



**USAID**  
FROM THE AMERICAN PEOPLE

## MID-TERM EVALUATION (MTE) REPORT

for

Mercy Corps Zimbabwe

### **The Joint Initiative (JI) for Urban Zimbabwe**



Inviolata Vhevha ([ivhevha@yahoo.co.uk](mailto:ivhevha@yahoo.co.uk))

August 2014

**“The report has been financed by OFDA-Mercy Corps; the comments contained herein reflect the opinions of the Evaluator only”**

## **Acknowledgement**

The consultant would like to express sincere gratitude to Mercy Corps in particular to the Joint Initiative (JI) manager Mr Solomon Mutambara for his assistance during the field work for the Mid Term Review. Appreciation is also extended to the implementing partners' project coordinators and teams for making the field work possible. The communities in the five towns of Harare, Chitungwiza, Masvingo, Bulawayo and Mutare including the relevant government departments, health promoters and the members of the various project initiatives are being thanked for willingly providing information which has made compilation of this report possible.

## Executive Summary

### Introduction

A Mid Term Evaluation of the fifth phase of the OFDA funded Joint Initiative (JI) program was carried out by Inviolata Vhevha between June and July 2014. The program is being implemented through a consortium managed by Mercy Corps consisting of four other international NGOs. The partners in the consortium are Oxfam, Africare, Care, CRS and Mercy Corps, implementing the program in Harare, Chitungwiza, Masvingo, Bulawayo and Mutare respectively. The program has the objectives of increasing community resiliency to WASH related shocks and improving urban populations' reliable access to nutrition food through improved incomes and production. The objective of the midterm was to determine progress made since the program began in September 2013 and to give recommendations which can improve achievement of the objectives in the remaining project period. The evaluation criteria were relevance/appropriateness, efficiency including connectedness with partners and government departments, effectiveness, and impact as was guided by the TORs. The consultant also added sustainability to the criteria.

### Methodology

The MTE was carried out through a review of project documents such as the project proposal, willingness to pay report, progress reports, baseline report, and monitoring trackers supplied by the implementing partners. All five towns were visited and data collection was done across the variety of stakeholders consisting of implementing partners, local authorities, farmers, health club members, solid waste recycling groups and youth clubs using either key informant interviews or focus group discussions.

### Results and Discussion

**Relevance** – The JI program was relevant to the needs of both stakeholders and implementing partners. The five towns had poor service delivery characterised by solid waste dumps, frequent sewer pipe bursts and poor water quality and thus needed a program targeting these areas. The poor WASH services created fear of disease outbreaks among the vulnerable communities and the JI program gave them an opportunity towards reduction of the causative factors. The income generating projects addressed the need of people who live in urban areas where unemployment is close to 85%. The design of the program was appropriate to the target community in that vulnerable communities were largely responsible for providing labour whilst the program provided the needed capital.

**Efficiency** – The highest progress was for the Hygiene Promotion aspects whilst the sanitation component had the least progress. The high success rate in hygiene promotion was probably because the intervention had been in operation since 2008 and some partners only resuscitated what they or their predecessors had already began. Sanitation had the least progress mainly because the anticipated youth participation in de-clogging was still being negotiated in all towns except in Chitungwiza. An average of 39% of the budget has been spent with more than 50% of the project time gone. The under expenditure is reflective of delayed implementation of capital intensive projects in waste recycling and declogging. The high efficiency was achieved due to stakeholder involvement at no time costs to the project, capacitation of stakeholders before involvement and monitoring of project activities from the managing agency and the implementing partners.

**Effectiveness** – The program is on course towards achieving its first objective of improving community resilience towards WASH related shocks with 133% of the target already achieved with about 6 months to go. However the food self sufficiency indicator which measures the second objective of access to nutrition could not be calculated since farmers were still harvesting their crops. The program outputs are making significant contributions towards achievement of the program objectives. The clubs formed in both communities and schools are acting as conduits for information flow which is required to react towards diseases outbreaks as well improve farming practises.

**Impact** – The key positive impacts for the program were social networking which allowed community members and school children to share ideas on the platforms created by the project. Dialogue between residents and council was improved making the council officials more responsive to the plight of the residents. The income generating initiatives empowered its members specially the women who made the majority of the members. The Participatory Health and Hygiene Education (PHHE) knowledge gained was translated to improvement of both hygiene and health within the homes and in the public open spaces. One negative impact was development of dongas in areas where sack potato farmers where not backfilling pits from which they obtained their soil.

**Sustainability** –The program is promoting sustainability through entrenching ownership of program components in all local authorities and the benefiting communities. To ensure that the target community would continue with program activities all key stakeholders were capacitated with the relevant skills and linked with government departments and the private sector where they can obtain assistance if needed. The program built in income generating activities into clubs for the communities so that members could get economic value from their participation. The recognition and enforcement of volunteer decisions by councils were also instrumental in motivating volunteers to continue with their work. However, the continued beneficiary call on donors to provide financial inputs for small projects were indicative of weaknesses in sustaining programs requiring financial inputs.

### **Best Practices**

The program implementation by partners in the five towns has provided Best Practises with the key ones being:

- Reclamation of previous dumping area into productive areas since those deriving benefit will become a policing force of the area
- Supporting programs already identified as priority areas by the local authority in the area of operation
- Raising of gully traps to prevent sand entering into the sewage reticulation system
- Multi stakeholder engagement officiated through Memoranda of Understanding (MOUs)
- Synchronisation, collaborating and complimenting with existing similar programs in target areas to reduce costs
- Getting buy ins from school heads before implementation of school health clubs

### **Lessons Learned**

The program has provided the following lessons to the programming:

- Seasonality should be considered in implementing agricultural initiatives in order to align seasons to appropriate crops and activities.
- It is difficult for community members to be given space by local authorities to do income generating activities which touch core duties of local authorities.
- All contributory factors to an observed deterioration of poor WASH service delivery need simultaneous addressing otherwise the weakest link within the system will make the system ineffective. In this program, council supplementary services make or break community participation in solid waste management.

- Discussions on land leases need to start early on in the program as council processes are bureaucratic and can take for ever resulting in programs ending before some land dependent projects begin.
- Lives of people in urban areas are driven by money issues so projects implemented in these set ups should have inbuilt economic returns to the participants.

### Conclusions and Recommendations

The key conclusions and corresponding recommendations for improved program implementation are shown in the table below:

Conclusions	Recommendations
Partners have strength and best practises which can benefit their counterparts in different locations	-Each partner should make detailed case studies of their success stories for sharing and learning of fellow partners
Community hygienic efforts are not consistently being complimented by the city fathers. Some non complimentarity are due in part to non participating of some key stakeholders in the project stakeholder meetings	-Invitations to the meetings and follows up to be made through the DA who has the mandate to command all civil servants in the district
Initiatives which depend on either council leasing land and/or touch deep into the core of council departments activities are progressing the least	-Hold frequent all stakeholder meetings which puts pressure on councils to make decisions -Diversify to other complimentary non-core council business activities such as the gully trap raising being done in Bulawayo
Waste recycling projects are unlikely to go through the whole project cycle before the end of the program in Dec 2014	-Allow for a no cost extension to allow projects to go through at least one cycle -Link projects to a volunteer mentoring company also involved in solid waste recycling
There is a high expectant for program renewal among beneficiaries	-Remind all the stakeholders of the exit date -Gradual withdrawal of soap incentive for communities and gauge reaction -Exchange programs for schools and clubs
PHHE knowledge is content rarely being tested	-Encourage Health Masters to give written work to pupils write some tests and records be kept at the schools to complement the register -Organise competition for schools and communities
Clubs require some place to give reports to and identification	-Link the clubs to council offices and do gradual withdrawal -Encourage councils to start clubs in areas not covered by program as their own program - District school inspectors to be also trained so that they monitor the clubs during their visits to the schools - Ensure that relevant council employees are given the same knowledge as the communities they interact with otherwise the community may lose confidence in them if they appear less learned
The means of verification for the various program components are not always easy to locate within the files	Partners filing system for registers (of beneficiaries including registers from hygiene promoters and lead farmers) which are the means of verification for work done should be improved so that the figures in the tracker match with registers

## Table of Contents

Acknowledgement .....	2
Executive Summary.....	3
1.0 Introduction .....	9
1.1 Context and Background.....	9
2.0 Methodology For the MID TERM Evaluation .....	11
2.1 Methodology of Data Collection .....	11
2.2 Data Analysis.....	12
2.3 Limitations of the Study.....	12
3.0 Results and Discussions .....	12
3.1 Relevance and Appropriateness of the Design.....	12
3.1.1 Poor Service Delivery .....	12
3.1.2 Fear of Diseases .....	13
3.1.3 Continuation with Program .....	13
3.1.4 Means of Survival.....	13
3.1.5 Appropriateness of Design.....	13
3.2 Efficiency .....	15
3.2.1 Achievement of Outputs versus Target .....	15
3.2.2 Budgetary Efficiency .....	18
3.2.3 Factors Affecting Efficiency.....	18
3.3 Effectiveness .....	20
3.3.1 Effectiveness as Measured by Project Indicators .....	20
3.2.1 Information Flow.....	21
3.2.2 Income Flow.....	23
3.4 Impact of the Program.....	23
3.4.1 Positive Impacts .....	23
3.4.2 Negative Impacts .....	25
3.5 Sustainability.....	26
3.5.1 Ownership.....	26
3.5.2 Capacity Building and Resources .....	27
3.5.3 Diversification or Value of participation .....	28
4.0 Best Practises and Lesson Learned .....	29

4.1 Best Practises .....	29
4.2 Lessons Learned .....	30
5.0 Conclusions and Recommendations .....	31
Annex 1: Key Informants.....	33
Annex 2: Terms of Reference.....	35
<b>Harare, Zimbabwe</b> .....	<b>39</b>

## ACRONYMS

ACC	-	Area Coordination Committee
BSWIP	-	Bulawayo Solid Waste Improvement Plan
BYO	-	Bulawayo
CHCs	-	Community Health Clubs
DA	-	District Administrator
DRR	-	Disaster Risk Reduction
EMA	-	Environmental Management Agency
FGD	-	Focus Group Discussions
HBC	-	Home Based Care
HH	-	Households
IGAs	-	Income Generating Activities
JI	-	Joint Initiative
KII	-	Key Informant Interviews
MC	-	Mercy Corps
M & E	-	Monitoring and Evaluation
MOUs	-	Memoranda of Understanding
MTE	-	Mid Term Evaluation
NGOs	-	Non Governmental Organisations
PHHE	-	Participatory Health and Hygiene Education
SHCs	-	School Health Clubs
TORs	-	Terms of References
WASH	-	Water Sanitation and Hygiene
ZIMTA	-	Zimbabwe Teachers Association

## 1.0 Introduction

### 1.1 Context and Background

Zimbabwe has experienced economic down turns since 2000 and the trend continued with a climax in 2008 where the rate of inflation reached 231 million%. One of the accompanying signs of the decline was the closure of companies and industries and the loss of jobs for urban dwellers. The loss of jobs was among other things driven by souring political relations between Zimbabwe and host countries for the private companies which were operating in the country. In the year 2005 an operation known as Murambatsvina made life even worse for the urban population when council unsanctioned structures which were used for dwellings were destroyed through the country displacing more than 700,000 people. The displaced people became vulnerable and prompted a response from development partners under the auspices of what is traditionally known as the Joint Initiative or JI. This program began in 2006 in response to needs of the displaced vulnerable urban population. Over the years the program has been transforming its objectives to align with the needs of the urban communities in its target areas. In 2013 funding was obtained from OFDA for the fifth phase of the program whose goal is *to promote, improve and protect sustainable livelihoods for urban and peri-urban communities in Zimbabwe through effective response and information coordination of urban actors* through two specific objectives.

Specific Objectives of the JI program

- To increase communities' resiliency to WASH-related shocks, such as disease outbreaks.
- To improve urban populations' reliable access to nutritious food through improved incomes and production

The program which began in July 2013 is being implemented in the five towns of Harare, Chitungwiza, Masvingo, Bulawayo and Mutare (see map on next page for town location) by Oxfam, Africare, Care, CRS and Mercy Corps respectively where it targets the vulnerable populations living in the High density areas. As per project activities a Mid Term Review was required in order to determine progress towards achievement of goals and to make recommendations for the achievement of the objectives in the remaining period. The terms of reference for the assignment are attached as Annex 2 to this report. The parameters of the Mid Term Review were:

- Relevance and Appropriateness
- Effectiveness
- Efficiency
- Impact

Sustainability was also added to the parameters in order to give a holistic picture to the MTE.

# Towns Participating in the JI Project



## 2.0 Methodology for the MID TERM Evaluation

The Mid Term Evaluation (MTE) was led by Inviolata Vhevha being the external consultant hired by Mercy Corps. The review was participatory in nature and thus carried out through involvement of the JI program manager, implementing partners, supportive government departments, local authorities and their benefiting communities.

### 2.1 Methodology of Data Collection

Data for the MTE was collected through:

- Desk Review - The project proposal, willingness to pay document, baseline and progress reports were reviewed as secondary data sources for the assignment.
- Field Work - Field visits to all the five towns were done from the 24<sup>th</sup> of June to the 9<sup>th</sup> of July 2014. All five towns were visited in order to capture the context and experiences of each implementing partners. In each town representatives of the local authorities and government departments were met whilst all the program components beneficiaries were contacted. Data for the evaluation was collected through key informant interviews and focus group discussions using guiding questions. Information provided by stakeholders was complimented by observation and photography. These methods were used as they were considered to be relatively cheap and allowed interaction with the stakeholder groupings which were key in the program implementation. The table below indicates the types of stakeholders met and the respective numbers in each town while Annex 1 shows names of all Key Informants.

**Table 1: Stakeholder groups consulted during the review**

Stakeholder Group	Method of data Collection	Total Number of people in each group per town					
		Harare	Chitungwiza	Masvingo	Bulawayo	Mutare	Total
Managing Partners	KI	1	-	-	-		1
Implementing Partners	KI	2	3	1	1	2	9
Farmers	FGD	15	14	-	2	6	37
Community Health Club Members including facilitators	FGD	31	16	33	15	6	101
School Health Clubs	FGD	61	-	-	5	-	66
Health Masters	KI	2	1	2	4	2	11
Health Promoters or facilitators met alone			-	-	1	-	1
Solid Waste Recycling Groups	FGD	41	-	-		8	49
Youth Groups	FGD/KI		-	-	16	2	18
Local Authority together with government departments	FGD	14	-	-	-	-	14
Government departments	KI		2	1	-	3	6
Local Authority	KI	-	5	2	5	2	12

## 2.2 Data Analysis

The qualitative data was analysed by following the following steps:

- Listing all responses to the evaluation criteria using codes which showed origin of the response
- Classifying the responses into categories
- Compiling the responses for each respondent into compilation sheets

## 2.3 Limitations of the Study

The study was limited by the following:

1. Quantitative comparison with the baseline situation could not be done as the earlier study was questionnaire based whilst the MTE was either key informant and or FGDs. A questionnaire is therefore needed to inform the findings at End of Project Evaluation in order to compare between baseline and end of program status.
2. The new government regulations prohibit disturbances of school children so in some schools the discussions were only limited to the Health Masters so the impacts on the pupils were inferred by them.

## 3.0 Results and Discussions

### 3.1 Relevance and Appropriateness of the Design

The program was relevant to the stakeholders in the five towns because it addressed their five broad categories of need namely:

- Poor service delivery
- Continuation with what one started
- Fear of diseases
- Poverty and unemployment

#### 3.1.1 Poor Service Delivery

The program was relevant to all five local authorities because the project components addressed gaps which were in the WASH service delivery system. Service delivery in urban areas includes collection of waste from communities, hygiene promotion via their environmental health departments, response to pipe bursts and provision of clean water. All these services were provided to unsatisfactory levels in the five towns and therefore the JI program which was targeting these components was relevant to the local authorities/ city fathers as they are commonly referred to. Furthermore some specific program components like solid waste removal had already been identified as action for improvements of service delivery in the towns such as Chitungwiza. Among the government ministries such as EMA, Agritex and Ministry of Youth the program was complimentary to their official duties. In addition all five towns had experienced the cholera outbreak of 2008/2009 and components such as the disaster preparedness were making them proactive in planning and preparing for unexpected health hazards.

Residents themselves viewed the program as relevant because they needed cleaner surroundings and though it was the duty of council they had not received this service. Thus a program which enabled them to take part in improving their living conditions through participation in the program was more than relevant. Among the school children the program addressed the need *“to do something about the hygiene around their dirty living conditions in their areas of origin”* said one club member at Njube High School in Bulawayo. For the primary school authorities, the program was relevant to the topics taught in social studies.



A resident with tools for cleaning her surroundings in Mbare

In secondary schools, teachers viewed program relevance to be related to the need for transformation of hygiene knowledge into action and a club with members to spear head and demonstrate good hygienic behaviour was good. Furthermore hygienic duties were done around the school and in both primary and secondary schools.

### **3.1.2 Fear of Diseases**

The lessons of the 2008/9 cholera outbreak in which 4300 people died made the program relevant to the residents who needed to do something to ensure that the known causes of such diseases are given the light of day again. "*Ukaita Smart Wadzanga Cholera*" said one member from the Solid Waste Management Club from Mbare. The fear for disease outbreaks was emphasised by all key stakeholders including the community health clubs, school health masters, farmers and implementing partners. Water available through public distribution systems is deemed to be of questionable quality and communities welcomed the water guard as a means to defending themselves against diseases arising from consumption of water with bacteriological contamination. Furthermore in areas such as Chitungwiza treated water from the reticulated system is rare and people collect water from unsafe sources. Even in areas like Harare and Bulawayo where water is available from taps, water rationing is experienced and households cope by storing water in containers. In-house storage requires a high degree of hygienic practises to ensure that the stored water will have good quality at the time of consumption and or use within the home. Furthermore the DRR components enabled the residents to critically review the aspects which could make them prone to diseases and thus put in place plans on how to deal with them.

### **3.1.3 Continuation with the Program**

For all the implementing partners the program was addressing their key focus areas of helping communities to be better able to respond to disasters and thus it continued the activities they had been involved in for several years. Most club members had participated in previous programs and they needed to see what they started to completion. Some, for example farmers groups in Mbare, had no chance to do nutrition gardens before as they were moving around assisting others and saw the program as an opportunity for them to also do what they had taught others to do. Clubs in both communities and schools had been in previous related programs with other NGOs such as ZIMAHEAD in Mutare and Masvingo. For the youth in Mutare the program was continuing in the direction which the group had already planned.

### **3.1.4 Means of Survival**

The program was implemented in the context of high poverty levels in the targeted areas and high unemployment in the country at large with rates estimated to be around 85%. The program therefore provided a means of livelihood to enable survival of the households. "Before the program began I had no means of survival but now my hope is in the farming activities" said one farmer in Chitungwiza. The recycling of waste, growing of vegetables, seed multiplication and lessons on unblocking of sewer lines were all possible sources of income and members viewed them as viable means of survival. To some beneficiaries who have seen progressive upgrading of those involved in other development programs they had faith that better survival prospects could come to them through the program. The diversification of the clubs to include money saving was relevant to addressing the need for capital funds to start capital projects which would lead to personal empowerments of women who had traditional relied on husbands for survival. With the economic tightening in Zimbabwe there is need for both spouses to provide for the family and husbands barely meet family needs let alone the wife's personal requirements. In Zimbabwe, especially border towns like Bulawayo, there has been an exodus of youth to South Africa due to unemployment and therefore projects are giving them employment and addressing their needs. Besides the youth, the de-industrialisation which has been experienced in Zimbabwe and Bulawayo in particular has impacted the livelihood systems of those who were once employed and thus reducing the quantity and quality of meals. The food production component of the program was thus relevant to these communities.

### **3.1.5 Appropriateness of Design**

The project was designed in such a way that communities would provide the labour for all the project whilst financial requirements were general covered by the program. This design was appropriate since the people are

vulnerable. All the supportive technical expertise was designed to come from government and local authorities' offices. These were to be complimented by trained community members. The design was good as it captured the capacity of both government officers and community members. The program was also reliant on land for agricultural activities but the processes for land acquisition had not been clearly laid out.

## 3.2 Efficiency

### 3.2.1 Achievement of Outputs versus Target

The project targets and cumulative percentage progress for all the partners are shown in table below. Entries with blanks indicate that figures were not obtained in the trekker provided by the partner

**Table 2: Progress on Project Activities**

Activity	CARE		Oxfam		Africare		CRS		Mercy Corps	
	Target	% Target achieved	Target	% Target achieved	Target	% Target achieved	Target	% Target achieved	Target	% Target achieved
<b>Hygiene Promotion: Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double counting)</b>										
Number of community led DRR planning and training sessions held	10	50	1	0	6	100	4	200	4	200
Number of people participating in Community led DRR planning and training sessions	1500	16	-	-	750	120	60	200	60	200
Number of people benefiting from Hygiene promotion and education through CHCs	2400	165	600	1500	-	-	1200	24	12000	47
Hygiene promotion through School Health Clubs	600	42	12	100	-	-	3000	101	3000	101
Number of Hygiene Promoters Trained	60	47	12	250	40	98	60	100	60	100
Number of School Health Masters Trained in PHHE	30	73	12	125	30	100	30	60	30	60
Number of CHCs supported/established	12	233	12	250	15	93	12	150	12	150
Number of people enrolled in CHCs	700	113	1500	250	750	94	2400	24	2400	24
Number of School Health Clubs supported/established	15	73	12	100	15	100	15	113	15	113
Number of Children enrolled in SCHs	600	100	600	100	375	138	600	101	600	101
Number reached with Point of Use Water Treatment (Water Guard)	2000	100	2000	100	2100	89	3000	100	300	100
<b>Environmental Health: Number of people benefiting from solid waste management, drainage and/or vector control activities</b>										
Number of clean up/debris removal campaigns	2	2650	4	25	10	110	4	650	8	88
Number of people participating in clean up campaigns	3080	164	-	-	750	129	200	260	200	202
Number of Solid Waste Management Clubs/committees trained	14	50	6	100	15	93	4	200	23	100

Activity	CARE		Oxfam		Africare		CRS		Mercy Corps	
	Target	% Target achieved	Target	% Target achieved	Target	% Target achieved	Target	% Target achieved	Target	% Target achieved
Number of people trained in solid waste management	300	23	200	100	450	213	45	100	114	100
Number of trainings on waste separation and recycling	3	67	6	100	15	0	1	100	1	100
Number of people trained in waste separation and recycling	70	100	40	100	450	213	60	100	30	100
<b>Sanitation Infrastructure: Number of people directly benefiting from sanitation infrastructure program</b>										
Number of DRR initiatives	14	50	1	100			1	100	1	100
Number of Youth IGAS established	7	0	1	0	3	100	3	0	4	100
Number of people participating/benefiting from Youth IGAS established	350	0	-	0	15	100	50	0	60	100
Number of open areas reclaimed	7	0	1	0	4	25	3	33	8	0
<b>AGRICULTURE AND FOOD SECURITY</b>										
<b>Improving Agricultural Production/Food Security: Projected increase in number of months of food self-sufficiency due to distributed</b>										
Number of trainings on marketing and business skills	3	100	1	100	2	100	0	-	0	-
Number of people participating in marketing and business skills trainings	2	100	40	100	120	88	0	-	0	-
Number of Household Composting IGAs trainings	2	100	1	100	80	54	20	-	20	100
Number of people participating in Household Composting IGAs trainings	70	3500	85	100	4	-	100	100	100	100
Number of trainings on biodegradable and compost pits- Training of Trainers	70	97	85	100	120	100	0	100	0	-
Number of people participating in biodegradable and compost pits- Training of Trainers trainings	1000	100	35	100	80	101	0	-	0	-
Number of trainings on seed multiplication	3	1	2	50	4	100	4	100	4	100
Number of people participating in seed multiplication trainings	70	167	-	35 people	120	100	200	109	200	109
Establishment of demonstration sites for community seed multiplication and nutritious vegetable plots (fence, poles etc)	7	143	2	50	-	-	0	-	0	-
Number of people benefiting from demonstration sites for community seed multiplication and nutritious vegetable plots	790	49	100	100	120	100	0	-	0	-

### Comments on Progress

The figures for average progress among the partners have not been computed because oversubscription in the hygiene promotion clouds the underachievement in all the other sections. Progress made is therefore discussed under the two subsectors.

### WASH Activities

All the partners have made significant progress towards their targets with percentage achievement of more than 100% for hygiene promotion activities. One of the reasons for the high success could be that the hygiene promotion intervention has been part of the JI intervention since the 2008/9 cholera response and thus what was needed for more resuscitation of the clubs other than introducing new concepts altogether. All partners continued with already existing clubs and the number of new clubs added was often not more than 50% of the total clubs in the project area. The overachievement could also be due to the expressed demand by the communities and project partners that had to respond by accommodating these. The clean up campaigns recorded are lower than those carried out by the communities as some of them were spontaneously done without direct participation of the partners. However in Bulawayo the regular attendance to community health clubs was moderate due to demands for incentives in return for participation by club members and one club met in Cowdry Park had not participated in any clean-up activities. In response to this, health promoters in the area carried out door to door visits to ensure that households still get access to PHHE information.

The sanitation infrastructure activities had progressed the least due to the lengthy council processes required before the trainings on de-blocking could be done. Another reason was the slow pace at which the negotiation with buyers took place such that even trash cans with no real land requirement were still stored in Mbare. Only Africare in Chitungwiza managed to successfully establish three youth groups to carry out de-blocking activities on sewer lines. In Bulawayo, CRS diverted the de-blocking training to gully trap raising because the council identified the low gully traps as a major cause of sewage blockage. Though communities were trained in waste separation in all towns the establishment of the associated businesses had not occurred. In Harare and Mutare, recyclable waste is already being collected. The slow take off for these projects was partly because land for carrying out the business was to be obtained from council and again the bureaucratic processes were stifling progress. However household level businesses in waste recycling had been done in Harare, Masvingo and Mutare. The household businesses ranged from cobra making to making of baskets and hats from plastics. A unique display was that from members of Shingisanayi Health Club in Mutare where water glasses were made from non returnable bottles.



Woman displaying hats and bags made from plastics in Mbare



Plastics being collected in Mutare



House with gully trap raised in Bulawayo

### Agriculture Activities

Progress under the Agriculture subsection was high for the software/training part but the progress for the practical aspects was generally low and varied across the partners. The activities required land which was to be leased from councils and again the processes for land release have taken a long time. In Mbare, the members established a garden at a primary school courtesy of the relations created through previous programs and the anticipated benefit to the school due to the

presence of the garden in the school yard. In Chitungwiza, seed multiplication was done in surrounding open fields but the land had already been earmarked for stand development during the course of 2014 and future activities on the land are not possible. In Harare, impressive progress had been made in seedling production in trays thus reducing the space requirements. However in other towns of Mutare and Bulawayo farmers experienced challenges with use of trays and the quality of seedlings produced have been substandard. The likely cause was poor supervision and monitoring from Agritex officers since the farmers were applying the technology for the first time and thus needed close monitoring. This suggestion was confirmed in Mutare where response of Agritex officers to calls is rather low. Members who made the most progress are those with spaces in their backyards where they have established their own gardens across the five towns. However some members are tenants and landlords do not permit tenants to do gardening within the rented premises. The space requirements for activities such as composting are large and release smells during the decomposition processes have also made the uptake to be less than 50% among all the farmers groups who met. Fruit tree propagation in Masvingo had been initiated but further progress could not be achieved since the cold weather was not favourable for the budding and grafting processes. The fruit plants were being stored at a volunteer's garage in the project area.

### 3.2.2 Budgetary Efficiency

The cumulative total expenditure for the program up to April 2014 is shown in the table below.

**Table 3: Cumulative Program Expenditure up to April 2014**

Category	Total Budget US\$	Expenses to date US\$	% Spent
Mercy Corps General Equipment	4,600	2,850	62
Mercy Corps Program Activities	122,600	37,037	30
Consultants	13,000	2,941	23
AFRICARE	285,000	132,206	46
CARE	285,000	134,943	47
CRS	287,663	119,156	41
OXFAM	282,755	67,421	24
<b>Average % expenditure</b>			<b>39%</b>

The table above indicates that the average overall project expenditure is 39% with more than half the project period gone. One of the reasons for the under expenditure was that some capital intensive projects like IGAs related to solid waste recycling and sewer de-clogging had not yet commenced due to the councils' bureaucratic processes explained earlier.

### 3.2.3 Factors Affecting Efficiency

The high efficiency was also affected by partner's management, stakeholder involvement, capacity building and monitoring.

#### Partner's Management

The low expenditure is also indicative of a high degree of efficiency by the staff members among the partners. Partners have been involved with the JI project since 2006 and hence have perfected systems to deliver outputs. No operational challenges were reported by both the managing and the implementing partners again due to relations which have been improved over time. The staff members in all the partners were well qualified and experienced with some staff members in CRS having been in the program since its inception.

## **Stakeholder Involvement**

The program was heavily reliant on the local authority or government personnel whose duties they were complementing. Government workers from the Ministries of Youth and Development and Agritex offered their services to the program at no charge other than the lunch allowances. Even in difficult areas such as Mbare, the program was able to continue working because the DA (District Administrator) was doing all the facilitation and the program operated through what is called an Area Coordination Committee (ACC) which holds bi-monthly meetings with stakeholders and other partners and CBOs operating in Mbare. Though government workers were generally available, exceptions were experienced in Harare where the Environmental Management Agency (EMA) was often too busy to come to the program thereby depriving the beneficiaries of expertise. At times government involvement resulted in delays especially in areas where government also wanted to incorporate other dimensions, for example the DRR workshop was delayed for Harare because the DA wanted the training and planning to be for the greater Harare office instead of the targeted wards.

The local authorities in all the five towns attached its personnel from the health department to work directly with the program. This enabled the program to deliver what it required within normal time frames. These linked persons were key in facilitating the MOUs especially in Mutare where the council contact person was instrumental in identifying even facilitators external to the city council in an effort to improve the success of the program. An exception was the city of Harare where personnel from the Health & Education and Public Works/Engineering were not participating in the program. In such cases the aspects requiring the intervention of these departments were slow. In Harare the anticipated training on deblocking of sewers had not yet been concluded despite negotiations having been ongoing for more than three months. In towns like Masvingo and Mutare the training venues for project related courses were council halls which were accessed with no financial inputs. In other areas such as Masvingo government departments like EMA also contributed push carts to the solid waste collection program. All these initiatives reduced the direct costs to the program. Inefficiency of the city councils were however encountered on issues related to land and deblocking of sewers. These issues especially the one of land involved passing through the whole decision making chains of local government and by the time of the MTE only Africare in Chitungwiza had managed to do meaningful progress on the land issue. This was the reclamation of the St Marys Park back to a state which residents could use. In the other four towns, land acquisition for project development was still underway though minor developments were already happening at one of the identified sites in both Mutare and Bulawayo.

## **Capacity Building**

The program's high efficiency was in part due to the capacity building initiatives which were done. All of the government stakeholders and community members were given training before their participation in the program. Members were trained in all elements relevant to their program areas. However business management had only been taught to selected members usually directly involved in income generating activities such as seed multiplication and solid waste recycling. The club facilitators were very efficient with their work because they had also been targets of earlier programs of either earlier JI phases or from complementary development partner initiatives. In Bulawayo, hygiene promoters were given bicycles and T-shirts whilst in all other towns residents were given tools for assisting with the clean ups.

## **Monitoring**

The program was being monitored at various levels to ensure delivery of outputs. At program level, monitoring was through the quarterly meetings, reports and visits by the project manager to partners' sites. Within the implementing partners, monitoring was done by the Monitoring and Evaluation (M&E) officer either on part time basis as was the case with four partners or on full time basis in the case of Africare. The existence of a full time M&E officer was probably responsible for Africare succeeding to even monitor sessions by each of the health clubs once a month. "*The Africare girls are now part of us*" remarked one club member in Chitungwiza. The project officers and coordinators for all partners were also full time on the ground except in MC where only the officer was on the ground and the coordinator had other duties. With the exception of Africare in Chitungwiza, all other clubs in the four towns reported infrequent visits by the project

staff. The visits by project staff are important in ensuring that the CHC facilitators, which are basically community members, are able to correctly transmit the information to the members who may in turn also pass it to their children and the community at large. Because of the multiplier effect it is important for project officers and or council appointed personnel to regularly monitor club sessions in order to give corrective advice where necessary.

The involvement of government stakeholders in monitoring was limited due to mobility challenges as the officers often waited for the program vehicles to transport them. In the case of farmers in Mutare and Masvingo Agritex officers were said to rarely visit individual plots even on request. Monitoring by Agritex officers was more frequent at demonstration sites usually in the company of project staff. Chitungwiza was the exceptional one where the resident Agritex officers considered it part of their daily duties even if it meant visiting the farmers on foot. The impacts of the infrequent monitoring in Mutare resulted in farmers doing the wrong things like the incident of the Budirirai farmers whose seedling grew beyond the normal period for sale. Members were then forced to plant the seedling themselves for they were no longer fit for sale. In another case in Mutare and Bulawayo seedlings in seed trays were very poor in Mutare farmers discontinued use of the trays. Further investigations in Mutare indicated that the pine bark used for seedling production needed more watering than was being provided by the farmers but this was only learnt when it was probably too late for farmers who now view trays as inhibitive. This works against adoption of the trays by farmers with land constraints as the device was meant for use even by those without land a common occurrence in urban areas especially among the poor. Exceptional and commendable government monitoring was in Masvingo where the district Education Inspector has been to participating schools twice since the beginning of the year and was even recommending inclusion of at least two teachers as health masters per school and replacement training should the trained teachers transfer.

Monitoring was also done through reports from hygiene promoters and from the forms designed for schools. Though these reports were received on regular intervals by the project staff, physical visits are needed for complementary evaluation. In Mutare the city council is responsible for monitoring of the health clubs and an appointed coordinator for all health clubs was put in place to produce a consolidated monitoring report for all the clubs to forward to the Health department. Such initiatives are good as they not only increase efficiency but also contribute to sustainability after the project period.

### 3.3 Effectiveness

#### 3.3.1 Effectiveness as Measured by Project Indicators

The program has two specific objectives which were to improve communities' responses to WASH shocks and diseases and improving urban populations' reliable access to nutrition. The progress on each of these objectives as measured against indicators given in the project proposal are indicated in table below.

**Table 4: Progress on the Indicators**

Indicator	Project Target	Oxfam	Care	CRS	Africa re	MC	Total
<b>Sector 1: Water, Sanitation, Hygiene</b>							
<b>Objective 1: To increase community resilience to WASH related shocks such as disease outbreaks for 11 000 HH</b>							
<b>Environmental Health</b> 1.Number of people benefiting from solid waste management, drainage and/or vector control activities (without double counting)	-	40	60	70	960	114	<b>1 244</b>
<b>Hygiene Promotion</b> 2.Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double counting)		1500	3950	2865	705	5625	<b>14 641</b>
<b>Sanitation Infrastructure</b> 3.Number of people benefiting from this sanitation infrastructure program		0	0	0	15	60	<b>75</b>
<b>Sector: Agriculture and Food Security</b>							

Indicator	Project Target	Oxfam	Care	CRS	Africa re	MC	Total
<b>Objective 2:</b> To improve urban population's reliable access to nutritious food							
<b>Improving Agricultural Productivity and Food Security</b>							
1. Projected increase in the number of months of food self sufficiency due to distributed seed systems/agricultural input for beneficiary households		-	-	-	-	-	-
2.Number of people benefiting from seed systems/ agricultural activities disaggregated by sex		85	70	218	105	83	<b>561</b>

**Achievement of Objective 1** -The number of households (it is assumed that only one person trained or participating in clubs was from one household) benefiting from the WASH interventions was 14,641 which is about 133% of the projected target of 11,000 HHs. The over achievement was mainly due to the high community response to formation of clubs in order to take active roles in the delivery of their WASH service whilst being economical empowered. The number of households which are benefiting from the WASH intervention is actually higher because the partners are only recording HH who are directly participating in the program. A more accurate measure would be the number of households living in the vicinity where the interventions are being carried out. The results of the recent 2012 census can probably give a more accurate guide on the number of HH in the affected wards as they all benefit from the interventions. The failure to implement declogging trainings and implementation in 4 of the 5 towns as well as the non-commencement of solid waste recycling projects has reduced the number of beneficiaries and thus the program is expected to highly surpass its WASH indicator.

**Achievement of Objective 2** - Though consolidation has not yet been done, indications are that this objective as per given indicator is not on course to being achieved. One of the reasons is that the Agricultural initiatives began late and only the vegetables had been harvested by the time of the MTE. Even for the vegetables the cash received data was still being consolidated and therefore it was not possible to measure the program effectiveness based on the indicator related to food self reliance. The number of households benefiting from agricultural activities was 561. The program adopted the lead farmer approach where the trained farmers where to form subgroups to teach others what they had learnt. The cascading of the trainings was still being done and registers of how many each of the lead farmers had trained were not yet consolidated. The need for land and water also limits the number of households who can participate in the agricultural based activities.

The effectiveness of the program was also assessed through an analysis of how the outputs from the program assisted the achievement of the project's two objectives. Information flow and incomes are key ingredients in reducing vulnerability to diseases and malnutrition.

### 3.2.1 Information Flow

One of the requirements for responding to WASH disasters is information and the program established platforms for sharing information to all members in the community. The program managed to establish health clubs in schools where school children could be reached. The club membership included both girls and boys.

**Losthe school children singing about diarrhoea**



**Masvingo Mayor promoting motorists not to throw litter**



The enrolment into the clubs was based on volunteer bases so in theory all children could join. The health masters and school club members met in schools for Harare, Bulawayo, Masvingo and Mutare indicated that membership was drawn from across grades. However in some schools in Chitungwiza membership was limited to the classes which the health masters taught to avoid situations where other classes may be doing something else at the time that they want the pupils. In primary schools and secondary schools pupils lower than grades 3 and those in Form 1 respectively were generally not members. In primary schools the reason for exclusion was that the younger pupils finished earlier and needed to get home before the time of clubs which are usually done after lunch. In secondary schools F1 are usually expected to do general work within the school during the club times. In both primary and secondary schools the number of children enrolled into clubs was general less than 10% of the total school enrolment.

Though all schools met indicated that club members are given time at assembly to reach out to the others it is unlikely that the few minutes sessions could lead to change of the bulk of the school children. The clubs were effective in transmitting information of hygienic education to children. At one school in Mbare 60% of pupils were able to respond to questions on hygiene whilst in Masvingo the inter schools competition proved that pupils understood what was being taught. In a PHHE schools competition held in Masvingo an event which was supposed to last until 1pm was extended to 3 pm because judges were finding it difficult to separate schools as all pupils were getting all the answers correct. According to the health master in Chitungwiza transmission of hygienic education from children to children was more effective than having teachers instruct the pupils because the pupils spend a lot of time together and can give advice that is targeted at inappropriate peer behaviour.

The clubs within the communities of target were also good vehicles for information flow to the general public. The clubs were general not discriminatory and any member could join. However in some areas like Chitungwiza and Masvingo members needed to monitor the behaviour of those joining for three weeks before making them join the clubs. The clubs meetings were conducted within the residential areas of all the club members such that no one could be excluded from sessions by virtue of no transport money. The tools used for the sessions were also pictorial such that even the least educated and the aged could understand what was being done. The facilitator was also one of the community members who used their own language and therefore members understood the language well and no-one expressed fear in approaching their facilitators. The use of the promoters was gaining acceptance among the residence who were now giving respect to the hygiene promoters. The respect was also because the promoters have for a long time been part of the volunteers in programs such as HBC facilitators and in some cases like Bulawayo they were not getting paid so community members understood that the promoter's interest was more for community improvement than money. In a club competition all members of Tasimukira club in Masvingo had more than 50% when visits to check on compliance of households with expected hygienic was done to their homes. In the same case the household which was given position 1 had 93%. The clubs were also effective in communicating the information to members polluting the environment. Being residents of the same areas their information and education is targeted at households who either usually pollutes the streets or open areas close to their areas of residence or whose homes are often unhygienic. Furthermore hosting of the training in the areas where the problems were being experienced increased the effectiveness of what was being learnt by both the promoters and club members since the examples of the issues under discussion were in their local area. Beside the door to door campaigns done in areas of Bulawayo were more effective in imparting the information to the households since the education was given in privacy.

The farmer's clubs formed were also effective in transmitting information to the farmers. Some farmers especially in Masvingo remarked on how they now farm from an informed position and now regard farming as a business. The farmers met were able to articulate some of the key issues in farming ranging from planning, financing options, fertilisers, seed choice, spacing and marketing. However farming was not open to all members of society because some could not join the clubs due to shortage of land and also the limited number of farmers to be reached. For example in Chitungwiza farmers needed land to do the seed multiplication.

### 3.2.2 Income Flow

The farmer's clubs and the practise of money lending within clubs was effective in improving nutrition. The farmers were given information which allowed them to grow a variety of vegetables thus improving their nutrition. The factors contributing towards this effectiveness was that the gardens were completely under the control of the households and use of the vegetables was dependent on need. In Masvingo where farmers were doing sack potatoes, families had an average of 13 sacks of potatoes with an anticipated harvest of 10kgs per sack translating to an income of \$10 per sack.

## 3.4 Impact of the Program

The program was built on to earlier JI phases and therefore though it was only midway through, significant positive impacts have already been realised in terms of social networking, communication between councils and its residents, economic, hygiene and health improvements. Some negative impacts like dongas have also been brought to the operating environments.

### 3.4.1 Positive Impacts

#### 3.4.1.1 Social Networking

The existence of initiatives such as the hygiene clubs, farmers and solid waste recycling groups has brought the residents in the same locality together. This togetherness though initial to do the project related activities such as farming and PHHE sessions has improved socialisation among community members. This improved socialisation and networking has allowed sharing of ideas among members especially the women. The clubs were cross cutting in terms of ages of its members and thus interaction between the young and aged women was improved in the society. *"The clubs have helped me to network with people I would otherwise never talk to"* remarked one club member in Mbare. The sharing platforms created were also important for discussing other social problems which brought psychological burden among the community members. The creation of interactive communities create a togetherness which may greatly assist prevention of tensions even during political unrests which at times characterise some of these areas in times such as elections.

Among the school children socialisation was improved through one identity of being club members within a school with many pupils. In some schools like Lotshe, Shingai and Sakubva the club members were responsible for monitoring litter and thus encouraging interaction across grades. In most schools membership was across grades and the networking within the school was improved. The clubs provide a platform where children can also present their issues for example in at Frances A Phiri one of the school health club members was able to share her problem of using a communal towel at home though hygienic knowledge advices her against it.

#### 3.4.1.2 Dialogue between Residents and Council

Perhaps the biggest impact was creation of dialogue and interactive platforms between the residents and the council and also with government workers. The platform was good for both the residents and those in council. It is often difficult for residents to raise voices as individuals but as an entity such as clubs residents were able to get their views heard by council. The residents through their hygiene facilitators had the contact numbers of the relevant people within council and they could phone to request refuse trucks to move accumulated refuse if necessary. In the areas of Mbare residents also phone to report incidences of pipe bursts and blockages. Though at times the required assistance does not come at least the channels of getting their issues known by council have been activated and are working. The council is also finding it easier to pass their relevant information to the communities. In the city of Masvingo, the Mayor uses the clubs as conduits to advocate against improper disposal of pampers and also to campaign for good land conservation so that activities like the sack potato do not cause dongas within residential areas. The clubs within the program have been used by councils to communicate issues and roles which the community can play to improve service delivery since *"it has become evident that council cannot handle the issues of service delivery without supportive community participation"* said Mr Ndhlovu of Bulawayo city. Even the councillors have been involved in clean up campaigns leading the community by example. Government extension workers such as those from Agritex and Ministry of Youth have also improved their dialogue with the farmers in the urban areas. Due to poor resourcing of the government extension programs it was often difficult for

extension officers get the attention of urban communities who often require financial returns from their activities. EMA has also been brought closer to the community which they intend to educate.

#### 3.4.1.4 Economic Improvements

Both the projects derived from solid waste recovery and agriculture provided the much needed income for the families as well as for the local authority. Use of waste paper to make baskets and hats provided incomes for the women. One disabled woman (64 year old Mrs Mudzingwa) in Mbare reported that she can sell up to four hats and two bags a month at a cost of \$3 each whilst another woman in Masvingo indicated that up to six baskets a month can be sold for \$6 each. In Mutare the Shingisanai club members who are engaged in making glasses from recycled bottles can sell as many as 120 sets per month at an average of \$3 per set. Others in Masvingo were making up to \$50 from selling Cobra/floor polish made from recycled plastics. For local authorities economic gains were in the fuel saved in running refuse trucks. In Mutare the collection of waste for recycling by club members coupled with composting practises had reduced the number of council refuse trucks from 8 to 5 per week which is a reduction of about 20%. Though the extent was not quantified in the other towns the reduction in trips is inevitable since the vendors collect the waste before it is transported to the dump site. The collection of waste before the dump site is beneficiary to the waste recyclers because they do not have to pay a monthly scavenging fee ranging from \$3 -\$20 if they collect the waste direct from the producers.

Both men and women engaged in farming and were already deriving incomes from the project. The production of seedlings is giving families an income after periods of about two weeks. One group in Mutare got an average of \$60 profit from their sales of tomatoes and rape translating to \$10 per member within two weeks. In Chitungwiza the bean seeds were anticipated to bring \$350 for the farmers. In Masvingo one resident who never used to sell any of her vegetables has used the compost and now makes an average of \$20 from selling tsunga, rape and spinach per month. The money generated was enough to attract her son into gardening as a means of earning an income. Another innovative farmer Mr Mutinye has already started selling his fruit seedlings from his vegetable market stall in Rujeko and to date he has sold 50 at an average of \$2 each. The income gained from the farming initiatives has been used to do various empowering activities. One woman in Mutare's ZIMTA area used her funds to establish a tuckshop from which she is now getting an income of about \$2 a day. In Mbare members of the Noble Ideas farmers' club had \$74 from the sale of their seedlings but they had not shared it out to members.

Economic empowerment has also been derived from participation in sanitation related programs. In Chitungwiza one of the three youth groups has managed to do 3 declogging assignments for a total of \$24 shared among the 5 members. In Bulawayo the youth groups were undergoing training of gully trap raising where they expected to charge about \$10 for raising gullies of affected households. All the community health clubs have also diverted to money saving and lending schemes. Members contribute \$4 to \$100 a month and the money is used to lend out to club members and is shared in cash or as groceries after defined periods which range from 3-12 months. The money borrowed is charged an average interest of 20% per month. These schemes have enabled some members to buy kitchen utensils, personal phones and in highly successful cases of Masvingo's Rujeko suburb (Tasimukira Club) even houses. It is however worth noting that some of these schemes started before the current phase.

**Chitungwiza club members sharing groceries**



#### **3.4.1.5 Improved Hygiene**

The JI project has also brought hygienic improvements within the homes and the general environment. *"We feel that the program should also be taken to Gweru where solid waste is all over in public places"* remarked one woman at a meeting at Mucheke Hall. The valuing of good hygiene with the homes of club members has increased and in Rujeko nearly 25 of the 60 of the club members have fitted hand washing basins into their toilets in order to encourage hand washing for family members. The clubs have managed to provide the labour required to keep clean environs and this impact in Harare's has caused the city fathers to demand 15 more clubs instead of the original number such that the flats areas with high concentration of both people and waste can be improved. *"The clubs have changed the face of Mbare"* said an official from DA's office in Mbare. The clubs who organise several clean up campaigns outside the project have been instrumental force behind the clean up campaigns in all cities including reclaiming some spots that have been as used dump sites for years. The reclaimed areas have been turned into beneficiary areas. In Chitungwiza reclamation of the area near St Marys Clinic has restored the once neglected park whilst in Mbare close to Mupedzanhamho market a vegetable garden has been established by a group led by Mr Masimba. The improved hygiene within cities like Bulawayo is evidenced by the fact that the number of clean up campaigns have decreased from once a week to once a month. The involvement of communities have assisted in maintaining clean environments as their hands experience have shown them the labour required to remove the waste. In the urban areas of Masvingo, Bulawayo and Mutare the club members have become police ensuring that their streets are clean. Other members in the area now recognise the roles of Health Promoters and the report cases of dumping to them. The improved hygiene has also come about as a result of knowledge of what can and cannot be done. In Mutare the public is now so aware of the antilittering laws that at one time a local business man was fined by EMA after a member of the public identified his address on the dumped address. Furthermore in the same city when members observe incidence of pipe bursts they report to EMA whom they know have the capacity to direct council to carry out repairs. Before the program EMA used not receive to receive reports on pipe bursts. Now they receive up to four reports a month.

Within schools health masters also reported improved hygiene within schools though absence of hygiene enabling facilities such as water to wash hands after toilet use and tools to do clean ups in the school limit this impact in areas such as Mbare.

#### **3.4.1.6 Improved Health**

The project has also improved the health of the people because people now live in cleaner environments through the clean ups and hygiene lessons. The nurses from the clinics in Chitungwiza remarked that the patients are now better informed. Furthermore, the handling of food and water which are usually pathways for disease transmission have been partially blocked because women responsible for providing these to the families are now aware. Some of the targeted women also run backyard food outlets and their improved hygienic practises are passed on to these businesses. *"Our vending sites are distinctly cleaner than those of non-club members"* said one club member from Mbare. Furthermore the gardens have also improved food availability and diet within the homes which all contribute towards improved health. One woman in Masvingo who has to feed a disabled child remarked on how easy life was for her now since she easily accesses the food from the garden.

### **3.4.2 Negative Impacts**

#### **3.4.2.1 Land degradation**

Some farmers not necessarily members of the clubs have embraced the sack potatoes and obtain soil without backfilling the pits where they obtain the soils. This has created dongas in the suburb of Rujeko in Masvingo *"some of the dongas have caught the mayor's attention who visited Rujeko to find out what was happening"* said one potato farmer in Masvingo.

### 3.5 Sustainability

The program across the five towns has put in measures to ensure that the benefits currently being enjoyed by the communities will continue after the program ends. These measures fall into three broad categories namely ownership, capacity building and felt value from participation. However lack of resources and incentives will tend to work against sustainability of the program.

#### 3.5.1 Ownership

The JI program across the five towns has ensured that the local authorities are in the driving seat of the program. The supportive local authority departments (Health, Engineering, Public Works, Social Services) are actively involved in the planning and delivery processes. This is done to ensure that all involved will continue with the processes until the end. However in some towns such as Harare despite the repeated call some key departments including Public Works and Health Education do not work with the program and are unlikely to work the program later. Such actions may derail the communities members who need to feel that their efforts are being noticed and supported those responsible. One example raised was the slow response to blockages which makes all cleaning efforts done in the blocked toilets futile. The DA for Harare however insisted that all missing departments will be brought on board to support the program and all that is required is to report the non supportive members to the DA's attention. In all towns the activities of the project are reported in council meetings and in Area Coordination Committee meetings for Mbare. These committees will continue to function even after the program. Some of the long term plans such as the DRR plans which have been developed by the towns have long term plans which already go beyond the life of the project indicating the seriousness of the responsible authorities to function beyond the JI program. In Chitungwiza someone from the council has already been assigned to take care of the reclaimed park on a daily basis and hence the Park benefits will continue to be enjoyed beyond the project. In addition some towns like Bulawayo were planning to launch a program termed Bulawayo Solid Waste Improvement Plan (BSWIP) whose focus is on solid waste implying that issues of solid waste will take center stage even after the program. In Masvingo the Mayor felt that war against solid waste was "a Masvingo town issues and the program was to continue with or without CARE". The communities also feel that they own the responsibility to keep their cities and in all cities clean up campaigns organised independent of development parameters are occurring.



The school clubs are being regarded as part of the school clubs and in all town schools have clubs have seen been in existence since 2006 and these have been a constant as NGOs changed. Such is an indication that the clubs will continue beyond the project but it also points to the need for some sort of common belonging for these clubs. Clubs within schools are affected by sporting activities and they general receive the most attention during third term. The practise of closely involving the district officials as was done in Masvingo town will probably lead to better sustainability since the district level is keen on monitoring and continuity of the clubs. The district pledged to ensure that all school inspectors will

need to report on the progress made by the clubs. The clubs have shown better signs of sustainability in the schools such as Njube (Bulawayo) and Shingai Primary School (Chitungwiza) where the headmasters have also been called for sensitisation workshops. The hygiene promoters and club executive leadership run the clubs based on agreed constitutions and members feel that they own the clubs and it is unlikely that they can collapse due to ownership crisis. The community clubs have been supervised together with the environmental related departments within council though in Harare the respective department has not been forthcoming. The clubs need to be linked to some permanent department so that those responsible can continue to visit them and or organise competitions to increase the concentration of the members. In Masvingo, Chitungwiza, Mutare and BYO the facilitators have long periods of linkages with the respective city council and it is likely that these links will enable continuation of the clubs through providing the support required. The frequency of visit to these clubs will also increase chances of their sustainability. Within one farming club (Noble Ideas) in Harare the children also participated in the activities like gardening though either the mother or father were members and should the parents die the children will continue with the membership.

The farmers club were also been closely linked to Agritex in Harare, Chitungwiza, Mutare and Masvingo as these have participated in the training and monitoring of the farmers. Since the Agritex extension staff are permanent government staff members in these areas they are likely to continue interacting with the farmers even in the absence of the development partners. However in Bulawayo the training was done by Farm and City and the interaction is likely to last for as long as there is mutual benefit. Disputes related to prizes and supply may cut the relationships should the private company see the clubs as not adding any value to their business.

The residents own the responsibility of keeping their city clean. In cities such as Masvingo, Bulawayo and Mutare the club member's responsibilities are backed by council who respond with cautions, fines or penalties on the offenders reported by the club members. In these cities the council respond by closing water and asking the offender pays a fine of between \$20 and \$50 depending on the town. These fees have been deterrent enough and households have general not dumped waste at the cleaned up open spaces. Those who continue to do so in towns such as Bulawayo do it in the night when no one sees them for they know that if found out they will be forced to remove the waste and or pay a fine. In Mbare and Chitungwiza the backing of club members by council through enforcement of their reports on offenders have not been common. The non-dumping activities have been more of voluntary than fear of enforcement as Chitungwiza has scrapped all fines to offenders. Such a system is unlikely to be sustainable in the long run.

### **3.5.2 Capacity Building and Resources**

The participants of the program were capacitated with both the knowledge and resources to continue with the work beyond the program. *"To us being given knowledge instead of handouts is like being given fishing hooks and not the fish and so we will continue fishing to get our fish even after the program"* remarked one member of Shasha pahutsanana club member. The club members for hygiene, solid waste recovery and farming clubs had the knowledge to continue carrying out their current functions. The facilitators were also given tools to use in teaching the new members who will join the clubs even after the project period. The clubs also had developed their own reporting structures which had been capacitated with the basic skills of running a club. However only the members involved in the farming or waste recovery business had been given a business management course. Virtually all clubs members met had diversified into one form of business or the other and therefore they also needed to be given business management skills to enable them to proceed sustainable.

The club members have also been capacitated with the resources to continue with their work. Those in clean up campaigns have been provided with pushcarts, brooms, protective clothing and. While the push carts can last up to 12 years the other materials such as brooms have shorter life spans of around three months. Unless councils or another stakeholder take active tools of providing this equipment to community the activity may eventually be stopped as residents are unlikely to buy the tools on their own. *"Council will continue as long as resources to do so are there"* said one Chitungwiza employee. In Bulawayo on ESATS a leading uniform supplier had provided some assistance to the clean-up but a more organised system for the provision of tools will be required to increase chances of sustainability. In one school

club in Bulawayo the members were given \$20 as kick start funds for raising money to buy all the equipment they needed to turn their theoretical knowledge on hygiene into practise.

The clubs members have also been capacitated through linkages to the platforms necessary for continuity. This has especially happened with the farming groups where everyone met knew where to buy seeds, fertilisers, special soil and chemicals. In Masvingo the members of the waste recycling groups have been put into direct link with a prospective Private Sector buyer of their products who also promised to provide a pelletiser and the agreements were officialised through an MOU of the parties. However these linkages have not yet been done to completion for those clubs which have not yet started production. The same trend has been observed for virtually all land dependant projects such as the Youth waste recycling project in Mutare. The land bureaucracy delaying start of programs is likely to make the program unsustainable as the club members will continue to need support in the learning curve for all prospects for their work. Land ownership will probably work against sustainability of land dependant projects unless councils donate land.

### **3.5.3 Diversification or Value of Participation**

The urban population who live a life driven by the need to provide for their survival will always need some value in participation in the programs. Virtually all clubs met had diversified in order to get some income generating or saving components within the clubs in order to attract members. About 90% of the members in the clubs have been drawn to the clubs by the prospects of self empowerment in a country where unemployment is high. The issue of incomes from projects done within the clubs have especially attracted males and who are likely maintain their presence in the clubs. All the males who attended the MTE discussion were in the money lending schemes.

Besides the monetary value some club members have been promised priority consideration should jobs in the sectors relevant to what they are already doing arise within council. Whilst this hope was farfetched in light of retrenchments in most local authorities it was likely to sustain members' participation in the short to medium term. Other values which have kept members in place include incentives such as bars of soap after clean ups. However in towns such as Mutare they have withdrawn these incentives and the turn up for clean ups has not been significantly affected. In other towns such as Masvingo the municipality through the mayor vowed to continue giving half bars of soap to clean up volunteers. Furthermore private companies have been lured into participation by increasing their value for example permission to advertise through initiatives financed by them. One such example will be placement of the company name on drums in public parks and street donated by the private company and or printing the company name on the recycled plastics produced.

## 4.0 Best Practices and Lesson Learned

### 4.1 Best Practices

The following are regarded as best practices drawn from the partners indicated:

Practice	Partners best Exhibiting them
<b>Reclamation of previous dumping area into productive areas guarded by those deriving benefit from them-</b> The solid waste recycling groups who were also taught about farming cleared dumps which had accumulated in open spaces. However the public still continued to dump waste onto these spaces forcing the solid recycling clubs to be involved in a cycle of cleaning the same spaces. The clubs decided to use the cleared areas as either gardens in the case of Mbare and as Parks in the case of Chitungwiza. After that dumping stopped.	Oxfam and Africare
<b>Restoring areas into previous land uses-</b> Councils were reluctant to designate new land for recreational activities. Partners then decided to identify areas which had been designated as Parks before but for one reasons or the other had become neglected. The councils then became forth coming and restoration activities are underway.	Oxfam, Africare and CRS
<b>Working through Existing Initiatives-</b> The program made use of the structures such as Health and School clubs which were already on the ground as functional entities. The clubs were general for hygiene lessons but after some time monotony was affecting functionality. The program then capacitated in the members with new skills such as farming, compost making and business management. This made the attendance to clubs to remain high.	All Partners
<b>Giving Marked Work to Pupils-</b> It is difficult for teachers to assess whether or not pupils are mastering the PHHE lessons. Giving written tests during the club times helped the teacher in Chitungwiza to determine the effectiveness of their lessons. An objective measure of the knowledge getting to the clubs members can also be determined	Africare
<b>Supporting Council priority areas-</b> The supported municipalities already had some plans on the ground regarding improving WASH services but these were lacking effective strategies and financing. Identifying and supporting these plans got an automatic buy in from the council officials making the subsequent implementation fast.	All Partners
<b>Gully Trap Raising-</b> Sand and foreign particles contribute the most towards sewer blockages. The councils cannot really do much since the low gully traps are on privately owned land. Development of a private youth group to provide gully raising expertise was a good initiative.	CRS
<b>Officialising private sector Engagements-</b> Most small enterprises fail because of lack of capital equipment and market. In addition some community groups have to deal with markets that change rules as and when they feel like making it difficult for small players in business. In Masvingo a private company was engaged and agreed to buy recycled waste from the community groups. Besides providing the market the private company also promised to donate equipment to use in the project. All these agreements were officiated by an MOU to ensure that relationships will continue even after the project.	CARE
<b>Family Involvement in clubs-</b> The club members were involving their families in activities such as compost making and gardening. The members were coming to do the parent's duty in the absence of the club member ensuring that the clubs projects would not suffer. In other settings the family members started their own projects such as compost making and sack potatoes copying from the family member who was in the project In other settings involving long term projects a family member was allowed to take over in the death of a relative	Oxfam and CARE
<b>Collaboration with related Activities -</b> The JI was addressing topical issues and there were some initiatives in the area of operation. Combining with these activities reduced the costs to the program whilst achieving the project objective	Africare
<b>Community Financing of Projects-</b> The targeted members were vulnerable and often did not contribute cash to the projects they ran. However in one situation in Mutare the members of one club started the farming project with their own reserves. The members have a strong commitment to the success of the project since they committed their own funds.	Mercy Corps
<b>Giving Community Quick Wins-</b> People in urban areas are not sure of the benefits to be derived from programs. Activities which give quick and visible benefits such as clean up campaigns make the	All Partners

Practice	Partners best Exhibiting them
communities to develop faith in the JI partners	
<b>Making Councils Identify Resources Persons-</b> Programs general stop after the partners pull out because the supported local authorities are not sure about how to do it. Making the local authorities to be lead the process of resource persons identification will promote their continuation with the capacity building activities after project comes to an end	Mercy Corps
<b>Collecting Waste at Generation Point-</b> General waste is collected at the dump site where waste pickers pay a fee to access the waste. Transportation of the waste to the dump site also increased volume of waste carried by local authorities. Thus collection of recycled waste at the point of generation saved money to both the communities and the council through savings from licence fees and transport cost respectively.	Mercy Corps
<b>Making new clubs part of old ones-</b> Club members learn better from each other and thus making new clubs sub groups of existing ones makes this learning easier.	Mercy Corps
<b>Getting Buy ins from Headmasters-</b> School health clubs suffer from lack of support by the school decision makers. The engagement of the headmasters prior to the initiation of health club activities makes it easier for health masters to run the clubs within the schools.	Africare and CRS

## 4.2 Lessons Learned

The program has provided the following lessons to the programming:

- Seasonality should be considered in implementing agricultural initiatives in order to align seasons to appropriate crops and activities
- It is difficult for community members to be given space to do income generating activities such as de blocking which are in conflict with council employees' interests.
- All contributory factors to observed poor WASH service delivery problem need simultaneous addressing otherwise the weakest link within the system will make the system ineffective. In this program council supplementary services make or break community participation
- Appropriate punitive response to volunteer reports on those dumping waste at undesignated sites encourages them to do their work with vigilance and profiles the volunteer high within their communities
- Discussions on land leases need to start early on in the program as council processes are bureaucratic and can take for ever resulting in programs ending before some land dependent projects can go through at least once cycle
- School health club most active if the teachers of the classes involved have undergone the PHHE training
- People in urban areas take keen interest in programs with an economic return at personal level.

## 5.0 Conclusions and Recommendations

The conclusions and the corresponding recommendations for improvements in program implementation are shown in the table below:

**Table 5: Conclusions and Recommendations**

Conclusions	Recommendations
Partners have strength and best practices which can benefit their counterparts in different	-Each partner should make detailed case studies of their success stories -Exchange visits among partners for the purposes of learning
Community hygienic efforts are not consistently being complimented by the city fathers. Some non complimentarity are due in part to non participating in the stakeholder meetings	-Continue to engage local authorities for them to understand the effect their non-complementary services are having on the program. The key departments for engagement are the Health Education, Public works and refuse collection -Use the DA to invite all stakeholders to the project meetings and use the same channels for follows to ensure accountability
Initiatives which depend on either council leasing land and/or touch deep into the core of council departments activities are progressing the least	-Hold frequent all stakeholder meetings which puts pressure on councils to make decisions -Diversify to other complimentary non-core council business activities such as the gully raising done in Bulawayo
Club members within both schools and communities require recognition and exposure to keep them motivated.	-Encourage all councils to appreciate efforts from the clubs -Publicise the work carried out by health clubs in solid waste management possibly through meetings and if possible through the press -Promote exchange programs -Advocate for promotion and adoption of what has worked best
With increased diversification of activities there is risk of reduction in the actual PHHE sessions during meetings	Ensure that PHHE is still discussed by organising regular theoretical and practical competitions
Waste recycling projects are unlikely to go through the whole project cycle before the end of the project	-Allow for a No cost extension to allow solid waste projects to go through at least one cycle in order to offer the necessary backstopping support -Speed up provision of all the promised material resources -Link the waste recycling projects to a volunteer mentor company doing the same business in order to provide the required business
Some government partners fear exclusion from success stories	The ownership of the processes through involvement has been important and all stakeholders including government departments need to be kept abreast with all developments so that no one will feel like they helped push start a car which later dropped them off.
Visits to health clubs in both schools and communities are irregular in the towns of Harare, Bulawayo and Mutare	Regular visits to ensure that tools are used properly since the audience reached by the facilitators and HM are high and therefore one person's error is spread to at least 30 persons
Most community clubs have diversified into business either as groupings or as individual entities	Give courses in business and project management to all community club members
Program with benefits other than the program ones are the ones which will continue to move after project subsidy	-Concentration should be to find a business element in every program components -Pulling factors needed for both school and community clubs

Conclusions	Recommendations
	<p>so mechanism to strengthen self sustenance of pulling factors need to be given the greatest attention</p> <ul style="list-style-type: none"> <li>-Encourage the members to share the knowledge within families for continuity</li> </ul>
<p>There is a high expectant for program renewal among beneficiaries</p>	<ul style="list-style-type: none"> <li>-Let Clubs know of exit date</li> <li>-Gradual withdrawal of soap incentive for communities and gauge reaction</li> <li>-Exchange programs for schools and clubs</li> </ul>
<p>PHHE knowledge content is rarely being tested</p>	<ul style="list-style-type: none"> <li>-Encourage Health Masters to give written work to pupils write some tests and records be kept at the schools to complement the register</li> <li>-Organise competition for schools and communities</li> </ul>
<p>Clubs require some place to give reports to and identification</p>	<ul style="list-style-type: none"> <li>-Link the clubs to council offices and do gradual withdrawal</li> <li>-Publicity of health club contribution to hygiene</li> <li>-Encourage councils to start clubs in areas not covered by program as their own program</li> <li>- School inspectors to be also trained so that they monitor the clubs during their visits to the schools</li> <li>- Ensure that relevant council employees are given the same knowledge as the communities they interact with otherwise the community members will view the council employees as incompetent leading to loose of confidence in them.</li> </ul>
<p>Logical sequencing of activities affected the extent and timing of benefits to communities</p>	<ul style="list-style-type: none"> <li>-Compost making to proceed planting so that farmers can make use of their own compost</li> <li>-Give seeds in time so that farmers do not plant too late</li> <li>-Issues taught to be accompanied by equipment to practise what will have been learnt</li> <li>-Market side to be done in time to reduce chances of side marketing and or personal consumption</li> <li>-Market research and analysis for products and possible risk factors and mitigatory factors to be clearly laid out and management plan for the done</li> <li>-Private sector engagement need to be speeded up and tied up by means of documentation</li> </ul>
<p>Communities members expect the program to finance all their capital requirements for projects</p>	<ul style="list-style-type: none"> <li>-Hand outs to be given later in the program after farmers have put in something of theirs</li> <li>-Encourage communities to find solutions from themselves</li> </ul>
<p>The means of verification for the various program components are not always easy to locate find</p>	<p>Partners filing system for registers which are the means of verification for work done need to be improved</p>

## Annex 1: Key Informants

	Names	Organisation	Designation	Contact
1	Mutambara S	Mercy Corps	Project Manager	0772401214
2	Mashanga W	Oxfam	Project Officer	0774077036
3	Meki k	Oxfam	Project coordinator	0772139253
4	Perekwa M	Africare		0772614972
5	Wariva E	Africare	WASH Assistant	0772528079
6	Bodzo	Africare	M&E	0774415574
		CRS		
		CARE		
	Harare/Mbare			
	D Sakupwanya	City of Harare	Cleansing Superintendent	0772260475
	Terrence Chatikobo	City of Harare	Student	0776684134
	Gift Marozva	Min of Youth	District Head	0773101742
	Paul Ndudza	DA Office	Admin officer	0773463552
	Tapera P Samanda	DAAC	Chairperson	0733477291
	P. Kwedza	CPC/Red cross	Vice Chair	
	H. Towindo	City Health	Environmental Health Tech	0735193193
7	Nyamabande R	St Peters School	Health Master	0773271408
8	Mukarakate	St Peters	Health Master	0772808222
	Chitungwiza			
9	Kachena	Shingayi Primary	Health Master	0772867151
10	Katsande	Chitungwiza Municipality	Senior Health Promotion Officer	0772
11	Manyumbo	Chitungwiza Municipality	Environmental Health Officer	0773828103
12	Mukunya	Chitungwiza Municipality	Health Promotion Officer	0772634359
13	Manduna	Chitungwiza Municipality	EHT	0773479334
14	Dumba	Chitungwiza Municipality	EHO	0775023967
15	Kawisi	Chitungwiza Municipality	Parks and Ammenities Superintendent	0772208881
16	Bvoro	Chitungwiza Municipality	Refuse Manager	0772604022
17	Makuni	Agritex	AEO	0772677869
18	Chipumho	Agritex	AEO	0772897224
19	Mapamba	Prime Agro	Agronomist	0772819567

	Names	Organisation	Designation	Contact
	Masvingo			
20	Chikutuva F	Agritex	AEO	0772678984
21	Chiguhune E	Masvingo Municipality	EHT	0773421389
22	Fidizie	Masvingo Municipality	Mayor	
23	Ndlovu S	EMA	P and M officer	0772981311
24	Mudume	Ministry of Education	Schools Psychological Officer	0773550747
25	Mugweni	Frances A Phiri	Health Master	0772243743
26	Rupanga	Frances A Phiri	Health Master	0773906616
27	Muhwati M	CARE	Project Officer	0772847835
	Bulawayo			
28	Nyama	Community Worker	Health Promoter	0775604200
29	Ncube P	BYO Municipality	Divisional EHO	
30	Ndhlovu	BYO	A/Cleansing Sup	0474450
31	Marara		Farmer	
32	Sithole	BYO Municipality	Councillor	
33	Nyathi	Njube High School	Health Master	0771604200
34	Zaba	Njube High School	Health Master	0772928167
35	Ndhlovu	BYO Municipality	Councillor	0733814279
36	Mudzingwa	Lotshe Primary School	Health Master	0778989624
37	Gezana	Lotshe Primary School	Health Master	
38	Velepini F	BYO Municipality	Building Technician	0775942860
39	Machingura F	CRS	Program Manager	0772573253
	<b>Mutare</b>			
40	Marange			0773293031
41	Mapungwana	Sakubva Primary	Health Master	0775083895
42	Mutsanya	Sakubva Primary	A D/Head	0772811550
43	Chabani	Sakubva Primary	Health Master	0772905090
44	Makawa	Agritex	AEO	0774032656
45	Nyamagodo	Agritex	Attache	
46	Chirawu	Mutare Municipality	Senior SWHW officer	0772271559
47	Machona	Mutare Municipality	Community Services Officer	0772588102
48	Dhakama	EMA	P and M officer	0772894569
50	Chipunza	EMA	DEO	0773731916
51	Makande	Ministry of Youth	YDO	0773460082
52	Dube	Mercy Corps	Project Officer	0772586480
		Mercy Corps	Program Coordinator	

## Annex 2: Terms of Reference



### **The Joint Initiative (JI) for Urban Zimbabwe**

#### **Terms of Reference (TOR) for the Mid-term Evaluation for the JI Program**

The Joint initiative (JI) is a unique NGO-led consortium that builds on three core pillars of: urban humanitarian coordination, program implementation, and information sharing and advocacy. The JI has expanded its widely recognized and successful urban humanitarian co-ordination and effective urban program implementation role to encompass the wider urban programming environment in Zimbabwe including urban WASH and urban agriculture and food security issues. All the targeted locations (Mbare, Chitungwiza, Masvingo, Mutare and Bulawayo) have problems with solid waste accumulation; waste disposal in the majority of cases is nonexistent or simply dumped in open locations leading to contamination of water sources and environmental pollution. The JI program seeks to address these problems through a comprehensive approach that targets key constraints within the sanitation chain, contributing to the improved health and wellbeing of the target populations. Specifically, the JI partners are working with communities to both address current waste accumulation and to maintain a healthy environment going forward, critical to mitigating the risk of disease outbreak in crowded urban neighborhoods. To safeguard gains made in solid waste management and environmental health, the JI partners will work with communities to promote healthy behaviors and practices for families by targeting households and institutions with effective PHHE information and training, including a heavy emphasis on water handling at point of use.

The program is also undertaking a strategic package of activities designed to bring communities together in taking ownership of their own safety and well-being while specifically addressing identified hazards. In an attempt, to address food security risks specific to urban households, the JI program will help improve production of staple and nutritious foods in the targeted urban centres while increasing the participating household incomes, compost production (for households with little access to land) and seed multiplication.

**Program Title:** NGO Joint Initiative for Urban Zimbabwe: Community Based Support to Vulnerable Urban Populations

**Location:** Five urban centers of Zimbabwe (Harare-Mbare), Mutare, Bulawayo, Chitungwiza, Masvin go)

**Funded by:** USAID/OFDA

**Implementation:** 1<sup>st</sup> July 2013 – 31 December 2014

**Period to be evaluated:** 1<sup>st</sup> July 2013 – 30 April 2014

## **Evaluation Consultancy:**

**Time period:** The evaluation is scheduled over 2 week period beginning on the 16<sup>th</sup> of June 2014 through to the 11<sup>th</sup> of July 2014.

### **3) Background:**

The NGO Joint Initiative for Urban Zimbabwe (JI) began as a unique collaboration between five international NGOs and multiple donor agencies to address pervasive vulnerability and intense

Poverty in Zimbabwe's most densely populated cities. Established in 2006, in response to

Operation Murambatsvina which displaced more than 700,000 people, the first phase of the JI provided life-saving assistance through WASH activities, food distribution, care for orphans and vulnerable children (OVC), and livelihood support. As the political and economic situation in Zimbabwe has gradually improved, the JI has transitioned toward disaster risk reduction interventions to build household and community resilience against future shocks. The current phase of JI;

1. Continue to support the transition from relief to recovery, while addressing immediate needs and critical barriers to recovery, maintaining systems and building capacity for coordinated emergency response should conditions deteriorate.
2. Mainstream Disaster Risk Reduction across all sectors to provide communities with the plans, tools, and resources they need to mitigate the impact of socio-political shocks.
3. Expand the focus to include the Agriculture & Food Security sector through an innovative approach that links urban beneficiaries with peri-urban communities through mutually beneficial interventions around compost production and seed multiplication.
- 4.

**Program Goal:** To promote, improve and protect sustainable livelihoods for urban and peri-urban communities in Zimbabwe through effective response and information coordination of urban actors.

#### **Sector 1: Water, Sanitation & Hygiene**

**Objective:** To increase communities' resiliency to WASH-related shocks, such as disease outbreaks.

##### **Sub-Sector 1.1: Environmental Health**

*Activity 1: Cleanup/debris removal campaigns*

*Activity 2: Solid waste management*

##### **Sub-Sector 1.2: Hygiene Promotion**

**Activity 1: Community-led DRR planning**

*Activity 2: Participatory Health and Hygiene*

*Activity 3: Promotion of point of use water treatment*

##### **Sub-Sector 1.3: Sanitation Infrastructure**

*Activity 1: IGA-led Sewage Services*

*Activity 2: Public sector capacity building*

## **Sector 2: Agriculture and Food Security**

**Objective:** To improve urban populations' reliable access to nutritious food through improved incomes and production.

### **Sub-Sector 2.1: Improving Agricultural Production/Food Security**

*Activity 1: Compost production*

*Activity 2: Seed multiplication*

### **Purpose of the Mid-term Evaluation**

The program provided for an end of project evaluation. The evaluation is primarily meant to measure the extent to which project objectives/desired outcomes have been achieved and to determine whether the program met the needs of the targeted population. The outcome of the evaluation should also help to refocus the project where necessary in order to meet all the set targets. In order to achieve this goal, the evaluation should satisfy the following sub-objectives;

- Evaluate the coverage, relevance, appropriateness, efficiency, impact and effectiveness of the interventions undertaken.
- To evaluate connectedness between JI partners, the private sector and government.
- Determine the potential learning opportunities for future programming

### **Evaluation Methods**

This is a participatory, process oriented evaluation that will be led and facilitated by an external consultant, and the evaluation report should be submitted to Mercy Corps.

The following data collection and analysis methods will be used to address the evaluation questions:

- **Review of documentation and secondary data** – The evaluator will assess project records and reports as well as the results of prior surveys carried out with beneficiaries, including food security data obtained from the ongoing surveys.
- **Site visits and observations** – The evaluation exercise would include field visits to the urban centres where the program is being implemented.
- **Semi-structured stakeholder interviews & focus groups** – The consultant will prepare a loose questionnaire, and facilitate focus group discussions with beneficiaries and semi-structured interviews with key stakeholders, such as the representatives from the local authorities and select beneficiaries.
- **Staff interviews** – The consultant will discuss with the program staff of the JI program

The consultant will have the responsibility for compiling and analyzing the data, though Mercy Corps staff may be available to assist.

**Deliverables:** A Mid-term evaluation report and presentation to Mercy Corps and JI Implementing Partners and other interested stakeholders

## Reporting and Dissemination Requirements

The Mid-term evaluation report should have the following sections:

- **Cover Page, List of Acronyms**
- **Table of Contents** which identifies page numbers for the major content areas of the report.
- **Executive Summary** (2 to 3 pages) should be a clear and concise stand-alone document that gives readers the essential contents of the evaluation report in 2 or 3 pages, previewing the main points in order to enable readers to build a mental framework for organizing and understanding the detailed information within the report. In addition, the Executive Summary helps readers determine the key results and recommendations of the report. Thus, the Executive Summary should include: major lessons learned; maximum of two paragraphs describing the program, summary of targets and intended outcomes; areas of meaningful under or over achievement; and possibly a few lines describing the action plan developed to follow up on evaluation recommendations and how the evaluation report will be disseminated.
- **Methodology:** sampling method including strengths and weaknesses of method used inclusion of stakeholders and staff, rough schedule of activities, description of any statistical analysis undertaken, including justification and software package used. The discussion of any random sampling used should include details on how the random respondents were identified and invited to participate. This section should also address constraints and limitations of the evaluation process and rigor. The methodology section should also include a detailed description of data collection techniques used throughout the evaluation.
- **Limitations of the study:** this should also include areas for further research.
- 

### 8) Notes

- While MC undertakes the responsibility of facilitating travel and organizing meetings for the evaluator, it is the evaluator's ultimate responsibility to follow through and ensure that all relevant parties are interviewed and relevant project sites visited.
- Prior to arriving in the respective targeted urban centres, the evaluator must submit a list of people / groups that s/he wishes to talk to, so that the JI staff and partners can arrange the meetings. Upon completion of the midterm program evaluation Mercy Corps will notify the consultant to send soft and three spiral bound copies of the report to the Country Director.

**Timeline:** 16 working days spanning from the 16<sup>th</sup> of June to the 11<sup>th</sup> of July 2014 for four weeks. A half-day to present findings of the research will be arranged at a later stage.

**Qualifications:** The consultant will require extensive experience in implementing and evaluating Urban WASH agricultural programs, an understanding of URBAN vulnerability and URBAN WASH challenges. The consultant/s should be a strong writer, thinker, leader, advisor, and have demonstrated ability to produce high quality outputs in a relatively short time.

**To apply:** Please submit a CV, cover letter outlining experience and technical knowledge and a copy of a previous evaluation by the 9<sup>th</sup> of June, 2014 and send to: [sbowa@zw.Mercy\\_Corps.org](mailto:sbowa@zw.Mercy_Corps.org) or

**Mercy Corps**  
73 Harare Drive, Mount Pleasant

**Harare, Zimbabwe**