that if progress is achieved in each case, lasting nutrition can not only be achieved but also maintained for key, vulnerable and at-risk groups.

In accordance with this, the programme's Theory of Change (ToC) stated that: *"If households at risk of malnutrition have improved food and nutrition security (increased availability, accessibility and diversity of food) and if caregivers are better able to prevent malnutrition through improved caring practices, and if there are better WASH behaviours and facilities, then communities will have improved nutrition"*.

PROGRAMME DESIGN

Design of this programme started in 2016, with the aim of directly reaching some 239,000 people or 43,144 households: particular emphasis was given to the household level in this programme given that more than one individual in a household was expected to benefit from the planned interventions. While intended to contribute towards value for money and effectiveness, it was also hoped that this would have a multiplier effect.

This programme built on CAFOD's existing relationships with church-based partners in all three countries – [REDACTED], [REDACTED], the Catholic Diocese of Ndola in Zambia and Caritas in Zimbabwe. As such, the programme also builds upon the successes of a number of previous interventions

This programme's design was influenced and informed by a comprehensive participatory consultation process in each of the three countries, in addition to drawing on CAFOD's – and partner's – own direct experience on improving food security for vulnerable communities and enhancing certain WASH structures and practices. Extensive baseline surveys, supplemented with findings from relevant government analysis and CAFOD's/partner's own experiences, were an intricate part of the design of this programme.

"The fusion of software (trainings and capacity building) and hardware (water infrastructure) makes a project come alive: this is an approach we, the local authorities, would like to see in all the development projects."

Social Services Officer, Gokwe South, Zimbabwe

Three Outcome Indicators were formulated within this programme, in keeping with the above:

- Outcome Indicator 1: **Percentage of households who have met the minimum dietary frequency and diversity** (thresholds were set at the country level);
- Outcome Indicator 2: **Percentage of households at higher risk of malnutrition demonstrating improved caring practices;** and

- Outcome Indicator 3: **Percentage of households practicing improved hygiene and sanitation behaviours.**

CONTEXT AND LIMITATIONS

This programme has operated in challenging environments, almost from the start. Most challenges faced have been country specific apart from the situation surrounding the Covid-19 pandemic.

The Catholic Church in [REDACTED] is the only charitable organisation that is currently implementing humanitarian and development programmes in the country. Apart from a few short windows of opportunity in terms of border control, particularly from April to June 2018, the [REDACTED] borders have remained almost completely sealed with neighbouring countries. This has impacted the programme negatively in terms of being able to purchase essential materials such as cement for the construction of latrines and hand-washing stations. In addition, the sudden closure of all the [REDACTED] health facilities in June 2019 meant that the intended delivery mode for cascading information on nutrition to care-givers had to be modified.

“The awareness campaign has been good especially for mothers who are in the age of child-bearing”.

Project beneficiary, [REDACTED]

The programme in Zambia experienced a very different set of challenges, some of which are summarised as follows:

- a foot and mouth disease outbreak led to the government banning the purchase and sale of livestock which effectively meant that the programme could not provide livestock as intended for the smallholder producer associations;
- three activities that were reliant on public gatherings were postponed in the first quarter of the programme in 2020 due to government restrictions to address Covid-19 and as a result of gassing incidents that took place in January and February: these led to high levels of anxiety surrounding

public gatherings, including planned awareness raising and training events;

- inflation at the start of the programme in October 2018 was at 8 per cent but increased to more than 16 per cent in the latter part, with an obvious effect on the cost of goods and services¹; and
- a significant increase in fuel prices early 2020 could have had considerable impacts on the delivery of intended goods and services to communities. This would also have impacted staff being able to travel to the field for training and monitoring purposes.

In Zimbabwe, the programme was implemented in a context which was experiencing shock and hazards. During the early stages of implementation, the country experienced poor weather conditions, including erratic rainfall and long dry spells, which contributed to increased humanitarian needs across the country. Two successive droughts (2018-2019 and 2019-2020) resulted in large-scale crop failure. A 2021 report noted that poor consumption patterns have increased from 31 per cent in 2020 to 43 per cent in 2021. This is indicative of increasing challenges facing rural households in accessing nutrition and diversified foods.

Zimbabwe also experienced a series of economic challenges, including a shortage of foreign currency and high inflation. This affected the procurement project materials, amongst others as suppliers refused to provide materials under the local currency and, in addition, wanted to be paid cash instead of via bank transfer.

The Covid-19 pandemic forced the entire (three-country) programme to be reviewed and certain modifications introduced. By the time of the Mid-term Review in 2020, some modifications had already been made by CAFOD and partners, while some others were suggested as a result of the Review’s findings. At the same time, however, the pandemic has presented opportunities for the delivery of a number of WASH-related activities which, as reported below, have been blended with and expanded upon many of the original premises and activities originally planned under this programme.

¹ Over the project period, however, the value of the Kwacha more than halved against Sterling which, as noted elsewhere in this report, enabled some

benefits to be gained in terms of support eventually provided.

“Covid-19 will not be stopped without access to safe water for people living in vulnerability: this programme is responsive to the Covid-19 pandemic through its actions.”

Programme staff member

THIS EVALUATION

In January 2020, CAFOD UK launched a competitive process for an independent Mid-term Review, together with the Final Evaluation of this programme. Proaction Consulting was selected to undertake both exercises and delivered the Mid-term Review in July 2020.

As outlined in the (revised) Terms of Reference (Annex I and see Section 1.4.2 for a summary), the specific purpose of the Final Evaluation was to a) identify the key impacts of the programme and assess how change has happened and b) evaluate the extent to which the impact and outcome statements were achieved.

Due to ongoing restrictions and concerns around Covid-19, this evaluation – as was the 2020 Mid-term Review – was managed on a remote basis from the UK. National Consultants were recruited Proaction Consulting in both Zambia and Zimbabwe, while an independent National Consultant was also engaged by the [REDACTED] and who worked closely with the Evaluation Manager. The evaluation was fortunate enough in being able to conduct direct interviews with programme beneficiaries, representatives from governments and CAFOD partner staff in all three countries, heeding all national safety precautions. Household surveys were also conducted in [REDACTED] and Zimbabwe, adding considerably to the data available for analysis and triangulation. Thus, the evaluation had significant quantitative and qualitative components, as presented in Sections 4-6, below.

Throughout this final evaluation, emphasis was given to trying to capture the overall impact of the programme’s interventions, examining how the approach addressed peoples’ needs as well as the appropriateness and effectiveness of specific activities undertaken and accomplished.

KEY FINDINGS

Detailed findings of each of the three programme Outcomes are presented in Section 6. A summary of some of the main findings for each one follows.

Outcome 1: Access to Improved Food and Nutrition

It is apparent that this programme has had considerable influence and impact on informing and bringing about positive changes to peoples’ lives and livelihoods in terms of access to improved foods and nutrition in all three countries. In [REDACTED], for example, where (mostly traditional) support to livestock and crop production were formerly the main topics on which people might have received some training, this has been widened through this programme with a good range of new topics introduced, of which nutrition messaging and health awareness were amongst the top issues. Acknowledgement is made to the success of similar interventions in both Zambia and Zimbabwe, through a range of different delivery mechanisms.

As a result of the respective interventions, better – and more diversified harvests – were recorded in all three countries, both at the broader agricultural level as well as at the homestead or communal gardens. Savings groups linked with the latter have taken the level of benefits being realised from this particular outcome to a new level for most beneficiaries, in particular through the economic revenues now being realised in all three countries through the sale of surplus produce, in addition to the whole-family health benefits being realised from eating a more balanced, nutritious and diversified diet, which can be supplemented with additional purchases if and when required. This has been a game changer for many women, in particular, who previously had to struggle to cope and balance with shortages and uncertainties in relation to reliable, regular and sufficient food for their family needs.

“I can now keep chickens as an individual and am able to buy feed from the income raised: my target now is to grow mushrooms.”

Female beneficiary, Zambia

Achieving what was anticipated in this single outcome alone faced a number of challenges, many of which were recognised and dealt with in a comprehensive manner, thanks in part to a considerable degree of flexibility in specific budget lines. Key here, however, in what would alone have been an important programme outcome in its own right, was the successful blending of supporting activities through the other programme initiatives which are seen to have brought this initiative to a very high level of success and, importantly, sustainability, with considerable potential for replication and scale-up.

Outcome 2: Improved Caring Practices and Malnutrition

Building in the planned activities and achievements from Outcome 1, there was again high uptake of training and knowledge shared with beneficiaries in **all three countries**. The specific and determined focus of much of this was in raising awareness about malnutrition and how people could recognise this and take practical actions to addressing this serious concern. Emphasis given to making this a largely community-driven approach – intentionally in Zambia and less so in [REDACTED] at the time – likely contributed significantly to the receipt and uptake of this form of knowledge, which was much better than hearing this from outsiders as – amongst others – this knowledge now resides with the communities.

Serious challenges were experienced in all three countries on account of Covid-19 restrictions and associated protection measures related to gatherings for training events and public meetings. Planned cooking demonstrations were one of the topics affected though the ingenuity of programme teams helped surmount this challenge in many, if not most instances. This has had a profound impact of many households as many women who spoke with the evaluation members mentioned that they always cooked their food in the same way, with no knowledge, and hence consideration, for health issues. Improved quality of food now being eaten, combined with greater nutritional diversity and much improved caring systems stood out in all

instances, but in particular for young children and pregnant and lactating women.

Outcome 3: Improved Water and Sanitation

Awareness raising of good practices was once again at the basis of Outcome 3, Improved Water and Sanitation for Intended Beneficiaries for **all three countries**, some of which was in clear alignment with respective government programmes. In [REDACTED], for example, the proportion of households that had previously no toilet facility showed a significant change from more than 90 per cent at the start of this programme to around nine per cent three year later.

All three interventions showed marked improvements in access to safe water – and peoples’ appreciation of the importance of this to their personal and family health. Eighty-eight per cent of people spoken with in Zimbabwe, for example, mentioned that they had not recorded any incidence of a waterborne disease in the two weeks prior to this evaluation taking place.

“There has been a significant reduction, estimated at 40 per cent, of waterborne diseases such as diarrhoea and bilharzia in Ipusukilo area: before CAFOD came in, community members used to draw water from shallow wells whose water is dirty”

Nurse-In-Charge, Ipusukilo Clinic, Zambia

Notable improvements with hand washing were also recorded though there is still room for more consistent uptake on this, despite people recognising the importance of washing their hands having used a latrine.

While not a planned consideration of this programme from its infancy, the measures that CAFOD and partners were able to design and apply in response to the Covid-19 pandemic were clearly well recognised and appreciated by government services and communities in each of the respective communities. The trust already established between communities and CAFOD’s church-based partners, the relevance of many of the WASH messages and the partners own experience in adapting and delivering relevant and often tailored messages in an effective and efficient manner were significant contributing factors to the success of this work.

RECOMMENDATIONS

1. Provide Support for Sustained Market Linkages.
2. Support Value Addition.
3. Diversify the Activities Covered by Associations (or Similar) over the Course of the Programme.
4. Extend the Programme Period.
5. Support Packages must be Complete.
6. Develop Further Knowledge Products.
7. Consider Wider Use of Adaptive Management.
8. Give more Attention to Risk Analysis and Management in Future Programme Design.

1. INTRODUCTION

1.1 BACKGROUND

Since October 2018, and with funding from the Government of the United Kingdom (Match Fund 6), the Catholic Agency for Overseas Development (CAFOD) and partners have supported a closely integrated programme in parts of ██████, Zambia and Zimbabwe. This initiative was aimed at improving the nutritional status of key vulnerable groups, including children under five, pregnant and lactating mothers, adolescent mothers, people with disabilities and people living with HIV. More specifically, the programme sought to address key underlying causes of malnutrition, targeting entire communities with increased food security, better and safer access to improved Water, Sanitation and Hygiene (WASH) facilities and practices, and improved caring practices.

All three countries have faced high levels of chronic malnutrition for at least a decade. Underlying causes for malnutrition include food insecurity – often a result of drought, poor soil conditions, deforestation and basic (often traditional) agricultural practices – limited knowledge about (or access to) WASH practices and poor knowledge on appropriate caring, nutrition and child care practices, including breast feeding. Given this, as a starting point, this programme assumed that the distribution of food supplements is an insufficient response to malnutrition and actually **does little more than address the symptoms** of malnutrition. Central to this programme’s design, therefore, has been a recognition of the need to integrate the interconnected causes of malnutrition in the three countries assuming, that if progress is achieved in each case, lasting nutrition can not only be achieved but also maintained for key, vulnerable and at-risk groups.

In accordance with this, the programme’s Theory of Change (ToC) stated that: *“If households at risk of malnutrition have improved food and nutrition security (increased availability, accessibility and diversity of food) and if caregivers are better able to prevent malnutrition through improved caring practices, and if there are better WASH behaviours and facilities, then communities will have improved nutrition”*.

1.2 PROGRAMME DESIGN AND INTERVENTION

Design of this Match Fund programme started in 2016, with an anticipated outcome of improved health and nutrition for vulnerable communities in ██████, Zambia and Zimbabwe. The programme aimed to directly reach some 239,000 people or 43,144 households: particular emphasis was given to the household level in this programme given that more than one individual in a household was expected to benefit from the planned interventions. While intended to contribute towards value for money and effectiveness, it was also hoped that this would have a multiplier effect.

This programme built on CAFOD’s existing relationships with partners in all three countries – the ██████, the Catholic Diocese of Ndola (CDoN) in Zambia and Caritas in Zimbabwe. In some instances, for example in ██████, additional local partners were also engaged in the design and implementation phases, such as the ██████. Some, but not all, communities have previously benefitted from separate Match Fund support or other forms of assistance from CAFOD or its partners. Table 1 presents the main zones of intervention for the overall programme.

This programme’s design was influenced and informed by a comprehensive participatory consultation process in each of the three countries, in addition to drawing on CAFOD’s – and partner’s – own direct experience on improving food security for vulnerable communities and enhancing certain WASH structures and practices. Essentially, this combined dietary diversification and nutritional

enhancement with livelihoods and food security, providing safe water and promoting good sanitation and hygiene practices for peoples’ health and well-being, and supporting household and community-based enterprises and enabling access to markets. Extensive baseline surveys, supplemented with findings from relevant government analysis and CAFOD’s/partner’s own experiences, were an intricate part of the design of this programme.

Table 1. Zones of Programme Intervention

COUNTRY	PRGRAMME ZONES	MAIN IMPLEMENTNG PARTNER
	<ul style="list-style-type: none"> • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] 	
Zambia	<ul style="list-style-type: none"> • Mpongwe District • Masaiti District • Kitwe District • Chingola District • Chilabombwe District 	Catholic Diocese of Ndola
Zimbabwe	<ul style="list-style-type: none"> • Gokwe North District • Gokwe South District • Uzumba Maramba Province (UMP) 	Caritas Gokwe Caritas Gokwe Caritas Harare

Three Outcome Indicators were formulated within this programme, in keeping with the above:

- Outcome Indicator 1: **Percentage of households who have met the minimum dietary frequency and diversity** (thresholds were set at the country level);
- Outcome Indicator 2: **Percentage of households at higher risk of malnutrition demonstrating improved caring practices**; and
- Outcome Indicator 3: **Percentage of households practicing improved hygiene and sanitation behaviours.**

The ToC was designed around an understanding of the context which, while being quite different in each of the three countries had a shared challenge – all have severe levels of malnutrition and undernutrition leading to above-average rates of:

- **stunting** for children under five years of age: 44 per cent in [REDACTED], 40 per cent in Zambia and 27 per cent in Zimbabwe (at the time of project design);
- high levels of **infant and child mortality**;
- **low birth weights** for infants born to teenage and young mothers; and
- **poor health outcomes.**

Underlying causes of malnutrition in the three countries is largely attributed to inadequate dietary intake caused by a number of interconnected factors, which include:

- **food insecurity** – low availability of and access to food, caused in part by climate shocks such as drought and flooding, poor soils, lack of water, deforestation, poor (often traditional) agricultural practices, lack of crop and dietary diversity, low (and poor quality) livestock productivity, high food prices and low household incomes that prevent people from buying other food items;

- **limited knowledge** on appropriate caring, nutrition and breastfeeding practices that lead to early cessation of breastfeeding, poor dietary diversity, poor cooking and feeding practices, amongst others; and
- **low absorption of nutrients** caused in part by high incidences of waterborne illnesses such as diarrhoea, poor access to safe water, few sanitation facilities and low awareness of hygiene behaviours.

Four broad sets of activities were identified to deliver the stated ToC, comprising:

- a) kitchen and nutrition gardens; improved and drought-resistant seeds; diversified crops; training on climate-resilient agriculture; and irrigation to improve yields;
- b) livelihoods development and the establishment/strengthening of community-based saving and loans structures;
- c) cooking demonstrations; awareness raising on the importance of nutritional values; promotion of breastfeeding; establishment of food groups; food storage; growth monitoring; mentoring at-risk groups; referrals to nutrition support services; and
- d) community led total sanitation; subsidised WASH infrastructure; piped water schemes and awareness raising on WASH, in particular hygiene.

Not all of the above were implemented to the same degree in all three countries – some were not considered at all.

1.3 PROGRAMME CONTEXT AND CHALLENGES

There is no question that this programme has operated in challenging environments, almost from the start. Most of the challenges faced have been country specific apart from the situation surrounding the Covid-19 pandemic, which will likely continue to pose both as a challenge and a threat to some of the achievements made by this initiative in the mid- and possibly longer term.

The Catholic Church, with support from CAFOD, is the only charitable organisation that is currently implementing humanitarian and development programmes in [REDACTED]. CAFOD itself does not have a country presence in [REDACTED] but collaborates directly with the [REDACTED] who, together with the World Health Organisation (WHO) and UNICEF, both of which are currently providing support to the Ministry of Health in addressing malnutrition. The absence of other potential actors has, however, been a constraint in the potential outreach and replication of this programme's work.

Apart from a few short relaxation measures in terms of border control, particularly from April to June 2018 [REDACTED] borders have remained almost completely sealed with neighbouring countries. This impacted the programme negatively in terms of not being able to purchase essential materials such as cement for the construction of latrines and hand-washing stations. In addition, the sudden closure of all the [REDACTED] health facilities in June 2019 meant that the intended delivery mode for cascading information on nutrition to care-givers had to be modified. Fortunately, a suitable alternative was quickly identified in the form of Women's Promotion Centres, which have seemingly been able to adequately fill this role. Reflecting on this situation and the continuing needs, the [REDACTED] also devised a new and creative approach of serving the community by moving to their homes, in schools and the parishes.

The programme in Zambia experienced a very different set of challenges, some of which are summarised as follows:

- a foot and mouth disease outbreak led to the government banning the purchase and sale of livestock which effectively meant that the programme could not provide livestock as intended for the smallholder producer associations;

- as a result, the associations had to find alternative enterprises such as mushroom growing which has, co-incidentally, found its niche amongst peri-urban households who may not always have a lot of space for some productive activities;
- in February 2020, and starting in Copperbelt Province, there was spontaneous gassing of homes as unknown people were spraying unknown chemicals in people's homes. The gassing was followed by ritual killings in some instances. This caused a lot of fear and anxiety with adverse effects on the programme as people were apprehensive to move around or attend public gatherings. Consequently, there was a reduction in the number of training activities such as in good caring practices as Project officers could not undertake community activities at this time because of the lack of safety. Adapting to this, however, the programme gave more emphasis to supporting local government staff and community volunteers who are stationed in the field with participating communities.
- three activities that were reliant on public gatherings were postponed in the first quarter of the programme in 2020 due to government restrictions to address Covid-19 and as a result of the above-mentioned gassing incidents;
- inflation at the start of the programme was at eight per cent but increased to more than 24 per cent in June-July 2021, with an obvious effect on the cost of goods and services^{2, 3};
- a significant increase in fuel prices early 2020, which could have had considerable impacts on the delivery of intended goods and services to communities. This would also have impacted staff being able to travel to the field for training and monitoring purposes. Adapting to this, however, the programme gave more emphasis to supporting local government staff and community volunteers who are stationed in the field with participating communities; and
- the spate of political violence observed three months before the general political elections in August 2021. Some activities were partially suspended as caregivers and the target population did not want to be caught in the crossfire among political parties.

In Zimbabwe, the programme was implemented in a context which was experiencing shock and hazards. During the early stages of implementation, the country experienced poor weather conditions, including erratic rainfall and long dry spells, which contributed to increased humanitarian needs across the country. Two successive droughts (2018-2019 and 2019-2020) resulted in large-scale crop failure: in 2019, the Zimbabwe Vulnerability Assessment Committee (ZIMVAC) already projected that an estimated 5.5 million rural Zimbabweans could be food insecure during the peak of the 2019-2020 lean season, with 3.8 million people in need of food assistance.

These droughts have had long-term effects on the food security situation in the programme districts as well as much of the remainder of the country. The ZIMVAC 2021 Report noted that there has been a deterioration over the years with poor consumption patterns having increased from 31 per cent in 2020 to 43 per cent in 2021. Acceptable consumption patterns dropped from 31 per cent to 29 per cent in the same time period. These negative changes in consumption patterns are indicative of increasing challenges facing rural households in accessing nutrition and diversified foods.

During the period of project implementation, the programme districts also experienced poor consumption patterns. During the 2019-2020 season, nearly half of the residents in Gokwe South and UMP District had poor food consumption patterns – 43 per cent and 42 per cent of their respective populations having poor food consumption patterns.

During this same implementation period, Zimbabwe was also going through a series of economic challenges, including a shortage of foreign currency and high inflation. In 2019, the Ministry of Finance

² Source: Zambia Statistics Agency <https://www.zamstats.gov.zm/index.php>

³ Over the project period, however, the value of the Kwacha more than halved against Sterling which, as noted elsewhere in this report, enabled some benefits to be gained in terms of support eventually provided.

and Economic Development enacted Statutory Instrument Number 142 of 2019 which declared that the Zimbabwean Dollar as the “sole legal tender” in the country. This affected the procurement project materials, amongst others as suppliers refused to provide materials under the local currency and, in addition, wanted to be paid cash instead of via bank transfer.

By the time of the Mid-term Review in 2020, the Covid-19 pandemic had already forced the entire (three-country) programme to be reviewed and certain modifications introduced. One of the main consequences of the Covid-19 pandemic in each of the three countries has been imposed restrictions on travel and social gatherings. Partners did, however, succeed in maintaining some form of communication with most participating communities, mainly through programme officers or community volunteers who were actually based in the field. This shows the added value to having trained counterparts from the communities, living within the communities and they are applauded by the evaluation team for their dedication, determination and ingenuity.

At the same time, however, the pandemic has presented opportunities for the delivery of a number of WASH-related activities which, as reported below, have been blended with and expanded upon many of the original premises and activities originally planned under this programme.

1.4 THIS EVALUATION

1.4.1 Background

In January 2020, CAFOD UK launched a competitive process for an independent Mid-term Review (MTR) together with the Final Evaluation of this programme. Proaction Consulting was selected to undertake both exercises and delivered the Mid-term Review in July 2020. At this stage, certain modifications had already been made by each of the three initiatives to adapt and respond to changing needs brought on by Covid-19. The MTR included an in-depth look at the programme’s Theory of Change in a bid to identify – together with the respective CAFOD Country Offices – where additional changes might be required for implementation and how such changes might be approached and accomplished.

Despite a number of national restrictions and safety measures, fieldwork for the MTR – though limited – was ultimately possible in both Zambia and Zimbabwe in 2020, using Proaction’s Senior Associates (National Consultants) in both countries, with support from CAFOD Country Offices and partners. In both cases, this was supplemented by remote interviews with other people in the respective countries. All data gathering in ██████ was conducted remotely, through a combination of KIIs with CAFOD staff based in Nairobi and a series of written survey questionnaires delivered to and completed by various representatives from ██████ and local partners. The MTR was managed remotely by an Evaluation Leader based in the UK.

Given the ongoing situation with regards Covid-19, quite a similar process dictated this final evaluation, which was again remotely managed. In addition to deploying the same two National Consultants in Zambia and Zimbabwe, however, thanks to support from the ██████, a National Consultant was also deployed in ██████. Household surveys were also made possible in ██████ and Zimbabwe as part of the final evaluation.

1.4.2 Purpose

As outlined in the (revised) Terms of Reference (Annex I), the specific purpose of the Final Evaluation was to:

- identify the key impacts of the programme and assess how change has happened;
- evaluate the extent to which the impact and outcome statements were achieved, noting gaps in programme delivery and entry points for follow-on interventions;

- document considerations made to ensure the sustainability of programme successes and recommend ways in which key drivers of change can be further improved and sustained. Social economic and environmental sustainability should be considered;
- assess the extent to which the programme targeted and met the needs of the poorest and most vulnerable; and how inclusive the programme has been for marginalised groups (specifically women and girls, people living with disability, and households at risk of malnutrition);
- assess the impact of Covid-19 on the programme and the extent to which the programme was able to adapt and respond to Covid-19;
- examine the strength of relationships built and leveraged through the programme;
- examine to what extent the programme built and leveraged partnerships and obtained buy-in from programme stakeholders such as local and district government authorities. How have these relationships benefitted the programme?
- record and share lessons learned, including success stories and case studies;
- identify, measure and record any distinctive or value-added contribution of CAFOD to the programme (beyond any CAFOD funding), e.g., CAFOD's partnership approach and capacity strengthening with local civil society;
- identify, measure and record examples where CAFOD and partners demonstrated Value for Money considerations in decision-making and programme implementation; and judge the extent to which the programme has a strong return on investment. Value for Money should be assessed through the FCDO/DFID's [3Es Framework](#);
- assess the quality of the data collected by the programme and the methods/systems used and their suitability to evidence change and impact (such as sustainability), with reference to CAFOD's Evidencing Principles; and
- provide actionable and prioritised recommendations.

Throughout this final evaluation, emphasis was given to trying to capture the overall impact of the programme's interventions, examining how the approach addressed peoples' needs as well as the appropriateness and effectiveness of specific activities undertaken and accomplished.

1.5 SNAPSHOT OF KEY FINDINGS

- ✓ In ██████, in particular, almost everyone spoken with acknowledged the relevance of this programme, saying that it was completely relevant to addressing community needs because it was designed in consultation with the community, development committees and administrators of the beneficiary villages.
- ✓ Some saving groups in Zimbabwe have already gone beyond the traditional practice of purchasing kitchen wares for their members to now buying assets such as cattle and goats. In a normal set-up, it would be difficult for women to purchase these assets, but because of the social capital created through the saving groups, this is now being achieved.
- ✓ Support provided by Caregivers⁴ at a particular health centre in Kitwe District, Zambia, helped reduce the number of cases of children being reported with acute malnutrition by 60 per cent, compared to the year before this programme started.

⁴ 4 The term "caregiver" in ██████ and Zimbabwe typically means a parent or carer, while in Zambia, the programme team has used this term to mean a community volunteer that is supporting activities around improved caring practices. While this report tries to refer to the Zambia volunteers as "Volunteer Caregivers" and people that are mothers or fathers, for example, as "primary caregivers" the generic term of caregiver may be used on some occasions.

- ✓ Caregivers spoken with indicated that many of the women who had attended the demonstration events were not only using the learning in their own homes, but were effectively demonstrating the same practices to others in their neighbourhoods.
- ✓ The use of volunteers – part of which was a modification to Covid-19 restrictions – has been an important aspect of retaining knowledge in the communities, particularly – but not exclusively – in relation to caregiving.
- ✓ Income levels of most groups have grown, mostly as a result of them having diversified their activities and by combining at least two different ventures such as gardening, livestock keeping and fish farming.
- ✓ In Zimbabwe, in terms of Output 2.2 – “Community health workers completing training on community management of good nutrition and caring practices” – the evaluation noted that by Year 2, the action had already surpassed the year’s target by 187 per cent, reaching some 862 health workers. This is explained as a result of the adoption of the care-group model by the Ministry of Health and Child Care. District Nutrition Committees also reported that they too have institutionalised the care group model in their activities.
- ✓ As a result of intensive environmental conservation activities in [REDACTED], soil conditions and water retention have improved. People from villages such as [REDACTED] used to fetch drinking water from about 15km away but are now able to fetch water from sources far closer to their homes, reducing the time that women in particular have to spend fetching drinking water.

2. REPORT STRUCTURE

This report presents the findings from an earlier – as part of the MTR – desk review of programme reports from [REDACTED], Zambia and Zimbabwe, in addition to updated consultations and direct observations of the situation on the ground in selected communities in each of the three countries, conducted between September and November 2021.

An overview of the context and some top-line findings were given above. Section 3 presents the methodology used in this evaluation, including a description of the approaches and tools applied in the course of this enquiry. This entailed a combination of quantitative ([REDACTED] and Zimbabwe) and qualitative (all three countries) approaches which, invariably has resulted in different levels and quality of information (from a triangulation perspective, in particular) being available for this final evaluation report.

Section 4 presents the main findings from this evaluation. Observations and analysis are initially framed against the possible scope and scale of the coverage of this evaluation, together with a review of the actual programme design and fit to the specific contexts and identified needs. This is followed by in depth review of the programmes three Outcomes which, for ease of presentation and comparability, are for the most part presented by country findings.

Section 5 presents the evaluation’s findings on several cross-cutting issues, including Gender and Inclusion, Advocacy and Value for Money. This is followed in Section 6 where evaluation findings are presented against selected OECD-DAC Criteria, namely, Relevance, Effectiveness, Impact, Connectedness, Coherence and Sustainability. Selected findings are highlighted and discussed for specific situations and not, necessarily, each country programme in all instances.

Some Lessons Learned from this evaluation (including some from the earlier MTR) are presented in Section 7, which is followed by a series of Actionable Recommendations in Section 8. Please refer to the Table of Contents for more information on the contents of respective annexes.

In viewing the tables and figures presented in this report, please note that in most Tables and Figures, numbers have been rounded to the nearest integer to assist with readability.

3. APPROACH AND METHODOLOGY

3.1 PARTICULAR CONSIDERATIONS TO NOTE

As with preparations for the 2020 MTR, the Evaluation Team (see Section 3.2) made itself aware of general and country specific guidance relating to the Covid-19 pandemic and was guided on this matter in all three countries by the respective CAFOD Country Representative and support teams. Every precaution was taken – respecting distancing, keeping group size small and discussions short, and the frequent use of hand sanitiser – to try and ensure that at no point in time would a meeting with programme staff, community representatives, members of a participating government agency or others put that person at risk. Field itineraries were discussed and agreed with local partners in advance, who were also responsible for helping with meeting arrangements.

From a methodological perspective, the evaluation used a mixed research design that combined qualitative and quantitative research methods. The essence of using such a mixed-method approach was to take full advantage of the strengths of each method and mitigate the individual methodological weaknesses.

Mixed-methods approaches are underpinned by an in-depth understanding of the quantitative metrics and the qualitative aspects that explain the quantitative metrics and depth. In practice, this means integrating methodologies for better measurement, sequencing information for better analysis, and merging findings for better action. The combination of quantitative and qualitative approaches also allowed for triangulation of information from the various sources used in this evaluation.

3.52 TEAM COMPOSITION

This evaluation was conducted by four people:

- Jonathan Kagoro, Proaction’s National Consultant in Zimbabwe, was the lead on local logistics and planning with CAFOD/Caritas in country. Jonathan conducted face-to-face interviews/discussions with programme beneficiaries, CAFOD partners and local agencies and selected households in Gokwe South and UMP District. Jonathan was also responsible for leading and supervising a team of data enumerators in both of the districts mentioned;
- Musaiwale Mwewa, Proaction’s National Consultant in Zambia, played a similar role to the above, with remote support from the Team Lead. Musaiwale was also fortunate enough to be able to travel with CAFOD to the Copperbelt District for consultations and direct observations with partner staff, field officers, participating government representatives and community representatives;
- ██████████, a national consultant based in ██████████, was contracted directly for this evaluation by the ██████████, working closely alongside the Team Leader. ██████████ has extensive research methodology and strong analytical capacity in population, health, and education programmes activities. This, combined with excellent training skills on areas related to survey methodology (sample and questionnaire design), statistical concepts and statistical analytical tools was a particular strength in enabling a comprehensive series of data to be collected from participating communities in this programme; and

- David Stone, Director of Proaction Consulting, served as Team Leader and evaluation co-ordinator. Due to international restrictions and limitations on international travel, on this occasion his role in this evaluation was conducted entirely remotely. David was responsible for evaluation design, preparation of various survey questionnaires and overall co-ordination and monitoring (remotely) of the country-level enquiries. David was the focal correspondent for the evaluation team with CAFOD UK.

3.3 DESK REVIEW AND SITE PREPARATION

As part of the MTR and evaluation, an extensive desk review was conducted of background programme materials provided by CAFOD. Key reference materials from this – in addition to more recently available reports – were again consulted at the start of this evaluation. Reference was also made to certain programme documents during and following fieldwork in order to help validate results from some of the primary data collections and also to provide additional information to fill any data gaps from household interviews, KIIs, FGDs and site observations.

The timing of fieldwork was planned and co-ordinated separately with CAFOD in each of the three situations as the circumstances varied in each. Given the pending close of the CAFOD Country Office in Zambia, this was the first segment of fieldwork to be conducted, to take advantage of programme personnel still being available for logistics and discussions. This was followed by an intensive period of fieldwork in [REDACTED] and, subsequently, in Zimbabwe. Additional information on the extent of these site visits and consultations is provided in Section 4.1, Evaluation Coverage.

In [REDACTED], 12 people – eight data enumerators and four supervisors – were recruited to assist with data collection at the household level. Six people were recruited from each [REDACTED], with consideration given to language skills and experience in data collection and supervision. A one-day intensive training was provided to the group on 13 October 2021, which included sessions on the objectives of the evaluation, principles of conducting an interview, and presentation and discussions of both quantitative (household) and qualitative (KIIs and FGDs) questionnaires.

Training was provided by the National Consultant with support from senior [REDACTED] staff in [REDACTED]. Supervisors were further trained on issues relating to in-field supervision, checking the completeness and consistency of collected data, scheduling village visits, randomised selection of beneficiary households, recording in-field challenges and regular communications and reporting to the National Consultant. Supervisors were also responsible for undertaking KIIs with administrators and FGDs with representatives of the selected communities.

Given certain limitations in [REDACTED], data recording was done manually on prepared questionnaires: please see Annex III for the specific household survey. Completed questionnaires were then edited manually, following which data entry was done using the Census and Survey Processing (CSPPro 7.5) package. All questionnaires were entered twice to eliminate keying errors. During data entry, editing was limited to the structure of the data file, questionnaire skip patterns and the range of valid values for each data field. After data entry, consistency checks were carried out between data fields in order to verify the internal consistency of information throughout the questionnaire. Data entry was conducted by five operators under close supervision of the National Consultant. The CSPPro 7.5 dataset was later exported to the Statistical Package for Social Sciences package for further cleaning and, later, to Excel for additional analysis.

In Zimbabwe, while following similar protocols for interview preparation and conduct, data were collected using Kobo Collect, with a pre-programmed household questionnaire (Annex IV). In this instance, the evaluation used multi-pronged sampling strategies, involving stratified, quota sampling,

and snowball sampling techniques to draw samples from the total population of the two districts. Female and male clusters from the two districts and wards formed the strata in the project beneficiaries' lists, which served as the sampling frames. To ensure proportional representation of the participants in the respective wards, a quota sampling technique was applied to come up with representative samples for each ward. Household respondents were then identified through snowball sampling, a recruitment technique in which research participants are asked to assist researchers in identifying other research subjects⁶.

Comparative analyses were carried out with some of the baseline information to measure progress made on specific targets and outcomes. Qualitative data gathered during KIIs and FGDs were summarised by outcome and thematic areas related to the respective intervention areas. Findings from these sources were mainly used to triangulate and support the findings from household surveys and to get additional information that might not have been measured from household data.

For each of the three countries, the selection of communities for KIIs and FGDs was done by each of the National Consultants together with support from CAFOD Programme Officers and partner staff. Fieldwork was always conducted with the knowledge and approval of local authorities. Consultants, enumerators and others explained the objectives and procedures of the evaluation survey(s) to each respondent and any concerns or questions they had were addressed at this stage. Respondents were informed that interviews were entirely voluntary and that the information they might provide would be treated in confidence and would only be used for the purpose of this evaluation. Names were not recorded during household surveys, and those associated with selected quotes taken from interviews have been deliberately anonymised.

3.4 TOOLS

While limited somewhat in time, scope and coverage, the evaluation was formulated around a series of participatory tools that were structured around a series of tailor-made questionnaires for specific intended audiences. To the extent possible, team members followed broad, agreed lines of enquiry for field data collection, to help ensure a degree of consistency, define the extent of innovations, for example, as well as recording lessons learned from the programme.

Annex V presents a guiding list of evaluation questions that related specifically to the nature of support provided in association with participating government technical services, including agriculture and health care, as well as other supporting agencies/institutions. This is followed in Annex VI with an additional series of questions used to guide discussions in KIIs and/or FGDs with specific beneficiaries.

Annex VII is a reference list of Top-line Questions considered by the evaluation team members throughout this review.

3.5 SAMPLING

Given the conditions and constraints, the evaluation was not able to undertake what was its anticipated level of consultations – though it remains entirely grateful to everyone who contributed to this review. In discussions with CAFOD and partners, a representative sampling of sites/activities was made, for example selecting projects/location/situations with different characteristics, including some communities that have previously been supported through Match Fund programmes in addition

⁶ <https://research.oregonstate.edu/irb/policies-and-guidance-investigators/guidance/snowball-sampling>

to some new communities. In [REDACTED] and Zambia, for example, the evaluation reached communities in both rural (agricultural/livestock predominance) and peri-urban (small-scale businesses) settings, in addition to visiting some communities where particular challenges have been experienced, for example, in relation to sanitation. Details of sites visited are given in Table 1.

As a general approach, the evaluation used a non-experimental cross-sectional study design to collect data from selected communities in each of the three countries. There was no control situation and findings were interpreted based on the analysis of collected data. The overall sample designs were developed to provide representative samples of beneficiary households and reliable estimates of the end-of-term evaluation indicators. It was also designed to achieve cost-efficiency as well as operational convenience in collecting data.

As an indication of the approach, in [REDACTED], for example, a two-stage stratified cluster design was chosen. In the first stage, clusters (villages) were randomly selected as the primary sampling units. This was followed by randomly selecting available beneficiary households in the selected villages. An overall sample size was then obtained in order to get a reliable estimate of the programme impact and outcome indicators for the target population as a whole and for the two [REDACTED], separately.

For each [REDACTED] and intervention area, villages were randomly selected using the Probability Proportional to Size method, size being the number of beneficiary households in a village by intervention area. A list of villages (supplied by [REDACTED]) together with the number of beneficiary households from each intervention area was used as the sampling framework to select the eventual villages for consideration in this evaluation. An average of 20 households was the intended target for each village.

For Zimbabwe's household survey, the evaluation made use of the Survey System sample size calculator (<https://www.surveysystem.com/sample-size-formula.htm>) to come up with a samples of the selected study districts (UMP and Gokwe South). In UMP, the study came up with a sample size of 346 respondents that were selected for household questionnaires out of a total population of 3,431 beneficiaries from the selected project wards (2, 3, 10, 13, and 15). Similarly, in Gokwe South, a sample size of 363 respondents was selected from a total population of 6,552 beneficiaries from wards 4, 9, 10, 12, and 21.

This part of the evaluation used multi-pronged sampling strategies, involving stratified, quota sampling and snowball sampling techniques to draw samples from the total population of the two respective districts. Male and female clusters from the two districts formed the strata in the project beneficiaries' lists, which served as the sampling frames. To ensure proportional representation of the participants in the respective district's wards, the quota sampling technique was applied to arrive at representative samples in each ward. Household respondents were then identified through snowball sampling, a recruitment technique in which research participants are asked to assist researchers in identifying other research subjects⁷.

3.6 LIMITATIONS AND CHALLENGES OF THIS EVALUATION

This evaluation faced a number of challenges and constraints, many of which could not have been identified at the initial planning stage of this programme in early 2020, mostly as a direct result of restrictions imposed around the Covid-19 pandemic. CAFOD (UK and country teams) have worked exceptionally hard with their partners and communities to ensure that this Match Fund programme support has continued to the extent possible (for the Covid-19 response in addition

⁷ <https://research.oregonstate.edu/irb/policies-and-guidance-investigators/guidance/snowball-sampling>

to other challenges), and with as little disruption as possible. Early action in Zimbabwe, for example, helped respond to a drought situation, while both [REDACTED] and Zambia also adapted parts of their respective programmes to identified needs. The ability to remain versatile and flexible and to understand of peoples' needs in such difficult and uncertain times was a strong point of this work.

Working with Proaction Consulting, CAFOD revised the original Terms of Reference for the earlier MTR and, later, this evaluation, scaling back the exercise for the MTR in particular to a limited level of physical exposure. Some of the challenges/limitations that were nonetheless experienced include the following:

- timing of fieldwork in [REDACTED], in particular, as this was not a convenient time for some people given the need to harvest their crops at the same time;
- In Zambia, the evaluation was conducted in the midst of the third wave of the Covid-19 pandemic and hence it was quite laborious to mobilise or gather community members for data collection as people were apprehensive given the threat of contracting the disease;
- the need to conduct some interviews remotely, in addition to overall evaluation oversight being conducted on a remote basis from the UK;
- a degree of non-random selection of some household interviews given that some people could not participate in a meeting they would otherwise likely have joined;
- limited time available for KIIs/FGDs with community representatives (on account of restrictions on group meetings);
- physical communication challenges with some partners/communities due to lack of telecommunications support; and
- challenges with not being able to physically and personally (Team Leader) verify some of the reported findings on the ground.

Despite the above, the evaluation team remains satisfied with the actual coverage it achieved, while recognising that this was at different levels of intensity and detail in each of the three countries which, in this instance and with resources available, was unavoidable.

4. KEY FINDINGS

4.1 EVALUATION COVERAGE

Household surveys were conducted in [REDACTED] from 15-22 October 2021, reaching a total of 402 people – 160 in [REDACTED] and 242 in [REDACTED]. Seventy-seven per cent of these contributors were head of their household, 71 per cent of whom are women. The overall number of female respondents was itself high, at 76 per cent. Average household size was six people.

Most of the surveyed group of people were rural based (pursuing pastoralism and/or agriculture as their predominant livelihood), though there has been a discernible shift in this situation over the period of this programme with almost 11 per cent of the group now being semi-urban, compared with just one per cent at baseline. An additional six per cent of the sample were urban based, compared with two per cent when last measured at the same time.

In Zambia, a comprehensive itinerary for field visits was developed to cover a representative sample of communities in Kitwe, Chingola, Chililabombwe, Masaiti and Mpongwe districts, undertaken from 19-25 September 2021, inclusive. Preliminary discussions were held with programme staff from CDoN, Field Officers and CAFOD staff. Additional interviews – KIIs and FGDs – were then organised with government officials and community representatives, including traditional leaders. In total, some 221 people were consulted as part of this evaluation, as summarised in Annex II.

In Zimbabwe, a household survey was conducted in two of the three districts where the programme was implemented, Gokwe South and UMP District. A total of 667 respondents contributed to the Kobo survey, 352 people from Gokwe South and 315 from UMP District. Most of the respondents in this survey (65 per cent) were women, with a total of 41 per cent being head of that household. Additional interviews were, again, held with programme staff, government officials and others involved with the programme. The ages of people spoken with ranged from 18 to 89.

4.2 PROGRAMME DESIGN AND FIT

The design of all interventions in this Match Fund programme was clearly and directly based on identified needs in each of the three countries: in all instances, community representatives applauded the fact that many of them had been involved in the actual design of some of the activities, from the very start. The same held true for government services in most instances, with a considerable degree of the programme's resources directly and intentionally supporting some of the respective government's own programmes and targets. In Zambia, for example, the Ministry of Health has been a key supporter of CDoN for a long time, especially through its provincial medical offices which have been providing key information and statistical data on matters concerning women and children. In a similar manner, hygiene and sanitation promotion in ██████ was a direct support to the government's campaign to end open defecation.

The programme therefore built on the profile of experience and understanding of similar interventions such as water, sanitation and hygiene (WASH) and nutrition and health that were been implemented by respective government administrations. The programme effectively engaged with the key actors at all levels and, hence, its overall relevance and validity was a response to the existing needs.

The high levels of engagement and active participation of women in the programme was notable and inspiring given that the initiative was aimed at improving the nutritional status of key vulnerable groups including children under five, pregnant and lactating mothers, adolescent mothers, people with disabilities and people living with HIV. Women were highly involved in the various structured interventions such as savings groups, women's associations, household and community gardens, cooking demonstrations that promoted nutritional foods, the promotion of good hygiene practices and other activities that the programme supported with the various respective communities.

4.3 ACCESS TO IMPROVED FOOD AND NUTRITION – OUTCOME 1

Awareness raising and specific training packages were identified as a fundamental need in ██████ and, as a result, considerable emphasis was placed on this across all three programme Outcomes. This has clearly had a positive impact: almost 34 per cent of beneficiaries spoken with during this particular household survey reported that they had received some training in food and nutrition, with relatively similar levels seen in both ██████. What is important to note here as well is the fact that the availability and uptake of training on this subject has improved substantially over the past three years, from just 4.5 per cent at baseline to 31 per cent today. While attendance at any training event is never a sure factor in learning, the fact that in this instance that there were no other similar interventions available from any other organisation – and the way in which the trainings were designed and conducted – is certain to have contributed to peoples' appreciation of and uptake of information shared.

There has been a noticeable increase in the diversity of training on food and nutrition since baseline. Prior to the start of this programme in 2019, most training had focused purely on improving livestock and crop production. As shown in Table 2, however, this has expanded considerably over the

remainder of the programme with a range of topical trainings being provided on different activities that are directly related to improving food and nutrition. Although resources were equally split between the two [REDACTED], the variation in the number of training participants was heavily influenced by different mobilisation approaches used and the turn out of participants. In [REDACTED], for example, training sessions were conducted by Women Animators and based on target villages while Health Focal Points from schools were also involved in providing more training.

What is also important to gather from Table 2 is the different emphasis given to certain topics per [REDACTED] – nutrition messages and hygiene sanitation, for example, received greater attention in [REDACTED], for example, where the need for these was seen as greater.

Table 2. Training provided to beneficiaries (Figures show the percentage of topics presented)

TOPIC	[REDACTED]	[REDACTED]	PROJECT AREA*	BASELINE
Improved livestock production	33	3	15	22
Improved crop production	44	5	21	56
Effects of climate change on agriculture	38	3	17	-
Water harvesting	6	7	7	-
Hygiene and sanitation	56	89	76	17
Health awareness	47	68	59	6
Nutrition messages	50	90	73	-
Other topics	5	1	2	-

Note: “Project Area” is the average figure for both [REDACTED]

In relation to agricultural extension services, government agencies were the predominant providers of this form of support. Topics covered were primarily farming and crop production services and livestock production and health services. Only 17 per cent of the respondents, however, indicated that they received agricultural extension services during the last 12 months, all of which was in the [REDACTED] [REDACTED] (Table 3).

Table 3. Percentage of households with access to agricultural extension services during the last 12 months

ACCESS TO SERVICES	[REDACTED]		[REDACTED]		[REDACTED]	
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
No	109	61	224	100	333	83
Yes	69	39	0	0	69	17
Total	178	100	224	100	402	100

In terms of economic development, crop farming or horticulture was the main source of household income during the baseline survey. This has now, however, started to be transformed with the introduction of livestock, in addition to a wider range of crops being grown. One of the benefits from this has been a notable change in household income, as summarised in Table 5.

At baseline, more than three-quarters of the households surveyed registered an average monthly income of around [REDACTED] (GBP25). Today, there has been a dramatic turnaround in this situation with just a small percentage of households earning up to [REDACTED] a month and a good number starting to recover sums of [REDACTED] (GBP100) and more, which was largely unseen before (Table 4). According to programme staff, this is directly attributable to programme activities, for example, the [REDACTED] support that generated an average monthly income of [REDACTED] (GBP125) per month at the early

stages of the programme. This has, however, dwindled somewhat due to stiff competition from cheaper imports though gains have also been seen as a result of the livestock distributed, cash for work and improved agricultural outputs, Collectively, the proportion of households who are now able to provide for their families has increased significantly.

Table 4. Distribution of households by average monthly income category

INCOME CATEGORY	PROJECT AREA		BASELINE
	NUMBER OF HOUSEHOLDS	%	
<= 499	20	5	79
500-999	183	45	15
1,000–1,499	109	27	4
1,500-1,999	43	11	1
2,000-2,499	29	7	1
>2,500	18	4	1

As a result of this project – even recognising that some challenges were experienced with timely provision of some small livestock (poultry) – there has been a noticeable increase in the number of livestock kept by households. While poultry numbers showed the highest level of increase in some households, increased numbers of sheep, goats, cattle and donkeys were recorded in the [REDACTED], in particular, while similar increases were noted in the [REDACTED] for camels and, to some degree, poultry (Table 5).

Table 5. Ownership of livestock (Percentage of households surveyed)

TYPE	[REDACTED]	[REDACTED]	PROJECT AREA	BASELINE
	%	%	%	
Chicken	81	89	86	35
Sheep/goat	87	38	57	31
Cattle	70	62	65	29
Camel	18	32	27	5
Donkey	85	56	68	-
Beehives	1	3	2	-

Some changes have also taken place in relation to where people obtain their food with a noticeable decrease in the number of households that actually produce their own food and a corresponding increase in those that now purchase at least some of their food items from shops and markets (Table 6). Such a change is likely the result of increased purchasing power as a result of some of the income-generating activities supported through this project, together possibly with the demographic shift to semi-urban and urban situations, mentioned above.

Households in the [REDACTED] (97 per cent of the surveyed sample) were more likely to be engaged in farming activities than those in [REDACTED] (87 per cent). Table 7 examines a number of resilient farming practices that have been applied in both [REDACTED], even before this programme. What is notable, however, is that in most cases – and comprehensively when the average figures for the project area are considered – there has been a substantial uptake of all of these practices, some

of which have been enhanced through training and additional support provided by the [REDACTED], its partners and the Ministry of Agriculture.

Table 6. Distribution of households by main source of food

SOURCE OF FOOD	[REDACTED]		[REDACTED]		PROJECT AREA		BASELINE
	NUMBER	%	NUMBER	%	NUMBER	%	%
Produce own food	77	48	86	35	162	40	48
Buy food from shop/market	78	49	157	65	234	58	50
Humanitarian agencies	1	0	0	0	1	0	1
Relatives/Friends	5	3	0	0	5	1	1
Total	160	100	242	100	402	100	100

Table 7. Percentage of households engaged in farming activities by farming mechanism or techniques practiced

TECHNIQUE	[REDACTED]	[REDACTED]	PROJECT AREA	BASELINE
On-farm soil and water conservation (e.g., improved water retention using terraces)	78	84	82	67
Planting drought tolerant, early maturing seed varieties	30	84	61	37
Planting a few days before the onset of rains	44	89	70	25
Planting along contours	43	75	61	45
Applying manure to crops	91	97	94	47
Crop rotation	85	93	89	58
Intercropping	17	31	25	15

Together with the information provided above (Table 7), there has also been an important change in the area of land being cultivated by families (Table 8). While the majority of households still cultivate around 0.5 hectares of land (as they did at baseline), there are some notable changes in the number of people now cultivating smaller (0.25 hectare) plots in addition to some who have to manage plots of 1-2 hectares, which was not observed at baseline. According to programme staff, several factors account for this:

- a) donkeys distributed through this programme have provided traction power to enable the cultivation of more land (and generate some income from hiring them out to other farmers);
- b) land reclamation through cash for work activities that converted highly degraded land into productive use, with higher fertility. Reclaimed land was then allocated to households for cultivation;
- c) provision of drought resistant seeds which were better matched to the soils; and
- d) provision of seeds to households who were unable to purchase or access such inputs.

Table 8. Percentage of households engaged in farming practices by size of cultivated land in hectares

SIZE OF LAND CULTIVATED (Ha)	[REDACTED]		[REDACTED]		PROJECT AREA		BASELINE
	NUMBER	%	NUMBER	%	NUMBER	%	
0.25	9	5	46	22	55	15	7
0.50	29	19	122	58	152	41	53
0.70	-	0.2	0	0		0.1	
0.75	8	5	8	4	16	4	8
1.0	63	40	27	13	89	24	32
1.25	17	11	3	2	21	6	
1.5	24	16	3	1	28	7	
1.75	4	3	1	0.3	5	1	
2.0	-	0.2	0	0		0.1	

Taking this into account, the average household is now cultivating an average of 0.73 hectares of land which is much higher than the average estimated by the baseline survey (0.57 hectares). Among the outcomes from this has been that today, almost every household engaged in farming activities (98 per cent) harvested food during the last agricultural season. Just eight households in [REDACTED] (two per cent of the total sample) did not harvest food.

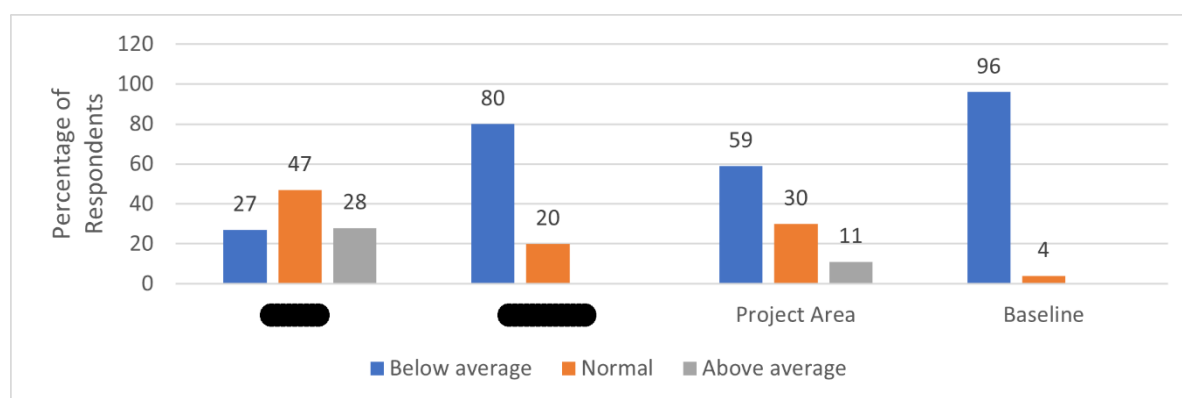
At the same time, there have been some remarkable improvements in the production of food during the last agricultural season, compared with the situation at baseline. In 2019, the level of production was rated as below average for the majority of households, with only four per cent of the harvest considered to be “normal” or “good”⁸ (Table 9). Over the past three years, this has undergone a steady improvement with a “normal” or even “above average” harvest” being recorded by almost 41 per cent of engaged households at the time of this evaluation. At the same time, however, it is important to note that this success was not uniform across the two [REDACTED], for example, had a far higher proportion of below average cases and not a single above average instance (Figure 1). Food production rates are also higher in [REDACTED] as the size of land allocated to households is greater than in [REDACTED], coupled with the presence of the [REDACTED] which provides water for irrigation.

⁸ Recognising that just prior to baseline was a period of drought.

Table 9. Percentage of households that harvested food in 2020 by rating of the harvest

RATING	[REDACTED]		[REDACTED]		PROJECT AREA		BASELINE
	NUMBER	%	NUMBER	%	NUMBER	%	%
Above average (excellent)	45	28	0	0	45	11	0
Normal (good)	71	45	47	20	119	30	4
Somehow below average (poor)	28	18	83	34	111	28	42
Far below average (severely poor)	11	7	72	30	82	20	50
Not harvested food	5	3	40	16	45	11	4
Total	160	100	242	100	402	100	100

Figure 1. Rating of the 2020 harvest



Consistent with the improvement in production levels noted above, harvested food was reported to support or feed households for a significantly longer time than was the case in the past – just over five months and two months for end-term evaluation and baseline, respectively.

Overall, a lower percentage of households faced food shortages in 2020 compared with 2018-2019. (Figure 2) A quarter of households surveyed reported that they did not face any food shortage during 2020, though the proportion was significantly higher in the [REDACTED] (49 per cent) than in [REDACTED] (9 per cent). More than 60 per cent of households lacked adequate or enough food to eat during one month before the baseline survey compared with only 21 per cent of households at the time of this evaluation. Again, there were noticeable differences between the [REDACTED], for example, around 11 per cent of households said that they did not have adequate food in the month preceding this evaluation with the figure for [REDACTED] being considerable higher at almost 28 per cent.

Consistent with the higher level of food shortage at baseline, a high proportion of households reported practicing a number of different mechanisms to cope with food shortages (Table 10). These are important findings as the need to ration food has important consequences on peoples' health and well-being, while other approaches that include borrowing food contributed to people becoming indebted to others for such services. It is also significant to note that the number of households reporting that they had to resort to eating stored seeds/seed stock has dropped from around 38 per cent to less than one per cent over the duration of this programme. This, alone, is a critical contribution to continuity and sustainability.

Figure 2. Months when food shortage was experienced, 2020

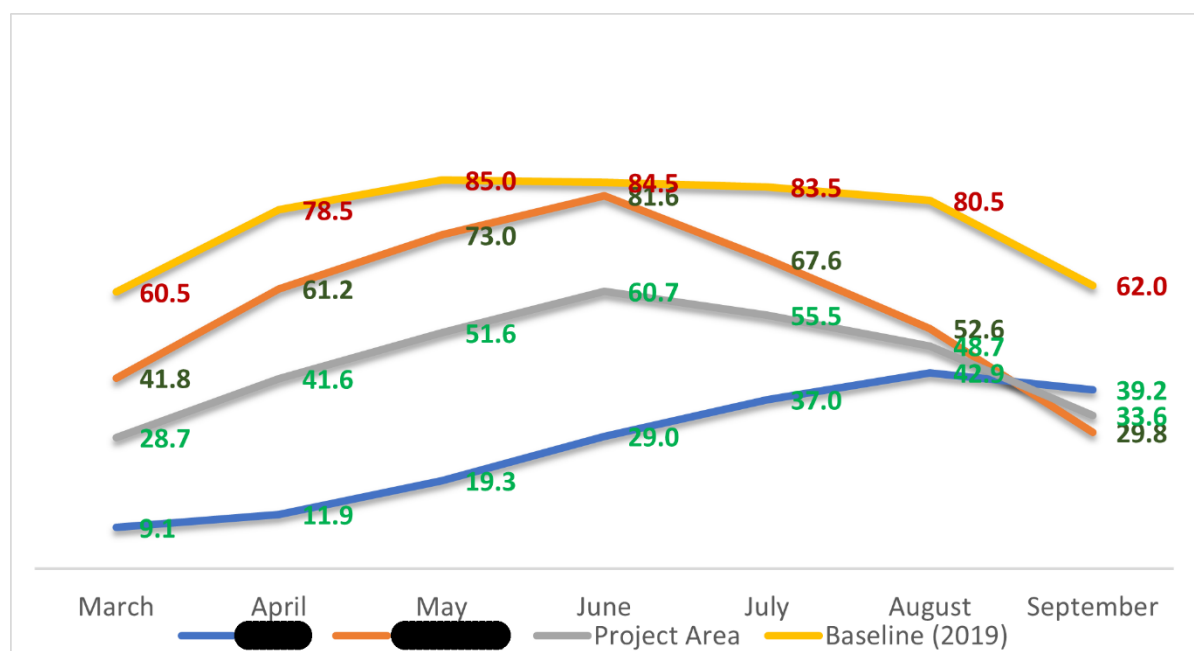


Table 10. Percentage of households by coping mechanism to address the food shortage during last month

MECHANISM	██████████	██████████	PROJECT AREA	BASELINE (2019)
Eat less preferred food	0	14	8	50
Borrowed food from relatives/ neighbours	16	16	16	52
Reduced meal quantity/ate smaller food portion/ration	10	20	16	65
Reduced number of meals eaten per day	8	16	12	50
Adults skipped food/did not eat to allow children eat	8	7	7	40
Ate stored seed/seed stock	0.6	0.4	0.5	38

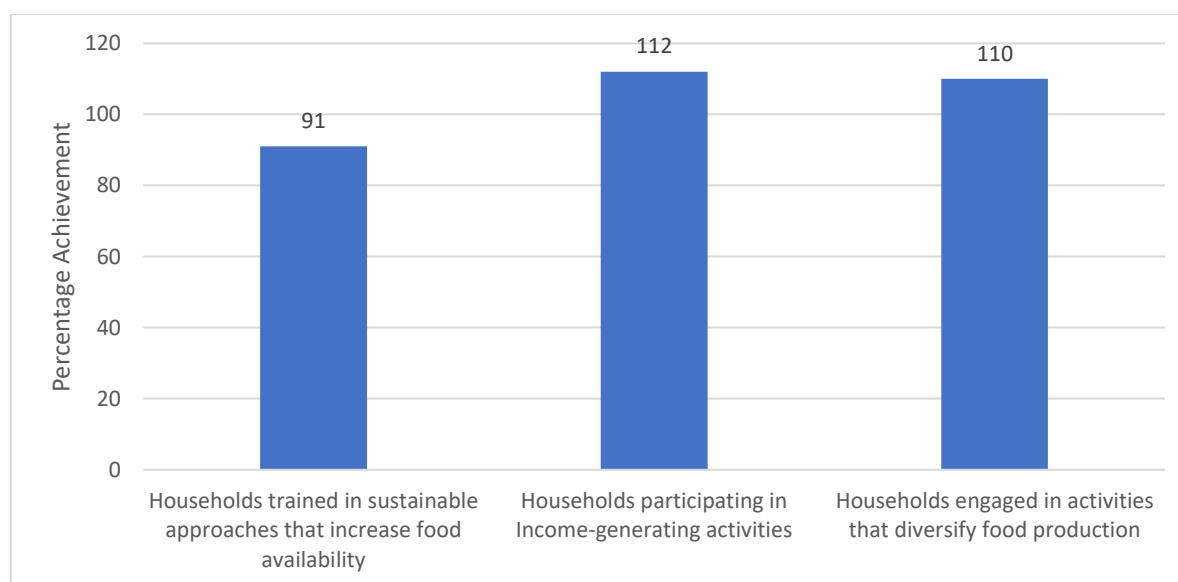
While a number of very encouraging and positive impacts have resulted from this programme, in situations where there remains such a high dependence on agriculture and livestock keeping, the challenges and risks will continue to exist, though hopefully at lower levels than in the past. Table 11 examines some of the main challenges that farmers in the two ██████████ experience: what is most noticeable from this is that while a number of challenges remain a priority concern – some are even ranked higher than at baseline – a significant gap has been reduced in terms of peoples’ knowledge and practical skills, from 73 per cent of respondents at baseline to 45 per cent today. Some of this knowledge could also possibly account for the slight reduction in people being able to cope with unpredictable weather patterns, given the new-found skills and more resistant crops being grown. Other challenges noted such as the lack of labour, inputs and farm equipment are probably still at a high level given that more people are starting to cultivate larger plots of land.

Table 11. Percentage of households engaged in farming activities by challenges faced in practicing improved crop production

CHALLENGE			PROJECT AREA	BASELINE
Lack of relevant knowledge and skills	8	72	45	73
Unpredictable weather pattern/seasons	34	98	71	80
Inadequate rains	74	98	88	83
Environmental degradation	43	73	61	68
Lack of appropriate seeds	30	83	60	74
Lack of access to inputs (manure, pesticides)	74	75	74	75
Lack of labour	52	75	65	72
Lack of farm equipment/tools	55	74	66	77
Traditional farming methods, e.g., oxen plough, mono-cropping	39	80	63	53
Poor land preparation	49	67	59	62

In **Zambia**, 20 Women’s Associations⁹ were established during the programme period with an average of 25 members per Association. Members have been trained in a range of activities (Figure 3), including livestock management, fisheries and agricultural crops, all with very positive results. A District Livestock Officer, for example, confirmed that beneficiaries who were trained in keeping goats are now effectively able to rear the goats and there has been increased productivity in this respect. Fish farming has also been very successful as evidenced by the harvest witnessed by the evaluation at the Kalalo Association, Chingola District.

Figure 3. Topics where training was provided to households



There has been a significantly uptake of agricultural activities in particular, especially since the MTR as field staff were able to provide requisite inputs early enough, which included seeds for the farming

⁹ This excludes an additional 10 Associations that were converted from SILC groups to Associations following a recommendation from the MTR.

season. This resulted both in high dietary diversity as a result of realising crop yield projections, some of which was translated into increased household finances through the sale of crops.

Women's Associations were supported with water pumps for irrigating their vegetable growing enterprises so as to enhance the scale of their gardening activities, which have been very successful. The evaluation observed significant improvement in gains from vegetable growing, compared with the inception stage of the project: 70 per cent of the groups visited during the MTR – and again assessed during this evaluation – reported positive change. In Kakalo, for example, the Association had just harvested 26 bags of cabbage heads which were being sold at an average of ZMW150/bag (GBP6/bag: the association was expecting to realise about ZMW3,900 (GBP165) for the full crop. Here, it was evident that the households had been well trained in sustainable approaches that increased food availability and, in addition, provided substantial economic rewards

The programme also provided homestead garden tools and inputs to some 5,433 households. Field visits during this evaluation allowed observations of many household gardens at various stages of development and it was evident about the adoption of the gardening concept by more than 80 per cent of beneficiaries mainly from peri-urban areas who do not have as much space of land as those in rural areas. Parallel monitoring data confirmed that these households now consume diversified and nutritious vegetables including spinach, kale, cabbage, egg plants, tomatoes and onions. The programme – as in Zimbabwe – has effectively been using the seven-day food diary approach to monitor the range of food items that community members are consuming. It was observed from several diaries that were checked that it was being followed up very well considering the entries that were done and the feedback given. The beneficiaries have taken up ownership and responsibility of self-checks on the consumption of the types of foods.

The SILC programme was established in order to increase the income resources available to target households and to improve the purchasing power of participants, especially women, and thereby improving their access to diverse, micronutrient-rich foods, health services and, ultimately, nutrition security. The CDoN has a team of SILC trained community facilitators – “Private Service Providers” – that have cascaded SILC trainings and related entrepreneurship, financial and business management training to the target households. Cash obtained from SILC is being used to facilitate income-generating activities such as sewing, food processing, and gardening. Programme participants indicated that they have seen great economic benefits from their participation in the SILC groups that has provided households with the purchasing power to buy food and enabled them to be self-sufficient in the purchase of inputs to re-invest and grow businesses. The income earned has also enabled the participants to selectively buy nutritious foods for their families.

Given the success of the poultry venture (22 out of 30 associations practise it), the evaluation noted that most other associations either intend to get into chicken rearing or scale this up, as evidenced by the constructions of new, additional chicken runs which shows that such activities are there to stay. Women associations such as that at Mbotwa are doing very well in poultry rearing and have been able to sell their produce locally as well as further away to communities in Ndola. This association, which has 25 members, has been able to save ZMW63,000 (GBP2,655), which was never the case before. Likewise, in Kakalo, the Lubuto Association has been able to share ZMW70,000 (GBP2,950) from their profits amongst its members.

There was an increase in the number of Associations that engaged in fish farming – five in total although two were originally planned. In Ipusukilo community, for example, the programme provided training and thereafter provided 1,500 fingerlings for introduction to a series of fishponds. The first harvest resulted in a profit of ZMW4,190 (GBP180), while their latest harvest resulted in ZMW14,000 (GBP590), clearly showing the promise of this activity for association members. In addition to the

fishponds, some fish are also now being reared in containers, such is the enthusiasm among the association members and their confidence in branching out from the initial activity.

This is also an example of where this the Zambia programme effectively implemented one of the actionable recommendations that was highlighted by the MTR to encourage associations to diversify into other income earning activities. It was also noted that the project team provide inputs such as seeds early in the seasons, meeting another MTR recommendations. Finally, while the programme was initially designed to support each association with just two enterprises, following the MTR, a total of 16 associations further diversified into other areas of food production.

Consistent monitoring by the programme has encouraged and helped ensure ownership by the respective associations, as a result of which membership levels remained intact which, in turn, helped enhance sustainability. Overall, there has been 91 per cent achievement from those households trained in sustainable approaches against the programme target of 6,000 households.

The number of households participating in income activities, which include Saving and Internal Lending (SILC) Committees and market gardens, exceeded the target of 9,850 households through an achievement of 112 per cent over the duration of the programme, while households engaging in activities that diversify food production exceeded the target of 6,000 households through an achievement of 110 per cent. The project's dual approach of homestead gardening and the formation of SILCs significantly contributed to achieving the stated percentages.

It was also observed that non-farming households, such in peri-urban and urban areas like Chingola and Kitwe, largely depend on income from employment or informal trading to buy food. It was evident though that SILC activities in the targeted communities have reached more than 5,560 households.

There has been individual behavioural change leading into significant growth which has improved the livelihoods of most families. It was found that on average, families are able to have three meals of a balanced diet nature. This was traced through the use of the 7-day food diary.

As with the above examples, according to FGDs held with the associations, their income levels have significantly grown, mostly as a result of having diversified their activities and by combining at least three different ventures such as gardening, livestock keeping and fish farming. In gardens, most beneficiaries are growing tomatoes, egg plants, onions, spinach, rape, cabbage, green peppers and more, the backbone of which has been the acquisition of the water pumps. Tekumwenzo SILC group – one of the associations supported with a water pump – has made significant strides with its agricultural activities. At the time of the evaluation, the group had made a profit of ZMW15,000 (GBP630) from selling tomatoes. It was also observed that most of the members are now sending their children to school and great improvement was observed on their huts where iron sheets have replaced grass. Another association, the Ifiweme SILC group, on the other hand were found to have sold 150 chickens for a total ZMWK12,175 (GBP510), showing again that the different groups are now enjoying good success from these community-based ventures.

Overall, the evaluation notes that the achievements under Outcome 1 exceeded the project target of 60 per cent by achieving a total of 72 per cent. Reflected here is the fact that many activities were done to improve food security which had only increased by three per cent from baseline at MTR but reached 49 per cent by the end of the programme. This was largely attributed to inputs such as seeds given to beneficiaries. There was also an increase in livestock numbers, hence improving peoples' diversified diets which led to enhanced nutrition status as well as increased incomes. Programme staff indicated that there was increased activity in respect of this output because of the findings at MTR which had challenges of inadequate inputs as one of the main reasons for the small (three per cent) increase at the time. Beneficiaries spoken with also confirmed that the programme had empowered

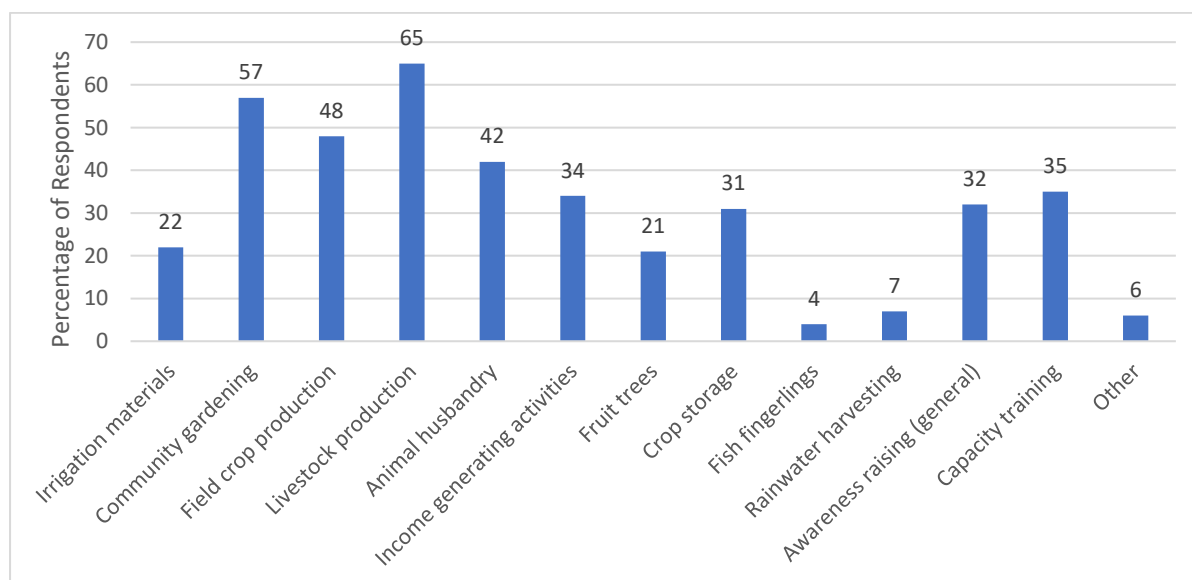
them and hence the increased incomes. Training interventions were also seen as having been very significant.

Most SILC members spoken with during the evaluation reported having invested their shared-out money back into their smaller business, such as selling second-hand clothes, rice and other items. A few associations like the Twesheko SILC group, however, also explained how they were affected by the Covid-19 pandemic. When it was time to share the proceeds of the first cycle amongst members, the group had a total of ZMW48,000 (GBP2,025) with the highest individual shared amount being ZMW7,000 (GBP295). In the second cycle, however, the total amount dropped by about 20 per cent to ZMW38,000 (GBP1,600), while in the third cycle, the total amount that was shared reduced further to ZMW35,600 (GBP1,500) and the highest dividend an individual received was ZMW3,246 (GBP137).

The tail off in earnings was attributed to the threat posed by Covid-19 as members were not meeting as regularly as they had been and some of the businesses were not performing as well as they had started out to do as they were unable to sell their produce and products in some of the local markets. Despite this challenge, however, beneficiaries have been able to carry out their individual businesses such as trading in kitchenware, selling of rice and clothes and remain committed to continuing to support their respective associations. Continued activities have been managed by adapting to the 'new normal' that the government – through the Ministry of Health – has laid out, which are inclusive of wearing of face masks, hand washing, maintaining some social distance and observing all the other regulations related to mitigation of the Covid-19 threat.

In **Zimbabwe**, support in the form of agricultural and/or livestock inputs and assistance was received by almost three-quarters (73 per cent) of the people who contributed to the household survey. As seen in other approaches in this programme a wide range of activities were provided, as summarised in Figure 4. Livestock support and community gardening were two of the most popular activities supported, followed by agricultural production, animal husbandry and capacity building.

Figure 4. Support received in the form of agricultural and/or livestock inputs



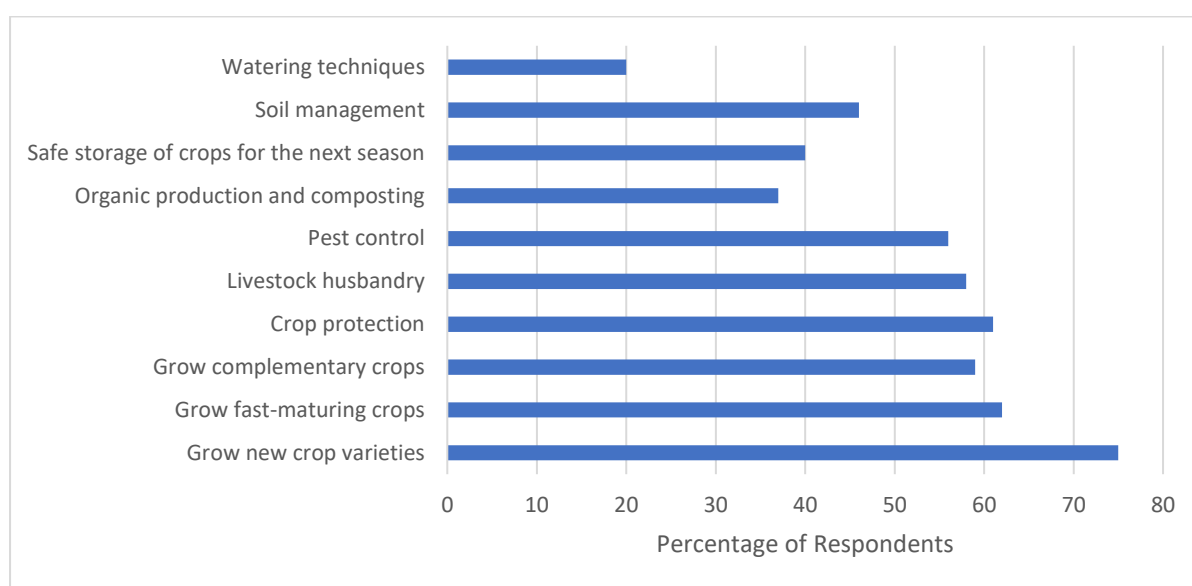
Special note should be taken to the support provided to establishing local fisheries by providing fingerlings to a small number of households where the required facilities were available. This is a good example of the adaptive nature of this programme in general, by identifying a need and matching this with available resources.

A high number of respondents (81 per cent) acknowledged that they had been consulted in advance with regards the type of support they would like to have received. Given, however, that all those

people spoken with might not have been the actual recipient of the assistance or had not been the one(s) consulted at baseline, this figure is likely to be an underestimate. Recipients did, however, show a strong vote of approval for the assistance received, with 93 per cent stating that they were “fully pleased” with the support and an additional six per cent agreeing that they were “partly pleased”. Just one respondent registered their disapproval with this¹⁰.

Training was again widely provided, with 96 per cent of people surveyed noting that either they or someone from their household had benefitted from this, the main subject areas being shown in Figure 5. Encouraging and enabling crop diversification and crop management, together with animal husbandry, were amongst the main activities supported. A few additional households/individuals also benefitted from learning new marketing skills and poultry production. What is important to note in this instance as well, however, is the complementarity between and across some of the activities, such as soil management, improved watering techniques, composting and new and more adaptive and resilient crop varieties.

Figure 5. Agriculture-related training support provided by this programme

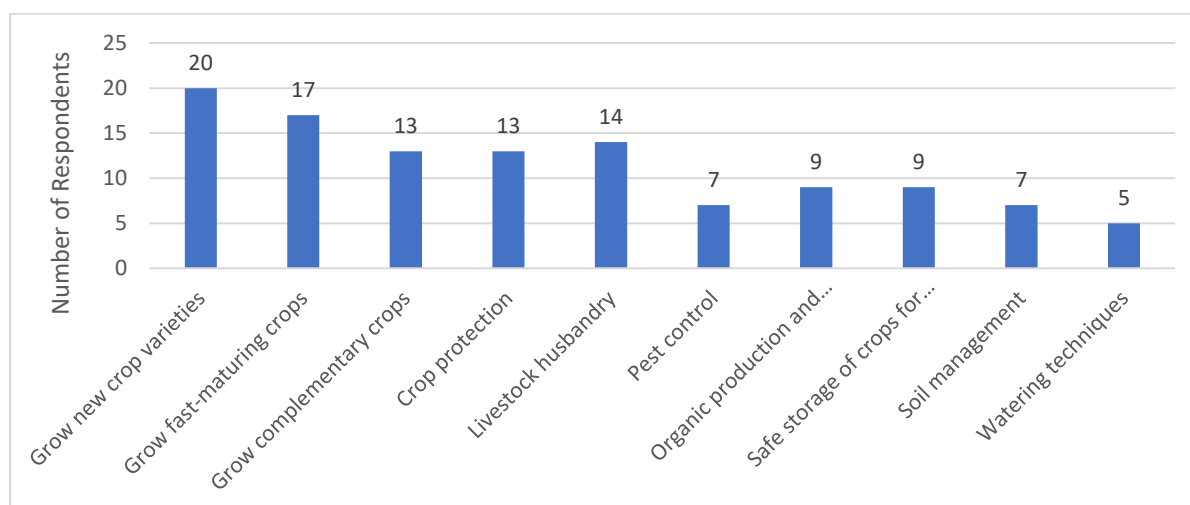


Virtually everyone – all but two people – were unanimous in voicing their support for this assistance and confirmed to the evaluation that they would continue to apply this learning in the future.

While the above findings are very positive it should at the same be noted that some beneficiaries did experience some challenges with some of the training provided, which is an important learning point for Caritas and CAFOD for future, similar initiatives. While the overall number of people is relatively low – 29 individuals or six per cent of the group receiving this form of support – it is clear from Figure 6 that some people did struggle with quite a few of the packages being offered, in particular those relating to new crops and varieties and new or improved ways of cultivating these. More time and support might therefore be considered for new, non-traditional, topics for people in future training programmes.

¹⁰ A few recipients of this support joined the programme rather late and were therefore not able to benefit from the assistance provided to the degree of most others.

Figure 6. Challenges experienced with some of the training information (N=29 people but beneficiaries were able to express multiple opinions should they wish)



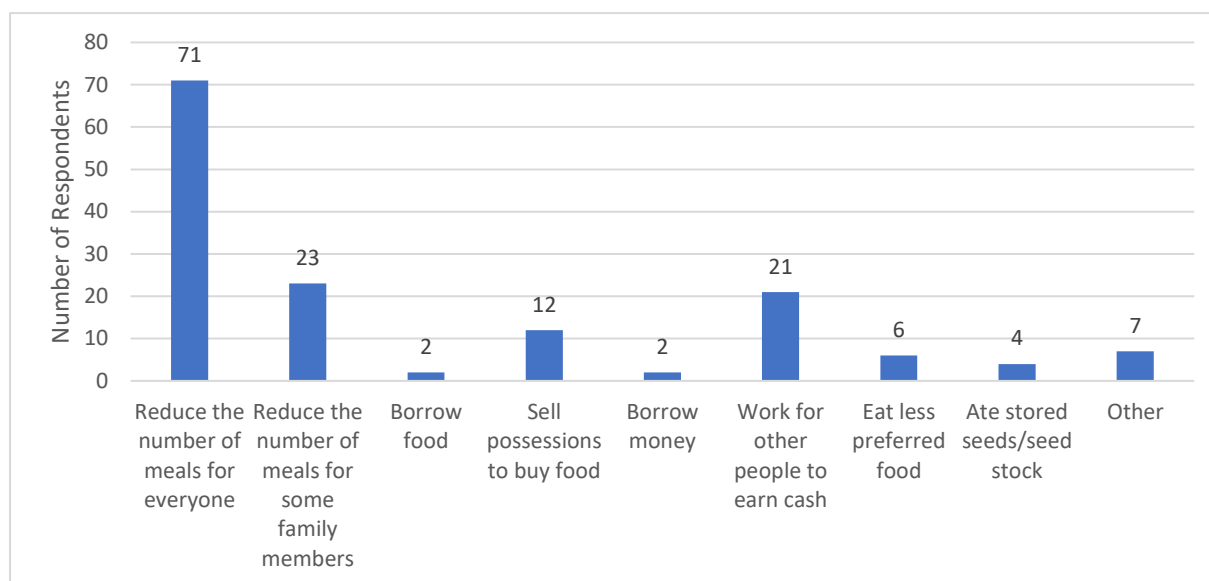
A core consideration in the inclusion of agriculture/livestock support in this programme has of course been centred on food security, with strong evidence emerging from the evaluation that the situation has changed considerable since baseline. As a result of this initiative, for example, some 66 per cent of households claimed to now be self-sufficient in food, while an additional 33 per cent are thought to be partially self-sufficient. Just six households claimed that they are not yet at this level of achievement.

Over 80 per cent of households did not have to ration food in the six months prior to this evaluation. Of those that did, 35 households (seven per cent) had to do so “often”, while an additional 61 households (12 per cent) had to ration food “on a few occasions”. The most common coping mechanisms used by people to deal with food shortages are shown in Figure 7. In the vast majority of cases children and pregnant or lactating mothers were prioritised in terms of receiving food in the case of any instance of food shortage – 91 per cent and five per cent of the affected groups, respectively.

One interesting observation from this is that in most cases individuals or families tried to address the shortfall on their own without, for example, getting into financial debt or becoming indebted to others. Engaging in new activities such as gold panning, or selling extra produce were additional activities that some people introduced to help cover their needs.

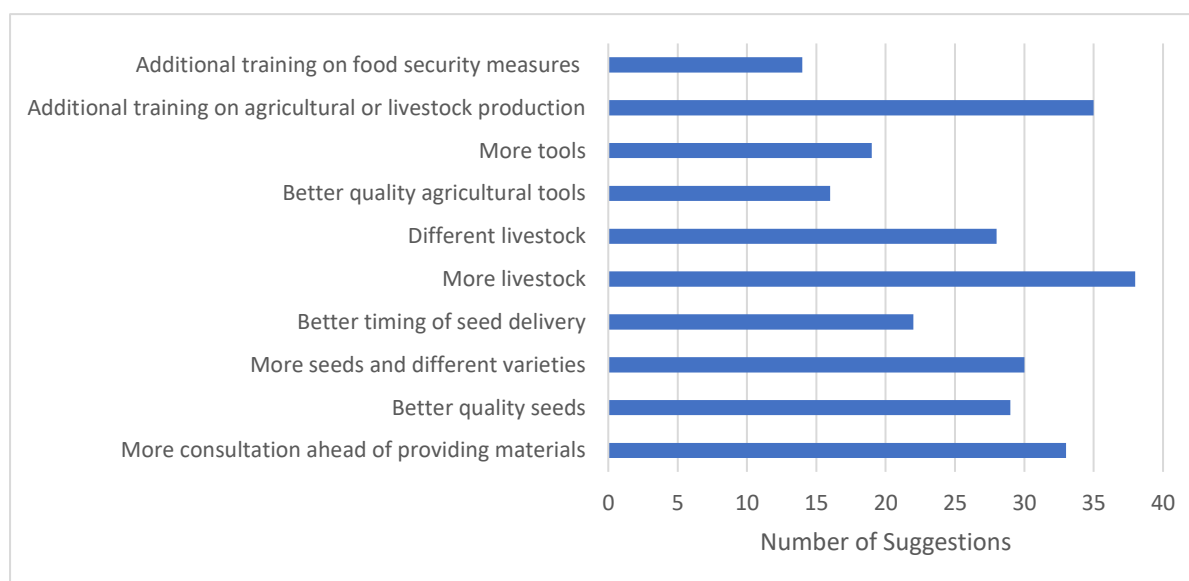
Thanks in part to improved knowledge on good crop storage practices, together with improved yields, 82 per cent of households in Gokwe South and UMP District were – at the end of this programme – able to cover the lean season without consuming all of their seed stock. Comparing this situation with that of three years earlier, 95 per cent of the respondents believed that their household food security situation was now either “*much better off*” (45 per cent of respondents), or “*better off*” (50 per cent). Four per cent thought that their situation had not really changed while a couple of households (one per cent of the survey sample) believed they were in a worse situation today with regards food security.

Figure 7. Coping mechanisms used to deal with food shortages (N=96)



Overall, beneficiaries had a very high regard for the quality of the technical support provided by Caritas/CAFOD – 98 per cent of respondents being “very pleased” with this¹¹. Some suggestions were, nonetheless, made by some contributors which are included here, again, to inform Caritas and CAFOD for future programmes (Figure 8).

Figure 8. Beneficiary suggestions for additional support (N=79)



In terms of performance in this Outcome, by Year 2, results indicated that the target of 11,700 households had already been surpassed by 20 per cent, to some 14,087 households. This success rate

¹¹ The establishment of demonstration fields was another aspect of this programme that was widely appreciated by almost 80 per cent of people spoken with. Similar findings have been noted in past evaluations of CAFOD’s Match Fund Programmes and is seen as a very cost-effective approach which at the same time encourages wider uptake of new and improved agricultural practices by people who were not directly included in this programme.

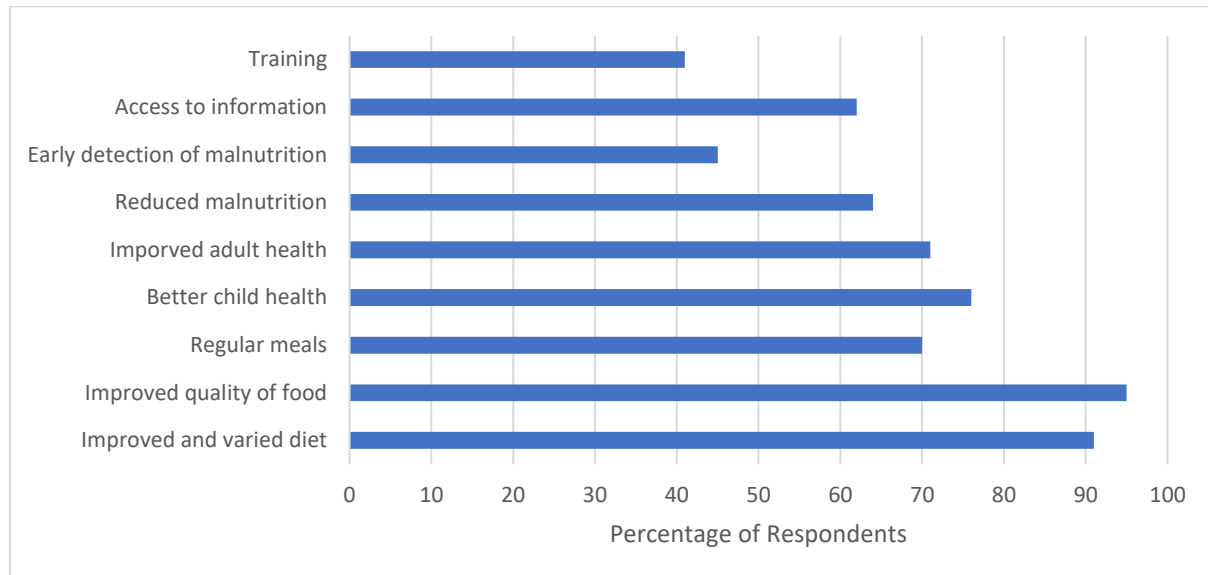
is attributed to the cascading delivery approach and delivering through others (stakeholders at district and ward level).

The second indicator for Output 1 was the number of households participating in income activities (including ISALs, irrigation and market gardens). At the second-year mark, the action’s delivery was at 91 per cent of the target of 10,000 households. Covid-19 restrictions in 2020 were identified as one of the variables that contributed to the marginal miss. Changes in the delivery approach to using local extension personnel gave the evaluation confidence that the target (14,000) was also achieved at the end of the action.

In terms of the percentage of households meeting minimum dietary frequency and diversity thresholds, statistics from project monitoring and evaluation indicate that the action is progressing in meeting the expected outreach in terms of numbers. The results show that the second-year target (11,720) was surpassed by 28 per cent to 15,051 households, which indicates that the project’s target was achieved by the second year. What is interesting here is that no single activity was attributed to this achievement but rather the combination of many different approaches and learning.

The evaluation inquired how the programme assisted beneficiaries with regards caring practices that may have led to a reduction in malnutrition, with respondents noting that the intervention had both contributed to a reduction of malnutrition (64 per cent) and early detection of malnutrition (45 per cent). Clinical data from Svisvi Clinic (Ward 13 Gokwe South) indicate a progressive reduction in stunting as a result of reduced malnutrition that has been attributed to this programme. Stunting statistics for 2021 indicate that during the last year of this programme it was zero per cent, with the exception of April where a figure of 0.8 per cent was recorded.

Figure 9. How support has assisted households



The evaluation also assessed the Household Dietary Diversity (HDD) for the sampled programme beneficiaries, with a score of six. This was higher than the district average at baseline – 4.4 and 3.7 for Gokwe South and UMP District, respectively (ZIMVAC, 2018). The evaluation concludes that the action has contributed to increase household dietary diversity.

Considering the combined support provided to households in terms of agricultural and livestock inputs, 66 per cent of respondents to the household survey reported having their food self-sufficiency “totally improved”, while an additional 33 per cent said that their food self-sufficiency was “partially improved”. The evaluation further observed that small-livestock support was in line with a

recommendation of the baseline report as an intervention to increase consumption of animal-based protein and iron source.

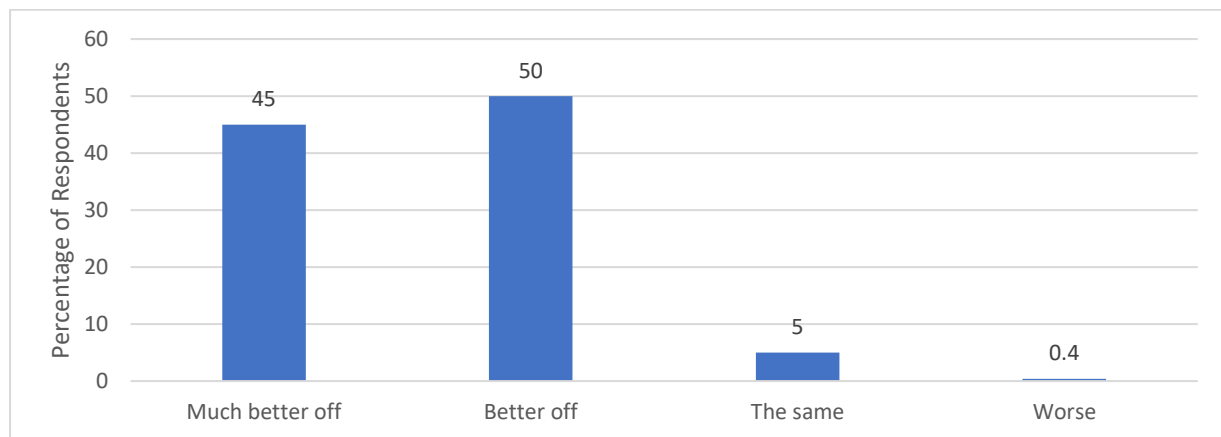
In UMP District, the programme also supported the setting up of aqua-culture project, which has increased the communities' access to animal protein.

The evaluation further inquired a description of household food security situation now compared with the before the intervention by CAFOD/Caritas. The results of that assessment are shown in Figure 10. The results show that 45 per cent of the respondents' food self-suffice is 'much better off' and 50 per cent reported that they are "better off" with regard to food security.

Discussions with beneficiaries also confirmed that dietary frequency and diversity thresholds had improved as a result of this programme. During a FGD with members of Chibika Livestock Group in Ward 3 UMP, the evaluation learned that members' intake of protein had increased because they could now access eggs from their poultry projects.

In Gokwe South, members of the Ever Green/Muguti Garden in ward 21 informed the evaluation that they are now having access to varied and nutritious food from their gardening activities. The garden is now productive throughout the year, thanks to the support provided by MF6. The members informed the evaluation that now they have access to the four-star diet. This is subsequently improving their food diversity.

Figure 10. Comparison of household food security situation before this programme and today



The perennial production in the gardens have been added by the continuous availability of water as a result of the piped water schemes supported by the action. The communities are now able to grow different nutritious crops through the year. This is reported to having a positive impact of food diversity.

From the above review of the **three country situations**, it is apparent that this programme has had considerable influence and impact on informing and bringing about positive changes to peoples' lives and livelihoods in terms of access to improved foods and nutrition. In [REDACTED], for example, where (mostly traditional) support to livestock and crop production were formerly the main topics on which people might have received some training, this has been widened through this programme with a good range of new topics introduced, of which nutrition messaging and health awareness were amongst the top issues. Acknowledgement is made to the success of similar interventions in both Zambia and Zimbabwe, through a range of different delivery mechanisms.

As a result of the respective interventions, better – and more diversified harvests – were recorded in all three countries, both at the broader agricultural level as well as at the homestead or communal gardens. Savings groups linked with the latter have taken the level of benefits being realised from this particular outcome to a new level for most beneficiaries, in particular through the economic revenues

now being realised in all three countries through the sale of surplus produce, in addition to the whole-family health benefits being realised from eating a more balanced, nutritious and diversified diet, which can be supplemented with additional purchases if and when required. This has been a game changer for many women, in particular, who previously had to struggle to cope and balance with shortages and uncertainties in relation to reliable, regular and sufficient food for their family needs.

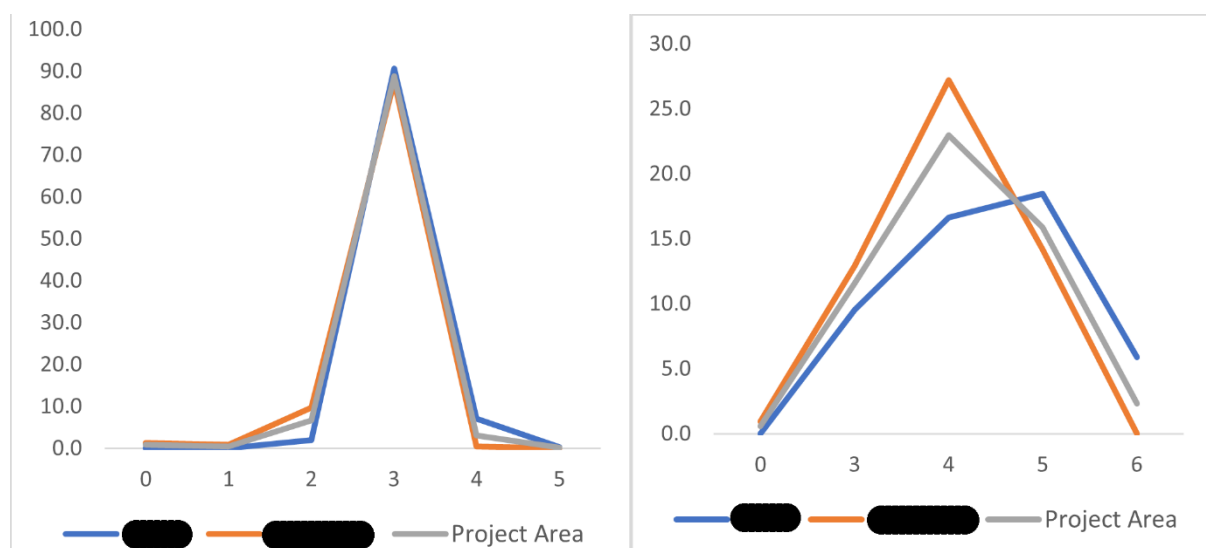
Achieving what was anticipated in this single outcome alone faced a number of challenges, many of which were recognised and dealt with in a comprehensive manner, thanks in part to a considerable degree of flexibility in specific budget lines. Key here, however, in what would alone have been an important programme outcome in its own right, was the successful blending of supporting activities through the other programme initiatives which are seen to have brought this initiative to a very high level of success and, importantly, sustainability, with considerable potential for replication and scale-up.

4.4 IMPROVED CARING PRACTICES AND MALNUTRITION – OUTCOME 2

The number of meals consumed by adults and children in the project area in [REDACTED], in the 24 hours preceding this evaluation, is shown in Figure 11. Adults in both the [REDACTED] are on average having three main meals a day with no clear difference between the two situations. Children, on the other hand, are eating more frequently.

Applying a 24-hour recall for the sample population of households, the baseline measured and analysed the number of meals that adults and children ate. Primarily, 22 per cent of adults ate two meals per day, inclusive of meals eaten at night. The majority of adults (75 per cent), however, ate three meals while only two per cent of adults ate four meals a day. Similarly, the proportion of children who ate two meals per day, inclusive of meals eaten at night, is 2 per cent, while 38 per cent of them ate three meals per day. Generally, 52 per cent of children ate four meals a day while only 8 per cent ate five meals a day.

Figure 11. Percentage of households by number of meals adults (left) and children (right) ate in the past 24 hours



In terms of nutrition and health, survey respondents noted that quite a range of food groups are now being consumed by both children and adults in both [REDACTED]. Food eaten by children under five years of age, for example, was mainly composed of cereals, vegetables, oils and fats and spices. Milk, milk

products, legumes nuts, and seeds were among the food groups eaten by more than 50 per cent of children, with slightly lower percentages of children eating eggs. The consumption of fruit and meat was very limited (almost none) (Table 12).

Table 12. Percentage of households by food groups eaten by children under 5 last 24 hours

FOOD GROUP			PROJECT AREA
Cereals	99	97	98
White tubers and roots	1	27	17
Vegetables	83	96	91
Fruits	3	1	2
Meat	11	3	6
Eggs	27	37	33
Legumes, nuts and seeds	37	63	53
Milk and milk products	90	35	56
Oils and fats	87	98	94
Sweets	65	73	70
Spices, condiments and beverages	90	90	90

In terms of the actual number of food groups being consumed, the mean household diet diversity score (HDDS) for children under five and for the same time period as above was an average of 6.1 for the project area – 5.9 in [REDACTED] and 6.1 in [REDACTED].

A review of the findings for adults presents quite a similar trend to that for young children, with a clear indication that households are now enjoying more diversified and nutritious food compared with the situation at baseline (Table 13). This is particularly true for the following food groups: vegetables, fruits, meat, egg, milk and milk products and sweets. In this instance, average HDDS for the project area was 5.8: 5.5 in [REDACTED] and 6 in [REDACTED].

Table 13. Food groups eaten by adults during the last 24 hours (Percentage of Households)

FOOD GROUP			PROJECT AREA	BASELINE (2019)
Cereals	100	100	100	100
White tubers and roots	2	17	11	4
Vegetables	77	95	88	21
Fruits	5	5	5	1
Meat	6	5	5	1
Eggs	12	17	15	3
Fish and other seafood	0	1	0.5	1
Legumes, nuts and seeds	25	60	47	41
Milk and milk products	86	22	48	8
Oils and fats	78	98	90	85
Sweets	68	81	76	42
Spices, condiments and beverages	94	97	96	87

The number of young children at high risk to malnutrition has been dramatically reduced within participating communities in both [REDACTED]. From the household surveys, children currently have a

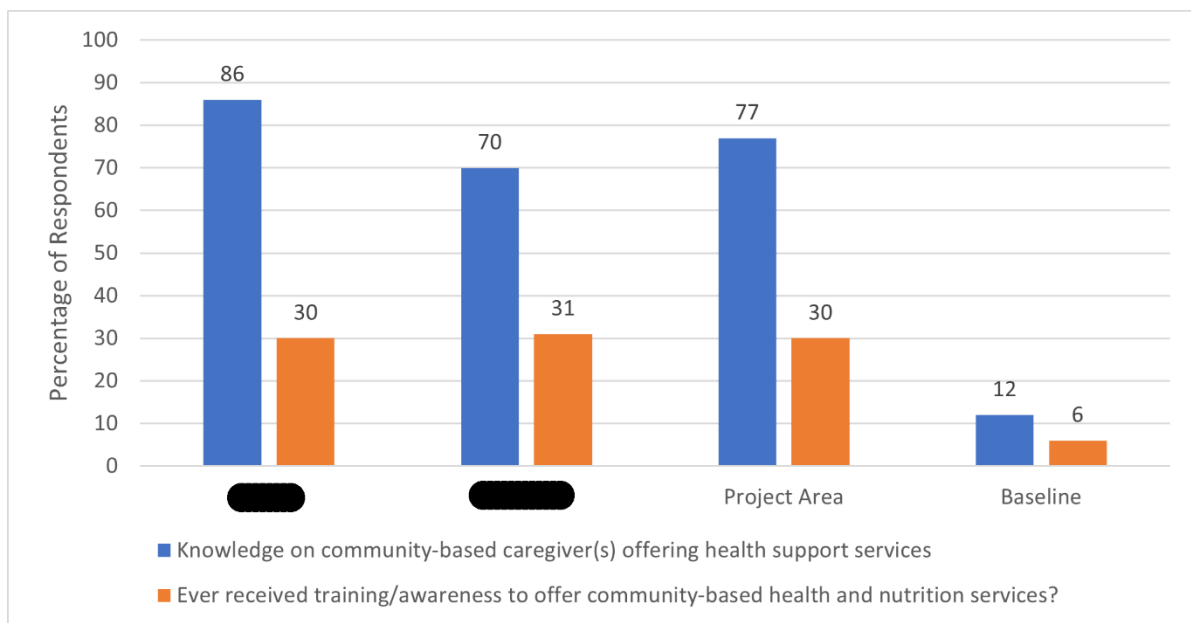
far lower risk of malnutrition compared with the situation at baseline – an average of 1.6 per cent of households (3.1 in [redacted] and 0.7 in [redacted]) compared with the baseline figure of 10 per cent.

At the start of this programme in [redacted], and as recorded in the baseline, the majority of households sought advice or treatment for sick children from health facilities operated by faith-based organisations such as [redacted]. With revised government however, this situation has changed. Thus, in 2019, organisations like [redacted] would have been consulted 75 per cent of the time for advice or treatment for sick children under five, compared with 25 per cent for government – public – health facilities. Today, these figures have changed dramatically – zero and 83 per cent, respectively.

A similar situation was found in terms of where antenatal care services are sought by pregnant women. From meeting just 12 per cent of needs at baseline, government facilities now account for 94 per cent of consultations, while services by [redacted] and others have been reduced from 86 per cent to zero, today. This shift was almost certainly a direct response to the fact that [redacted] health facilities were confiscated by the government in 2019.

What has happened as a (partial) result of this has been greater emphasis on training and supporting community-based caregivers in terms of health support services. As shown in Figure 12, a good many respondents today not only know about possible services available through these caregivers, to the extent that some had already received some training or awareness raising from them, including on topics such as hygiene, breast feeding and immunisation.

Figure 12. Peoples’ awareness of what community-based caregiver(s) are able to offer in terms of health support services

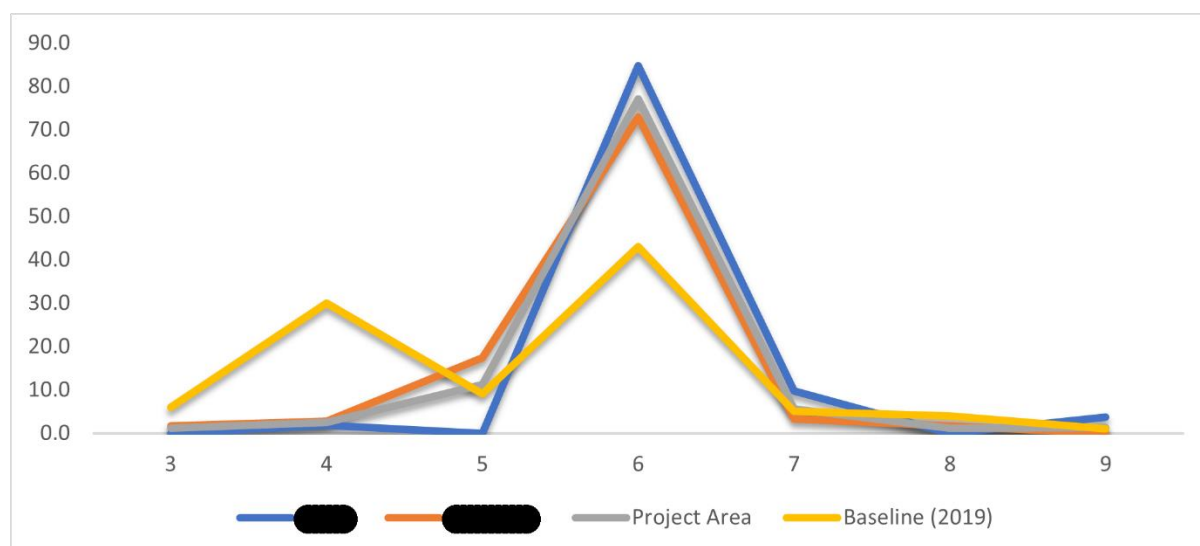


According to the World Health Organisation (WHO), children should start taking complementary foods at the age of six months. During the baseline, close to one-third of children were reported to have started to eat food or liquids other than breastmilk when they were four months old. This practice has shown significant improvement during the last three years and is currently close to eight in ten children that start taking complementary food at six months of age (Figure 13).

Table 14. Awareness provided on health and nutrition (% of households)

TOPIC	██████	██████	PROJECT AREA	BASELINE (2019)
Nutritional therapy/improved health through improved dietary intake/meals	44	77	64	54
Appropriate food preparation practices	44	77	64	87
Improved health through hygiene	62	90	79	50
Child health through breast feeding	24	83	60	6
Immunisation	31	78	60	17
Ante-natal care for pregnant mothers	21	76	54	12
Appropriate food preservation and storage	20	65	47	86

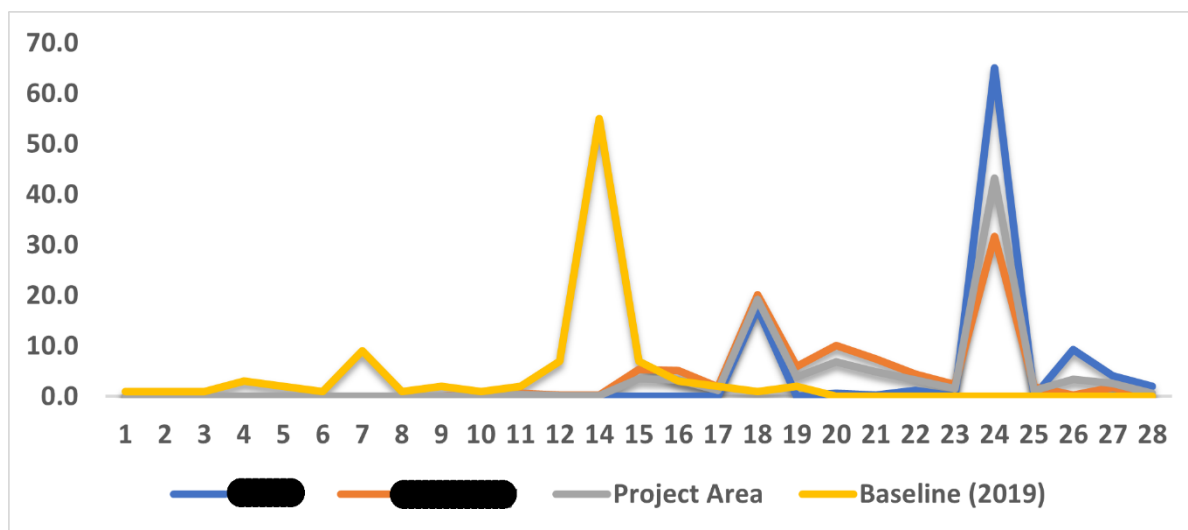
Figure 13. Age in months at which the last child under five years in the household started complementary feeding



Finally, in relation to this topic in ██████, it was observed that during the baseline, children had in general stopped breastfeeding at the age of 14 months, which was contrary to recommendations by the WHO. This, however, has improved over the past three years where majority of the children stopped breastfeeding when they were 24 months of age (Figure 14).

In **Zambia**, Caregivers showed that they were trained in good caring practices in all aspects of the key thematic areas, which included how to care for pregnant mothers, lactating mothers, counselling people with HIV/AIDS persons and on how to use the provided tools such as weighing scales, mid-upper arm circumference (MUAC) tapes and others. With this knowledge and skills acquired, Care Givers now have a better understanding of diversified diets, antenatal care, breastfeeding, immunisation, hygiene and food supplements and are also able to identify a malnourished child using the same tools.

Figure 14. Age (months) at which the last child under five years in the household stopped breastfeeding



According to CAFOD’s annual data, some 7,868 primary caregivers were trained in good caring practices (i.e., diversified diets, breastfeeding, hygiene, antenatal care, food supplements and others), indicating a programme achievement of 97 per cent. At the same time, the number of Community Health Workers (CHWs) who completed training on community management of good nutrition and caring practices exceeded the planned target of 145 people indicatively a 150 per cent achievement (Figure 15). Overall, it would appear as though the care givers have related to and interacted with people very well and are deemed the eyes of the community in their respective areas. This has been an effective and efficient approach to have taken in this programme.

Figure 15. Training achievements on caregiving



The number of people reached with information on caring practices for vulnerable groups, for example cooking demonstrations, was affected around the time of the MTR by challenges posed by Covid-19, namely restrictions on – or deliberate avoidance of assembling – community meetings. Through a number of largely internal arrangements within communities, and supported by the CHWs, this

however, picked up again and increased to 72 per cent of the target towards the project's third year, due to an increased number of cooking demonstrations being possible.

Cooking demonstrations were provided to some 2,348 mothers in a number of different communities. Through these highly interactive demonstrations, Caregivers demonstrated nutritious recipes that enhance micronutrient absorption, using locally-sourced and affordable ingredients. Participants joined in by chopping vegetables and mixing ingredients. Through the demonstrations, participants learned about the nutritional value of different food groups, portion size and measuring – as well as cooking times, food handling and storage.

Despite the said challenges, mothers who have been taught in various cooking demonstrations are actively and effectively using this information for nutritional status improvement in their households, as evidenced by the evaluation from the records they each keep. The demonstrations were intensified after a relaxation of the Covid-19 restrictions and the response was very good. Mothers who may previously not have time to prepare food for their children were, gradually and eventually, were motivated by the demonstrations. Women were also taught how to preserve certain foods using home-made dryers. At Maria Chimona, for example, the evaluation team observed how people use a drier provided by the programme to preserve foods such as mushrooms, vegetables and mangoes.

Uptake of certain practices might perhaps have been higher if communities – and households – were able to have their own cooking utensils as opposed to having them kept centrally kept at the district office level. Future support such as this should make provision for more availability of key utensils and basic equipment, to associations or households, where possible.

The impact of these cooking demonstrations is evidenced by the success stories that many of the women spoken with described. Women, in general, showed high appreciation for the quality and variety of information they received and shared personal testimonies their gratefulness for the services provided with the evaluation. Caregivers spoken with also indicated that many of the women who had attended the demonstration events were not only using the learning but effectively demonstrating the same practices to others in their neighbourhoods.

The use of volunteers is also an important aspect of retaining knowledge in the communities. Volunteer caregivers have been trained in caring practices, nutrition and WASH, and travel from village to village measuring children in terms of height (using height boards), weight (using salter scales) and general nutritional status (with MUAC tapes). At-risk households are identified and are mentored through one-to-one visits to ensure that caregivers learn and apply the key messages they have been trained to do. This approach has proved to be very successful, as caregivers conducted at least two monitoring visits per week during the treatment period of children detected with malnutrition. Overall, caregivers see on average 12-14 families per month. During a KII with the Nurse in Charge (NIC) at Ipusukilo health centre in Kitwe district, she re-affirmed the importance of the work of caregivers which, in this instance, had helped reduce the number of cases of children being reported with acute malnutrition by 60 per cent compared to the year before this programme started. The NIC further stated that there has been no instance of relapse or default in the cases that the clinic had received through the referral system of the project, despite that being a common occurrence.

Overall findings for Outcome 2 in Zambia show that at the time of the MTR, the level of achievement was 37 per cent, against a target of 70 per cent. As mentioned above, however, a number of planned awareness raising and information sharing meetings had to be cancelled or postponed amidst Covid-19 concerns, which effectively reduced the possible level of outreach and information exchange. Nonetheless, by the time of this evaluation, significant progress had been made and an attainment level of 66 per cent had been reached, according to CAFOD's quantitative data collected.

A total of 394 people spoken with in the course of the **Zimbabwe** household survey (59 per cent) confirmed that either they, or a member of their household, had received support from Caritas/CAFOD in the form of training on caring. Additional FGDs and KIIs revealed that before this programme started:

- pregnant and lactating mothers were not feeding properly: according to an Assistant Nutritionist spoken with during this evaluation, these women were likely to only have had one meal a day;
- children were being given unhealthy food, including under five year olds being given left over *Sadza* from the previous night;
- there was no evidence of healthy diets and, in most cases, cooking was done badly; and
- knowledge of natal and post-natal practices was very poor.

According to Lead Mothers from the Tanaka Group in Ward 21, Gokwe South, challenges faced by the ward before this programme included home births due to a lack of information on appropriate delivery. This increased child mortality in the ward. Furthermore, regular check-ups were not taken seriously, and this would result in malnutrition amongst the children. It was also indicated that before the construction of the Waiting Mothers' Shelter, some expecting mothers would be referred to Gokwe Centre (over 90km away) for delivery since the facility could not accommodate all of them, especially during the Covid-19 era.



The construction of waiting mother's shelter – facilities constructed at clinics for pregnant women waiting to deliver – enhanced the shift in caring practices. At these shelters pregnant women are taught about caring practices such as taking care of the baby, breast feeding practices, their nutrition and that of the babies). In Gokwe South, the construction of the mother's shelter at Sai Clinic was a game changer: pregnant and expecting mothers now flock to the clinic.

The evaluation noted that the Match Fund 6 interventions with regard to caring practices were relevant and appropriate as they addressed the real challenges faced by the communities. Training was provided on a range of topics, as depicted in Figure 16, with improving dietary diversity (90 per cent) and cooking demonstrations (83 per cent) to the fore. The high prevalence of respondents in dietary diversity knowledge is because these districts’ report figures to the ZIMVAC [Committee]. In 2018 at (baseline), UMP District had a food consumption score of 17.5, which is in the poor category (ZIMVAC 2018). The same report noted that UMP and Gokwe South had the highest proportion of households that had not consumed iron-rich foods within the seven-day recall period.

A wide range of positive benefits have been associated with this support, as demonstrated in Figure 17, with “improved quality of food” and “improved and more varied diet” being two of the most widely noted comments. Improvements to peoples’ – adult and children – health are also important gains as of course are improvements in both the early detection and actual reduction of malnutrition levels. The assistance people received was said to correspond either fully (87 per cent of respondents) or partially (12 per cent) to peoples’ priority needs at the time.

Figure 16. Training received on caring

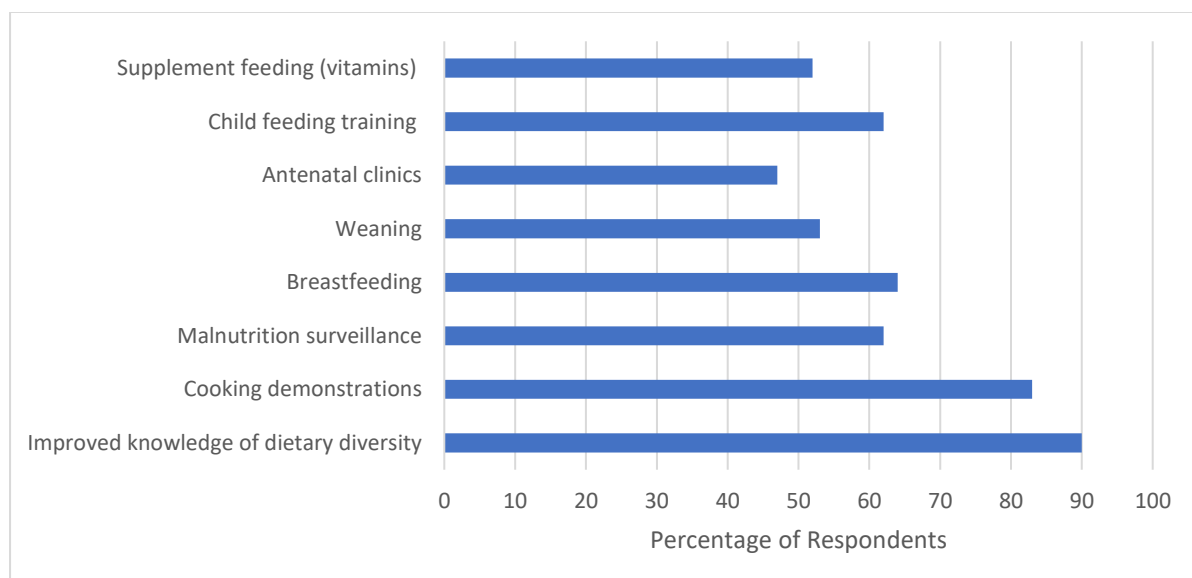
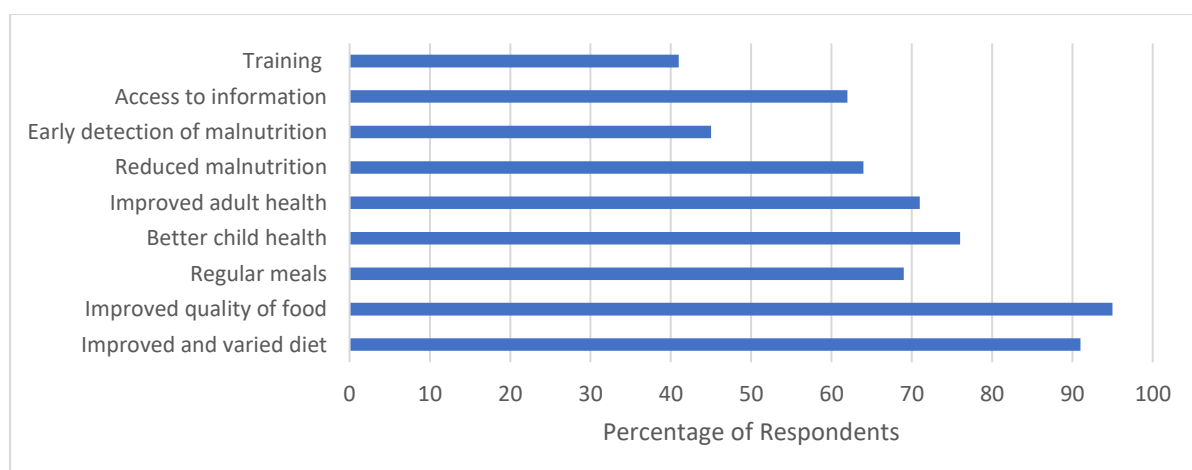


Figure 17. Benefits of assistance received

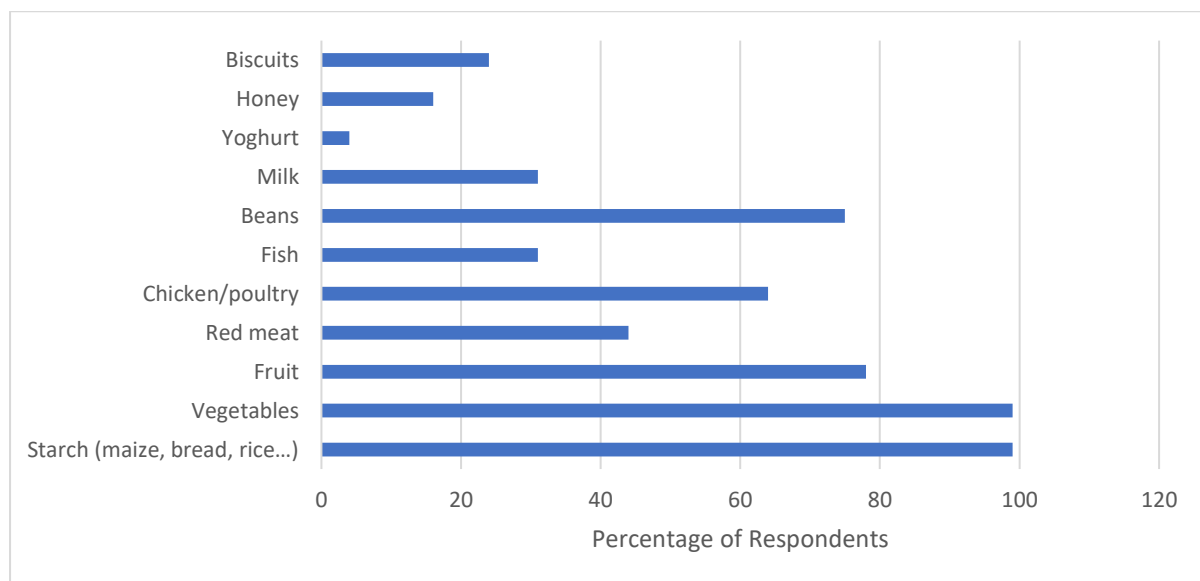


The evaluation also noted that the action involved the participation of men in the caring practices. This domain is socially reserved for women. The survey results showed that 29 per cent of the respondents who acknowledged receiving caring practices knowledge were men. Men also participated in breast-feeding (26 per cent) and child feeding (25 per cent) training, among others.

Training and providing access to information were also important considerations in this approach and it is evident that more people are now better informed of the decisions they might take and the actions required to help ensure better health care for all. Of the relevant households, for example, 89 per cent of respondents stated that their children under five are now consistently being taken to a health facility for growth monitoring. A small number of children (1 per cent) also now belong to a school health club, though a much larger number of the same age cohort are in possession of a Health Card (82 per cent).

Overall, the vast majority of people (95 per cent) believe that their household has better caring practices today, compared with before this programme, which can be directly attributed to the support provided by Caritas and CAFOD. Recognition of this is also shown from the varied diets that people now enjoy, as presented in Figure 18, which shows that during the week preceding this survey, people were benefitting from quite a range of different food products with different starches and vegetables being the two main foods consumed.

Figure 18. Main types of food eaten



Under Output 2.1, the project sought to have primary caregivers trained in good caring practices, i.e., diversified diets, breastfeeding, hygiene, antenatal care, supplements and immunisations). The evaluation found that the project target of 5,514 had been achieved. This success rate is attributed to the care group model, which has strong ripple effects in reaching out to the beneficiaries.

In terms of Output 2.2 – community health workers completing training on community management of good nutrition and caring practices – the evaluation noted by Year 2, the action had already surpassed the year’s target by 187 per cent, reaching some 862 health workers. This is explained as a result of the adoption of the care-group model by the Ministry of Health and Child Care. District Nutrition Committees also reported that they too have institutionalised the care group model in their activities.

Output 2.3 focused on the number of people reached with information on caring practices for vulnerable groups, for example, cooking demonstration). Programme statistics show that the Year 2 target of 88,000 was surpassed by 12 per cent, reaching some 98,852 people. The achievement is attributed to the delivery approach (cascading and delivering through others) that the project adopted.

The improvement in caring practices was furthered by cooking demonstrations. From discussions with beneficiaries in KIIS and FGDs, the evaluation understands that because of the knowledge gleaned from the cooking demonstrations, households were now consuming quality foods, which subsequently contributed to caring practices. In Gokwe South, the intervention's support for the construction of "tsootso" stoves further enabled the cooking care practices. This stove, besides being saving energy, also produces less smoke, which was reported as a health benefit for those involved in cooking.

The evaluation also assessed the programme's contribution to improved caring practices. Project statistics show that the programme had already achieved 76 per cent of the planned target of 11,770 households by year 2. Survey results show that 95 per cent of respondents reported that their households were now having better caring practices as a result of the action's activities. The improvement in the caring practices was attributed to the intervention by Caritas/CAFOD.

On the caring practices of children under 5 years, the survey results indicated that 89 per cent of respondents acknowledged that they were now being taken to a health facility consistently for growth monitoring. The household survey noted that high percentages of respondents are now practising exclusive and partially exclusive breast feeding, 64 per cent and 33 per cent, respectively. This is a significant improvement given that the baseline study observed that "none of the children in the survey were exclusively breastfed for six months".

According to interviews from KIIs and FGDs, this programme has had profound change on the community's caring practices for pregnant and lactating mothers. In UMP District, for example, the Ministry of Women's Affairs, Community, Small and Medium Enterprise and Co-operative Development informed the evaluation that because of the teachings of this programme, pregnant and lactating mothers now have an "extra meal" compared with other family members. This practice was non-existent before the intervention of CAFOD and Caritas.

Building on the planned activities and achievements from Outcome 1, there was again high uptake of training and knowledge shared with beneficiaries in ██████, **Zambia and Zimbabwe**. The specific and determined focus of much of this was in raising awareness about malnutrition and how people could recognise this and take practical actions to addressing this serious concern. Emphasis given to making this a largely community-driven approach – intentionally in Zambia and less so in ██████ at the time – likely contributed significantly to the receipt and uptake of this form of knowledge, which was much better than hearing this from outsiders as – amongst others – this knowledge now resides with the communities.

Serious challenges were experienced in all three countries on account of Covid-19 restrictions and associated protection measures related to gatherings for training events and public meetings. Planned cooking demonstrations were one of the topics affected though the ingenuity of programme teams helped surmount this challenge in many, if not most instances. This has had a profound impact of many households as many women who spoke with the evaluation members mentioned that they always cooked their food in the same way, with no knowledge, and hence consideration, for health issues. Improved quality of food now being eaten, combined with greater nutritional diversity and

much improved caring systems stood out in all instances, but in particular for young children and pregnant and lactating women.

4.5 IMPROVED WASH AND SANITATION – OUTCOME 3

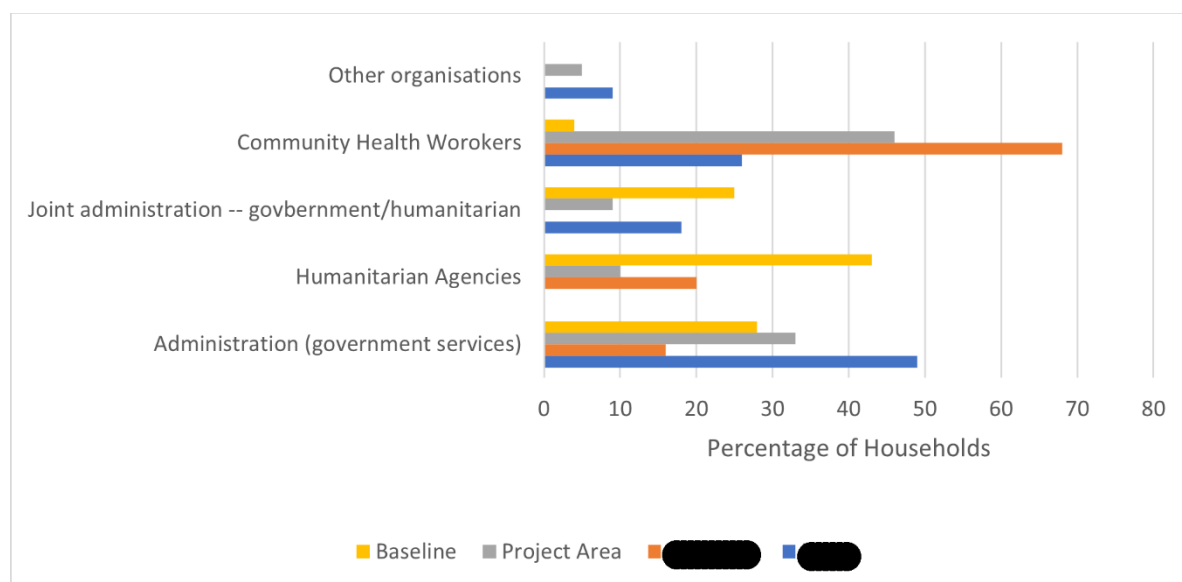
As with the other components of this programme in [REDACTED], considerable emphasis was given to raising awareness on hygiene- and sanitation-related issues, which included the following:

- food hygiene, which included coverage of access, preparation and storage;
- water hygiene – access, treatment and storage;
- hygiene related to defecation;
- general personal hygiene and
- hygiene for nursing mothers.

While these topics were already familiar to some people at baseline, additional new topics of learning included environmental hygiene (household and community level) and hygiene for mothers during pregnancy.

As mentioned above, given certain changes imposed by government in terms of service/support delivery, the manner in which WASH-related messages were shared with communities also changed during the course of this programme, as summarised in Figure 19. During the baseline, humanitarian agencies, followed by government agencies, were most active in providing messages related to hygiene and sanitation to the targeted communities. Currently, community health workers play a major role in providing these messages, followed by government agencies.

Figure 19. Percentage of households who received hygiene and sanitation messages from different sources



In terms of sanitation, access to improved sanitation has shown a significant improvement over the past three years (Figure 20). The proportion of households with no toilet facility has declined from more than nine out of ten at the time of the baseline to around nine per cent today, acknowledging at the same time that during this timeframe, the Government of [REDACTED] was pursuing a strong national campaign to end open defecation.

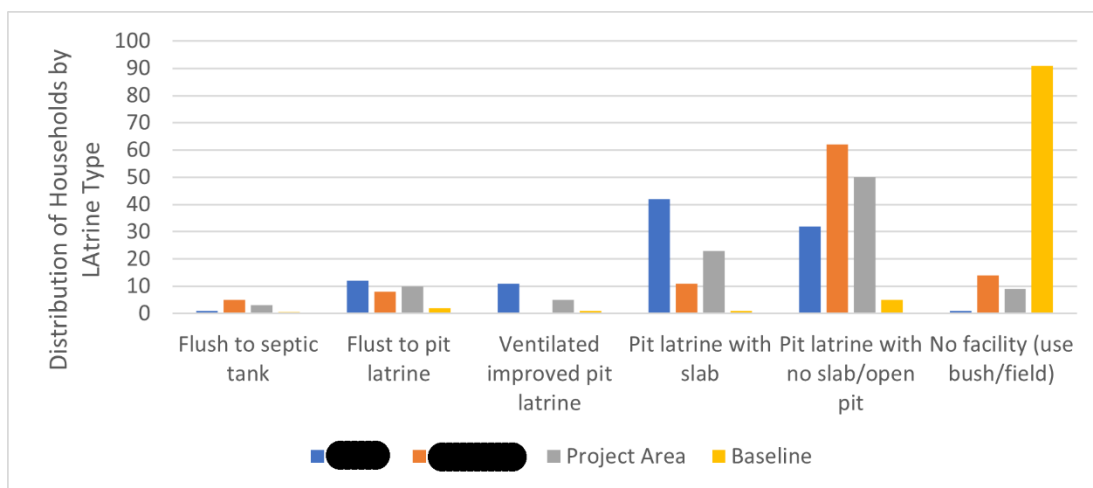
At the time of this evaluation, observations were also made of the cleanliness of latrines, with good results: 98 per cent of households visited in [REDACTED], for example, were deemed to have clean

latrines while in [REDACTED], this figure was around 80 per cent, giving an average for the project area of almost 88 per cent. This is a very favourable finding considering that a similar finding at baseline was in the region of 39 per cent.

The two main water sources for households in both [REDACTED] were piped water supplied through public taps and/or unprotected sources such as a river or sand dam.

On average, across the Project Area, people spend around 55 minutes collecting water from a distribution point, which is quite similar in both the wet and dry seasons. This is quite a long time compared, for example with the Sphere Standard..... People are, however, seemingly able to access sufficient water from available sources – averages of 16 litres and 13 litres were noted for members of households in [REDACTED], respectively. This was a favourable comparison with the Sphere Standard of 15 litres.

Figure 20. Distribution of the households by type of latrine



Boiling or filtering water were the two main methods people mentioned to purify water: a few households reported decanting (using a three-container technique) as well as chlorine tablets and solar disinfection. Most people spoken with, however, considered that the water they obtain is clean – a belief held at baseline (86 per cent of respondents) and at the end of the programme (79 per cent).

Households mainly clean the containers used to collect or store water every time before filling them with water, followed by those that clean the containers once a week. This, again, is quite similar to the situation at baseline. What has changed, however, is that today, far more households use soap and water to clean collection/storage vessels, than before (Figure 21). This shows that households are now more likely to practise proper cleaning of water containers, than before this programme.

Another important behavioural change as a result of this programme has been the times at which people wash their hands. As shown in Table 14, hand washing was almost universal before and after eating meals during baseline and at this end-term evaluation. Significant improvements have, however, emerged from this practice in the following occasions: after defecation, after changing a baby’s nappy, before feeding a child, and before preparing food.

Figure 21. Percentage of households by methods/products for cleaning water containers

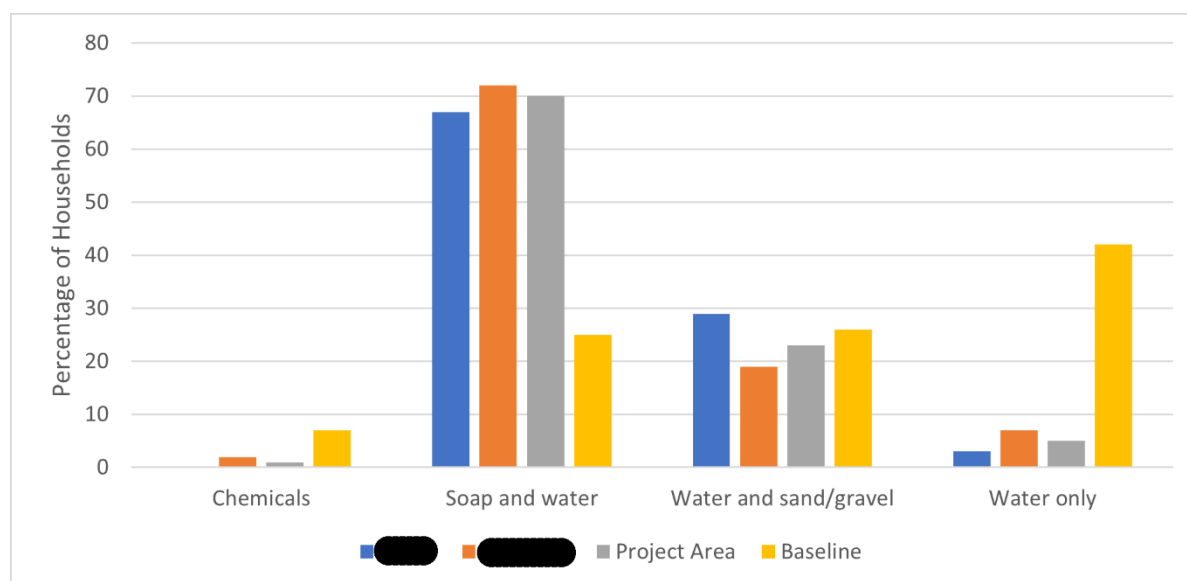
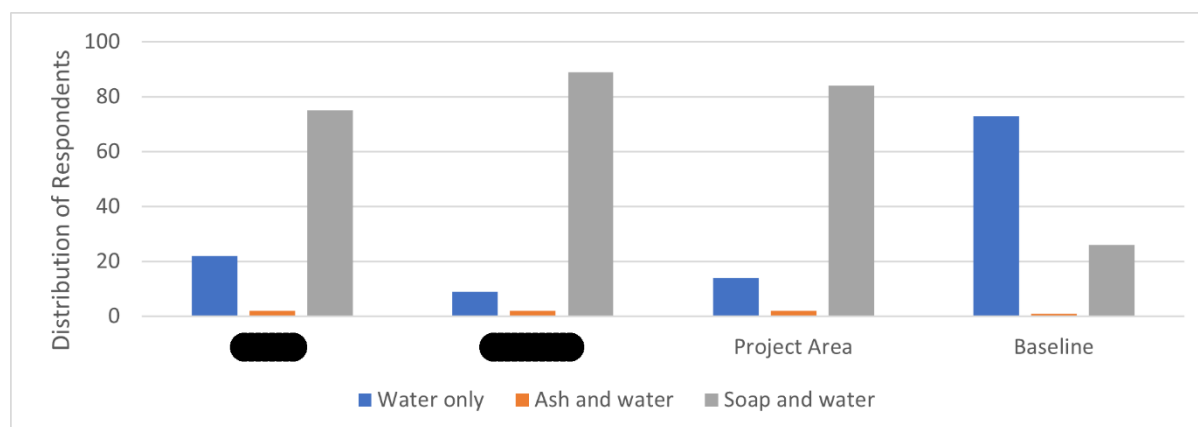


Table 14. Percentage of respondents by hand washing practices

OCCASIONS	Project Area	Baseline	PROJECT AREA	BASELINE (2019)
After eating/after meals	93	99	97	97
Before eating/before meals	100	99	100	95
After defecation/visiting toilet	91	74	81	20
After changing a baby's nappy [if applicable]	34	68	55	11
Before feeding a child	82	79	80	36
Before preparing food	55	74	67	45
When I think they are dirty	52	51	51	48
When water is available	23	15	18	20

As noted above with cleaning water collection/storage vessels, people today were significantly more likely to practice proper hand washing with soap and water compared with those at baseline (Figure 22).

Figure 22. Distribution of Respondents by Materials used to wash their hands

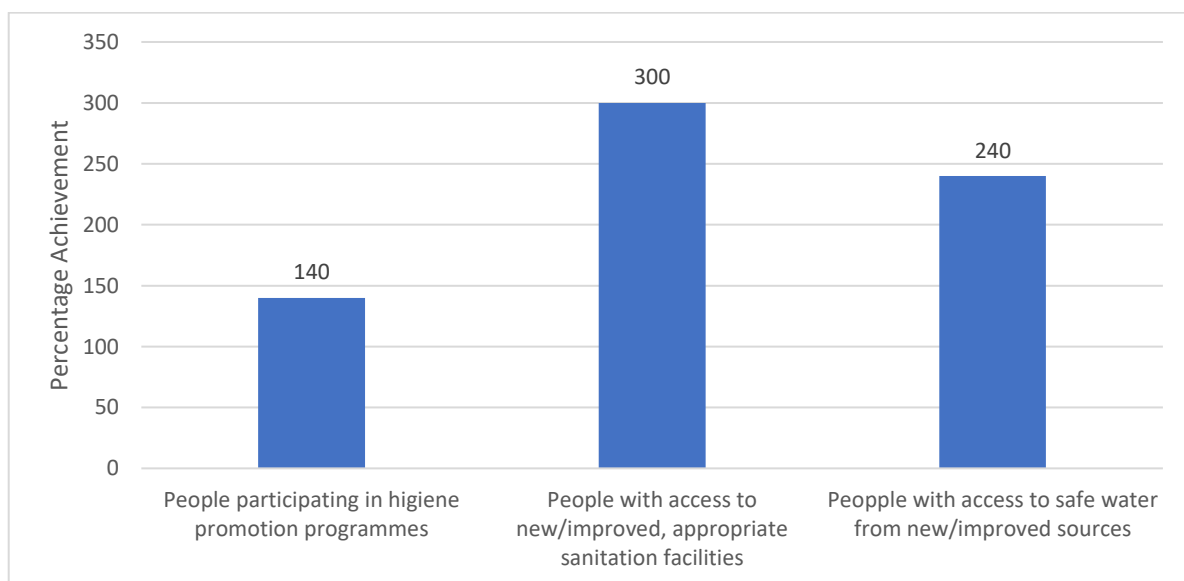


Substantially more households now have a hand washing station currently compared to the situation in baseline – 40 and one per cent of households, respectively. Moreover, soap and water were observed to be available in more than 83 per cent of the hand washing stations currently compared to only 33 per cent at baseline.

The WASH component of this programme in **Zambia** recorded a good deal of success with the initial target of 70 per cent of people practicing improved hygiene and sanitation behaviour being exceeded, bringing the value reached to 92 per cent. Among the services and skills provided, this has translated into significant access to safe water from newly improved sources. From observations and discussions with beneficiaries, it was evident that more people are now able to access water points because of the increased number of bore holes that were installed. The related progression percentage of 54 per cent achievement from the MTR has clearly increased the geographical coverage in the respective areas and, hence, an observed increase of water kiosks in communities. In some locations where there was initially a water tank of 10,000 litres, this programme installed an additional 10,000 litre capacity tank in order to increase overall coverage.

The number of people participating in hygiene promotion programmes exceeded the planned figure of 61,459, with an achievement percentage of 131 per cent, while the number of people with access to new/improved, appropriate sanitation facilities was in excess of 300 per cent. Inevitably, the number of people with access to safe water from new/improved sources increased over the project period, recording a 240 per cent achievement.

Figure 23. WASH facilities now available to programme participants, Zambia



Community meetings in **Zambia** included training for WASH volunteers from the community, who then provided practical demonstrations of simple actions that households could take. For example, how to construct a simple “tippy tap” using a plastic water bottle and ash from their cooking stove. “WASH Champions” – similar to the Caregiver volunteers – regularly travel to their allocated villages to be on hand to assist and inform households in need of advice. Volunteers, for example, provide practical advice on how to dig a latrine, the minimum standards and location for latrine construction, and how to make them accessible for the elderly and people with disabilities.

Community demonstrations on how to construct basic handwashing and water saving device facilities resulted in the construction of tippy taps in all communities. During monitoring visits, these

households reported feeling confident in preventing diarrhoea through regular handwashing after using a latrine. Households with tippy taps were observed by the evaluation team to have clean compounds and improved hygiene.

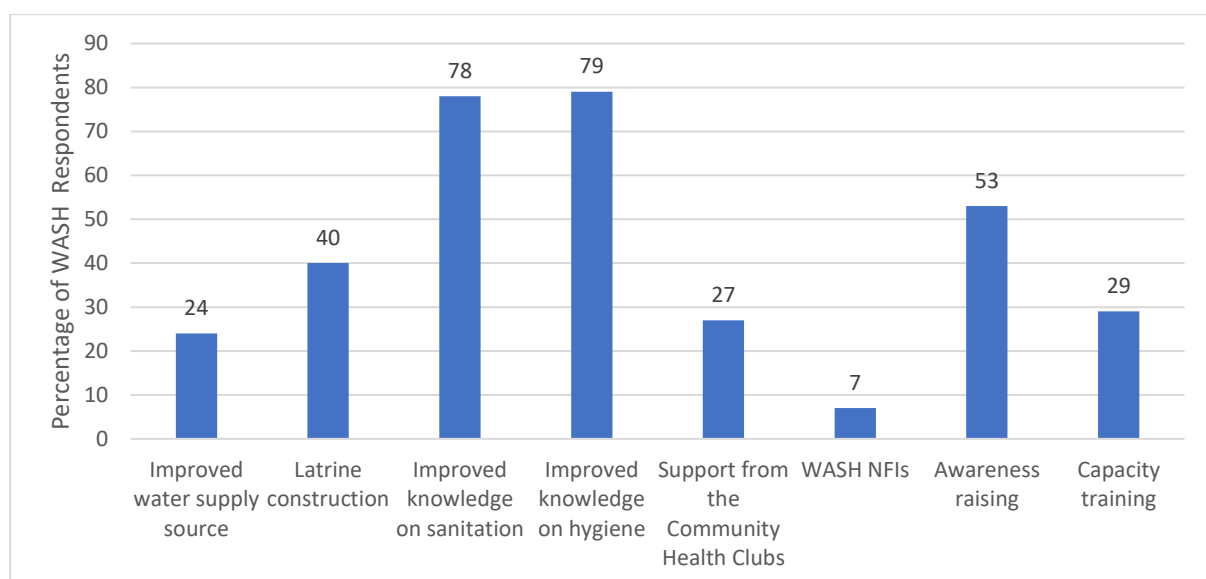
Several WASH awareness raising campaigns to enhance behaviour change were conducted over the course of the programme, eventually – according to end of programme data gathered by CAFOD – reaching some 67,250 people through home visitations, community meetings and radio broadcasting. A great deal of emphasis was placed on the importance of all members of a community adhering to a clean environment by routinely and regularly cleaning their surroundings, having an improved pit latrine at each and every household, and having hand washing facility at their homes. Programme beneficiaries were encouraged to manage their latrines by having a lid on the open hole, and by sweeping and cleaning the latrine at all times, in addition to routinely washing hands after using a latrine.

From KIIs and FGDs with different community representatives, Water Committees are reportedly working very well with the communities, the prime goal being for good maintenance and sustenance of the installed infrastructure. New Kiosks have been put up in many communities during the timeframe of this programme. At Maria Chimona Community in Masaiti district, for example, 12 kiosks were constructed for eight villages whose average population is around 200 households, thus providing improved facilities for some 1,600 beneficiaries in each location.

In terms of overall performance, the evaluation ranked this outcome, in general, as one of the most successful components of the Zambia programme. Water and sanitation activities were actually increased in this component of the programme as a result of the depreciated Kwacha against the US dollar, which resulted in ‘excess’ Kwacha and increased purchasing power. This, effectively, was an opportunity to catch up on some of the uncompleted activities.

In **Zimbabwe**, a total of 393 people surveyed at household level stated that they had received some form of WASH support from this programme. As shown in Figure 24, this spanned quite a considerable range of activities and support.

Figure 24. WASH support received by participating households



When asked why they thought they had been selected for this support most people acknowledge that they had very limited knowledge on WASH-related issues (especially hygiene), sanitation was obviously an issue, as were waterborne diseases (Figure 25).

A significant number of people described the situation prior to support being received from CAFOD/Caritas as either “extremely bad” or “bad” (Figure 26). The situation was noticeably worse in Gokwe South where 70 per cent of respondents describe the former situation as either “extremely bad” or “bad”, compared with 46 per cent of people spoken with in UMP District.

Figure 25. Reason believed to have been selected (amongst WASH support received)

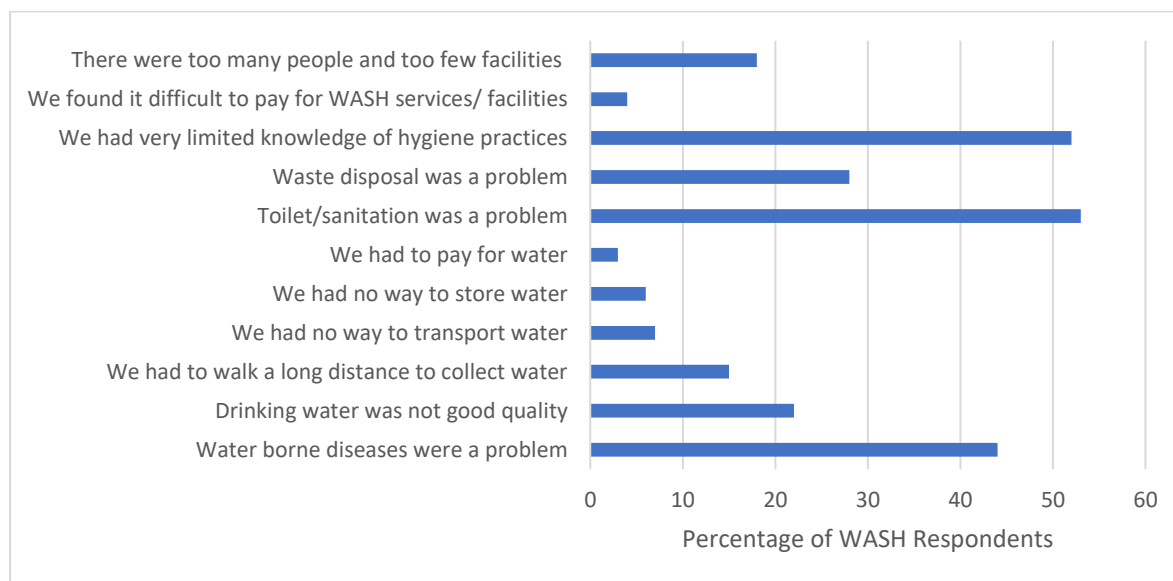
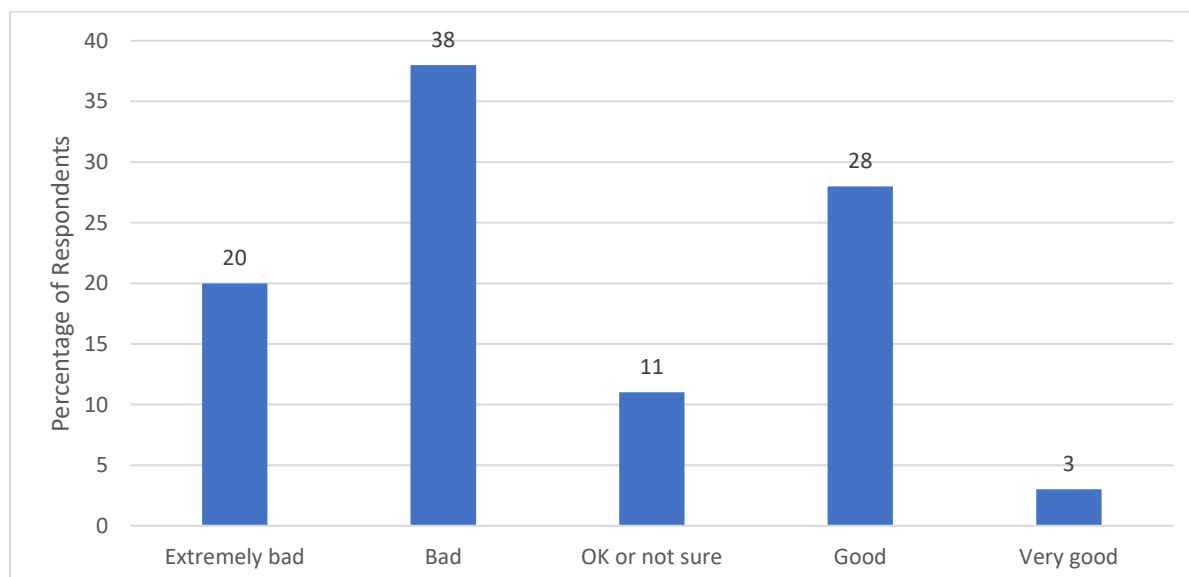


Figure 26. Water situation before this intervention



Further analysis of the survey results indicates that 33 per cent of the respondents in Gokwe South were drinking from unprotected water sources before this programme. Results also indicate that 70 per cent of the respondents indicated that they faced challenges in accessing safe water, the main one being the seasonal availability of water (62 per cent of respondents). Other more commonly reported challenges were access (23 per cent) and technical problems (20 per cent). Of the respondents who

mentioned they faced challenges, in accessing safe water, 64 per cent were women, which confirms that access to water is a key issue for women, who are more burdened with water collection than men.

Peoples' concern for the safety of the water was related to the number of waterborne-related illnesses they had experienced in the two weeks before this survey was conducted. The vast majority of households (88 per cent) reported that they had not had any incidence of a waterborne disease in this period: diarrhoea did, however, account for most of the reported cases (92 per cent), with one instance of dysentery also been noted¹².

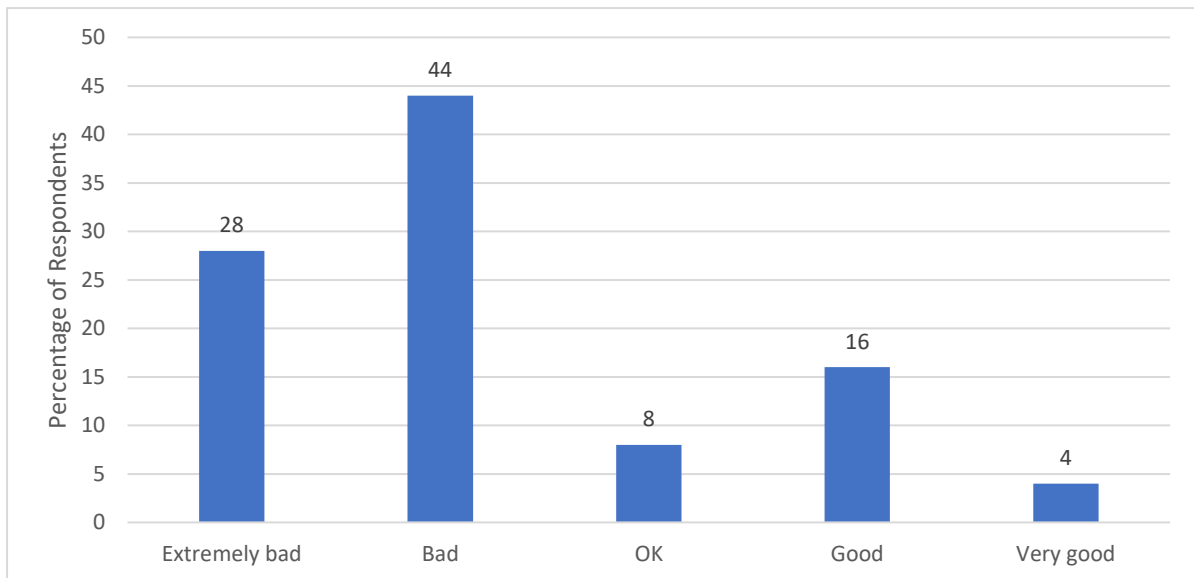
In terms of water availability, some 58 per cent of respondents acknowledge that they can access sufficient water for their household needs, though an additional 42 per cent said they could not. While almost half of the surveyed group said they did not have to queue for water, the number of people waiting for water was given as the main reasons why three quarters of the other households surveyed had to queue. The time people spent in queues varied somewhat with most people (46 per cent) spending less than 30 minutes in line, with an additional 12 per cent waiting for between 30 and 60 minutes.

Overall, however, the evaluation's findings indicate that the programme's interventions in water were relevant as 70 per cent of the evaluation respondents mentioned that the access to safe water had certainly improved. This shows how the programme contributed to the indicator of "access to safe water from new or improved water sources" as a result of the construction of new water sources and, in some instances, rehabilitation of existing facilities.

In terms of household sanitation, most people recalled their access to latrine before support was provided by Caritas/CAFOD as either "extremely bad" (28 per cent of respondents) or "bad" (44 per cent of respondents, Figure 27). Prior to receiving this assistance, many homes (60 per cent) did not have their own latrine. Open defecation was one of the main ways in which people relieved themselves (60 per cent of people responding who did not have their own latrine), followed by using a neighbour's toilet (24 per cent). Open defecation was higher in Gokwe South (70 cases) than in UMP District (25 cases) before this programme, and remains higher today – 34 and 15 cases, respectively. Almost twice as many women (31) compared with men (18) resorted to this practice at the time of this evaluation.

¹² Comparable figures were not available at baseline.

Figure 27. Access to latrines

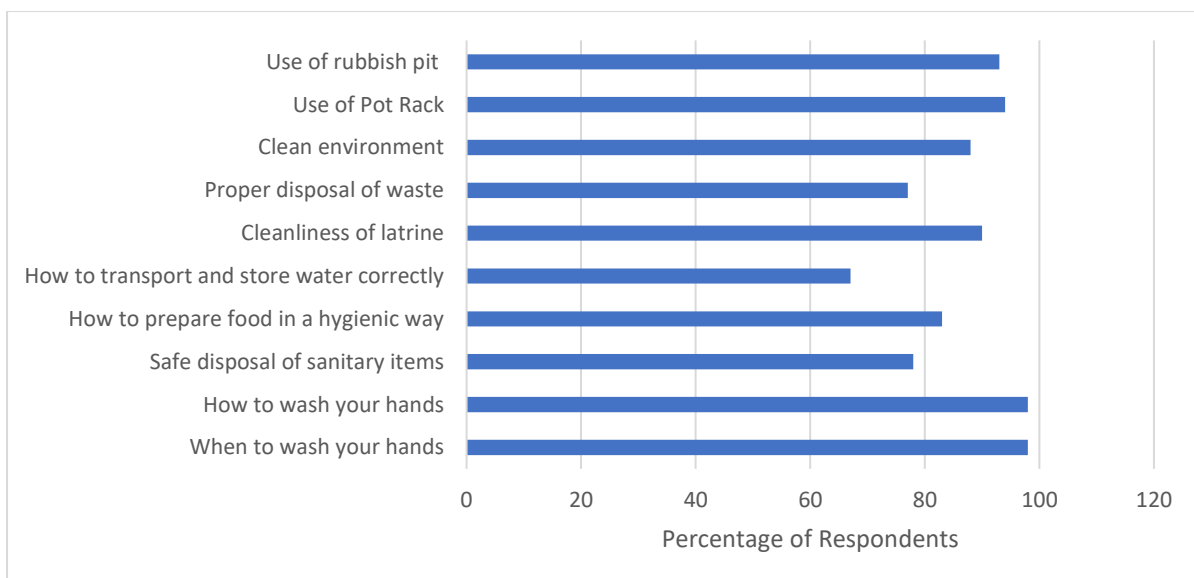


There has, however, been a noticeable increase in the number of households now having a latrine, from 60 per cent of the group sampled (236 people) at the start of this programme to 77 per cent (302 households) today. Of the households that had a latrine prior to this initiative starting, respondents from a total of 100 households mentioned that they had since upgraded these facilities, mostly through the installation of a ventilated improved pit latrine with a concrete slab.

Not surprisingly, given some of the figures mentioned above, some families continue to use shared latrine facilities, as many as three in some instances.

As shown with sanitation, above, quite similar responses were noted when people were asked about their knowledge of hygiene before Caritas/CAFOD started to provide support in their communities. A total of 64 per cent of respondents recalled that their level of hygiene-related knowledge was either “extremely bad” or “bad” (Figure 28). Just five people (one per cent of the total sample) stated that they had good knowledge of hygiene issues.

Figure 28. Hygiene knowledge received

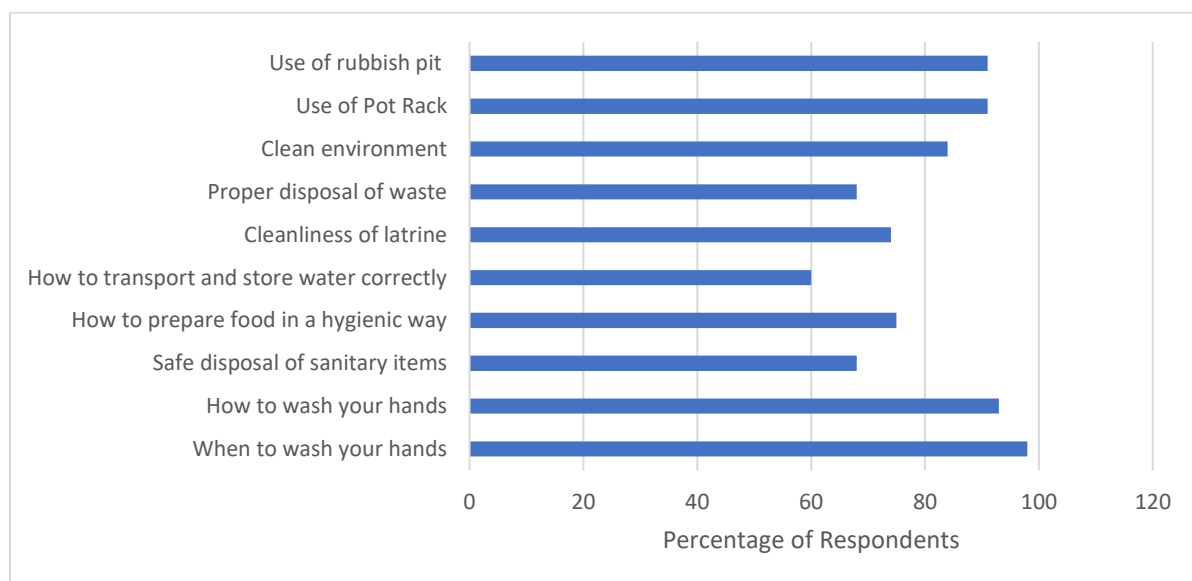


When asked whether they continue to use this knowledge in practice today, when people wash their hands was the only activity that was noted at the same level by the same number of people (Figure XX). There was, however, some drop off in some of the practices, the three most obvious being cleanliness of latrines, the safe disposal of sanitary items and preparing food in a hygienic manner.

What is important to note in relation to these practices, however, is that all but three people spoken with in relation to WASH believe that using these practices has made a positive difference to the quality of their lives. Better health and less disease were that main reasons cited by 59 per cent of respondents, with an additional 31 per cent identifying this with cleaner homes and surroundings. A contributing factor towards this has also been recognition of when to wash hands which, reportedly, take place at a number of key junctures during the day, particularly before and after eating, after using the latrine and when returning from the fields.

The evaluation through the household survey was informed that there are hygiene practices that the communities are engaging in on routine basis (see Figure 29). The highest (98 per cent) hygiene practices that the communities are now doing on routine basis is hand washing followed by how to “wash your hands” at 93 per cent of the respondents. This shift in these practices was also further triggered by the Covid-19 pandemic.

Figure 29. WASH-related actions practised routinely by participants



Soap and water were reportedly used by most people (83 per cent), with smaller numbers using water and ash together (10 per cent) and water only (five per cent). Slightly more than half of the respondents (54 per cent) reported having a hand washing device (“tippy tap”) at home – of which 86 per cent were independently verified by the evaluation as having both soap and water present -- though quite a significant number (44 per cent – 170 households) said that there were no hand washing facilities at the latrine they routinely used. “Destroyed by children/livestock” was the main explanation given for not having washing facilities at these locations, though some people said that they either did not know how to make such a device, could not afford the soap or just were not sure why they had not done so.

Separate observations by the evaluation enumerators also verified widespread use of pot racks for drying cooking pots and utensils above the ground: 61 per cent were reported to be in “good condition” and being used, while an additional 28 per cent were also being used but were in “poor

condition". There was also evidence of rubbish pits being actively used by many households – 67 per cent of households were gauged to be using these facilities correctly, with no waste scattered around them, while another 12 per cent were also being used but were less clean. Just 20 households showed no visible presence of a rubbish pit.

Overall, it would appear as though the hygiene component of this programme – which mainly consisted of “software” such as training and guidance was highly appreciated and is being widely practiced, with clear positive behavioural changes noted. Virtually everyone spoken with described the hygiene and sanitation conditions today as either “much better off” (50 per cent) or “better off” (49 per cent).

With regards the indicators for this Outcome, project statistics show that the second year target (11,720) was over achieved by three per cent. Findings from this evaluation show that the programme has contributed positively to changes in hygiene and sanitation practices: 99 per cent of household survey respondents, for example, reported that interventions by CAFOD/Caritas had positively changed their livelihoods in terms of hygiene practices.

The above-mentioned actions have also contributed to changes in hygiene and sanitation behaviour in institutions such as schools as the programme supported the construction of toilets in schools. A case in point is Chipawa Primary School in Ward 3, UMP District. Before the intervention, it was not possible to meet the government sanitary requirement of 20 pupils per toilet facility. This programme, however, changed the situation by supporting supported the school with 10 ablution facilities, a solar-pumped water scheme and a nutrition garden. The toilet also has facilities to take care of the menstrual needs of girls.

According to the District School’s Inspector for UMP, this support by Caritas/CAFOD has seen school enrolment increase from 150 pupils to 400. This contributes to improving access to education. Teacher turn-over at Chipawa School was also very high before this programme, but the Ministry of Primary and Secondary Education district office is now receiving transfer requests to the school.

Support for the construction of toilets at the household level has contributed to the improvement of sanitation practices. Focus group discussions revealed that whilst cases of open defecation are still being practiced, the prevalence is going down. Cases of households outside the project beneficiaries now constructing their toilets were reported.

The piped water schemes have contributed to the growth of nutritious foods and have improved access to water, a key variable in good hygiene and sanitation practices. The survey results show that the quality of water has improved because of the action’s activities. Sixty-six per cent of the study respondents noted that the quality of water was "much better than before", whilst five per cent reported that the quality was now “better”. On the quantity of water, 51 per cent of respondents noted that the quantity of water was now "much better", and 18 per cent reported that the quantity was "better".

Awareness raising of good practices was once again at the basis of Outcome 3, Improved Water and Sanitation for Intended Beneficiaries for **all three countries**, some of which was in clear alignment with respective government programmes. In ██████, for example, the proportion of households that had previously no toilet facility showed a significant change from more than 90 per cent at the start of this programme to around nine per cent three year later.

All three interventions showed marked improvements in access to safe water – and peoples’ appreciation of the importance of this to their personal and family health. Eighty-eight per cent of

people spoken with in Zimbabwe, for example, mentioned that they had not recorded any incidence of a waterborne disease in the two weeks prior to this evaluation taking place.

Notable improvements with hand washing were also recorded though there is still room for more consistent uptake on this, despite people recognising the importance of washing their hands having used a latrine.

While not a planned consideration of this programme from its infancy, the measures that CAFOD and partners were able to design and apply in response to the Covid-19 pandemic were clearly well recognised and appreciated by government services and communities in each of the respective communities. The trust already established between communities and CAFOD’s church-based partners, the relevance of many of the WASH messages and the partners own experience in adapting and delivering relevant and often tailored messages in an effective and efficient manner were significant contributing factors to the success of this work.

5. CROSS-CUTTING ISSUES AND ACTIVITIES

5.1 ADAPTIVE MANAGEMENT

Adaptive management is a decision process that promotes flexible decision-making that can be adjusted in the face of uncertainties, as outcomes from management actions and other events become better understood¹³. It is not a “trial and error” process, but rather emphasises learning while doing. Adaptive management does not represent an end in itself, but rather a means to more effective decisions and enhanced benefits.

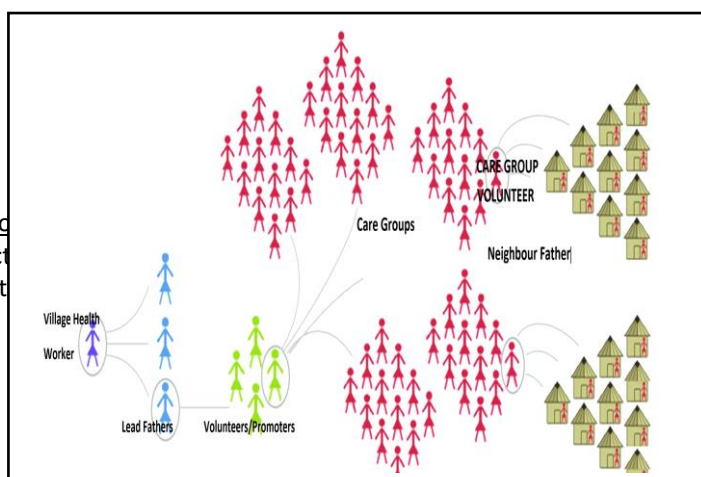
Evidence generated by the evaluation indicates that high levels of adaptive management were applied and achieved. This was, of course, more consistently pronounced during the Covid-19 lockdown periods, though it was also brought into play in other circumstances. In each of the three countries, the programme navigated the Covid-19 context, and while there were some mid-term delays and cause for change, these on the whole did not result in significantly altered or reduced objectives and targets. This would not have been possible in the given contexts without having had a certain degree of flexibility in the delivery methodology. The programme managed to successfully shift from direct involvement in the implementation of some activities to being a facilitator, with a deliberate emphasis on cascading information and delivering through others. This included increasing the number of people delivering messages within communities as well as a change in delivery approach from planned mass gatherings to deliberate home visits. From evidence heard through this evaluation, recipients of such information were extremely grateful for the knowledge and support received, including the quality of information being shared with them.

In Zimbabwe, specific use was also made of a Crisis Modifier¹⁴ as an adaptive management tool, The objective of this was to "address immediate, life-saving and essential needs across all sectors as a result of rapid onset disasters", in a timely manner. In this instance, the Crisis Modifier was successfully used to adapt to the challenges caused by the recurrent droughts.

The cascading approach has been used in a number of previous Match Fund programmes, in Zimbabwe, in particular. In the current programme, the approach

¹³ <https://www.doi.gov/files/migrated/ppa/uplg>

¹⁴ A Crisis Modifier is designed to enable early act in a project/programme and, in doing so, protect



was more evidenced in the care group mode¹⁵ (see Figure 30), in which Training of Trainers was the core delivery approach. In this, the programme first trained a number of Extension Personnel, who went on to train Village Health Workers. They, in turn, trained Lead Fathers and Mothers as “promoters” that subsequently trained care group volunteers and community members.

Effectively, this model had a multiplier effect in terms of outreach and the helped ensure continuity and outreach which contributed to the action surpassing delivery targets. Importantly, in some instances, it also helped ensure continuity and outreach at times when CDoN programme personnel, for example, could not physically be present in communities.

In terms of the quality of knowledge transferred under this model, the evaluation noted that some details – especially conceptual ones – might not always be retained by people but that core message are, probably on account of the practical nature of the trainings. The audience(s) also need to be considered, as adults are known to remember things that they have seen and practically applied, if successful and meaningful to their needs.

An additional adaptive approach used by the programme in Zimbabwe was “delivering through others”, especially at the government district and ward level extension levels. Given the Covid-19 travel and meeting restrictions, the programme adopted greater engagement (even more than normal) with some of its stakeholders who were allowed to travel and participate in local meetings.

The programme demonstrated further adaptive management competencies when it adjusted its programming to build in components dealing with the Covid-19 outbreak, for example, by supporting the provision of solar piped water supplies to health institutions. In Gokwe North, the programme provided water supplies two district hospitals at Mutora Business Centre. The hospital at Mutawatawa also benefited from the action’s adaptive management skills – with provision of additional resources from CAFOD – that provided piped water to its Covid-19 centre.

Adapting the monitoring system to the Covid-19 situation is another evidence of the action’s adaptive management practices. Pandemic restrictions meant that programme personnel could not routinely go to the field for monitoring purposes. Instead, a range of social media applications, such as WhatsApp Groups, were used to help enable the staff to monitor activities on the ground. The reports and use of photographs provided evidence of what was on the ground, therefore this approach was authentic as a source of project monitoring. While not ideal, this did at least allow a certain degree of monitoring to continue in addition to maintaining periodic contacts with people on the ground.

In Zambia, as a result of the pandemic, and in order to ensure that planned activities were delivered, certain approaches such as mass gathering were adapted to home visits which led to the downward revisions of some targets. Such activities included cooking demonstrations, growth monitoring and promotion and child health week sessions. Overall, however, the programme remained very positive in its approaches and outlook, including the recruitment of an additional 100 caregivers so as to reach more people.

¹⁵ According to Save the Children (2016), the care group model has the potential to have each volunteer reach out to between 500 and 1200 households.

Just as fears for this concern were starting to abate, the Covid-19 challenge became intense and posed a serious threat to the mobility of project staff and beneficiaries. Most of the Caregivers were more than 50 years of age and, in addition to some having non-communicable diseases such as diabetes and high blood pressure, were particularly vulnerable to Covid-19. A decision was taken by CAFOD/CDoN to put measures in place to deter careless movements or interactions. At the same time, in order to cover the reduced numbers, some 100 additional Caregivers were recruited, trained and equipped to ensure continuation of the activities. These moves were seen to have been both timely and appropriate as well as very effective, given the circumstances.

Overall, the programme team managed to achieve what has been done through a combination of determination, flexibility and a number of adaptive strategies, mostly by re-planning and updating of the implementation plan, reforecasting of the budget and putting on certain activities on hold.

People spoken with in █████ recalled how even during Covid-19 lockdown, stakeholders such as women promotion animators, community health workers, village administrators and catholic church school directors took the responsibility and managed the project effectively in consultation with the programme teams via telephone. This took considerable innovation and determination, and its achievements are well recognised by the evaluation.

Informants also noted that especially lockdown, village administrators wrote supporting letters to the Match Fund programme teams to motivate each other to effectively implement the programme. Through a series of consultations, Programme Officers were able to convince relevant government officials that planned activities could still be safely implemented. As a result, even working during public holidays such as Easter, the Programme Officers were able to manage it effectively and efficiently.

5.2 GENDER AND INCLUSION

By attention to detail in project design and monitoring, this programme has made significant achievements in ensuring social inclusion, complementing the mantra of the Sustainable Development Goals, "*Leave No One Behind*". In Zimbabwe, for example, the almost half the number of beneficiaries were women (Project Reports, 2021). People with a disability already account for three per cent of this category, while the intervention also pays particular attention to reaching the elderly: a 78-year old woman in UMP District, for example, was provided with materials for toilet construction. Through its piped water scheme at Mutawatawa, also in UMP District, the programme also reached out to prisoners, a group that is socially excluded.

The programme in Zimbabwe also made a deliberate effort to target men for the promotion of caring practices. Socially, the domain of caring practices is the domain of women. By targeting men as Lead Fathers, however, the programme has not only enhanced its outreach but also contributed to its acceptability in the community. Lead Fathers from Karimbika community, together with officials from the ward, confirmed to the evaluation that they have successfully adopted this model: the Councillor vowed that that Lead fathers were given time to share their experiences with other men at every community meeting. This is intended to create awareness about the role of men in caring practices and to mobilise more men to join this initiative.

In █████, approximately 70 per cent of the beneficiaries were women. Women were strongly engaged with and involved in the beneficiary selection process and most community group leaders are women. Most of the selection criteria also considered the inclusion of widowed, divorced and female headed households. Most of the promotion animators are also women and have been highly considered in this programme.

With regards the inclusion of people with disabilities, informants from this group of people noted that they are even involved in the cash for work programs either through their sons, daughters or wife and that the cash is paid directly to them. Good preparations – consultations at different levels, with different people – were made from the outset to ensure that people with disabilities were involved where possible and appropriate: this was discussed in many open meetings as well as with Village Administrators. As the result of the awareness raising campaigns, a common understanding has been reached with community leaders on the involvement of people with disabilities.

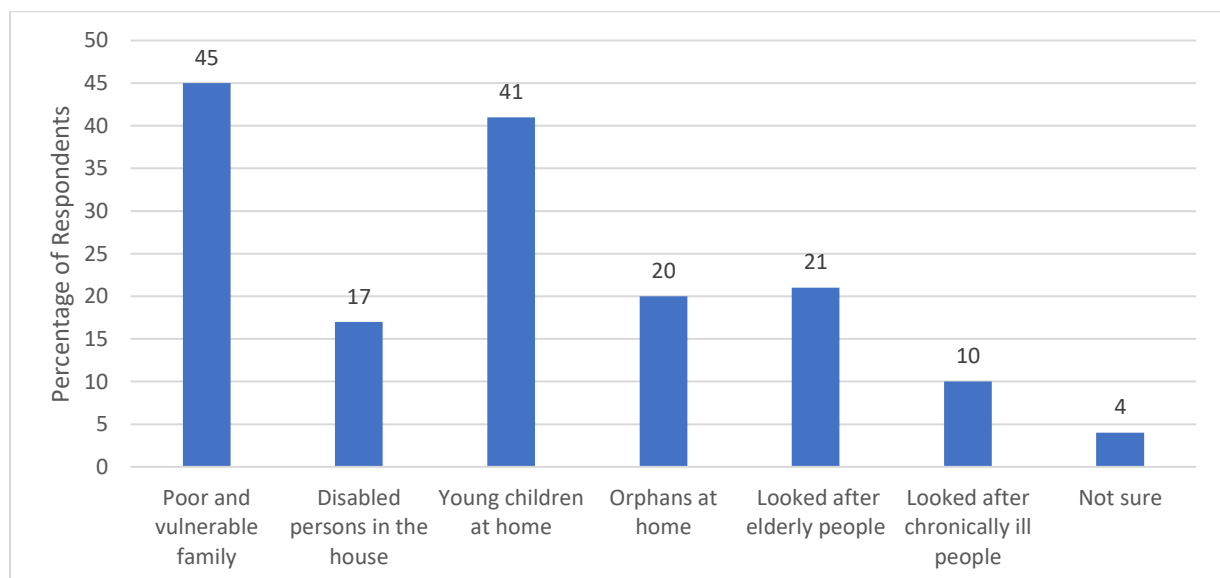
An example of how improvements were made during the course of the programme relates to some visually impaired women – members of the women promotion animator group – from one of the participating villages in ██████. Although the women attended regular meetings, they did not engage in any discussions nor contribute to meetings. However, after the programme team and the women promotion animators discussed the involvement of people with disabilities in all community activities, the visually impaired women started to participate and provide their opinions.

5.3 BENEFICIARY SELECTION CRITERIA

The evaluation noted that considerable and clearly deliberate attention was given to the subject of beneficiary selection criteria in all three countries. Clearly and well-communicated messages and close collaboration with **all stakeholders** have been instrumental in this.

As an example, the profiles of targeted beneficiaries in Zimbabwe, (And see previous section for ██████ details) distilled from the survey respondents indicated that being a poor and vulnerable family appeared to have been one of the main reasons why beneficiaries felt they had been selected for support (45 per cent), together with the presence of young children in the household (41 per cent) (Figure 31).

Figure 31. Main reason for being selected a beneficiary – Zimbabwe



The beneficiary criteria were reportedly clear to virtually the majority (97 per cent per cent) who recalled being informed by Caritas/CAFOD of the selection criteria. The evaluation further observed that 95 per cent of the respondents were satisfied with the way in which beneficiary selection was conducted.

While the general picture was therefore good, in Gokwe South – Ward 12, for example – the evaluation was informed that in some instances, the "poor and vulnerable members" were not willing to participate in the interventions because of the perceived future challenges. In this instance, some members of a particular community were not willing to join the activities (poultry keeping) because of the fear that if the chickens became sick or died, they would not have the money to buy medicines.

This is an important observation as vulnerable people such as these could potentially risk being excluded from direct support from programmes such as this (though this is perhaps an exception in this case). However, future similar programmes might wish to consider placing greater emphasis on cases such as this where, in the instance of an economic intervention, actions should target the economically active poor. These are people who have the basic prior conditions to take the project to the commercial level.

In terms of targeting, the evaluation observed that the programme in Zimbabwe also practised the principles of "ecumenism"¹⁶. This was evident in all the districts where targeting was religion-neutral. In UMP District, for example, the programme provided support to communities of the "Apostolic Sect" in Ward 13. Male members of the Apostolic Church usually have many wives and children and, commonly, in such situations, access to nutritious foods is rare, particularly for children and women, which has health and welfare consequences. Beyond this, though, the programme's targeting also demonstrated that "*no one is beyond reach*" by reaching out to communities previously neglected because of distance. In Gokwe South, the project provided much needed support to the neglected Mateesanwa community in Ward 10.

5.4 COMPLAINT MECHANISMS

Provisions were clearly made in each of the three country initiatives for people to be in a position to know about their rights and to understand how they might register a complaint should there be a need to do so.

With regard to complaint handling mechanisms, respondents in [REDACTED] indicated that as this was a new experience for them, so people who spoke with the evaluation noted that they had had little experience of this, to date. The programme was, nonetheless, able to develop a basic mechanism, which involved the development of three new internal policies for [REDACTED], which allowed subsequent discussions with the women promotion animators, school directors and community leaders, amongst others. Accordingly, it was agreed that every complaint must be directed to the project office so that it could be addressed.

About 10 complaints were registered, some of which were addressed internally with others forwarded to the Ministry of Agriculture and Ministry of Health for their action. Some complaints, however, were seemingly not yet addressed/concluded at the time of this evaluation.

In these and related instances, based on the complaints, the [REDACTED] communicates with the village administrators and discusses on how to address it in the future. Religious leaders have also been informed to identify the most vulnerable community members and send their names to the programme Office. The Church itself has acted as a common ground for discussing and resolving complaints or grievances.

¹⁶ The movement toward worldwide Christian unity or co-operation. The ultimate goal of ecumenism is the recognition of sacramental validity, Eucharistic sharing, and the reaching of full communion between different Christian denominations.

As mentioned in Section 5.3, in Zimbabwe, beneficiary criteria were reportedly clear to virtually all of those people (97 per cent) who recalled being informed by Caritas/CAFOD. An almost similar figure (95 per cent) of people furthermore stated that they were satisfied with the way in which beneficiary selection was conducted. Three reasons were given as to why some people were not satisfied with the process, these being:

- the support received did not address some of the most vulnerable people (11 responses);
- the belief that some people were selected for family/personal reasons; and
- the selection process did not match the criteria.

BOX 1. Complaint Management

Two practical examples were given by survey respondents of how complaints that were managed internally.

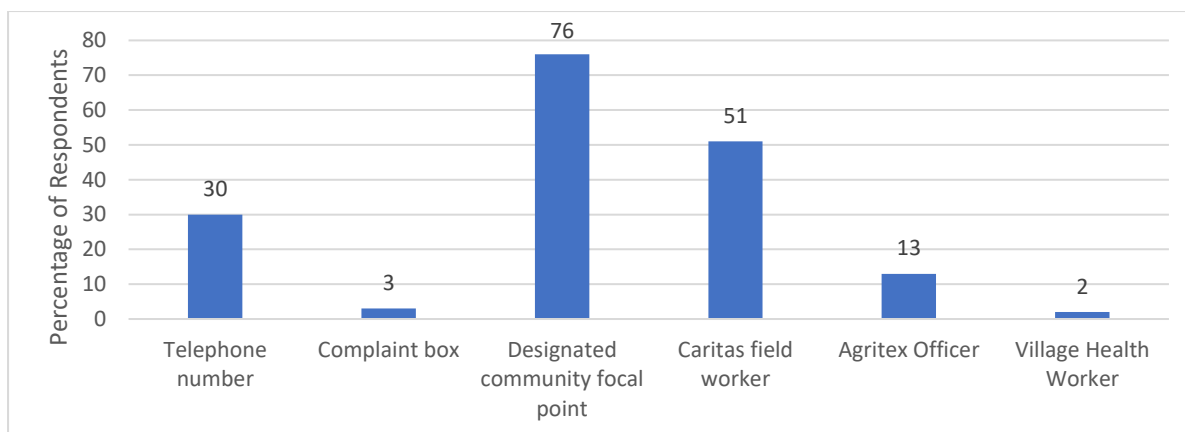
In one village, there was an influential woman leading a group. During the identification of beneficiaries, the group leader unfairly put herself first and then selected her workmates. Unhappy with this, other women raised their complaint and explained that the identification of beneficiaries was not fair. Based on this, the programme team visited the village and discussed the issue with the community. As the result of the discussion;

- a common understanding was developed on beneficiary identification;
- an opportunity was created to appoint another group leader;
- ways of forwarding a complaint and its importance was explained to the community;
- community knowledge on complaint management has broadened; and
- the issue was successfully managed.

In a separate instance, a man that had participated in a cash for work programme raised a complaint indicating that he had been paid for only three days' work though he had actually worked for six days. This was brought to the attention of the programme team and discussed with the staff of the Ministry of Agriculture, who testified that he had worked six days. Accordingly, his payment was adjusted.

In terms of being aware of how to register a formal complaint, and knowing how to do this, 64 per cent of all respondents indicated that they knew of at least one mechanism through which to do so. Eighteen per cent were not aware of such a process. Figure 32 shows the known systems for registering a complaint within this programme., which clearly shows that the mechanism most familiar to people was through contacting an appointed member of the community.

Figure 32. Awareness of a complaint mechanism (N = 428)



While a good proportion of people spoken with were aware of a complaint mechanism, around one-third of them (35 per cent) had made use of one. When this had been triggered, there was – reportedly – a fast reaction by Caritas/CAFOD – 91 per cent of cases receiving “immediate” follow-up action. A further 10 per cent of people who had registered a complaint mentioned that action happened within two weeks of filling a complaint, while two per cent of respondents (four people) said that nothing had happened.

In general, most people consulted in Gokwe South and UMP Province (91 per cent) felt that Caritas/CAFOD had kept them well informed of what support was going to be delivered, when this might be expected and what was happening in general about the programme.

5.5 ADVOCACY

Advocacy, *per se*, was not an intentional component of the programme’s approach in ██████, compared with the steps taken in Zambia and Zimbabwe to actively and openly advocate for certain rights and changes. Nonetheless, the manner in which the programme was delivered in ██████ saw a number of very effective and subtle measures taken which have changed resulted in significant changes in peoples’ s appreciation for and understanding of some important issues. Examples of where this programme has shown particular successes through advocating for change(s) include:

- environmental conservation, which has resulted in some communities now sustainably and consistently engaging in conserving their environment;
- sanitation and hygiene practices, which are widely improved since the start of the programme;
- handwashing practices have been sustainably implemented, even after the programme has phased out;
- uptake of knowledge and practices in terms of knowledge nutrition and caring; and
- community awareness on environmental sanitation and conservation was developed and improved.

In Zimbabwe, the evaluation observed that the programme supported advocacy as a cross-cutting themes in all of its activities. The action supported CAFOD’s themes of “our common home” and “cry of the earth” through promoting the reduction of chemical fertilizers in gardens and irrigation schemes, for example in the Mateesamwa (Gokwe South) irrigation scheme where all 230 members of the scheme have gone organic. The use of organic fertilizers was also observed in Porepore irrigation scheme in UMP Province.

Advocacy work around the environment was also evident in the restoration of wetlands in Ward 12 in UMP Province, where the wetlands have been restored and are now fenced. The local authority and other stakeholders have since started a bee-keeping enterprise and a nutrition garden in the wetland and a nursery of indigenous fruit trees has been established. According to discussions with

government stakeholders in the district, growing indigenous fruit trees has changed the perception of the locals on the sources of Vitamin C. Before this programme, indigenous fruit trees were not regarded as a source of vitamins.

In a different context, but still related to advocacy, the programme promoted community participation in the management of assets which the programme has helped establish. To manage the “tragedy of the commons” in these assets, the advocacy work facilitated the concept of a “community eye”, a concept in which every member of the community is now a “police eye” to guard against the abuse of the asset.

Advocacy work was also reported to have strengthened the district planning process, in UMP Province, at least. The district now has a strategic plan which involved all the key stakeholders in its development. The high participation of the district level stakeholders is attributed among other things to the advocacy work initiated through this programme. In Gokwe South, the advocacy work is reported to having “oiled the co-ordination processes at the district level”, according to an Assistant Nutritionist spoken with. Caritas staff informed the evaluation that the advocacy work enabled them to “walk with the people throughout the process” even those who were initially against the project.

The advocacy work is reported to have gone beyond creating awareness but also facilitated health and lasting relationships among the actors in the project.

5.6 VALUE FOR MONEY

Overall, the evaluation considers that CAFOD and its respective partners in each of the three countries were conscious of the need to demonstrate good Value for Money (VfM) throughout this programme, from a number of different approaches and perspectives. The design and planning of the programme itself gave priority to many low-cost approaches and interventions, with limited consideration to medium- or larger scale hardware provisions, outside of the WASH sector, primarily. Instead, deliberate focus was given to awareness raising and training on a range of topics and approaches in each country. This was a cost-effective approach, in particular given the trickle-down effect of knowledge sharing which CAFOD and partners have successfully promoted and witnessed in previous Match Fund Programmes.

This programme drew on a number of previously tried and tested approaches from other programmes, one of which was working through known and respected church-based partners in each of the three countries. Strong relationships were built and/or re-established during the course of this programme, with CAFOD’s role as an “*advisor always on hand if needed*” clear for all. While this on-tap support was appreciated by all, it was perhaps most important in the case of [REDACTED], given the very limited opportunity which CAFOD had to intervene first hand in this instance. Having a dedicated Project Officer to work alongside – though remotely – the [REDACTED] and its partners was probably a crucial consideration in this instance.

The quality of partnerships established and/or maintained with participating government partners was equally important, both for their immediate availability to help steer and support specific activities in addition to them building relations with the communities for future opportunities. Involving government, partners and different representative layers of people from within the communities themselves in the project design brought the relevance of this programme to a not often seen level of acceptance and appreciation by the direct beneficiaries and partners.

Another direct contributor to VfM in this programme has once again been the degree and extent of integration of planned activities, both within and across the various Outcomes. The mutually supportive nature of many of these – Cash for Work for land rehabilitation, small livestock keeping, improved agricultural techniques, heightened knowledge on nutrition and dietary diversity, enhanced

attention for caring practices and WASH sensitisation and access to safe water – has combined effectively in this initiative to produce a significant transformation for many peoples’ lives and livelihoods, much of which has a strong potential to continue beyond this programme. Box 2 presents an example of how such synergies have been brought into play in this programme, in [REDACTED] in this instance.

The ability for the programme – Country Offices and partners – to be flexible and adaptive to required change(s) was critical to the overall contributions to VfM, especially but not exclusively in response to the Covid-19 pandemic. In Zambia, for example, being able to take advantage of the depreciation of the Kwacha allowed for a considerable amount of resources to be directed to unplanned water- and sanitation-activities. This enabled the purchase of additional materials for solar piped borehole schemes and the construction of water kiosks. At the same time, some funds were also directed towards additional capacity building which included further training of the Community-led Total Sanitation champion groups.

BOX 2. COMMUNITY-DRIVEN RANGELAND RESTORATION, [REDACTED]

[REDACTED], has approximately 70ha of agricultural land owned by 450 households, though much of this was seriously eroded which resulted in poor soil fertility and low productivity. At the initiative of the Village Administration, assistance was sought from the Ministry of Agriculture who conducted an assessment of the situation. Based on this, the Ministry approached the [REDACTED] support, which resulted in a project focusing on the management of water catchments around [REDACTED].

Although the targeted and covered two villages, two other nearby villages also participated in the soil and water conservation activities. In its first phase, 110 community members (half of who were women) worked for 25 days, getting paid 150 [REDACTED] (GBP7.50) per day. Similar numbers of people (with the same representation of women) were again engaged on a similar basis in a second phase of work. Vulnerable members of the community, including some disabled and elderly people, also participated in the work.

The project resulted in a total of 73ha of rangeland being restored through terracing and the construction of check dams, which has been instrumental in reducing soil erosion, conserving water and improving the vegetation cover. As a result, there has been a significant improvement in productivity. The results of the project are sustainable because the negative impacts of erosion have been reduced and contained, the community has a better understanding of how to conserve natural resources and currently has a plan to plant supplemental ground cover in order to improve soil fertility. Together with a mobilised community, the cash for work approach enabled people to learn new skills that they are now able to apply on their own, managing their resources for their own future.

Through interviews with programme staff in Zimbabwe, a number of VfM approaches were identified during the course of the programme, including:

- *Joint and Blended Trainings.* The evaluation was informed that in some instance, where the training covered the same participants, the programme would blend the topics so that instead of having two separate training events, these would be delivered as one. This was a very cost-effective measure which should be considered more widely in future programmes if the opportunity exists.
- *Local procurement.* This is always a good VfM action to take, as long as the quality of the items is assured. The evaluation observed several instances where the programme took a deliberate decision to procure certain items locally, while following required procedures. This, besides promoting local economic development, was also reported to have contributed to cost savings.

- *Use of Local Resources and Community Contribution.* The project reported promoting the use of available local resources/materials in much of the construction works it did. Community members also contributed through either labour – for example, in the construction of weirs – and/or through provision of their own resources in the construction of toilets, for instance.
- *Procuring for Service Providers.* Another approach that the project employed to save costs was actually procuring construction materials for the services providers. This was based in the realisation that in the “supply and fix approach”, the service providers were in fact charging in excess of the cost of materials.

Through measures such as these, saved costs were used to up-scale certain project interventions. In Gokwe North, for example, the savings were reportedly used to provide a water supply for hospitals at Mutora Centre in response to the Covid-19 outbreak. Likewise, in UMP District, savings were used to construct two weir dams, a mother’s shelter, and a piped water scheme for the Mutawatawa Business Centre, which also serves the community, police stations, prisons and local hospitals.

6. SELECTED OECD-DAC CRITERIA

6.1 RELEVANCE

Based on the evaluation team’s review of background documents and needs assessments and having listened to many people – from direct beneficiaries of assistance to government authorities who helped support some of the activities in this initiative – this Match Fund programme is judged to have been extremely relevant to the context and needs in each of the three countries. While responding primarily to specific needs in each country, experience from some previous Match Fund projects has clearly been integrated into this programme, with additional active learning also being applied in some instances, particularly where exchange visits have been possible.

In ██████, in particular, almost everyone spoken with acknowledged the relevance of this initiative, saying that the project was relevant in addressing community needs because it was designed in consultation with the community, development committees and administrators of the beneficiary villages. For instance, previous trainings provided on nutrition were largely deemed to have been quite theoretical but training provided in this programme was firstly more practical but in addition was supplemented by live demonstrations, which effectively allowed participants to engage in discussions while practicing different cooking methods.

Respondents (in ██████ and other countries) also indicated that programme activities were in line with government’s priorities such as improving livelihood, soil and water conservation, sanitation and hygiene, and health services. Further, it was designed to address the priorities of the communities. In this regard, its relevance was very high.

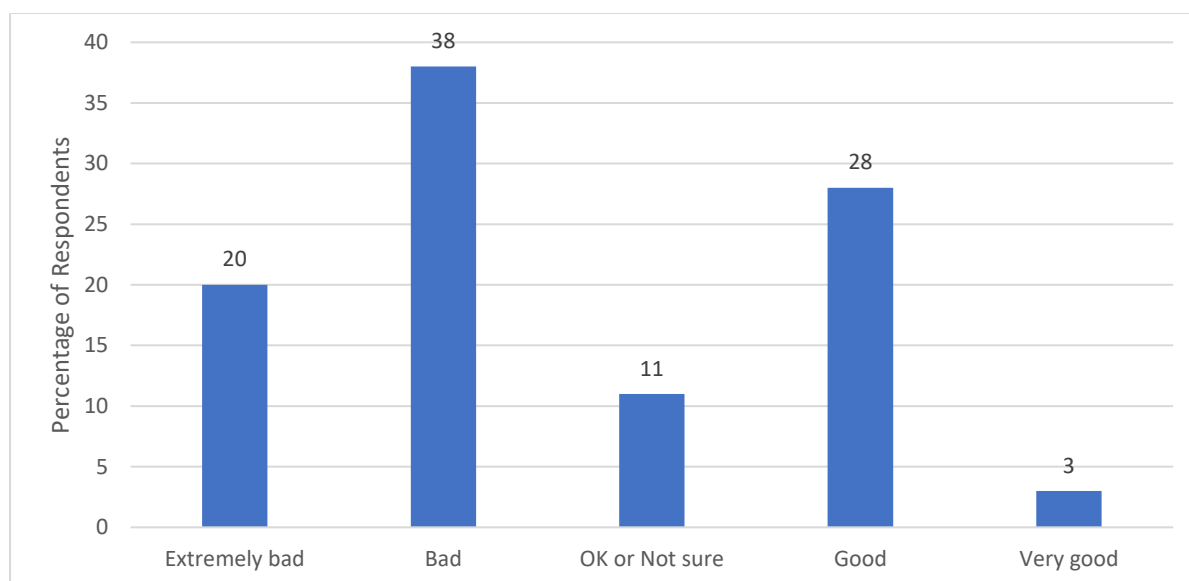
In this instance, and likely also for the other countries, a contributing factor to overall relevance was the fact that the ██████ (in this case) has been in similar public service provision for many years. This has almost certainly contributed to the design of the integrated design of the programme, the matching of needs with support and the quality processes around beneficiary selection and open communications.

The expansion of coverage for water services in Zambia was as a result of the vast need in the participating communities, based on assessments by the current Ministry of Energy (formerly Water Affairs). The project rode on the needs ascertained by government through this ministry and the shared information was very important to the implementation of its interventions.

The project interventions have been found to be relevant in meeting the needs of the communities given the gaps or needs that were prevalent especially before the project interventions. Mothers are able to copy what has been taught to them and hence this is deemed highly sustainable.

In **Zimbabwe** the evaluation's assessment of relevance was especially noticeable in terms of WASH as a large number of respondents in the household survey described the situation prior to support being received from CAFOD/Caritas as either "extremely bad" or "bad" (Figure 33). The situation was noticeably worse in Gokwe South, where 70 per cent of respondents described the situation as either "extremely bad" or "bad", compared with 46 per cent of those spoken with in UMP District.

Figure 33. WASH situation prior to this programme



The survey results indicate that the actions' interventions in water were relevant as 70 per cent of the evaluation respondents mentioned that the access to safe water had certainly improved.

With regards to hygiene, the evaluation concludes that this programme was relevant as hygiene knowledge was OD. Only five people (one per cent of the total sample) stated that they had good knowledge of hygiene issues.

Focus Group Discussions and KIIs concerning caring practices revealed that before this programme:

- a) pregnant women and lactating mothers were not feeding properly. According to an Assistant Nutritionist, these women would normally have just one meal a day, especially during the agricultural peak season;
- b) children were being fed on unhealthy food. The evaluation was informed that in the morning children (under five years) were given *Sadza* left from the previous night's meal;
- c) there was no following of healthy diets and in most cases the cooking was done badly; and
- d) knowledge of natal and post-natal practices was very poor.

According to Lead Mothers such as those from the Tanaka Group in Ward 21, Gokwe South, the challenges that the ward faced included home deliveries due to a lack of information on appropriate delivery. This increased child mortality in the ward. Furthermore, regular check-ups were not taken seriously, which would result in malnutrition amongst children. Members of the group also indicated that before the construction of the Waiting Mothers' Shelter, some expecting mothers would be

referred to the Gokwe Centre (over 90km away) for delivery, since the facility could not accommodate all of them, especially during the Covid-19 era.

6.2 EFFECTIVENESS

High levels of effectiveness were apparent at many different junctures of this programme. A simple indication from in [REDACTED], for example, was how the programme solved a water shortage issue through cash for work, which mainly focused on environmental conservation. As the result of a series of intensive environmental conservation activities, soil conditions and water retention have improved. People from villages such as [REDACTED] used to fetch drinking water from about 15km but people are now able to fetch water from sources far closer to their homes than before, reducing the time that women in particular have to spend fetching drinking water from sources up to four hours away.

People also indicated that their communities had been highly involved in the water and soil reservation activities a direct result of which has seen them to take practical initiatives to conserve these essential resources leading, in some cases, to active recharge of underground reservoirs. It was also noted that that the project was very effective because of the following indicators:

- all planned activities were implemented;
- planned activities met community needs;
- targeted support provided to children with Down syndrome, for example, in addition to some of those with hearing disabilities brought tangible improvement in their family life;
- women have started to produce vegetables and fruits from their lands as the ground water has improved;
- environmental conservation activities have contributed towards food security as many families started to produce vegetables and fruits;
- seed banks are established and are sustainably continuing in villages such as [REDACTED] and [REDACTED];
- village-based reserved forests have been established and these reserved forests contributed a lot to environmental conservation;
- there has been a growing sense of self-reliance among beneficiaries; and
- men's understanding on the contribution of women to household income has improved.

At the same time, instances where effectiveness needed to be better were also identified. In [REDACTED], one such example related to the provision of poultry to selected beneficiary households. While this initiative experienced a serious delay due to the lack of availability of chicks from government sources, additional challenges were realised when it came to actually providing the poultry, including:

- inadequate food available for the poultry;
- beneficiaries had not built shelters for the chickens;
- medicines were not readily available;
- distributed chickens were not cared for, as per the training provided; and
- low follow-up by the project team.

As a result, the survival rate of the poultry distributed was below 50 per cent.

With regard to the sanitation and hand wash project, informants said that the beneficiaries have developed considerable improvement. They also noted that their level of awareness improved but adequate materials was not distributed to change the actual practice.

The Zambian component of this programme also showed evidence of resources being used in a cost-effective manner despite the already highlighted challenges in the period of implementation. In order to ensure that there was value for money and efficient use of the finances, the project maintained the

standards of acquisition of whatever resources were required such as water pumps, livestock (goats), chicken, fingerlings and others. This was done in consultation with a Procurement Committee that had been set up, which included staff from CAFOD in Zambia and the regional, staff from CDoN and some external experts. The Monitoring and Evaluation Team also went round the project areas to verify the procured materials and equipment for the beneficiaries. There were, however, some logistical challenges such as inadequate fuel available to ensure that quarterly monitoring activities were fulfilled.

The effectiveness of the project was seen through a number of both direct and indirect beneficiaries who have adopted the concept of SILC, for instance. The project interventions have also resulted into change of mind-set on the beneficiaries' perception regarding food security, water and sanitation and caring practices. It was further gathered that ownership has been enhanced which will ultimately promote sustainability of the various activities adopted by the beneficiaries. Notably there was inclusivity of the differently abled people.

In Zimbabwe, the programme demonstrated its adaptive management capabilities through the way it managed its resources. The project managed to reduce the cost by procuring directly from the manufacturers and wholesalers. This ensured that the project enjoyed economy of scale and made cost savings. The project also saved costs by procuring locally.

6.3 CONNECTEDNESS – STAKEHOLDER CO-ORDINATION MECHANISMS

From design through implementation and management, this programme has demonstrated a high level of connectedness, at different levels. All stakeholders – but in particular the intended beneficiaries – were highly involved in this process and co-operated in the implementation of the programme in different ways such as, selection of beneficiaries, organisation of communities, providing information on the progress of the programme and so forth.

In [REDACTED], for example, participants in FGDs explained how an initial consultation workshop was organised to discuss how to design the project. This included how to involve community members, how community needs and demands should be assessed and incorporated in the project design, the types of project activities to be included in the programme and, above all, how community-based initiative should be designed. Based on this, participants went back to their communities to consult village administrators, health facilities heads, development committees, women animators and local administrators. Each project team in consultation with the key stakeholders and through community involvement, then proceeded to collect all relevant information about the community needs and demands. Findings were then again presented to intended participants to gain their insights and comments once again.

Practical indicators that indicate active community involvement in the project design and implementation include the following:

- situation assessments related to existing agricultural productivity, environmental conservation, food security and nutrition, sanitation and hygiene were conducted;
- stakeholders were informed before any activity was planned for implementation and were, at the same time, asked for their collaboration;
- programme was designed based on the community needs and demands;
- community needs and demands were identified in consultation with key stakeholders, beneficiaries, government officials, development committees and others;
- programme was designed ensuring its alignment to community and government priorities, for example the construction of a check dam which was found to be a priority for both; and

- regional administration was consulted and asked for its permit to implement project activities so as to develop a sense of ownership and contribute their role in the implementation of the programme;
- stakeholders and the project management usually complement, support and collaborate each other: current and previous regional administrators and management have been highly involved in collaboration with [REDACTED] and its local partners;
- as a result of the collaboration and co-operation of the project team and stakeholders, there was no complaint associated with stakeholders' collaboration and coordination.

Good co-ordination was noted through the programme's design and implementation with key line ministries in Zambia and it was apparent that line ministries have complemented each other in the implementation of the three outcomes. District Committees were also formed who were able to do their own monitoring activities using an agreed template designed together with CDoN. Such committees were seen in each of the districts visited as part of this evaluation, their composition involving different stakeholders from the Ministry of Health, Ministry of Social Welfare, Ministry of Water and Sanitation, Ministry of Agriculture and local councils. District Committees were reported to meet twice a year to discuss issues centred on the programme's interventions, which was found to be informative for both reflections and learning on what had taken place and proactive planning for the future. District Committees were reported to meet twice a year to discuss issues centred on the programme's interventions: the consented efforts of these stakeholders have clearly shown a synergy that will lead into continuity and sustainability of the activities.

Alongside these committees, local leadership, such as the traditional leaders, were actively informed and involved in programme activities, as witnessed by one of the senior headmen and advisor to Chief Mushili in Pyutu area. Other local leadership included civic leaders and some religious leaders. It was also noted that the government's department for Chief Traditional Affairs Office has been actively in promoting and enhancing the beneficiaries' engagement with the programme team and, ultimately, promoting ownership by the respective beneficiaries.

The interconnectedness of programme components was also notable in **Zimbabwe** even amongst partners such as the District Agricultural Office, which remarked on the improvements in WASH (e.g., provision of piped water schemes for irrigation), and increased agricultural production (nutrition) under the livelihoods component which, in turn, enhanced caring practices (cooking) through the better availability of nutritious food. This process will continue to contribute to the overall improvement of peoples' nutritional status, the goal of the intervention.

The Councillor for Ward 3 in UMP District also remarked to the evaluation that the three components of the programme were a "complete cycle" that addressed the urgent needs of the communities. Again, specific mention was made to the piped water schemes to some gardens and other community gardens developed by the project. Households are now making a living from those gardens, selling their produce and earning some income to cover their family needs and also invest in ISALs. This was seen as highly appropriate to improving the livelihoods of the community.

The evaluation concludes that the action had strong forward and backward integration among the project components.

Furthermore, the evaluation found external connectedness in the Zimbabwean project as its activities were aligned with local, national, and international development agendas. At the district level in UMP, the Chief Executive Officer noted that the programme has helped the local authority achieve its key result areas in service delivery, in particular in moving towards achieving its WASH and food security goals, as defined in its district development plan.

At the national level, the evaluation observed that the action was coherent with different government departments and ministries' plans. In Gokwe South, for example, the programme contributed to the National Nutrition Strategy whose goal is to "*promote and ensure adequate food and nutrition security for all people at all times in Zimbabwe, particularly amongst the most vulnerable, and in line with our cultural norms and values.*" This dovetails with the ambitions of the current programme.

During its inception in October 2018, Zimbabwe's development was guided by the Transitional Stabilisation Programme that focused on "addressing infrastructure gaps". The current programme has clearly complemented this through infrastructural development in the targeted communities, which includes toilets, mother's shelters, weirs and piped water schemes.

6.4 IMPACT

With regards the impact of this initiative in ██████, it is widely felt that the programme has had a positive impact on peoples' livelihoods, in large part because of the successful combination of awareness raising and support provided to address the three outcomes, all of which has brought multiple benefits to most participating households. There has undoubtedly been a significant change in nutritional issues, from basic issues of knowledge and awareness to actually translating this into practice, by growing more diverse crops, by having improved cooking practices and, of course, far better and socially acceptable caring practices. New approaches such as giving some new-born livestock to other community members would likely never have taken place without this programme's innovation. The importance of approaches like this are today showing success: farmers who in the past received seeds are expected to give back 30kg after their harvest. This has seen a distinct change in the attitude of participating farmers who now show a very positive community minded spirit.

There has also been a fundamental improvement in peoples' understanding about environmental conservation has broadened, as a result of which communities have established Environmental Conservation Committees. In practical terms, as the result of the community's water and soil reservation activities, underground water storage has improved and people are now able to fetch water from nearby. This, again, is a direct contributing factor towards enhanced and diversified agriculture that has both health, social and economic benefits.

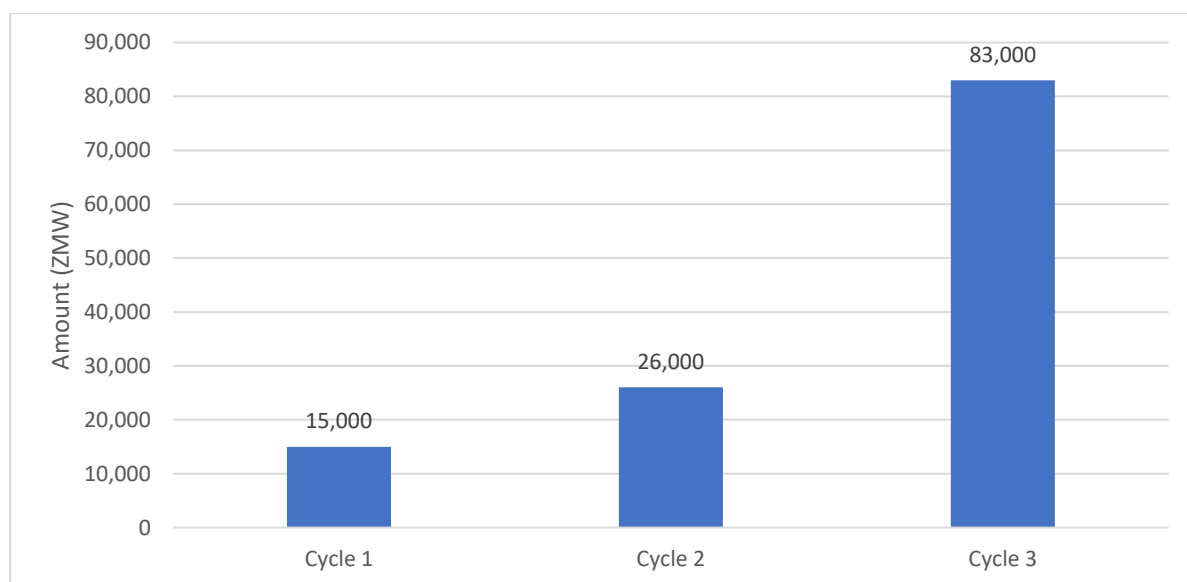
The provision of livestock (especially donkeys) has also had a significant impact on some peoples' lives and livelihoods. While fetching water was previously a very tedious and demanding job for women, in particular, they are now able to use donkeys for this purpose which is less demanding on the women and frees up time for other activities. The people of ██████ community for example produce good yields of pumpkin, mangoes, tomatoes and other crops but faced a problem with transporting their products to markets. Now, they have their own donkeys to transport their agricultural products which again is less stressful on people, with added economic benefits.

This programme has enabled significant development amongst participating communities in **Zambia**, as evidenced by changes in the quality of peoples' lives, livelihoods and behavioural change. While significant achievements have been made in terms of improving dietary quality and diversity, in addition to improved caring and WASH practices, there have also been a considerable number of other, often indirect, impacts also associated with the programme. Evidently, there has been asset acquisition such as buying of iron sheets to replace the grass thatch on their huts, in addition to an expansion of individual trading businesses. Many individuals have been able to venture into their own business activities and most have been able to manage to send their children to school.

Figure 34 shows the progress made by the Kakalo SILC in Chingola District where, by the third cycle of their proceeds, members were able to have a share capital of ZWM83,000 (GBP3,500), with the highest individual receiving ZWM8,000 (GBP340). All of this started from an initial saving of MWM15,000 (GBP635). This was despite the situation imposed by Covid-19 as members were able to effectively adapt and remain in contact with themselves and buyers through phone calls, as they were unable to meet in person.

Generally, the programme has had a positive impact for beneficiaries in all districts. New water supply facilities have had multiple positive effects for those living within specific water catchments. Consequently, beneficiaries have come up with some income-generating activities such as vegetable gardens and fish farms which have had the additional benefit of improving peoples' health and well-being through improved and more diverse nutrition. It was also observed that the new water supplies have positively impacted the prevalence of diarrhoea and other water-borne diseases.

Figure 34. Share amounts for each of the three cycles at Kakalo community, Chingola District



In **Zimbabwe**, the evaluation observed that among the programme's emerging impact is the formation of social capital through the use of groups. The programme made use of already existing groups in the communities and, where necessary, their formation was facilitated. Working in groups has enabled members to solve some of the developmental challenges they faced.

The evaluation observed that with the skills and knowledge imparted on the groups, people now have "capital" to deal with the challenges that they will face in the future. The evaluation has witnessed cases where the groups are already using this capital to resolve the emerging challenges. The Progressive Poultry and Goats Group (UMP Ward 13), for example, realised that it was difficult to provide breeding services for its goats because of the distances to Lead Farmers. As a result, the group started to save to buy their own goats. At the time of the evaluation, the group had six goats and had built a shelter for the animals.

This case demonstrates how far using social capital can propel communities' own development. The evaluation was also informed by ISAL groups that have gone beyond the traditional practice of purchasing kitchen wares for their members to now buying assets such as cattle and goats. In a

normal set-up, it would be difficult for women to purchase these assets, but because of the social capital created through ISAL, this has been achieved.

6.5 SUSTAINABILITY

Institutional Sustainability

The project's core delivery methodology was capacity development of the implementing partners, stakeholders, and communities. The evaluation noted that at the end of its implementation, the project leaves behind competent strengths and structures in all three. Implementing partners have been capacitated in safe-guarding, child protection, report writing, stakeholder engagement, advocacy and environmental stewardship, amongst others. These capabilities are now available to apply in other programmes and it was confirmed – with confidence – to the evaluation, that these competencies will continue to be applied in their work.

District stakeholders were also capacitated during the process of programme design and implementation. In UMP District, for example, the Head of the District Development Fund noted that their expertise in weir dam construction has improved because of the interface with this programme. Other district stakeholders also informed the evaluation that they have learned "best working" practices, including how to consult and engage with communities on a meaningful basis.

Recognition and formal adoption of the care group model in Zimbabwe was an additional sign of transformation being recognised by the government (Central and District levels) which should see further replication beyond the programme region in years to come.

The programme established a good system of information flow from communities to programme staff and the line ministries in Zambia: this bottom-up approach was a critical consolidation of the structure which will likely enhance sustainability in terms of continued communications and engagement between communities and line ministries, for example.

Participating communities have also been actively involved in filling in data on a quarterly basis and feeding this into the overall Monitoring and Evaluation framework, hence consolidating the monitoring system. The line ministries have been able to feed into the CDoN data using the designed data collection tools which has enabling them to generate reports. Such integration with key line ministries will enhance sustainability as they will likely now continue to provide technical support.

Engaging authorities in monitoring was an important element of this programme in all situations, which has led not only to better understanding of new techniques and practices by some government counterparts, but also closer direct engagement between formal services and communities. The involvement of government officers show that many components of this programme will continue even without the presence of CDoN, Caritas or █████ or its partners.

Despite a number of institutional constraints in █████, the programme has nonetheless forged good working relationships with specific line ministries which have provided technical support to beneficiaries, particularly in relation to agriculture and livestock. The establishment of seed banks with the co-operation of the Ministry of Agriculture, for example, was an example of multiple benefits being available for participating farmers with direct economic savings in addition to greater security in having seeds available for future planting seasons.

Aligning WASH-related messaging with the respective government ministries in all three countries was an overall example of how CAFOD's respective partners reached out to support these bodies, in

addition to specific communities, become more knowledgeable and better prepared to cope with the Covid-19 pandemic.

Community Commitment

As a general statement, from its findings, the evaluation is of the opinion that communities in large are willing to continue with the activities they have started and refined as a result of this programme, given the range and scale of some of the benefits they have experienced.

Peoples' livelihoods have significantly improved as evidenced by a lot of asset acquisition such as purchasing bicycles or motor bikes while others have expanded or built new homes roofed with iron sheeting. Others have expanded their income generating and savings activities such as in trading or by expanding their vegetable gardens and other business ventures. As a source of improved well-being and dignity, there is an assurance of continued activities amongst communities such as the many practical (nutritional and hygiene-related, for example) demonstrations that many women have been taught by the Caregivers, with government support.

In Zambia, community champions have been trained on how to construct toilets and how to maintain the water systems. To ensure sustainability of the infrastructure, communities have been highly sensitised and are able to willingly contribute an average of ZMW5 on a monthly basis, which is seemingly affordable to people spoken with during the evaluation.

Volunteer networks established and supported through this programme – in particular in Zambia and Zimbabwe – can be expected to continue in the future, while the spirit of volunteering in [REDACTED] is also likely to continue if conditions allow. This is an important achievement from this programme as there is now not only a comprehensive body of knowledge and expertise on a range of new topics and experiences in these communities, but also functioning groups of people who are known to be able to provide support to others, if needed.

Enterprise Sustainability

Unlike the case in [REDACTED], in Zambia the poultry business has been very successful and is clearly sustainable because of the returns being gained on the initial investments. Moreover, this is not a long and arduous activity with profits being realised in under two months. Most associations have done very well in this business activity.

Saving and loan groups in both Zambia and Zimbabwe continued to show good progress since the time of the MTR and these activities are highly likely to continue to benefit participating individuals and households.

The impact of the training on the garden activities is clearly evident in all three countries with significant motivation and delight shown by beneficiaries. Most of the people spoken with in this regard already feel that sustainability is guaranteed given the level, focus and quality of the training that they have received. Some people have already successfully expanded their gardens have expanded and are sell either specific or excess produce to local and more distant markets.

With regards livestock management in [REDACTED], the procedure whereby a recipient of a goat is expected to give back two newly born kids to the community for other vulnerable families, shows the sustainability of the programme, as it has also been noted in previous Match Fund programmes in Zimbabwe. Unfortunately, though the distribution of poultry to other households was quite efficient, the low level of awareness for husbandry and management meant that this initiative was not as successful as it potentially could have been. In this case, especially members of the village-based microcredit saving, have been keeping the sustainability of this project.

Personal and Social Development leading to Sustainability

There has been widespread acceptance of improved hygiene practices in all three countries as a result of the combined hardware : software approaches taken. In the case of sanitation and use of latrines, for example, the programme aligned its activities with existing initiatives by the respective governments. The different approaches taken in each of the countries – including community-own monitoring – have been instrumental in bringing around behavioural changes, contributing broadly to continuity of good practices. Attitude change within households and communities is also an achievement that contributed to the sustainability of the sanitation and hygiene interventions.

In Zimbabwe, the evaluation noted the emphasis now given to having operational and maintenance funds for water infrastructure management. The programme's actions have facilitated the setting up of an operational and maintenance fund to deal with breakdowns that might happen to piped water systems. The evaluation noted that to preserve the value of the money they collect (on account of inflation), the management groups are already purchasing the basics or parts that have a high propensity to break down, which is a very proactive move on their part. The Nyanzou Irrigation Scheme in UMP was noted to be setting the threshold for effective running of the operational and maintenance fund. Systems such as this, together with locally trained pump minders who are able to maintain the water supply systems, will go a long way towards ensuring that when there is a breakdown, the system is quickly repaired.

Going beyond sustainability, the programme has also already started to demonstrate its ability to reach scale through self-driven replication of some of its intervention. The evaluation was informed that Sanzu Village (Ward 5) in UMP District, while outside the scope of this programme, has started to construct its own weir dam after having noticed what was happening in other wards. The villagers mobilised maize among themselves and sold it to Grain Marketing Board, with proceeds being used to purchase cement and other resources that were not locally available.

In UMP, the evaluation also observed organic replication of the development of fruit tree nurseries. This came after the communities had seen the work done by the project in establishing nurseries and the rehabilitation of the wetland in ward 12. The evaluation was informed. The Forestry Commission Officer at the district office informed us that the households were now establishing their own nurseries and the process of registering them has begun.

In terms of replication, the evaluation noted that it is easy to reach scale with the soft component. The evaluation heard cases where households are now copying the caring practices of their neighbours. Replication of the hard infrastructure (e.g., irrigation schemes and solar panels), however, will be difficult to replicate because of the costs involved. Replicating an intervention of this scale will be even more difficult for the local authorities. Therefore, operational maintenance becomes crucial.

Environmental Sustainability

Apart from a reported decrease in the use of chemical fertilizers and pesticides in gardens and fields – much of which has now been substituted by a range of alternative organic products and practices – one of the main environmental transformations to have happened through this programme was the rehabilitation of some 70ha of degraded rangelands in [REDACTED]. Inspired by cash for work incentives, and through a number of simple approaches, such as contouring and rainwater channelling, ground water reservoirs have started to be replenished, which benefit people and livestock, pasture fodder has improved and the soil structure and quality has become enhanced.

As the result of the community awareness programs on environmental conservation, the community members in each village, has marked 5 May (World Environment Day) to be environmental conservation day. This indicates the effective use of a cash for work programme in mobilising community engagement.

The relevance of activities such as this work is also evident by other actions that are now being taken as a result of achievements from this programme. Some communities, for example, have already established environmental conservation committees which are now responsible for co-ordinating environmental conservation activities and other tasks related to it, including disaster risk reduction.

Wetland restoration in UMP District has also started to support local conservation and improved habitat management through nature-based solutions. In addition to recharging ground water supplies, several local enterprises such as bee keeping and indigenous fruit tree nurseries are emerging, with positive environmental and economic benefits for people.

7. SOME LESSONS LEARNED

Community Contribution Enhances Ownership.

In this project of such magnitude, and which requires continued provision of the interventions, integrating and embedding the aspect of contributing by the beneficiaries of the project promotes ownership and effectively enhances sustainability. It was learnt that the project staff encouraged the beneficiaries to contribute certain inputs such as land, provision of labour, moulding of bricks for either a toilet or poultry house before the project could provide items such as iron sheets, cement, timber and nails.

Community Engagement Motivates Involvement.

With effective community engagement, some communities were able to do some sustainable projects. Kakalo Association was one of them that has grown and has been managed very well so much that the year's sharing rose to about ZMW83,000 (GBP3,600) with the highest individual collecting about ZMW8,000 (GBP347). With regards monitoring, the programme has involved communities in the PHHE and gardening activities in Zimbabwe, for example. In UMP District, a self-assessment tool has been designed to allow gardens members to evaluate their garden's performance. The tool assesses the organisational functionality of the garden, cropping activities, water availability and general maintenance: it was reported as being very reliable.

Inclusion is ownership.

Particular emphasis and effort was made in the design of this programme to ensure that its components responded as closely as possible to peoples' needs. Communities (and different layers of communities) and local government services were involved in the design of each of the three programmes which was a very positive finding as it automatically helps avoid building dependencies and is likely to be a key driver in achieving meaningful ownership and sustainability.

Close collaboration with local government is key.

This programme was perhaps fortunate in that CAFOD was engaged with long-standing partners, even though for some this was the first Match Fund programme or even the first initiative that lasted for more than one year. The evaluation noted in all three countries the extent to which partners have gone to inform and involve local government authorities and technical line services in programme design, implementation and monitoring. This programme has made a conscious effort towards engaging, working and capacitating government extension personnel rather than side-lining them as is the case in many development interventions. This approach buttresses local ownership of the programme while other benefits of such close co-operation include enabling due diligence, benefitting from local expertise and helping ensure sustainability.

Governance and leadership training is key to the growth of associations.

Capacity building in governance and leadership has been key in the sustainability of over 80% of the association. It was evident that retention of the association membership has been consolidated and this is largely attributed to the behaviour change brought about by the knowledge of governance and leadership.

Full involvement of beneficiaries and stakeholders throughout the project life contributed to the successful achievement of project objectives. Designing the project in collaboration with the major stakeholders, based on the community needs, enhanced the relevance of the project and its successful implementation. At the same time, however, greater Inclusion of the vulnerable groups of the community members (people with disabilities, female headed households, the elderly and others), would enhance the effectiveness and relevance of the project.

Clear procedures and policies help ensure integrity.

Tight but clear procedures and policies helps to improve the capacity of programme personnel and supports transparency accountability. As the result, internal institutional policies were developed and have been implemented on topics such as community save guarding and complaint handling mechanisms which are seen as a very positive advancement.

Integrated programming is a Win-Win situation.

This programme highlighted the value and relevance of addressing a serious problem – malnutrition – through a number of approaches. The thoughtful blending that shaped the programme took advantage of different opportunities and skills to address a series of activities, including environmental conservation, agricultural production, safe provision of water, hygiene messaging and diversified nutrition. Implementation of irrigation schemes, for example, is contributing to improved food security to participating households and providing space for improving food diversity from these nutrition gardens. Availability of water is also enhancing enabling and hygiene practices, which is a high priority during this Covid-19 pandemic. The combination of hard (infrastructure such as borehole renovation) and soft (training, demonstration practices and so forth) helped deliver on these activities, with the sum of the whole being far, far greater than that of any single activity.

Adaptive programming is essential in fragile situations.

This programme was implemented in extremely challenging contexts, some of which could not have been foreseen at the time it was being designed. The fact that by the end of Year 1 many of the anticipated targets had already been met (or even surpassed) was due in large to CAFOD and its partners on the ground being closely in tune with the situation – in addition to being closely linked in with communities – and being able to identify and take quick decisions and respond as best they could. The flexibility in pivoting programme funding to new or modified activities was an essential enabler in this instance, allowing life-saving actions to happen.

Trickle down training can be effective.

This programme was structured around a considerable amount of training, on different topics and approaches. Particular thought was given in this instance to making this as cost-effective, relevant and efficient as possible. The general Training of Trainers approach taken – to cascade information from government technical services, for example, to community structures to community members themselves has proven to be very effective in most instances. It is also probably highly cost-efficient because the delivery cost per participant is lowered by using this approach.

Boer Goat Management.

The evaluation noted high mortality rates among the Boer goats. According to District Veterinary Doctor Zhanje, the project experienced over 60% mortality of the pure-bred Boer goats. The lesson that is emerging from this event is that these pure-bred goats require management practices that are beyond the capacities of the majority of smallholder farmers. All purebreds require constant and regular medication and vaccination. The majority of small-holder farmers cannot afford that.

Stakeholder Participation.

The success of the action has been built around the participation of the various stakeholders. The project managed to bring in different and relevant stakeholders for each component of the project. For instance, AGRTITEX and the Ministry of Women's Affairs' Community, Small-to-Medium Enterprises, and Cooperative Development were brought in to deal with agriculture and ISALs, respectively.

8. ACTIONABLE RECOMMENDATIONS

Provide Support for Sustained Market Linkages.

There is significant evidence of productivity from the beneficiaries in terms of the various income earning activities such as vegetable gardens, livestock (goats, chicken, pigs), SILC and other individual income generating activities. For future, similar, initiatives, It would be prudent to support them to establish long-term markets and, where possible, penetrate some of these chain stores like Shoprite, Choppies, Pick N Pay and Food Lovers.

Support Value Addition.

A large number of people spoken with – about 80 per cent of beneficiaries – are not aware of how they can add value to their product to maximise profits. Future initiatives should therefore consider providing support in value addition. This process will require some agro-processing equipment such as peanut-butter making machines, cooking oil processors, food driers and others. This is seen as an important step towards economic diversification and enhanced sustainability.

Diversify the Activities Covered by Associations (or Similar) over the Course of the Programme.

Many of the associations promoted or supported through this programme have focused on a single core activity. They could, however, be encouraged to diversify their activity base to fill other obvious gaps and niches – especially where these could be complementary. In many cases, the farmers struggle to get seeds for the next season's harvest. If they are depending on the programme for these, and if there are delays with providing these (as has been experienced) the results could be devastating. The formation of Seed Associations within the respective communities could help in creating seed banks – as is happening in ██████, for example – so that farmers are in a much better position to safely store seeds, while surplus could be bought by the association for onward sale or distribution to some of the most vulnerable farmers who might not be in a position to pay for seeds in advance.

Extend the Programme Period.

It was felt that the period of the project would have been most appropriate, if it run for at least five years as opposed to three years. The reasons being that for most of the first two years, beneficiaries were being provided and empowered with software (training and so forth) and, by the third year, the results of the training were starting to be seen (hardware, infrastructure and so forth). The need for additional – though perhaps scaled back to some degree – support was felt by many people, particularly to help/allow them to further refine their experience and practices with continued guidance from CAFOD partners.

Support Packages must be Complete.

Uptake of certain practices might perhaps have been higher if communities – and households – were able to have their own cooking utensils as opposed to having them kept centrally kept at the district office level. Future support such as this should make provision for more availability of key utensils and basic equipment, to associations or households, where possible.

Develop Further Knowledge Products.

The project has begun the process of developing some knowledge products (e.g., recipe book) and the evaluation recommends that actions of this nature should strongly develop knowledge products. The products could include other aspects such drying and value addition of their produce.

Consider Wider Use of Adaptive Management.

The evaluation noted that adaptive management is key to programming success in unpredictable contexts. It clearly enabled this programme to achieve its objectives in the midst of Covid-19. The evaluation therefore recommends that future programmes place adaptive management firmly at the centre of programme design and planning.

Give more Attention to Risk Analysis and Management in Future Programme Design.

Risk assessment is a standard consideration in programme design and, while this was included in the current initiative, it might not have been as extensive or comprehensive as it could have been. This, with certain benefits from hindsight and learning, in particular in relation to climate, economic and political events. Evidence from this programme brings to the fore the need to broaden the scope of such analyses, not only amongst CAFOD core staff but also with partners.