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SAVE THE CHILDREN FEDERATION (USA)
PVO SUPPORT PROGRAM: GAZA PROVINCE, MOZAMBIQUE

1990 - 93 PROJECT EVALUATION

REPORT

FEBRUARY, 1994

LIST OF ACRONYMS AND PORTUGUESE TERMS

AC	- Communal Village (Aldeia Communal)
Activistas	- Community Health Volunteers/Activists
ADCR	- Associação para o Desenvolvimento das Comunidades Rurais (Moz.n CD PVO)
AIDAB	- Australian International Development Assistance Bureau
AIDS	- Acquired Imuno-Deficiency Syndrome
AMP	- Agente de Medicina Preventiva (Preventive Medicine Health Assistant)
AN	- AC Agostinho Neto
AR	- Agua Rural, GOM's rural water agency (also known as PRONA in Min. of Water & Constr.)
ARI	- Acute Respiratory Infection
Bairro	- AC neighborhood or ward
CA	- Agriculture Service and Extension Center (Casa Agraria)
CD	- Community Development
CHW	- Community Health Worker
Deslocados	- People displaced due to war
DPA	- Provincial Director/Department of Agriculture
EPI	- Expanded Program for Immunisation
FP	- Family Planning
GOM	- Government of Mozambique
IEC	- Information, Education and Communication
ICRC	- International Committee of the Red Cross
IMR	- Infant Mortality Rate
JN	- AC Julius Nyerere
LEC	- Ligacao - Escola Comunidade (Community Education Committee)
LOA	- Milk + Oil + Sugar
MCH	- Maternal and Child Health Care
MOH	- Ministry of Health
Monitores	- Community Health Supervisors/Monitors (of volunteer Activists)
MTS	- Meticals (Mozambican currency)
NDC	- Nutritional Demonstration Centre
NGO	- Non-Governmental Organisation (= PVO)
NH	- AC Nhacutse
ORT	- Oral Rehydration Therapy
Palestra	- Health education talks
PESU	- Mozambican Emergency Relief Program
PHC	- Primary Health Care
PVO	- Private Voluntary Organisation
TB	- Tuberculosis
TBA	- Traditional Birth Attendant
SCF	- Save the Children Federation
SRO	- Sais de Rehidratação Oral (Oral Rehydration Salts)
STD	- Sexually Transmitted Diseases
USAID	- United States Agency for International Development
UNHCR	- United Nations High Commission for Refugees
VDC	- Village Development Committee

SUMMARY FINDINGS AND RECOMMENDATIONS

1. The Project and its Environment

- 1.1 This final evaluation follows the mid-term evaluation which was carried out in November 1992. In sharp contrast to the situation before the peace accord, conditions in Gaza are now normal and much more conducive to reconstruction and development than under the combined stresses of attacks, disruption, and drought. People are working, trading and moving about freely, many deslocados have already returned to their home areas, and harvests have improved during the past two seasons, putting families back on the road to self-sufficiency. One senses an air of confidence and hope amongst the people.
- 1.2 Despite being without a substantive Project Manager for more than six months, SCF staff moved rapidly to reorient and adapt their program and organization in the light of changed circumstances and the recommendations of the mid-term evaluation. The main recommendations were nearly all adopted and their implementation pursued with vigour. However, in assessing what has been achieved over three years it has to be born in mind that initial gains were greatly affected by an intervening period of more than twelve months when attacks lead to loss of life and people's means of livelihood, displacing many of them, and curtailing project activities. The resulting reversals in people's welfare could only begin to be recouped after the peace.
- 1.3 Up to the end of 1992, SCF's focus had been on a broad integrated development programme in three aldeias of Xai-Xai district, viz. Julius Nyerere (JN), Augustino Nheto (AN), and Nhakutse (Nh), and on emergency support activities in the Limpopo corridor. In mid-1993, SCF handed most of the latter over to other agencies in order to concentrate its efforts in the coastal districts of Gaza, although there were isolated interventions in adjacent areas and the provision of relief supplies to two Renamo settlements in the interior.
- 1.4 The major new initiative was to establish contact in more than 15 centers in Bilene and Xai-Xai districts where SCF had not been active before. Most of these are in former Renamo areas where deslocados were returning home and needed assistance in getting re-established. The larger part of SCF's activities during 1993 have actually been concerned with the settlement and reintegration of returnees (deslocados and refugees), distributing food, seeds, and tools to returnees in conjunction with other organisations, and providing supplementary feeding to pregnant and lactating mothers. Displaced people are continuing to arrive back and many families will still need help probably until their second harvest is in.

The PVO project is one of five in which SCF(USA) is involved in Gaza, the others being concerned with support and reintegration of returning refugees and deslocados.

- 1.5 National staff have assumed greater responsibilities within SCF. The program has continued to foster effective cooperation and good relationships with government ministries and agencies at provincial and district level. However, this is not always the case at the local level (see 2.2-2.4 below). The close involvement and cooperation of SCF with both local and international PVOs in Gaza was particularly evident.

2. Health

- 2.1 The major emphasis of the health program in JN/AN and Nh has been on health education and preventive measures, particularly with regard to mothers and small children. This has been done through a system of monitores and volunteer activistas from the community. Discussions indicated that the training and use of activistas as well as traditional birth attendants (TBAs) and healers, has resulted in an effective network of information and a high level of use of health services.

However, data on how many mothers adequately understood and actually correctly used various recommended practices was scant or non-existent.

- 2.2 A lack of motivation on the part of government staff at the health posts due to poor pay and living conditions (a house is only now under construction in JN) was evident. Whereas they are competent, they may only spend a few hours at the post during the day. They mainly offer curative and pre- or antenatal services and were little involved in discussions with villagers or the activistas. There is need to try an improve the working conditions of nurses as an incentive to better service.
- 2.3 Monitores and activistas under SCF proceeded with planning and executing their activities independently of the health post. As a consequence they may not be addressing the problem(s) of the moment which are brought to the post and would be apparent from the records there. Malaria, for example, presents the biggest problem in the area and there is no specific project to bring it under control.
- 2.4 The weak of integration between the SCF and public health programs at the village level means that as a condition for effectiveness and sustainability, a meeting between SCF and the provincial and district health directorate, which also includes health post staff directly, is urgently needed to discuss better coordination and program strategies.
It is important that activistas and TBAs should be oriented and supervised by both regular and maternal and child health nurses from the health posts, so that they are not seen as "belonging" only to SCF.

- 2.5 There is a lot of statistics on health conditions and indicators in the main project area (JN/AN, Nh). However, some of it is not reliable, and due to differences between the project and public health sector's systems and discontinuities in the SCF program's own practices, much of it is not directly comparable. This makes an accurate assessment of the extent of improvement over the project period difficult.

Consistent measures must be adopted for key indicators, and it is recommended that the ministry's health information system be utilized and strengthened for the purposes of planning and evaluation. A baseline on things like immunisation coverage and important diseases is also needed now in order to assess progress in health impacts during the next project phase.

- 2.6 Despite problems in the interpretation of available figures, they, combined with observation and qualitative information, indicate a positive trend and achievements in major areas which include

- among the lowest rates of infant mortality and highest vaccination coverage than have been achieved anywhere in rural Mozambique;
- an estimated 40-50% births being attended by either a midwife or TBA;
- that diarrhoea is no longer a big problem in the area;
- about 80% awareness among mothers of ORT; and that
- traditional healers and activists are already having an impact on AIDS awareness and the demand for condoms (eg. a hundred being taken from the health post in less than two days while we were there).

3. Water and Sanitation

- 3.1 The rehabilitation, improvement or construction of wells and boreholes has received increasing attention. As many facilities received attention or were constructed with community participation during 1993 than in the preceding two years. Village maintenance and conservation teams have been established and given initial training in all the localities involved. However, since most of these are new the effectiveness of local maintenance structures in managing repair and water use problems still has to be proven.

- 3.2 Clean water provision is inadequate everywhere, so that there is great scope for expansion in this area. SCF's objective of providing hand-dug wells or boreholes rather than machine drilled ones wherever feasible, is appropriate.

The collection of cash contributions for maintenance is already established or has commenced in the original project area.

There are indications that (a) aspects of the back-up by Agua Rural for pump maintenance are inadequate, and (b) there are some problems in the administration and institutionalization of financial contributions from the communities. SCF is one of the pioneers in the latter field, so much still needs to be learnt.

- 3.3 Sanitation and education on hygiene have received less attention in the latter phase of the project than at the beginning. Nonetheless, some 85% of the households in JN have a pit latrine and an overall 40% are in good repair and are being properly used.

4. Education

- 4.1 Non-formal education in the form of health education, extension, and training has been part and parcel of the different facets of SCF's integrated approach. There has been direct involvement in literacy promotion in JN under which 733 people, including the activists, have been trained over the three years. Some materials have also been donated to the broader literacy program.
- 4.2 Assistance to the formal system, with community support, has taken the form of the rehabilitation or improvement of existing schools and the construction of new classrooms, most of which has been achieved with funds from SCF(Aust.). This includes two new schools in JN/AN. Teachers' housing has been provided in only two or three places in the corridor. Otherwise there has, as yet, been very limited help toward obtaining school furniture, supplies, and equipment.
- 4.3 Since last year more attention has been paid to education with the appointment of a separate coordinator. The main expansion is directed toward the (re)construction of school facilities, in which the local school committees (LECs) are actively involved. People appear to be open to the use of "traditional" materials such as reeds, provided that these are readily available and roof sheeting is used; but since it is not durable it is clearly a second choice and the preference as a rule is therefore for blocks.
- 4.4 The level of formal enrolment is very low, and dropped due to insecurity during the last two years before the peace accord. In 1993 only 23% of the children of primary school going age were enrolled in the four villages in which SCF has been involved in school reconstruction. Building more or better classrooms serves as a convenience and incentive to better education, but does not increase enrolments directly unless it leads to the introduction of double sessions. Growth in access to formal education in the end hinges primarily on governments ability to engage more teachers, a factor which is beyond the project's control.

5. Agriculture

- 5.1 The agricultural component was a more or less discrete project under SCF(Aust.) until 1992, when it was incorporated into the rest of the program. The Casa Agraria (CA) in Julius Nyerere served as its center piece. The CA has made significant progress during the last year in making the seed credit scheme viable and in beginning to buy and sell farmers' corn locally. It now commands and has to manage substantial assets in terms of two grinding mills, a tractor, and the main facility itself. Steps are being taken to formalise its legal status under the community's own Commissao Agraria. There has as a result of the CA generally been a high level of agricultural service utilization in JN/AN.
- 5.2 Important questions remain though, in JN and elsewhere (eg. the former NUCLEO supported CAs like the one in Nh), regarding the ability of CAs to go it alone without some institutional management support from a more durable local PVO structure or something akin to a cooperative union. Such is not yet in the making. Providing inputs and capacity building support to new ones on the scale of JN is clearly not feasible, apart from the fact that the experience of the program to date shows that it takes more than two years to develop the basic elements of CA services and organisation. This calls into question the feasibility of a major objective of the next program fase.
- 5.3 Advances in extension coverage have been limited. It is also difficult to determine the impact of the latter, amongst others because it was not possible to verify figures concerning participation or the yields of farmers and hence determine impact. Conventional demonstration plots, of which there was a total of 126 over the three years, serve a relatively confined purpose and during 1993 only 12 were developed (against a notional target of 60), possibly because of the demands of organizing seed and tool distribution elsewhere. With a total agricultural staff of six, SCF by itself will not be able to offer significant extension inputs over the area of all the 25 centers projected for the next phase.
- 5.4 Significant needs and opportunities exist. The river valleys are fertile and some of the potential now remains unused, but the heavy soils cannot be cultivated by family farmers with few resources. Cattle herds which are essential for ploughing, particularly in the valley, were decimated during the conflict. The traction animal project in JN was expensive and has had its fair share of problems, but restocking opportunities are important for farmers.
- 5.5 Otherwise, not enough attention has been given to considering the requirements of dryland farming above the valleys, the importance of small stock and of "women's" or other supplementary crops, or it seems, to some aspects of soil erosion. However, it is not possible to address all of these within the scope of a limited program.

6. Institution Building

- 6.1 SCF's community development mobilizes local leadership in the form of Village Development Committees to work in conjunction with the existing aldeia structures. These have served a useful purpose and may become institutionalised if they are recognised, even informally, by the district administration and other agencies. Within the villages SCF has further been relying on voluntary auxiliaries such as the activistas, pump repair women, earlier enquadradores (farmer-extensionists), and the like. In the longer run, in order for such cadres can, to continue to play a useful role, it is necessary to link in with, and receive support from the local administration and government itself. This must be actively fostered.
- 6.2 Building self-reliant community institutions is a prime requirement, and is a relatively manpower intensive exercise in the initial stages which also requires time, certainly more than the lifespan of a single project. SCF has neither the staff, nor the guarantee of a longer time horizon. At the same time, the resources available to the ministries or public agencies involved with SCF's program in Gaza, like those of the government as a whole, are woefully inadequate. Staff are far too few, and there is little prospect of their numbers increasing significantly in the foreseeable future. In striving for sustainability, there appears to be no alternative but to work with and give all possible support to every nurse, teacher, extensionist, auxiliary, technician, official, etc. who has responsibility for or in the villages.

1. THE PROJECT AND ITS ENVIRONMENT

1.1 The final evaluation

The final evaluation of the second (1990-93) SCF project phase in Gaza province was conducted 13-21 January, 1993. It follows the delayed mid-term evaluation which was done in November 1992, barely a month after the signing of the Mozambican peace accord.

The fact that team leader, Coenraad Brand, had also been involved in the mid-term evaluation, eased his task, while he was assisted in the final evaluation by Dr Avertino Baretto, head of Epidemiology in the Ministry of Health (MOH) in Maputo. The team conducted most interviews together, but Dr Baretto took primary responsibility for assessing the health sector, while Mr Brand covered community services and agriculture. Dr Baretto's familiarity with the situation in Gaza, where he had earlier worked and also served as Provincial Director of Health in Xai-Xai, was a considerable asset.

The Scope of Work for the evaluation are contained in Annex I to the report, while the team's schedule is given in Annex II.

The evaluators had free access to and generous support from SCF staff and government personnel at all times, as well as active and interested cooperation from village people.

The evaluation was tasked with covering the three years of the project. However, the findings of the mid-term report are, by and large, not repeated in this report, except for emphasis or where changes or new evidence indicated that they need revision or qualification. This report therefore focuses mainly on changes, achievements, and problems of the project after the mid-term evaluation and should be seen as supplementing the previous report.

1.2 Project goals and description

SCF began working in Mozambique in 1986 and in Xai-Xai during 1987/88 with an integrated community health and agricultural program in the "green belt" area around the town. This was extended to the ACs of Julius Nyerere and Agostinho Neto, which are situated in the Muzingane locality south-west of Xai-Xai. The intention was to expand into Bilene district, where a comprehensive baseline and need identification survey was carried out in 1988, but this had to be abandoned due to the worsening security situation there. The present project phase which was launched in 1990/91 then concentrated on JN/AN instead. The main problems and target groups for the project were defined as follows:

- The displacement of people as a result of the war has increased the vulnerability of pregnant and lactating women as well as children, debilitating their health status even more than that of deslocados generally. Interventions to improve health therefore had to be focused on these groups in particular.
- The war destroyed or rendered ineffective a large part of the health services network. Working at community level could maximise participation and minimise dependence on a fragile public health infrastructure.
- People suffering chronic food insecurity, who have further become dependent on emergency food aid as a result of insurgency, should be encouraged to become self-reliant.

The purpose of the project was to (a) promote increased coverage of preventive health care and availability of basic services, and (b) promote increased rural employment, agricultural production and cash income among target groups. This would promote higher standards of living and consequently health status.

In line with the strategy of self-reliance, SCF's activities would pay attention to the training of community members and create networks of information to raise awareness regarding problems of health and food production.

The project was designed with three main components.

- i Child survival - The main purpose was to reduce infant deaths (IMR) through a wide range of PHC interventions, viz. basic curative services, EPI, MCH, managing diarrhoea and respiratory infections; and promoting attended deliveries, FP, nutrition education and rehabilitation, and AIDS prevention. A complete family based registration system would be put in place as well as a training component for both health personnel and local volunteers. IEC to mothers to improve knowledge and promote behavioral change would be based on ten PHC "messages".
- ii Community development and agricultural production - The purpose here would be to enhance self-reliance and living standards.
- iii Emergency and rehabilitation - ACs in the project area would also receive some inputs such as seeds and tools, and housing construction materials, due to the worsening war situation and the growing number of deslocados.

The following objectives and benchmarks for assessing impacts were identified

- increased coverage and use of PHC services;
- increase in immunisation coverage;
- increase in the correct use of ORT;
- increased availability and use of potable water and latrines;
- reduction of mortality and morbidity from the main infant diseases;
- reduction of growth faltering rates among children under three years;
- increased family food production, availability, and cash income.

In 1991 the program was extended to Nhankutse (also known as O.U.A.) north-west of Xai-Xai, thus coming to service a total population of approximately 30,000 out of the 60,000 targeted for the project period.

1.3 Changes after the peace accord

From April 1991 the project area was for eighteen months subject to considerable destabilisation. With an increasing number of attacks in which property, livestock, and also lives were lost, some people moved to the relative safety of Xai-Xai town or slept in the bush at night. Most government staff in the villages also moved into town for safety. Some project buildings were damaged and equipment and supplies looted, necessitating transfer of all stores back to Xai-Xai. Services from health posts and Casas Agraria became irregular, staff being available only for a few

hours on certain days, due to safety considerations for travel and personnel. The SCF expatriate Project Manager was killed in a land mine accident outside Mabalane in the Limpopo corridor in February 1991 and was not replaced for more than a year.

This period also coincided with the drought. The population became more dependent on assistance, and it was inevitable that some of the health indicators would worsen during this time (Catlin, 1992). Not only was progress in project implementation slowed down, but some of the early gains in the improvement of conditions and opportunities were reversed.

Since late 1992 the return to normality has been rapid. Deslocados began returning to their home villages right away, although there are some who will remain permanently in their adopted homes if conditions are better there and within reach of their areas of origin. Leaders in AC A Luta Continua, Messano, for example reported that they expected a proportion of former deslocados to remain with them. The reintegration process has been slower in former Renamo controlled areas, some of which had been virtually totally destroyed and depopulated, but picked up during 1992 so that a large number of families had already re-established themselves in Xai-Xai and Bilene districts by the time of the final evaluation. The process, however, is not complete and for many it means rebuilding from scratch and clear fields in areas which had reverted to bush. The latter amounts to a slash-and-burn procedure which can also destroy some valuable trees in the process. Returnees have been in need of basic means and services, including food, until infrastructure and production is adequately restored.

The cessation of hostilities and revival of transport services means that people can move about and travel freely, which has restored communication, marketing and commerce, and people have clearly taken up these opportunities with alacrity. The evaluators saw two new shops which had opened at Mangol and Tuane. (One though the stocked imported groceries which few returnees would be able to afford. The high rate of inflation during the past five years now makes it more difficult for people to meet household cash needs, so that many are likely to remain dependent on income from labor migration. Establishing self-reliance in food production nonetheless remains a fundamental and essential requirement.

A major constraint, however, in creating an enabling environment for social and economic development in both the urban and rural areas, is the extreme shortage of both material and human resources for rebuilding, maintaining, and expanding public infrastructure and services. The conditions do not exist, even with peace and political stability, for a substantial measure of economic self-reliance nationally, and it would be self-deceiving to pretend that relatively small PVO programs can have a substantial impact on national economic development. Such development depends more on macro-economic conditions and policies, and the volume and kind of investments which are possible, including through direct aid.

But PVOs can support the improvement of social conditions, and thereby the quality of life, as well as stimulate greater self-reliance locally, so that people are less exposed as a result of the weaknesses of the national economy and state

structures.

1.4 Project development after the mid-term evaluation

SCF acted swiftly following the mid-term evaluation, and at a time that it had to operate once more without a Project Manager due to a family tragedy, in calling two workshops for reviewing project objectives and possible expansion under the more stable conditions which followed the peace agreement. This was not done purely as an "internal" exercise, but involved government ministries and other PVOs as well. Most of the main recommendations of the mid-term evaluation were adopted, and a reorientation as well as reorganization set in train as a result of these discussion. Important decisions were made concerning the following :

- 1.4.1 The whole 'emergency' program in the Limpopo Corridor which involved relief, supplementary feeding, improvement of health infrastructure, and the support of deslocados, was phased out or handed over to other agencies.
- 1.4.2 A new division of responsibilities was effected in the project with Education and Water development being given their own coordinators. As a result only one of the divisions, viz. Health, was left with an expatriate coordinator. They were now organized as follows -

Health
Agriculture
Water
Human Resources Development:
Leadership and Community Organization
Education

- 1.4.3 Small enterprise promotion and training were dropped as activities on their own.
- 1.4.4 Project activities were extended into new localities in Xai-Xai, Massingir, Manjacaze and Bilene Districts, particularly ones which had been inaccessible due to hostilities.
- 1.4.5 Although not engaged in relief independently, SCF assisted other agencies in distributing food and supplies, thus supporting the reintegration of returnees in many of the above areas.

SCF showed commendable initiative and adaptability in responding to the changing needs and opportunities.

2. THE HEALTH SECTOR

2.1 Strategy

The project was designed to support the Ministry of Health's (MOH) initiative for primary health care delivery in Mozambique. The main strategy was to train volunteer activists selected from the communities, as well as preventive medicine and maternal and child care nurses, who would in turn train families so as to better protect their own health and the health of their children by changing their behaviours.

The reduction of infant mortality, the most significant issue, is directly related to the control of the major diseases observed in the project area, such as diarrhoea, malaria, measles, TB, malnutrition and ARI. Activities and training have therefore focused on these interrelated problems particularly as they affect the family, and in this way sought to support the national health system.

2.2 Training

2.2.1 Activistas and monitores

Although the target of 150 activists was not reached, 122 were trained and were considered sufficient for the three initial villages, because the aim was one activista for each of the 122 zones. In the new areas of Zongoene and 3 de Fevereiro villages, 51 additional activists were trained to start the work in February 1994.

All activists and some traditional healers in JN and AN, received 6 days of training on pneumonia, tuberculosis, diarrhoea and the prevention and AIDS. A guide outlining the responsibilities of activists was developed and produced.

To supervise the activists, SCF recruited and trained monitores, 4 for JN, 2 for AN and 6 for Nh, thus 12 in all. In order to fully integrate the program in to the MOH system SCF is in process of phasing out the monitores. The main problem is that the MOH does not employ this cadre of personnel. Activistas are directly supervised by health post staff.

A special initiative was launched in 1993 to support the national AIDS Program; for this purpose 139 AIDS activists were trained to cover 5 villages in Xai-Xai district, including the initial core villages. The contribution of the STD/AIDS activists and traditional healers in the diffusion of knowledge and mobilizing support count as a significant factor in the control of this epidemic disease. Graffiti in charcoal on the walls of a derelict building in a remote center, and the demand for more than a hundred condoms in less than two days observed at one health post, bear testimony to the impact of these messages. At this stage they seem to be more

effective than the previous attempts to promote family planning.

2.2.2 Preventive Health, and Maternal and Child Care nurses

During the project, 4 AMP, 9 MCH and 24 general nurses were trained to improve the quality of preventive and curative services, not only in the project area, but also in Xai-Xai and Bilene districts.

2.2.3 Traditional Birth Attendants

A total of 55 TBAs were trained to work in 6 districts of Gaza as a strategy to assist pregnant women during the pregnancy and labour. It is important to note that initially a figure of only 11 was mentioned, one for each district. The training of TBAs improves the quality of care and continuous assessment of pregnant women, particularly those at risk. They are also well accepted by villagers.

2.3 Problems in the health sector

2.3.1 Health personnel

There is a lack of motivation among government health personnel, specifically the nurses and maternal and child health staff, amongst others because of their inferior pay compared to the SCF monitores. Some, such as in JN village, have not had proper accommodation, although a house is currently under construction. The result has been that they spend only a few hours each day working at the health post. Suggestions in the mid-term report that ways be sought for creating additional incentives for them have not been pursued, but these are difficult to institute anyway. Tighter control by SCF staff over their performance as recommended has also not been considered feasible or appropriate.

The project seems to be independent of the work at the health posts, including the health personnel themselves, because there is lack of coordination between activists and staff in the planning of activities. As a consequence there has been little involvement of government health staff in discussions of problems with the villagers themselves. The health personnel work only in the health posts treating and assisting sick children and adults, especially pregnant women.

In many instances the monitores have planned the activities of activists under the supervision of SCF staff without paying sufficient attention to major problems at the particular time, because nobody bothered to consult the current treatment records at the health post. [Compare the recommendation of the mid-term report that training be focused on seasonal

health problems.] These comments do not discount the important contribution which the activists have made in achieving behavioral change and a better quality of life for the population. A difference can nonetheless be observed between JN/AN villages on the one hand, and Nh on the other, where the activists were directly under the supervision and planning of the MCH nurse.

The present position of the monitores which are paid by SCF presents a problem not only for government health staff, but also for their own future because there is no budget to continue employing them and one cannot assume their integration as Community Health Workers (CHWs), since they will only be offered MTS 40,000 per month under the Swiss cooperation scheme.

2.3.2 Infrastructure and supplies.

The support of the project for the building of a new health post in JN has improved access to health services for people from JN and AN villages. The maternity block should now be completed as soon as possible, because of the distance expectant mothers otherwise have to travel to Chicumbane. Completion of the staff house is also important so that health personnel can live in the village and devote more time to their work.

Buildings in Nh are in good condition, especially the maternity which was rehabilitated by the project. The problem of water supply to the health center, however, needs immediate attention.

The lack of reliability in drug supplies presents another problem. District health authorities are not able to solve the problem due to the shortage of drug kits at the central medical stores. When medicine is not available at the health posts, the patients' only recourse is to the district hospital.

2.3.3 Nutrition and supplementary feeding

Monitores spend much of their time weighing children who attend the health post, but they may not be the ones most in need of attention. The latter are often the ones whose mothers for a variety of reasons do not come to the health centers. Women carry a heavy burden of responsibilities, fetching wood and water, cooking, and caring for the entire family. They can therefore often not spare enough time to benefit from health education sessions at the health post or nutrition centre.

Many of the health staff are not sufficiently motivated to do this kind of training, or to supervise the monitores. During one visit inaccuracies were observed in reading infants' weights due to a difference in level between the eyes and the scales.

The monitores have developed an effective program at the Nutrition Demonstration Center (NDC). Available data shows that that according to MOH criteria, 11% to 23% of under fives in JN, AN and Nh have growth problems. Interpreting records of NDC attendance presents some problems, but it ran around 550 per month until April 1992 when the center had to be closed for safety reasons. Since operations returned to normal in 1993 more than 500 families have again been attending every month. The monitores are reasonably competent, but it is important that the nurses who are in charge of the health post also be involved with nutrition.

2.3.4 Information - Education - Communication (IEC)

Monitores and activistas were intensively trained in the ten major messages initially defined for the project. Education sessions have been conducted regularly in all village zones and in the NDC. The content of the messages is good, but they do not necessarily relate to the main health problems of the moment since there is no coordination with staff working in the health post. As a result there is a lack of awareness regarding the most common problems afflicting the population at the particular time.

During the evaluation 5 mothers whose children were suffering from diarrhoea were questioned. Not one had prepared anything at home to rehydrate their kids. They had a knowledge of the condition and knew the right quantities of fluids etc. required to treat it, but failed to use it in practice.

This points to a more general problem in assessing the actual impact of health education. Testing whether people know what the right thing is to do is not enough, since they may not be applying it at home.

2.3.5 Family planning (FP)

Although 9% of FP coverage seems to be low, it is still high by national standards. FP promotion is a difficult task among a poor population with a high infant mortality rate and where children mean additional labour and security. The absence of many men in the mines of South Africa does not help the situation either.

2.4 Assessing project health activities

2.4.1 'Appropriateness of the project strategy

It was difficult and sometimes impossible to come to any real conclusion regarding health trends and impacts due to the fact that available information was collected using different criteria and methodologies due to the policies of successive SCF health coordinators, or other (eg. health post)

sources. In some cases nobody could explain how it was collected. In others it is incomplete, clearly unreliable, or important indicators for evaluating impacts are missing.

However, piecing together data from local health system records and SCF reports, as well as consulting infant cards and mothers's opinions, it is possible to conclude that the core project area (JN, AN and NH) was able to reach the majority of its stated goals and objectives. The achievements are outlined in section 2.4.3 below.

2.4.2 Project inputs and management

The quality of trained staff responsible for the project has been an important factor in its the success. Motivated personnel who spent most of their time in the field identifying problems, weighing children, collecting information, delivering palestras, and providing logistical support, made an essential contribution to the achievement of the planned objectives.

The relationship between SCF and the provincial and district health directorates is good and can serve as an example for other projects. At the village level, however, the coordination and integration with local health staff has been poor. This failure reduced effectiveness and raises questions concerning sustainability.

Reports going back to the beginning of the project contain a lot of information, but the indicators used are often not standardised and hence not comparable, which makes it difficult to make an accurate assessment of project impacts as noted in 2.4.1 above. There are two main data sources, viz. SCF's own and the health post records. Routine recording proceeded independently, with differing results. Be that as it may, neither of the two sources have been adequately utilized in planning, or for determining what mothers' real knowledge or practices are. Little is therefore known about the effectiveness of the palestras. Much work goes into the production of the monthly reports, but they have not paid attention to the quality of statistics or drawn implications from them for improving the health program.

2.4.3 Monitoring progress

The following relevant points are based on monthly reports, the progress report of the PVO project, a health assessment of children under 3 years, and health post records.

- The IMR and vaccination coverage is without doubt among the best achieved in the country.

- Child care and nutrition records show that by MOH standards 80% to 90% of children under five are growing well with small variations related to food production. The knowledge of mothers on how to feed their infants is good, a fact which is supported by nutrition records.
- Attendance of mothers with babies at health points is high during the first year of life (>90% with 5 visits) but subsequently drops off sharply.
- A minimally adequate number of pre-natal visits (three per pregnancy) has been achieved with more than 40% of the women.
- The coverage of anti-tetanus vaccination among pregnant women (minimum 3 doses) ranges from 50% to 70%.
- Births attended by either a midwife or TBA are estimated to be between 40% to 50% of all deliveries according to available data.
- 79% of the mothers have a good knowledge of SRO, but evidence on actual and correct use is not available.
- Persons questioned during the evaluation showed an awareness of STD/AIDS and the demand for condoms seems to have increased.
- Diarrhoea no longer presents a big problem in the villages.
- Malaria on the other hand constitutes one of the biggest threats to health in the project area and little seems to have been done about it. Mothers do not yet recognise the severity of malarial and ARI symptoms sufficiently early to seek timely treatment.
- Efficient logistical support has been available to ensure the execution of project activities.
- A competent and motivated group of monitores and activistas have been trained to support health activities.

2.4.4 Targets not achieved

The use of impregnated mosquito nets recommended by the mid-term evaluation was not taken up due to a change in the National Institute of Health's assessment of their effectiveness. Other control measures such as house spraying and better case management should, however, be implemented.

2.4.5 Supplementary feeding

In response to the drought, nutrition centres were opened in the Limpopo Corridor and other accessible centers to cater for pregnant and lactating mothers and malnourished children. It was outside the terms of the original project, but necessary at the time and important for SCF's credibility in an emergency situation. The results of these interventions have been noted in the mid-term evaluation report.

Most of these functions have already been handed over to other organizations such as the Mozambican Red Cross in order to concentrate resources on the main project area and objectives.

2.5 Issues for the evaluation

2.5.1 Strengthening MOH services and involvement

As indicated in 2.3.1 above, government staff lack motivation due to poor pay and living conditions. Although they are competent, they may only spend a few hours at the post during the day. They mainly offer curative and pre- or antenatal services and have been little involved in discussions with villagers or the activists. There is need to try and improve the living conditions of life of nurses as an incentive to better service.

Discussions are also urgently required to achieve a mutual understanding and integration between SCF and health post staff on the use of auxiliaries (activistas), and the practical strategies and programs which should be pursued in the villages.

2.5.2 Family planning and AIDS prevention

The promotion of family planning is difficult for socio-cultural and economic reasons and the results achieved are not bad compared for example, to Maputo where much effort has been put into it. AIDS does not seem to be a problem in the area yet, but STDs are a reality and there is an urgent need to increase the use of condoms for both AIDS prevention as well as family planning. Activistas can under the supervision of health personnel contribute to this challenge through the effective dissemination of knowledge and persuading those with STDs to be treated in the health post together with their partners.

2.5.3 A regional versus a village focus

With the expansion of the project which was initially focused on a limited area, it is not sufficient to pay attention to establishing a good working relationship with existing health staff at the village level - an aspect which has been lacking in the project. Active involvement of broader health structures at the district and provincial level also have to be fostered so that

they can become acquainted with the approach of the project, benefit from the experience gained through it, and be able to apply new experience over a wider area.

2.5.4 Monitores and activistas

As pointed out in 2.3.1 above, the future of the monitores is in jeopardy. The VDCs should consider their position, to find ways of supporting them if their value for the community is sufficiently appreciated.

Activistas should continue, but under the supervision of the health staff. With training their role could be broadened, for example, by dispensing the correct dosage of drugs to treat malaria cases, referring patients, particularly women and children, to the health post, and paying more attention to those who may be neglected.

2.5.5 A community development approach to health

Health is directly related to community development. In rural areas improved health is generally a good indication of social and economic development. To achieve health goals, the measures to achieve them need to be understood by the community, and they must at the same time play an important part in the implementation of the strategies. They know the problems, sometimes they know how to solve them, but they do not have the tools to do so. Inputs from the project can serve as a catalyst to better define the problems, identify possible solutions, and adopt appropriate measures. Health staff, activistas, traditional healers, and TBAs must support the VDCs decisions on matters of health.

2.6 Revised strategies for an expanded project

In general the targets and strategies of the project were well defined, but some specific additional objectives should be included to make the next project phase more effective, and to create conditions under which communities, local health structures, and the government can assume greater responsibility.

Visits that the evaluators made to villages in Bilene and in Xai-Xai districts indicated that they had the same kind of problems as a result of the war and the constraints that government faces in assisting communities to rebuild and reestablish normality. This section suggests some practical measures, most of which are also mentioned in the mid-term evaluation report, to advance the original objectives of the project.

2.6.1 Greater community involvement of health personnel

Health personnel should be part of, and serve the community. To improve their situation it is important to solve the biggest problem found during the visits, viz. housing for staff, to which village manpower can also contribute. VDCs showed an appreciation of the role of health staff and the importance of providing housing for them. For example, the MCH nurse in 24 de Julho stays in the health post because there is no other housing for her, but she believes that the VDC can mobilize the community to assist in building a house.

2.6.2 The rehabilitation of health infrastructure

SCF is significantly involved in this and the points made in the last evaluation remain valid. Additional effort should be put into ensuring immunization coverage, safe deliveries, and improving educational programs and the quality of service at the posts, amongst others by a timely and focused response to health problems during the particular periods when they are most severe.

2.6.3 Focusing interventions to reduce IMR

This important objective requires :

- greater attention to those at risk who for one reason or another are not adequately reached by the health services;
- activists being trained to identify the most important conditions and symptoms of dehydration, malaria, and ARI, and how to deal with these;
- chloroquine also being available through activists, traditional healers and TBAs;
- the strengthening of EPI by paying more attention to the cold chain and observing central norms;
- using information concerning the most important problems observed by nurses in the health posts to ensure the relevance of IEC.

2.6.4 Families at risk

Locally applicable criteria for identifying the families most at risk should be identified with the assistance of the other sectors. Among the criteria to be considered are:

- female headed households
- those with more than 5 children
- low cash income
- lack of adequate land
- displaced or returnee households

2.6.5 Effects of development on health

Any improvement in health status also depends on development in other sectors. The availability of adequate food and clean water, for example, obviously has a great impact on community health. Two important conditions, viz. malnutrition and diarrhoea no longer represent as big a problem in the project area as they did in the beginning.

The end of the war has brought stability to the communities making possible the expansion of the project with all its benefits.

2.7 Summary of main recommendations

- 2.7.1 There is urgency in organizing a meeting between SCF staff, health personnel from villages, and the health directorates from the province and two districts principally concerned, in order to discuss new work strategies and address the problems of coordination and continuity highlighted in this report.
- 2.7.2 Activistas and TBA's must receive their orientation and supervision from nurses and MCH staff.
- 2.7.3 It is important to support and utilize the national health information system both for the sake of consistency and ensuring that it serves its purpose for planning, monitoring, and evaluation.
- 2.7.4 Means should be actively sought to improve the quality of life among health personnel.
- 2.7.5 The project has supported some courses in the province, but more in-service training should still be organized for local staff at all levels in order to improve their skills and service delivery in the health system.
- 2.7.6 Some MOH indicators need to be elaborated to generate realistic information on the actual impact of health interventions and education eg. on adoption rates and behavioral change.
- 2.7.7 Apart from possible contacts with activistas, little attention is being paid to people who do not attend the health posts. Not much is known about who, or how many they are, but they are likely to be

among those most in need of health care. Ways of identifying and reaching them should be considered.

2.7.8 A representative survey of EPI coverage and the most important diseases would provide a reference point for assessing past activities and create a baseline for evaluating the next project phase.

2.7.9 Malaria is widespread and is particularly threatening to children and pregnant women. A specific program for its control is therefore required.

3. WATER AND SANITATION

3.1 Objectives and progress of the program

In the overall project design, the availability of clean water, its hygienic handling, and access to and proper use of sanitation facilities, were identified as the measures which would promote public health. The increased availability and use of potable water and latrines were identified as benchmarks for assessing project impacts. Organisationally, the promotion of clean water and sanitation was initially the responsibility of health staff, until the Community Development section took over these functions. Following the mid-term evaluation, a separate Water section with its own coordinator was created and its area of operation was extended. This section has concentrated on

- the construction or rehabilitation of protected water sources;
- improving the communities' capacity to maintain the sources and ensure water conservation; and
- generating local funds for covering maintenance costs.

Construction has involved the digging and protection of wells, while rehabilitation refers to the improvement and protection of existing wells and the fitting or replacement of defunct hand pumps, mainly on boreholes sunk by government or other agencies.

Over the project period 36 wells were constructed and 27 existing water sources improved or rehabilitated, involving a total of 63 water points. These are distributed as follows :

JN, AN, and Nh	32
Bilene and Xai-Xai dist.	23
Limpopo corridor	7
Chibuto	1

Half of the rehabilitated or new water sources are therefore situated in the core project area (JN, AN, Nh). In Nov. 1992, 17 of them were functioning adequately, but by the end of 1993 the number had grown to 26, an increase of 53%. Water sources not being used were in the main defunct, not because of maintenance problems, but were boreholes which had run dry or wells of which the water was too dirty to use for domestic purposes.

This suggests that the technical expertise for advising on the siting of wells is not always adequate. Despite considerable progress, the project had earlier calculated that about as many as the currently functioning sources were still needed to achieve sufficient coverage in JN, AN and Nh.

Much of the construction and rehabilitation has taken place during the last year, showing an acceleration of the water program after the mid-term evaluation. Of the total 32 sources attended to in JN/AN and Nh, 24 were completed during the last year. There is great need and scope for improving access to safe water both in established communities and areas to which people have been returning.

The basic approach of SCF to water development is sound in three respects -

- 1) With such an evident shortage of potable water there is no point at this stage to formulate unattainable targets with respect to coverage (households per protected water source) or maximum distance to nearest water point. SCF's practice of having communities identify the possibilities and priorities regarding water provision themselves, is therefore appropriate.**
- 2) The policy of building upon and supplementing the work of other agencies in this sphere is prudent and more cost-effective.**
- 3) Where the water table is accessible, it is better to concentrate on hand-dug wells, combining the communities' own resources and readily available technology, since it makes resources go further and is more sustainable.**

3.2 Water source maintenance

The importance of community involvement in the construction and maintenance of water sources is recognised. Under the organizational system being followed, three parties should be involved in maintenance, viz. a maintenance team consisting of two persons, a conservation team also of two, and a village pump minder (or technician). Maintenance persons have to look after physical repairs or improvement to well structures, while the conservation team are responsible for the environment, cleanliness, and water use. They are all elected according to bairros so that occasionally there may be teams which have to look after two wells, if there is more than one in their bairro. It is accepted policy that women

should be trained as pump repair technicians.

According to the Water coordinator, about 42 maintenance and 31 conservation teams have been established, and 62 repair women trained. This suggests that there is as yet a measure of unevenness in the coverage of maintenance structures. The evaluators encountered some maintenance committee members during their visits to water points. The services of maintenance persons and repair women may only be needed intermittently, but it was not possible to ascertain how active and effective the different teams actually are. All that can be said is that there did not seem to be many water sources which were not operational for lack of maintenance. But then the majority of the facilities have only been constructed or rehabilitated during the past two years, so that they are still fairly new.

USAID and the project have insisted that contributions be collected in the villages so that funds can be set up for all water facilities. This was started in AN and Nh earlier during 1993, but only very recently in JN, and a total of just over MTS 500,000 had been reached by the end of the project period. Elsewhere collections have not been launched yet. There is not much experience yet with the administration of such funds, or how readily people would continue to support it on a sustained basis. According to the Agua Rural (AR) Director in Xai-Xai, the fact that communities should accept financial responsibility for maintenance has already been adopted as a national policy, but SCF is probably one of the pioneers in implementing it.

According to comments from some villagers in Nh, people are not clear on how moneys collected are going to be kept and used. In one case there was also a problem of being able to get the right spares. Each new pump comes with a basic kit of spares, and major parts should be kept by AR, but people were not sure who is responsible for getting them or paying for transport to town. Some problems may be due to lack of information. Nevertheless, both the rationale for and actual use of contributed funds should be transparent enough to be easily understood by everybody.

The level of contributions and income over a period should be related to actual expenditures on repairs, and an understanding reached with communities on whether they are also contributing toward the eventual replacement of pumps when it becomes necessary. Simple, clear cut, and practical procedures and systems for collecting and administering funds, and for attending to any breakdowns or operational problems, further need to be worked out. This would entail a learning process for both villagers, SCF and AR, since solutions may have to be tested and modified in the light of experience.

3.3 The organization of water development

Since the beginning of the project SCF has cooperated with Agua Rural, the responsible arm of the Ministry of Water and Construction, in the construction and rehabilitation of wells and boreholes. This relationship has developed into a close working partnership since the mid-term evaluation. SCF takes responsibility for identifying needs and potential water sources and mobilizing the community. AR provides skilled labour and materials for which SCF pays. AR on its part has seconded a technician to SCF to carry out pump installation. AR has its own Animadores (animators), virtually all women, who do extension and training in communities, but they cannot cover the rural areas adequately so that SCF carries out these functions where it is involved in developing water sources, using AR guidelines and material.

AR describes this as a productive relationship, but AR tends to be overstretched and SCF complains about their charges for work and delays in completing jobs (while admitting that SCF's buying department can also be slow in obtaining necessary equipment).

SCF is basically supplementing AR's resources, which is the most feasible and economical arrangement. According to the UNICEF Water and Sanitation Coordinator many PVOs, including some in other parts of Gaza are, however, going about water development in their own way, since no Government-PVO coordinating body exists in this sector.

SCF would make a contribution if it liaised with AR at higher levels to provide feedback on its experience regarding community participation and management and the creation of local funds, so as to contribute to the formulation of more appropriate strategies and management principles nationally.

3.4 Soil Erosion

Attention is paid to water run off around wells and possible pollution of the source. In Xai-Xai and Bilene many of the villages are, however, situated just above the major river valleys. There are many traditional shallow wells, as well as improved protected sources located below the banks at the edge of the valleys, because it is close to homesteads and the water table there is high. It is also convenient since most gardens are situated in the wet soil on the fringes of the valleys. Access for people and animals to water and the gardens, and also to the valleys generally, typically pass down the banks at these points. As the soil is bared and trampled down along the thoroughfares, they become gullied in the manner of sand chutes cut through from the upper shelf, sometimes threatening also to engulf the wells.

Ways should be sought and discussed with villagers in such locations to control and counteract erosion, such as having special cattle access paths, building storm-water troughs lined with stones, and regrassing the banks.

3.5 Clean water, sanitation and health

Responsibility for the promotion of sanitation shifted during the duration of the project. Initially it was done by health personnel, but subsequently moved to Community Development when a coordinator was appointed. Later it reverted to Health again, being de-emphasized, however.

A survey indicated that 85% of the families in the original project villages have latrines and that 40% of these are properly utilized. 70% kept and used water utensils hygienically. This can be considered good by rural standards in Mozambique, but should be expected in the light of the saturation of these villages with health education attention. It appears that during the last year, however, sanitation promotion was limited to palestras.

The proposal for the next project phase has set ambitious targets for environmental sanitation training and the construction of pit latrines (15,062 in all!). The evaluation team, however, did not come across comment on what SCF has learnt thus far about the most appropriate strategies for sanitation promotion or the feasibility of targets such as the above.

Judging by the decline in the incidence of diarrhoea in the core project area, the wider availability of clean water and attention to sanitation and hygiene, has nevertheless had a beneficial impact on health. Certainly, the effects that easier access to abundant clean water has on labor saving for women and on family hygiene is beyond dispute.

4. EDUCATION

The grant agreement for the project refers to contributing toward the rehabilitation of schools and the provision of materials and technical assistance in support of education. This it has done with respect to both adult (non-formal) and formal school education.

4.1 Adult literacy

The level of literacy in most rural areas of Mozambique is still very low. In the core project area it is reported to be under 30%. The project has made available literacy training materials in Xai-Xai district and created a revolving fund to ensure that

they continue to be available. Otherwise direct involvement of the project in literacy training has been limited to JN where several groups attend classes running over two years. A total of 733 adults, including monitores and activistas, received literacy training, representing an estimated 6% of the adult village population. Assistance was also provided in training instructors in adult education techniques, procuring benches and teaching materials, supplying some building materials for trainers' houses, and encouraging people to join the classes.

The project has, of course, been active in non-formal adult education over the entire front of the different sectors by offering health and agricultural extension and community training in leadership and other skills. The challenge for an "integrated" project is to establish and exploit linkages in training between the different spheres of activity and livelihood.

4.2 Facilities for formal education

The Mozambican government is keenly aware of the country's inability to provide adequate schooling opportunities for its youth. In the four villages in which SCF has supported the building or improvement of classrooms, only 23% of the children of primary age are actually attending school.

In improving educational infrastructure, local builders, materials and labour, including assistance from parents and children, have been used as far as possible. Parents sometimes also contribute cash. SCF's role has been limited to mobilizing self-help and providing funds for building supplies which have to be brought in from outside, such as cement and roofing sheets. The Education Directorate undertakes to supervise the progress and quality of construction, but has not always been able to do this adequately.

Over the last two years the project has supported in this way the construction of two new schools of two classrooms each, one being a lower primary in JN and the other an upper primary in AN. In Nh an existing upper primary school was enlarged by the addition of two classrooms. Rehabilitation has involved repairs, some door and window frames, and permanent cement flooring in existing classrooms of at least three other schools. Schools are very poorly equipped indeed, but SCF has only contributed in a limited way to seating (benches) and teaching materials for children.

Along the valleys such as at Nh, earlier school classrooms were constructed using reeds. It is these which have been provided with permanent floors through SCF's assistance. VDC members who were asked about building, were quite open to the use of traditional materials, provided that durable roof sheeting is used, but they pointed out that reeds are not available everywhere, and that it requires more frequent repairs, and replacement about every five years.

The evaluation did not determine whether the issue of teachers' housing is as pressing as it is for health staff, but the project has not addressed this. Teachers' families often seem to have their own farming plots.

Since USAID funding did not incorporate provision for school construction, the means for supporting this were sourced largely from other donors, notably the Australian SCF.

There is great scope for SCF to expand its contribution to the rehabilitation of schools. The Provincial Directorate reports that 132 schools in Xai-Xai were destroyed during the war (compared to a total of 328 functioning ones) and there are a further 380 (informal ones?) conducted "under the trees". Whereas SCF does not have the resources at present to assist in improving the skills of teachers, it should determine which equipment, books etc. are most needed to improve the quality of instruction.

Schools built with locally available traditional materials are obviously preferable to ones meeting "under the trees". The short-term savings in putting them up as "permanent" structures do not, however, appear justified unless the project wants to stretch resources to (re)build as many classrooms as possible over a wide area within the next phase. If such a course is followed, it would be necessary to decide which more permanent materials such as roofing, doors and frames, or cement floors, should be used so that these would be available for better buildings later on. Any locally produced improved building materials (building blocks, roofing timber, frames, as well as furniture) nonetheless generate employment and income and should be used wherever possible.

4.3 Government and community participation

SCF enjoys the support and cooperation of the Education directorates, who fully recognise its contribution. They have undertaken to pay half of the contract labour costs for school (re)construction, but this has not always been forthcoming, leaving SCF to make up the deficit.

Local school committees, known as LECs, which provide a link between the school and the community have been in existence in most areas since independence. These committees raise labour, and sometimes material contributions, for school construction and maintenance, equipment, special functions, keeping the grounds tidy, and so on. SCF has encouraged and sought the active cooperation of these committees as channels of participation in its (re)construction program. They have therefore been involved in all the building operations. The evaluation did not establish how representative and effective they actually are, and to what extent they function continuously and independently, or as "sub-committees" of the VDC. The Nov. 1993 SCF monthly report refers to meetings with LECs which consist of "heads of schools and two community members". If this is the case, they have a very limited base.

It is recommended that in order to ensure continuity in school maintenance and improvement, and the strengthening of links between the community and teachers as well as with the government education department, that SCF studies the functions and institutional base of the LECs in Xai-Xai and Bilene, in order to assess (i) how effective they are; (ii) how their representative base can be broadened; (iii) whether other changes to their powers, constitution and operation could be suggested to the authorities; and finally, (iv) what role they could play in facilitating non-formal education for adults and the majority of children who are not able to attend school. The purpose would be not only to enhance their contribution in the SCF program, but also to stimulate a wider review of official policy concerning their place in education.

4.4 Increasing access to school education

One of the project objectives was to increase primary school enrolment. It believes that this has been achieved through the introduction of double sessions in the new or rehabilitated schools, amounting to an estimated 600 additional pupils, for example, in JN, AN, and Nh. Teachers more readily teach successive classes both morning and afternoon in the improved classroom environment and receive an added gratuity from government for the increased teaching load. It was, however, not possible to verify (a) how many double sessions have in fact materialized as a result of better classrooms; (b) whether the Education directorate is able to afford the additional pay; and (c) how the demands of double sessions affect the performance of teachers.

The major constraint on the expansion of educational enrolment is the inability of government to employ more teachers. According to the provincial directorate there are at least eighty-five trained teachers in Xai-Xai who cannot be engaged for lack of finance. Teachers for the two new SCF funded schools in JN and AN were apparently approved earlier, but otherwise increasing formal educational opportunity in the villages is something which falls largely outside the means or control of the project.

5. COMMUNITY ORGANIZATION

5.1 The role of community organization

At the beginning of the project community organization functions, such as establishing a VDC, recruiting auxiliaries and volunteers for the health program in the villages, and organizing health education were largely carried out by the health staff. As the scope of activities broadened and additional community development (CD) and education staff were appointed, all of the project activities other than health and agriculture were subsumed under this department, although its brief to

stimulate participation, enhance leadership skills, and contribute to the identification and management of micro-projects also covered health and agriculture.

In facilitating a wide range of project activities, CD could play an important part in "integrating" these from the villagers' perspective. The mid-term evaluation, however, pointed out problems which arise when CD is only involved at certain points of the project cycle, such as at the beginning in creating committees and identifying community priorities for development, or later on in addressing problems arising out of conflict (eg. problems in JN concerning the relationship of the Comissao Agraria to the VDC) or public apathy (eg. when people are tardy to contribute labour). The training function can also take on a life of its own, if it is not sufficiently related to improving implementation capacity and participation in the specific concrete programs and problems of the different sectoral activities.

In response to the mid-term evaluation, the Leadership and Community Organization section, as it is now known, concentrated in 1993 on serving in a facilitating role as SCF moved into new communities during a period of rapid expansion.

5.2 Training

The CD section has worked out a set of courses on six topics with accompanying educational materials consisting of illustrations, discussion questions, participatory assignments and the like. Each of these topics has been presented in six different courses to leaders in JN, AN and Nh. In this way 59 VDC members, for example, received training. The courses cover leadership principles and the identification, planning, management, and evaluation of projects. During 1992 special courses were designed to help people to come to terms with the trauma caused by war.

There has not been follow-up or information on how these courses were received and the effect they have had on leadership attitudes or performance. It is therefore not possible to evaluate their impact.

The recommendation of the mid-term evaluation is reiterated, viz. that CD training be entirely focused on, and integrated with specific on-going agricultural, health, reconstruction, etc. project activities in each area, identifying constraints and how they may be overcome through collective action and greater use of own resources. Such training will therefore have to be designed, scheduled, and executed with the active involvement of other SCF staff, the government personnel concerned, and village people who are involved in particular (sectoral) programs.

5.3 Becoming involved with communities

CD staff take the lead in the new localities which SCF investigates for inclusion in the project. They gather information about the area and its population and meet with the people to identify the different village leaders. A more comprehensive needs identification exercise is then carried out with the leaders and the first points of attention agreed upon in conjunction with the other SCF program sectors. The aim is to establish a VDC early on to serve as the community's liaison and development coordinating body. The VDCs are not popularly elected, but the intention is to make them representative of the leadership and different sectoral interests such as agriculture, health, education, and the like.

It is useful to review again the institutional background to the VDCs. Establishing VDCs represents a major initiative for a PVO, since in many other African countries such bodies have been created by governments as the lowest tier of public representation and administration. Mozambique already has the Aldeia structure which represents an amalgam of official political organisation and traditional roles. The government has, however, also recognised and encouraged some village committees eg. for farmers or the LECs for the schools. An important question is how VDCs relate to the official Aldeia structures on the one hand, and the povo ("grassroots") on the other, and whether they will become more widely diffused and institutionalised in their own right over time (as "civil" based alternatives to more "state" controlled village governance), once SCF departs. In the meantime, participation in the VDCs seems to have been good and they have been useful to the project as local consultative fora.

The mid-term report expressed some reservations about the durability of the VDCs, since they will in the longer run only have support if they command resources, have meaningful decision-making powers, or can serve as an effective pressure group on government and outside agencies. It nevertheless suggested that they should be maintained as long as they serve a purpose. SCF staff consider the VDC essential for liaison and consultation, but at the same time also work with "sectoral committees" for water, agriculture, schools, etc., and for some purposes through the bairro or zone heads. Flexibility in working with leadership that is closest to people in a particular area or those who are already involved in certain activities is good. The future of VDCs as democratic village institutions will, however, amongst others depend on (i) how they are elected and how ordinary people view them; (ii) how strongly they are rooted in other village structures, rather than being viewed as SCFs creation, and therefore its responsibility; and (iii) whether they are recognised by government agencies.

- **CD staff should not have their own independent work program, but continue in a partnership and service function with the other SCF departments during implementation, in a problem solving role, constantly monitoring the responsiveness of programs to peoples' needs and capacities, and reviewing the appropriateness of the objectives and strategies being employed.**

6. AGRICULTURE

6.1 Background and objectives

SCF(Australia) began supporting agricultural extension in JN during 1989. The aim was to establish two pilot extension centers, or Casas Agraria (CAs), in the Muzingane area to promote improved farming techniques, resource management, and self-reliance. Targets were set to increase livestock production, agricultural yields and marketed production respectively by 20% over the next three years. The intention was that self-supporting CAs would be developed to serve as models which could be followed by the Provincial Department of Agriculture for CAs elsewhere.

The USAID umbrella project agreement did not earmark money for any specific agricultural project but mentioned the goal of increased total household agricultural output for own consumption and sale, and "increased reliance on own production and markets" as benchmark.

The CA in JN, which also served AN, began by providing agricultural tools, seed and other inputs, as well as small-scale credit to farmers. Extensionists were to be trained and supported to work with small farmer groups, such as women to improve crop management, introduce new varieties, and look at the possibility of food processing projects. Ways of improving existing irrigation management would also be studied. SCF also for a while had responsibility for the CA in Nhakutse which had been built by another donor and a Mozambican PVO.

Neither of the two Australian coordinators stayed very long in Xai-Xai, but AIDAB agreed to fund the project until June 1993. SCF(USA) in the meantime in mid-1992 took over the management of the project with the most senior Mozambican staff member serving as the new coordinator.

6.2 Casas Agraria and services

6.2.1 The Julius Nyerere CA

The intention was that all agricultural aspects of the project would be channelled through the village CA and the agricultural committee (Comissao Agraria) which controls it. The CA would provide input supplies, credit, land preparation, transport, extension and crop promotion, and grain milling. In regard to actual performance, the Nh CA has operated at a much lower level than the one in JN and has once more been taken over by a local PVO, ADRC. The mid-term evaluation noted that the JN CA had despite problems, already served a large number of farmers. 72% of JN/AN sample households had made some use of the CA, and 60% had purchased seeds or agricultural tools. According to a May 1993 survey, service utilization has increased very significantly since 1990; nearly 90% of the sample obtained

tools and seed from the CA, and 57% credit. These figures would, however, not be reflective of the total village population, since the survey was conducted in the particular wards on which the agricultural project had concentrated and on a sample with which there had been contact earlier, but is indicative of the penetration which the project achieved in this area.

There has also been a high level of involvement by women. More than 70% of the last survey sample were women farmers while the 1992 survey showed that more than two-thirds of those who had received credit, were women. There is a good representation of women on the Comissao Agraria compared, for example, to the VDC in JN, and the current chairman is also a woman.

There has been substantial further development at the CA during 1993. It is reported that 92% of the seed credit from the previous season has been repaid (in kind). Credit is being organized on a group (village "blocks") basis as recommended in the mid-term evaluation. The CA bought surplus corn from the farmers and was able to dispose of most of it. Further steps were also taken to place the formal status and management of the CA on a firmer footing. The grinding mill at the main center came into use and a second one has been installed in Bairro 1. During the evaluation visit, a new tractor donated by Australian aid was formally handed over to the CA. Apart from its agricultural and commercial supplies, the CA therefore has a number of valuable assets which it has to manage now.

6.2.2 The prospects for CAs

Members of the Comissao Agraria claim that the CA can fend for itself if necessary. This is unlikely. While progress has been made, it has been achieved through very considerable inputs of project capital and manpower. Initially the CA had, apart of the involvement of project staff, twelve direct employees. Now it has only two, including the President (Manager). The capacity of the agricultural committee and management to run the CA alone is still limited and it will need some supervision and support for a time. The final evaluation of the agricultural project (SCFAustr, 1993) recommended another two years.

The SCF proposal for the next phase mentions a target of 23 communities. Farmers' associations are to be established in all, and CAs in 12 of them. Such targets do not appear realistic on several counts.

- Currently the Agricultural sector staff of the project have been reduced to the Coordinator, an assistant, and one extensionist for JN. Three other extensionists are being moved to Zonguene. Government extensionists in other areas are few and far between. Bearing in mind the concentration of manpower and effort that has been required over nearly five years to build up the JN CA, and the need to continue to oversee it, one cannot see two SCF staff alone with extensionist

assistance here and there, covering so many communities in three years, and doing everything that is necessary to get 12 CAs going. Just ensuring the reliable management of some input supplies, or a seed credit system in each of these is already a formidable assignment. If SCF engages additional extensionists, the Department of Agriculture would, as is presently the case, be unlikely to absorb them at the end of the project period.

- No "model", as the previous phase envisaged, or a coherent set of strategies for developing CAs based on the past project's experience, have been formulated as yet.
- The practical feasibility of the proposal in essential aspects has not been properly appraised, i.e. simply how it can be done; eg. how CAs would be able to employ managers and how they would be trained and supervised, to mention only one set of requirements.
- Individual CAs cannot stand alone, and there is at present no well established institutional framework or back up structures in existence with which they can link up.

The former parastatal UDA, which ran state farms in Gaza and also assisted the family sector (small farming), was through NUCLEO, involved in setting up CAs such as the one in Nhakutse. Through ADCR, its successor - we were not able to reconstruct exactly how all of these organizational transformations took place - it still has an interest in CAs. However, due to its previous experience with CAs and cooperatives which have failed, ADCR now proposes to work mainly through farmers' groups and associations, linking them, but leaving the possibility of establishing further CAs open for the future, depending on how the collective capacities of the farmers develop. ADCR says it has no interest in running CAs, only "facilitating" them where they might prove feasible.

SCF should investigate closer cooperation with ADCR in the setting up of farmers' associations by way of sharing strategies and experiences, coordinating with Government (Department of Agriculture), and establishing a network of associations; rather than merely having an understanding that "you work in those village areas, and we will do these".

6.3 Extension and production

6.3.1 Irrigation

Three small irrigation ventures were spawned by the project: a rice growing scheme and a horticultural project, both on cooperative land in the valley

adjacent to a section of JN; and a special irrigation scheme on the Limpopo at Mabalane for deslocados. All of these were more in the nature of "emergency" actions to supplement people's livelihood under conditions of dislocation or drought. The rice project was a near total failure and the gardening plots are not receiving further support, but it is reported from Mabalane that some farmers who want to stay on there may continue with the assistance of others.

The experience with these ventures are reported in the mid-term evaluation. Here it may only be noted that the most productive land lies in the valleys and some of it is now unused or underutilized. Some remnants of the post-independence cooperatives are trying to maintain or resuscitate part of their earlier operations, but the requirements of maintaining or restoring infrastructure such as canals, drainage, and pumping facilities; or clearing land which has fallen in disuse due to neglect and the war, are very demanding. Such tasks are certainly outside the means of most family farmers, except for gardens or small fields. Only larger farmers who command sufficient resources to farm on a commercial scale are likely to be able to restore this land. It would, however, not be feasible or justified for SCF to get involved with the cooperatives or larger farmers.

6.3.2 Livestock and traction

Animal traction is important to small farmers for tillage, especially in the heavy valley soils, and also for transport. Family farmers in Xai-Xai district have had significant cattle holdings, but much of these were decimated during the last years of the war. In the agricultural project survey sample, for example, the average number of draft animals per family was reduced by 78% between 1990 and 1993. The last survey also revealed that 84% of the farmers wanted as a priority, to have more cattle both for draft and other purposes. People have also lost a lot of small stock like poultry, pigs, and goats, and want to replace them.

The project attempted to alleviate the draft problem with its animal traction scheme through which it obtained pairs of oxen which were sold to 18 farmers on credit. Two pairs were retained by the CA for tillage and cart transport hire. Now the tractor has become available, but only the bigger farmers would be able to afford the cost of hiring it.

The CA oxen have been well used, but there has been a 50% attrition of the animals sold to the farmers which illustrates the problems one faces in launching such a scheme. Some of the constraints in obtaining suitable draft stock may be insurmountable in the short run until local herds have been replenished through natural increase. In the meantime the CA has rendered an important service by making available basic veterinary advice and medicines.

Nevertheless, any possibility of increasing people's access to and production of livestock, including poultry which is important to women, as well as goats, would also improve overall agricultural production, nutrition, and the general economic position of families, due to the multiple purposes livestock serves.

6.3.3 Extension and arable production

Some extension has been associated with schemes like the animal tillage and irrigation/horticultural projects. Most extension has been, however, been focused on improving rain fed production of crops like corn and cowpeas by means of demonstration plots. Owners of such plots are expected to share their knowledge with a certain number of other farmers, and they in turn with others. Although substantially fewer such demonstrations were established than intended - annual targets were pretty meaningless - it is reported that some 2013 farmers in JN in all were reached in this manner. 78% of the respondents in the positively biased 1993 sample in fact say that they have seen a demonstration plot. It proved impossible to verify these figures in the evaluation.

There was no attempt to gauge the extent to which techniques being promoted through demonstrations were actually being adopted by farmers, nor was any reliable information available regarding increases in total farm output which might have resulted from such adoption. The program produced figures indicating a steady annual increase in yields (irrespective of seasonal conditions or droughts), but no records or explanations could be produced to back them.

The mid-term evaluation suggested that

There is a need to draw upon more adaptive field-based farming systems (or "farmer first") type research and extension approaches and pay attention in a learning-experimental way to promising traditional practices, "women's crops" (such as groundnuts and sweet potatoes), riverside fields and gardens, small stock, etc. in order to reach the poorer farmers and households which are likely to suffer periodic food shortages.

Presently, however, project staff do not have the experience or capacity to move into such more innovative and participatory approaches.

6.3.4 Environmental impacts

Negative, or positive, environmental effects cannot be traced to agricultural activities alone, but these would nonetheless account for a very large part of such effects on soils, vegetation, and water. We encountered little evidence of attention to environmental issues in the agricultural program, whether in the identification of possible problems, in extension efforts, or in

active attempts to rectify particular effects. This applies to areas such as actual or potential soil erosion, wetland degradation, pollution or tree preservation. Section 3.4 has pointed out one example of erosion. But is the slash-and-burn type of bush clearance by returnees to (re)open fields in parts of Bilene, for example, inevitable and environmentally appropriate under the circumstances?

The exception to the above observation is the project's attempt to promote reforestation in JN during the past year. Villagers planted nearly 1000 eucalyptus seedlings in one month. Unfortunately we did not inquire where this idea came from.

6.4 Emergency relief and rehabilitation

In the project's definition, emergency relief and rehabilitation refers to "increased access to agricultural inputs, domestic supplies etc. for war displaced and drought affected populations." SCF itself has had little direct involvement in food relief, other than supplementary feeding to specifically targeted deficit categories such as malnourished infants and pregnant or lactating mothers. However, it has been involved in supplying tools and seeds to deslocados in the Corridor, Xai-Xai and other localities in Gaza and, during the last year, also to returning populations. The time and resources put into this during 1993 has in fact been substantial, although most of the goods involved (including nearly 20,000 hoes and perhaps half as many axes for four districts!) were supplied by different organizations. SCF has thus provided valued cooperation to other agencies, and a major service to the populations concerned. Relief campaigns like these open doors to newly resettled communities, but reduce the time and manpower that can be devoted to development activities.

6.5 A question of capacity

The basic question has to be faced regarding what SCF can aim to achieve during the next three years over a very broad range of agricultural problems and potentials in a projected twenty three localities, led by only two full-time staff who have a relatively limited range of training and experience. Promoting four or five relatively confined and standardised management, input, and production "packages" through the small number of available extensionists who themselves have had little training, might be all that is feasible, if indeed that is. Program elements could address farmer organization, credit and selected input supplies, and the encouragement of a few improved crops (or livestock) and associated technologies. But such components need to be identified, selected, and designed (or adopted from elsewhere), and each of them confronts complex problems. "Packages" furthermore invariably raise questions of appropriateness and adaptation to varying situations. This leads to the conclusion that

- (i) more modest and focused objectives need to be formulated for the agricultural sector;
- (ii) the reach of the program would depend heavily on the use that can be made of farmers' groups and representatives; and
- (iii) serious consideration should be given to engaging an experienced specialist agriculturalist to shape and guide the program.

ANNEX I

SCOPE OF WORK AND TERMS OF REFERENCE

AREAS OF EVALUATION

- A. Assess appropriateness of proposed interventions in the original grant document and all amendments thereof.
- B. Carry out and assessment of SCF's response to the recommendations of the mid-term evaluation.
- C. Assess overall impact of the program and progress in achieving set objectives in the following areas:
- i. Health - Increased coverage and availability of primary health care services.
 - ii. Water and Sanitation - Increased access to potable water and sanitation education and facilities.
 - iii. Agriculture - Increased household production, income and access to extension services, marketing information, credit and general food security.
 - iv. Education - Increase in primary school enrolment (access to facilities).
 - v. Emergency Relief and Rehabilitation - Increased access to agricultural inputs, domestic supplies etc. for war displaced and drought affected populations.
- D. Assess potential for benefit sustainability through strategies employed in implementation:
- Casa Agraria as a source of agricultural inputs and credit;
 - community involvement in water source development and maintenance;
 - user fee system for water source maintenance;
 - use of activists in the dissemination of health information and service delivery.
- E. Assess the impact of the (changing) environment and how SCF and the community have adapted to it in implementing the project.
- F. Assess benefits provided by grant-funded water, health and education projects to communities (especially women and children under 5 years old).

- G. Assess any improvement in quality of health service delivery provided by DPS in target area resulting from SCF assistance.
- H. Assess the impact of the program relative to general community needs.
- I. Assess the cost effectiveness of program activities.
- J. Assess the environmental impact of the program including identification and recommendation of actions to mitigate any negative environmental effects identified.

METHODOLOGY

- 1. Review of original grant documents and subsequent amendments.
- 2. Review of available program reports and mid-term evaluation report.
- 3. Field visits.
- 4. Interviews with staff and program participants/beneficiaries.
- 5. Interviews with staff of government departments and collaborating agencies.

ANNEX II

SOURCES

Catlin, M.	1992	Mid-term Evaluation Survey - Umbrella Project, Save the Children, March
SCF (USA)	1990	Draft Proposal PVO Umbrella Project, Integrated Rural Development, Gaza Province, Mozambique, June
SCF (USA)	1992	Mid-term Evaluation Report, PVO Support Project, Gaza, November
SCF (USA)	1993	Monthly Progress Reports.
SCF (Austr)	1992	Agriculture and Food Security, Annual Plan 1992/93, June
SCF (Austr)	1993	Agriculture and Food Security Project, Final Evaluation (Draft), May
USAID	1990	SCF Project grant agreement, Attachments 1 & 2, Schedule, Program Description, August 20

ANNEX III

EVALUATION SCHEDULE

Tues., 11 Jan.

Arrival Maputo, Evaluators meet

Wedn., 12 Jan.

a.m. Briefings with SCF and USAID
p.m. Travel to Xai-Xai

Thurs., 13 Jan.

a.m. Progress reports from Program Coordinators
Meeting with District Administrator, Xai-Xai
p.m. Visit to Julius Nyerere and Agostino Neto

Fri., 14 Jan.

a.m. Return to Julius Nyerere and Agostino Neto
p.m. Interviews - Prov. Dept. of Agriculture
- Prov. Dept. of Health
- Prov. and Distr. Dept. of Education

Sat., 15 Jan.

Visits to Bilene villages - A Luta Continua (Messano)
- Mangol
- Tuane

Sun., 16 Jan.

Visit to Zonguene, Xai-Xai dist., 24 do Julho village and environs

Mon., 17 Jan.

a.m. Visit Nhakutse
p.m. Interviews, Xai-Xai - Agua Rural
- Mozambican Red Cross
- Rural Comm. Dev. Ass. (ADCR)

Tues., 18 Jan.

a.m. Interviews with SCF staff
p.m. Review of SCF Reports

Wedn., 19 Jan.

Continuation consultation with SCF and Min. of Health staff; review of preliminary conclusions

Thurs., 20 Jan.

a.m. Debriefing with SCF staff in Xai-Xai
p.m. Return to Maputo

Fri., 21 Jan.

a.m. Debriefing at USAID

Sat., 22 Jan.

Write up Report Summary

Sun., 23 Jan.

Departure from Maputo

ANNEX IV

PERSONS SEEN

(Other than SCF, USAID staff and village leaders)

Sr Mondlane	District Administrator, Xai-Xai
Sra F. Jaqucene	Head, Provincial Agric. Extension, Gaza
Sr E. Fidelis	Supervisor, Provincial Agric. Extension, Gaza
Sr M. Muyanga	Head, Provincial Community Health, Gaza
Sr Mahanjane	Deputy Director, Provincial Education, Gaza
Sr J. Araujo	Director, District Education, Xai-Xai
Sr Baltazar	Director Rural Water, Agua Rural, Gaza
Sra A. Mate	Red Cross of Mozambique (CVM), Gaza
Sr A. Macome	Rural Development Animator, ADCR, Gaza
Sr H. Chissano	President, ADCR, Gaza
Dr P. Wurzel	Water and Sanitation Advisor, UNICEF, Maputo