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CARE INTERNATIONAL

**MACHAZE DISTRICT FOOD SECURITY AND COMMUNITY
INFRASTRUCTURE REHABILITATION PROJECT
(FSCIR)**

MID-TERM EVALUATION

OCTOBER 1994

**Machaze District Food Security and Community Infrastructure
Rehabilitation Project
(FSCIR)**

Mid-term Evaluation Report October 1994

ACKNOWLEDGEMENT:

The Mid-term Evaluation team, which conducted the work necessary for the elaboration of this report included the staff of CARE Machaze, to whom we direct our gratitude for their dedication and readiness to supply information and collaborate with the team during the process of research and ultimately as eager participants in the evaluation workshop.

A special gratitude to the animators and the national staff involved in the planning and implementation of the visits to Guazane, Bassane and Chipopopo the 3 communities of the Machaze District where the field work took place.

Helena Antonio, Eva Elias, Thomas Manguza, Inacio Arjuane and Julio Sequela furthermore assisted by directing meetings, translating dialogues and by readily sharing their valuable knowledge of Machaze with the evaluators.

We highly appreciate Celina's impeccable preparation of the work at provincial level.

Our acknowledgement to the Administrator of Machaze District and to the District and Provincial Directors, who found the time for contributing to the evaluation in spite of the pre-election workload.

Finally we would like to thank the people of Machaze, women and men of the communities, residents or returned refugees, midwives, traditional healers, teachers, chiefs and regulos for their unconditional collaboration.

Maputo October 1994

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I JUSTIFICATION FOR MID-TERM EVALUATION

The purpose of the "Machaze Food Security and Infrastructure Rehabilitation Project" is to improve the food security of a selected rural population of Machaze district through the development of a community-based nutritional education and monitoring program and the rehabilitation of essential infrastructure.

In the agreement between USAID and CARE (Machaze Food Security and Infrastructure Rehabilitation Project) it was established that a mid-term formative evaluation will be carry out. This evaluation will focus on the progress towards objectives made during the first half of the period of this project and CARE's capacity to implement the activities as described in attachment 2, program description and in proposed outputs revisions.

The final objective of this formative evaluation is to optimize the development resources invested and to guarantee the implementation of the activities to the sustainable benefit of the communities of the Machaze District.

The intermediate objective is to show the degree of implementation of activities and to review and adjust the outputs if necessary.

II EXECUTIVE SUMMARY

The long term objective of the "Machaze Food Security and Infrastructure Rehabilitation Project" is to improve the food security of a selected rural population of Machaze district through the development of a community-based nutritional education and monitoring program and the rehabilitation of essential infrastructure.

The Machaze District is 13.112 km² and the most extended in the province, round 90.000 inhabitants including the 30.000 refugees estimated by UNHCR to return before the end of 1994. Machaze has lived through 16 years of insurgence and was one of the districts hardest hit by the 1992 drought.

In March/April 93 CARE executed a participative rural appraisal research in 4 communities in the Machaze District. To be able to identify and prioritize the problems of the rural communities. The findings listed the main problems of the district as lack of: Water, Food, Seeds, Instruments, Transport, Education and Health.

Based on the PRA, 3 Draft Projects were outlined for the period September 1993 to November 1995:

A Water Project,

An Agricultural Development Project and

A Food Security and Community Infrastructure Rehabilitation Project
The later (FSCIR) is the subject for this evaluation. Although the evaluation does not include the Water Project per se, the projects must be analyzed together given their similarities and relationship. Therefore the FSCIR's relationship with the Water Project and project interventions as they relate to water are also considered.

The FSCIR Project, was financed by USAID and UNHCR, and included the following components:

1. Seed and Tool Distribution (Later MADEST, Machaze District Emergency Seed and Tool Distribution, funded by USAID/QUIP Fund)
2. Rehabilitation of community infrastructure schools, healths posts and other infrastructures,
3. Upgrading and maintenance of access roads,
4. Community education on nutrition,
5. Training of community animators,
6. Establishment of community organizations on food security and reintegration issues,
7. Contacts between Zimbabwean refugee camps and communities in Machaze District,
8. A common methodology for contacts between refugees and communities.

The total estimated costs divided on 2 donors were:

USAID	\$ 1,104,843
CARE/UNHCR	\$ 576,748
FSCIR total costs	\$ 1,681,591

The FSCIR Project was well conceived in the sense that:

- It completed the rank of priority rehabilitation activities for the development of the Machaze district,
- It corresponded to the governments post-war rehabilitation policy
- It identified the problems by consulting the communities of the project area.

The project must be described as ambitious in objectives, outputs and time schedule, considering the following constraints:

- The difficult operational environment of Machaze District,
- The fact that the project application had to meet the demands of several funds and donors (Two different USAID funds and UNHCR),
- The fact that the Project Manager was responsible for both the implementation of the seed distribution (MADEST) and the preparation of the FSCIR,
- The complex concept of an integrated project approach dealing with a number of different sectors,
- The symbiotic interrelation to other CARE projects (water, seed and, from March 94, food distribution).

The FSCIR Project was approved in two rounds, some components by UNHCR in September 93 and the remaining components by USAID in December 93. Activities were only initiated in full scale from May/June 1994. In reality a 8-9 months delay of the proposed time schedule. Due to this implementation delay aggravated by a delay in donor financing, the project outputs were revised in July 1994

The proposed revised project outputs are more realistic. However, some additional measures should be taken during the second project period:

- Internally, related to a re-adjustment of the project organigram and a strengthening of management tools and practice
- Externally to secure the sustainability of the project components, in the rehabilitation and development of the district.
- Operationally, related to adjustments of time schedule, staffing and work plans, to facilitate the accomplishment of the project outputs.

RECOMMENDATIONS, PROJECT ORGANIGRAM

The project organigram was reviewed during the Mid-term Evaluation Workshop and adjusted for changes recently introduced. A participative discussion on the re-adjustment of the organigram contributed to a more precise definition of functions, interrelations and tasks for each of the project components and between projects:

RECOMMENDATIONS, RE-ADJUSTMENT OF ORGANIGRAM

The coordination of CARE Machaze, should be reinforced by introducing appropriate management tools. The Provincial Coordinator should spend the time necessary for introducing the adjustments and monitoring their implementation in Machaze.

The project components should have a higher degree of autonomy in implementing their individual activities and programmes, when coordinated, planned and agreed upon.

The Community Education Component should be responsible for coordinating project activities at community level in collaboration with the other project components and in dialogue with the community organizations identified.

RECOMMENDATION MANAGEMENT TOOLS

To guarantee an efficient performance of the individual components and their individual or common output a regular meeting calendar must be introduced for different levels within the projects.

A plan for regular internal staff meetings on crucial issues should be elaborated and implemented, with participation of the responsible of the components from both projects and their next in charge.

Each project component elaborates it's own work plan including training of staff and work plans for implementation of activities.

An individual perception of responsibilities and tasks within the project will contribute to an optimizing of project resources. It is recommended to further involve the national staff in discussions and participative decision-making.

RECOMMENDATIONS ON RELATIONS WITH GOVERNMENT STRUCTURES

Strengthen the function of the District Coordination Committee on project planning and implementation.

Venture clear indications to Government structures and communities on project policy, activities and contracts and discuss

participatively with their representatives.

Elaborate a road maintenance plan for the district in collaboration with DPCA and thoroughly discuss the problem of the lack of representation of two main sectors (Roads and Water) at district level.

RECOMMENDATIONS FOR RELATIONS WITH COMMUNITIES.

In Machaze District women and men participates equally in almost all agricultural activities, this should be reflected in the recruitment for community activities.

Coordinate the community work between sectors. A plan including all activities at community level should be elaborated based on contribution from each project sector taking into account seasons and the agricultural calendar.

Elaborate activity plans with each community included in the project, using a participatory methodology.

Further collaboration between traditional and formal health systems.

RECOMMENDATION ON PROJECT COMPONENTS: ROADS

The road and community construction component of the FSCIR project should be considered for a no-cost extension of at least 2 months. This includes all construction work as planned in revised outputs 1, 2 3 and 4, see Annex I, C: Revised Outputs

A total of 150 km of roads opened by EOP assuming the necessary kilometers of roads are demined between Nov 94 - Feb. 95.

Road maintenance agreed upon with province, district and communities.

A plan for demining elaborated and the financing guaranteed.

RECOMMENDATIONS ON THE COMMUNITY CONSTRUCTION COMPONENT.

A central work plan-for all construction work at project level elaborated.

Individual work plans elaborated with the communities involved, using participatory methods.

The proposed revised output on CFW should be immediately operationalized in terms of signing contracts with the communities involved in the school construction on materials, number of workers, payment and time schedule.

The potential communities for the construction of other structures should be informed on the conditions of the community construction contracts.

The constructions of community structures will focus on wash stands in connection to water points, and eventually staff housing for teachers. The component will not include construction of ware houses for storing of emergency commodities.

It is recommended to re-consider rehabilitation of cisterns as a component of community structure rehabilitation.

The 7 community organizations (one per community) should be identified before January 1995. This activity should be the responsibility of the community education sector, and the first activity of the groups to identify the community structures.

RECOMMENDATIONS FOR FUTURE ACTIVITIES

To look into alternative solutions for increasing agricultural production, taking into consideration the specific agro-ecologic systems of the district and drawing on experiences from i.e.

Zimbabwe and other countries in the region on developing rural communities in similar areas. A project proposal is under consideration.

SUMARIO AREA SANITARIA

O projecto de Asseguranca alimentar e reabilitacao de infraestructuras tem uma parte sanitaria que consiste em

1) Obtencao de informacao sobre: estado nutricional das crianas, conhecimentos das maes em materia de nutricao, instalacao de um sistema de vigilancia nutricional e implementacao de um programa de educacao nutricional.

2) Construcao de duas unidades sanitarias nas localidades de Chipopopo e Bessane

O Projecto de Asseguranca Alimentar mantem estreita relacao com o sector animacao da higiene das aguas do projecto "MACHAZE EMERGENCY WATER PROJECT"

Os objectivos previstos para o ponto 1 estao a desenvolver-se correctamente, apresentando unicamente dois problemas fundamentais que precisam orientacao:

A) Conseguir uma integracao tanto no ambito do conjunto de actividades SMI, como no ambito estrutural do sistema distrital de saude e a comunidade, na figura das entidades sanitarias tradicionais, especialmente.

B) Embora o objectivo final do programa piloto de educacao nutricional apresentado por CARE e claro, (obtencao de informacao higienico-nutricional capaz de servir de base para possiveis intervencoes na area da saude), acho importante a elaboracao de alternativas aprior de intervencao, capazes de esclarecer sobre as applicacoes praticas do programa.

A proposta que permitiria ultrapassar esta situacao e: trabalhar em estreita colaboracao com a enfermeira SMI do Centro de Saude de Chitobe, que faria a ligacao CARE-Sistema distrital de Saude; utilizacao das parteiras tradicionais como transmissoras das mensagens educativas, que fariam a ligacao comunidade-CARE-Sistema distrital saude, e finalmente a contemplacao de uma possivel intervencao futura pela parte de CARE na gestao global do sistema distrital de saude.

Os objectivos previstos no ponto 2) estao a sofrer um atraso, devido em parte, a nao ter tido em consideracao o tempo inicial de preparacao/organizacao das equipas etc; e tambem ao facto de ter recebido o financiamento com atraso. Nesta altura estao escolhidos os lugares para a construcao, assinados os contratos com as empresas construtoras e resolvidos os preliminares administrativos.

Tambem ha um problema estrutural para o sector de educacao comunitaria porque depende ao mesmo tempo de dois projectos, do projecto "Aguas" e do Projecto "Aseguranca Alimentar"

III METHODOLOGY AND LIMITS TO FINDINGS:

The team was composed by a Health and Nutrition Specialist and a Community Development Specialist. The preparation for the work in Machaze consisted of 2 short briefings in Maputo with the CARE Country Coordinator and the CARE Deputy Director of Programmes. The scope of work was finally adjusted in Maputo and a 20 days draft work-plan outlined, see Annex 1. Apart from the Scope of Work, the team was supplied with the project document and the revised outputs.

The team initiated the research in the Machaze District, with very little general background information to guide the work. However, the initial meetings with the project manager and the interviews and consultations with the district authorities early in the process contributed to conceive a meaningful perception of the project and it's operational environment.

During the stay in the Machaze Camp the team conducted one or more semi-structured interviews individually or in groups with the following staff members of the FSCIR, the Water Project and the Food Distribution Programme:

Rosemary Moreken, Project Manager
Cathy Snow, Civil Engineer, Road Component
Julio Sequela, Road Component Ass.
Craig Reeves, Community Education Specialist
Merlina Domiao, Animation Supervisor
Michael Chihururu, Animation Assistant
Helena Antonio, Amimator, Machaze Sede
Thomas Mangruza, Animator Machaze Sede
Luzia Joze, Animator, Machaze Sede
Eva Elias, Animator, Bassane
Inacio Arjuane, Community Constructions
Pedro Arauch, Camp Administration
Lorenzo, Camp Construction
Julio Madroba, Ass. Coordinator, Food Distribution Project
Robert Smith, Project Manager, Water Project
Dave Hill, Terra Search, Water Project, Drilling Consultant
Chris, consultant, hydrogeologist, Water Project
Antonio Chaugue, Tech, Supervisor, Water Project
Paulo Pereira, Tech. Ass, Water Project

With the Government officials of Machaze District the following issues were discussed:

Main problems of the District and of their sector, at present and in a long term perspective; their opinion on the relation and day to day collaboration between district officials and development agencies; their opinion on CARE Machaze and the ongoing projects and programmes; and their recommendations for the last phase of the project and for future NGO interventions in terms of sector and

activities. The contacts included DDS, DDA, DDCA, DDE, the Administrator, the staff of the Hospital.

To identify the problems and priorities of the different groups of beneficiaries and to distinguish the means for facilitating community development, the MET (mid-term evaluation team) carried out discussions in 3 communities. The discussions took place in mixed groups, in groups of men or women only and in groups of key persons of the community. The discussions were either semi-structured or they followed a guide elaborated with focus on the themes of major interest for the evaluation.

To be able to include the point of view of the women beneficiaries, the team of the field visits assigned more attention to their statements and tried to further their voice by creating an enabling environment for the dialogue.

The discussions with key persons, traditional leaders their chiefs and advisers, secretaries at locality and circle level, allowed for an increased perception of the reality of the communities in terms of size and organization and relation to government structures, in the present post-war rehabilitation/ repatriation situation.

The MET visited Guazane and Chipopopo once and Bassane twice. A number of approximately 150 people participated in the discussions, at an average of 50 in each community.

Due to the short amount of time spent in Machaze District many questions had to be left open, eventually to be incorporated in complementary studies for future programmes or projects.

Among aspects that need to be further researched a few should be mentioned as important for future interventions:

- A social mapping of the organization of the communities, their division of labor, their limits and spacial occupation pattern,
- The different self-subsistence production systems in different agro-ecological zones and their potential for improvement,
- The traditional exploitation of wild life and its contribution to the small holder sector,
- The options for a continuous balanced exploitation of wild life through community management,
- The impact on land and agriculture of 40.000 returning refugees,

- The changes introduced by the returning residents after 10 years of life outside the Machaze District,
- The traditional health system.

After 8 days of work in the Machaze District the team accomplished the missing review of project documentation in the CARE Chimoio office and consulted the line-ministries at provincial level on the project and its incorporation into national policies and priorities. Consultations were held with: CARE/Chimoio, DPE, DPCA, Agua Rural, DPS, DPA and GTZ.

In Chimoio a draft for the mid-term evaluation was outlined focussing on the achievement of outputs as related to the project objectives and presenting some preliminary conclusion and recommendation.

The draft was discussed in a workshop in Machaze organized by the evaluation team, with the participation of key staff of the projects. The conclusions from the workshop have a determining impact on the final recommendations of this evaluation.

With effective participation of the communities and the district and provincial government structures in the implementation of the activities, new ideas will emerge and a more diversified knowledge of the complex reality of Machaze district will develop.

The mid-term evaluation is only a limited contribution to this development. Hopefully the process of the work, the time spend in discussions, meetings and interviews, and in the evaluation workshop. will prove to be operational and facilitating to the daily work of the CARE staff in Machaze.

IV INTRODUCTION

Machaze District is 13.112 km² and the most extended in the province, round 90.000 inhabitants including the 30.000 refugees estimated by UNHCR to return before the end of 1994.

Machaze District is the largest district of Manica Province. It borders on the provinces of Gaza to the southwest, Inhambane to the Southeast, and Sofala to the east. To the west Machaze shares a border with Zimbabwe and with the Mossurize District of the Manica Province.

The District is functionally divided into North, administered from Chitobe, and south, administered from Save. The 2 administrative posts are subdivided in 7 localities. From 1986 to 1993/94 all roads into the Chitobe area was mined. The Save area had seasonal road access from Zimbabwe but until 1994 no passable roads connected the northern and southern part of the district.

Machaze has lived through 16 years of insurgency and was a buffer zone between Zimbabwe and Renamo's strongholds in Chibabava District, Sofala. The vastness of the district and inhospitable climate did not afford itself to establishing guerrilla bases. Thus Machaze was never controlled by any force: Frelimo held population centres, and the rest of the vast district was a 'no-mans-land', where bandits roved and patrols of Frelimo and Renamo soldiers terrorized in equal measure peasants.

Today the traditional leaders and their structures rule in most of the district. Machaze was one of the districts hardest hit by the 1992 drought. An estimate of 30.000 persons from the district are still in Zimbabwean refugee camps and the remaining population of 60.000 persons are subsistence farmers depending upon rain fed agriculture, in an area where climatic conditions for rain fed crops has steadily deteriorated within the last decade. The rains in the 1992/93 agricultural season were insufficient to provide enough food and seeds to last until the 1993/94 harvest. By the end of 1993, CARE estimated that 40% of the population were dependent on food aid, a year later the percentage is much higher.

The baseline nutrition survey that CARE accomplished in March 1994, indicated an average grade of malnutrition, not worse than for the rest of Mozambique. This fact might be correlated to the relatively abundant resources of wildlife, which supplied with the collection of wild crops, are of vital importance to the diet of the subsistence farmers of Machaze.

V PROJECT BACKGROUND

CARE has been working in the Manica Province since 1986 and in the Machaze District since 1992, in the beginning only with seed distribution through an air-lift. The reason for selecting Machaze: CARE, which was already operating in other districts of the province, wanted to assist in an area with no assistance from other relief agencies.

In October/November 1992, the seed distribution started via airlift to Machaze on request from the provincial government. In the period September 1992 - May 1993 seed (maize and beans) was distributed.

In March/April 1993 CARE executed a participative rural appraisal research in 4 communities in the Machaze District, to be able to identify and prioritize the problems of the rural communities. The findings listed the main problems of the district as lack of: Water, Food, Seeds, Instruments, Transport, Education and Health. Personnel from DPA, DDA and DDCA were trained and participated in the appraisal.

Based on the PRA, 3 draft projects were outlined for the period September 1993 to November 1995:

A Water Project,
An Agricultural Development Project and
A Food Security and Community Infrastructure Rehabilitation Project

A: The latter (FSCIR) is the subject for this evaluation. Although the evaluation does not include the Water Project per se, the projects must be analysed together given their similarities and relationship. Therefore the FSCIR's relationship with the Water Project and project interventions as they relate to water are also considered.

The FSCIR Project, was financed by USAID and UNHCR, and included the following components:

1. Seed and Tool Distribution (Later MADEST, Machaze District Emergency Seed and Tool Distribution, funded by USAID/QUIP Fund)
2. Rehabilitation of community infrastructure schools, health posts and other infrastructures,
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5. Training of community animators,

6. Establishment of community organizations on food security and reintegration issues,
7. Contacts between Zimbabwean refugee camps and communities in Machaze District,
8. A common methodology for contacts between refugees and communities.

The total estimated costs divided on 2 donors were:

USAID	\$ 1,104,843
CARE/UNHCR	\$ 576,748
FSCIR total costs	\$ 1,681,591

Staff requirements: 3 full-time: A project manager, a logistician and a nutritionist. The Provincial Coordinator is partly funded by all projects in Manica Province.

The original design did not include a staff civil engineer. As the project continued and recruitment took place, it was decided to hire a civil engineer, instead of a logistician, because of the construction and road components. In May an additional on-staff civil engineer was recruited, with UNHCR funding, to reinforce the community construction component.

B: A Machaze District Seed and Tool Distribution Project (MADEST).

The seed and tool component was originally a part of the FSCIR project. As it became clear that the funding for FSCIR was going to be slow, and the district desperately needed seeds and tools, CARE proposed to USAID to 'split' the FSCIR into 2 projects: FSCIR as it is today and a quick seed and tool distribution project, known as MADEST, functioning for one agricultural campaign 1993/94.

C: A water project, financed by USAID and ODA with the main objectives of establishing:

40 new portable water points, boreholes and pumps
 4 wet season shallow wells upgraded,
 Training of 78 community water point caretakers.

PROJECT CHRONOLOGY SEPTEMBER 1993 - 1994

In September 1993 funds for the seed distribution was guaranteed from the 'quick impact project fund'(QUIP) of USAID. By August UNHCR approved the food security project, but without the staffing and without the nutrition component. Funds for the staff and nutrition components were only made available through a USAID funding from mid December 1993.

From December 1993 CARE participated in the Machaze District Administration's monthly coordination meetings. All project components were initially presented and discussed at provincial level.

As activities progressed the community infrastructures (health posts and schools) was decided upon in detail in collaboration with the district authorities for the sectors.

In Feb/March 1993 a base-line study on nutrition was implemented.

In March 1994 a Water Resource Study of Northern Machaze District was conducted under the Water Project, but with relevance to FSCIR.

In April/May 1994 a Community Education Staff was employed to conduct a study on food resources throughout the agricultural calendar and to elaborate a programme for selecting and training animators for community education in nutrition.

In April/May 1994 the road engineer arrived and the road upgrading programme took off, aiming at 200 km upgraded road by end March 1995.

In April 1994 CARE assumed the responsibility for the food distribution in the district and began regularly, on a monthly basis distributing from two localities: Machaze Sede (Chitobe) and Chipudje. The beneficiaries are limited to: refugees, demobilized soldiers and affected population, defined by areas

In July/August 1994 a short time consultant on community infrastructures was hired, with UNHCR financing.

Summary on project progress:

The MADEST Project terminates with the seed and tool distribution for the 93/94 campaign.

An agricultural development project (MADSEX) is elaborated and submitted to donors at the same time as the FSCIR Project. It never received funding and was therefore revised and resubmitted to donors.

The FSCIR Project was approved in two rounds, some components by UNHCR in September 93 and the remaining components by USAID in December 93. Activities are only initiating in full scale from May/June 1994, in reality a 8-9 months delay of the proposed time schedule.

The Water Project initiates research in October 1993 and the 'on location' activities as planned for in October/November.

In July 94 a proposed revised output based on discussion with

project personnel in Chimoio and Machaze is elaborated by CARE Maputo.

The revised outputs encompasses more realistic achievements for a number of the initial outputs in the light of funding delays, delayed implementation and design faults. The project period remained 18 months, the revised outputs to be reached during the last 9 months of the project period.

VI THE PROJECT DESIGN.

The FSCIR project was conceived in July 1993 based on the knowledge gained through one year's emergency food distribution in the district and reinforced by the findings of a participatory rural appraisal (PRA) accomplished in March/April 93 in four communities in northern Machaze. The components of the FSCIR project include only some of the priority activities mentioned by the population in the PRA, and does not target the most immediate needs identified:

The lack of access to water
The lack of seed

The identification of these problems motivated the formulation of three independent project proposals for the Machaze district:

A CARE Food Security and Community Infrastructure Rehabilitation Project.

A CARE Water Project.

A CARE Agricultural Development Project

The CARE FSCIR Project focussed on the following sectors: roads, health, education and resettlement, which correspond to the priority sectors of the GRM's National Rehabilitation Programme. Initially FSCIR also focussed on seed and tool distribution. This component was for funding reasons applicated as a separate project (MADEST) for rapid USAID funding, through the quick impact project fund (QUIP).

The FSCIR Project was well conceived in the sense that:

- It completed the rank of priority rehabilitation activities for the development of the Machaze district,
- It corresponded to the government's post-war rehabilitation policy,
- It identified the problems by consulting the communities of the project area.

CARE would for a period of 18 - 24 months assist the rehabilitation of Machaze District within crucial emergency and rehabilitation sectors: water, seed, roads and community infrastructure - and in a later stage move from a rehabilitation to a development approach encompassing agriculture.

In March 1994, CARE was urged by UNHCR to assume the responsibility for food distribution in Machaze district to refugees, demobilized and vulnerable/affected population. This last responsibility has drained significant resources from the FSCIR project in terms of manpower and logistics.

The project must be described as ambitious in objectives, outputs and time schedule, with little considerations to the following

constraints:

- The difficult operational environment of the Machaze District,
- The fact that the project application had to meet the demands of several funds and donors (two different USAID funds and UNHCR),
- The fact that the Project Manager was responsible for both the implementation of the MADEST and the preparation of the FSCIR,
- The complex concept of an integrated project approach dealing with a number of different sectors,
- The symbiotic interrelation to other CARE projects (water, seed and from March 94 food distribution).

Some of these constraints were predictable others emerged along the way, like the CARE commitment to the UNHCR food distribution programme.

The proposed revised project outputs are more realistic. However, to be able to achieve them successfully, taking into consideration the sustainability of the outputs achieved and the future activities of CARE in the Machaze District, some additional measures should be taken during the second project period:

- Internally, related to a re-adjustment of the project organigram and a strengthening of management tools and practice
- Externally to secure the sustainability of the project components and their integration in the in the rehabilitation and development programmes of the district.
- Operationally, related to adjustments of time schedule, staffing and work plans, to facilitate the accomplishment of the project outputs.

AREA NUTRICAO-SAUDE: DESENHO DO PROJECT

A) ADEQUACAO DOS OBJECTIVOS DO PROJECTO AS NECESSIDADES DO DISTRITO DE MACHAZE (OUTPUTS: 5-9 E 11 DO PROJECTO ASSEGURANCA ALIMENTARIA E REABILITACAO DE INFRASTRUCTURAS).

Os objectivos (OUTPUTS) nutricionais 5 a 9 do projecto sao rasoaveis e correspondem bem a uma situacao real do distrito que e a deficiencia de informacao, devido ao isolamento, dificil acesso durante os ultimos anos, escassez de recursos e precariedade da estrutura oficial e das condicoes gerais da comunidade.

A modificacao do output 5 ,parece-me totalmente justificada, baseando-se nos resultados do inquerito provincial nutricional anual e do baseline nutricional feito por CARE que conseguem tirar resultados muito parecidos.

A situacao e similar ao resto do pais; embora haja graves problemas, medidas de emergencia nao sao oportunas, mas e aconselhavel continuar com a distribuicao alimentaria para populacoes de risco especial, insistir nas actividades de educacao nutricional e manter uma vigilancia ordinaria.

A vigilancia nutricional ordinaria esta baseada em tres componentes :

1) Vigilancia mensal distrital do SDS : crescimento insuficiente, malnutricao actual, baixo peso ao nascer, numero de crianas malnutridas internadas

2) Inquerito nutricional provincial anual

3) Inqueritos mensais do C.I.S que nao tem caracter antropometrico, e ligam a situacao nutricional com a situacao agricola e socio-economica.

O objectivo 11 (obter a colaboraca de 7 comunidades) tem caracter fundamental, e em fases posteriores se o programa continuar, uma extensao ao conjunto de comunidades seria necessaria.

B) ESTAO A SER IMPLEMENTADOS CORRECTAMENTE, SI NAO, QUAIS SAO AS CAUSAS?.

O processo esta a seguir o curso previsto, o baseline nutricional foi feito na altura correcta, e de boa qualidade e esta bem analisado, os preparativos do KAP estao quasi completos e podera ser implementado antes do 31 de outubro que e a data limite.

O output 11 esta ,em parte atingido, algumas comunidades estao a colaborar em diferentes sectores

C) BENEFICIARIOS:

1) Educacao nutricional:

A fase prevista termina com a implementacao do programa piloto de educacao nutricional, mas logicamente tera de ser prevista a continuacao consecuyente que podemos chamar fase ultima.

A proxima fase tera como beneficiarios intermediarios seis- nove pessoas de tres aldeias (parteiras?) que beneficiarao da formacao, e o numero de beneficiarios directos sera de 2000 a 3000 maes (60% das maes de 3 aldeias, que sao umas 10000 pessoas)

2) Programa de distribuicao alimentar:

Os beneficiarios sao unos 18000 regresados e desmovilizados, e ate o fin do ano estima-se um total de 40000 pessoas . A categoria de afectados nao e facil de determinar.

Os indicadores sanitarios e outros que podem mostrar resultados mais concretos somente serao possiveis apos de terminado o programa e efectuados os analises estadisticos e epidemiologicos oportunos.

3) Construccao de dois unidades sanitarias em as localidades de Chipopopo e Bassane:

Os beneficiarios sao as populacoes totais das duas localidades: Aproximadamente 11.000 pessoas

D) CUSTO EM RELACAO COM OS BENEFICIOS:

Nao e possivel falar seriamente nesta altura dos beneficios do programa nutricional ja que este sera implementado nos proximos meses, alem disso a traduccao em termos economicos e ja dificil para qualquer programa de saude e muito mais para um programa educativo ,porque os resultados sao ao longo prazo e a melhora sanitaria observavel na populacao fica ligada a varios parametros ,dificilmente separaveis, como maior produccao agricola, impacto dos outros programas sanitarios ou de desenvolvimento comunitario etc..

Mas podemos dizer que em termos de resultados o beneficio obtido pode-se avaliar indirectamente pela populacao e os grupos alvos do programa que sao os beneficiarios e corresponde-se com o ponto desenvolvido anteriormente.

O custo total aproximado se considerarmos a data final como

previsto para Abril 95 seria:

Implementacao do Baseline nutricional:	12.000 US D
Salarios do pessoal	30.000 US D
Material educ, apoio logistico e outros:	8.000 US D
TOTAL	: 50.000 US D

Esta estimacao e valida no caso de trabalhar em colaboracao com as parceiras tradicionais, no lugar de contratar animadoras nutricionistas.

RECOMENDACOES:

Somente insistir na necessidade de integrar esta actividade junto com o resto das actividades de SMI e ao mesmo tempo integrar o trabalho de CARE nas estruturas distritais sanitarias tanto officas como tradicionais, e orientar as informacoes obtidas para uma possivel intervencao futura na gestao global do distrito

PROGRESS TOWARDS REVISED PROJECT OUTPUTS

The factors contributing to meeting or not the project objectives are in summary:

Assets:

The capacity and dedication of both expatriate and local staff to meet the project objectives in spite of the tough conditions of the Machaze District

Some recently introduced changes in the projects internal and external relations:

The allocation of more project staff and frequent professional supervision to the food security project.

The recruitment of a community education staff.

The recruitment of a sucessor to the UNHCR funded community construction specialist (request repeated to donor for 1995)

The massive repatriation of people who are used to better living conditions and access to health and education facilities might be a development asset to the District and to the project and might have a positive impact on community participation in general and to the community construction component in particular.

Constraints:

The approach of the wet season, during which road rehabilitation and most construction activities are handicapped.

The agricultural campaign starts, denoting a temporary drop in community construction work and community participation in non-agricultural activities.

The massive repatriation of refugees, who are claiming their land, involves disturbance in settlement patterns and entails a decline in agricultural production and a tumult in the established communities, which might have a negative impact.

The anticipated delay in distribution of seed for the 94/95 agricultural campaign, implies an increased dependency on food distribution and a decline in peoples confidence in donor activities and in their eagerness to collaborate.

VII PROJECT COMPONENTS: ROADS

The proposed revised output states:

Output 4. A total of 150 km of roads opened if demining takes place and a total of 80 km rehabilitated if no additional demining carried out.

The programme includes:

- Rehabilitation of former roads and opening of new roads to communities included in the project.
- Opening of new roads mainly leading from a main road or a village to a borehole site.

A Civil Engineer, with experience from urban upgrading programmes of shanty towns in Zambia, is responsible for the road component of the FSCIR, she arrived in April/May. She has 1 assistant and 2 monitors, all national staff.

The road programme is based on CFW of a rate of 8.000 MT/day (1.2 USD/Day). In average 75 workers are able to clear 3 km/day in areas of dense forrest and 4.3 km/day in open bush areas.

The working brigades have been composed of men and women based on a division of labor where the men do the first clearing of heavy vegetation and the women follows immediately after cleaning the trace of smaller bushes and roots.

The most efficient composition of the work brigade contains 2/3 men and 1/3 women. The method of the work and the division of labor follows the traditional pattern for clearing the machambas. The results have been satisfactory for both project and communities.

Demining of the trace to be cleared is a precondition in most areas. In general a 1-2 km radius round the villages is demined, but depending on local information on the mine risk, in some cases the entire track needs demining. The roads are upgraded either in the old trace or in a new trace parallel to the old one, depending on the condition and the mine risk of the former trace.

69km of dirt road has been opened up till now located as follows:

Community	Km Road	Labor force
Guazane	8 km	75
Butiro	12 km	75
Tuco Tuco	10 km	5
Chipopopo	15 km	150
Save (beginning)	3 km	8
Chip/Save	10 km	30
Macupe	11 km	140 -150

There is a close functional relation between the CARE Water project and the road component of the FSCIR Project as the roads provides access for the drilling equipment to the chosen borehole sites.

PROBLEMS ROAD COMPONENT

There has been little coordination with the district authorities on the planning of the roads and the question of maintenance has not been looked into yet.

The district has 2 priorities; The road from Save to Mapsissanga and from Chitobe (Machaze Sede) to Chimbia. The first will be the responsibility of GTZ, the other is located in an area with few CARE project activities so far, it will be worked on in 1995.

The road construction is in a temporary standstill till the end of the rainy season, which is late February 1995. The engineer will lay out the trace of the new roads for implementation in 1995 during the rainy season, in the period November 1994 - to end February 1995.

The demining of the FSCIR roads has been partly depending on firms contracted by other agencies (UNHCR, UNOMOZ) and partly on funding from the Water Project and therefore difficult to plan efficiently. There is no plan and no budget for the demining for 1995, although USAID has been requested for a budget re-allocation to accomodate this need, and UNHCR has been requested for additional funds.

The fact that a demining component is presently not included in the road programme can jeopardize the 1995 activities of the water project. Roads implemented in 1994 gave access to 21 boreholes. The 1995 programme is expected to give access to 20 boreholes. Demining is indispensable to these new roads and simultaneously to the implementation of the 1995 activities of the CARE water project. The alternative in the revised project outputs: 'if no demining takes place', fails to consider the continuation of the water project in 1995 and the relation between the 2 CARE projects.

The quality of the roads opened by the work brigades implicates a relatively high demand for maintenance. This has not yet been considered at an operational level by the project. GTZ has many years of experience in this field, and have made maintenance contracts with ECMEP and with communities for regular road maintenance in some districts of the Manica Province. It is recommended to draw upon their experience.

The staff is not sufficient to implement an accelerated road upgrading programme. A technical assistant (national staff) is needed to step in for and follow up upon the work of the expatriate engineer. More monitors are needed for the actual road implementation.

RECOMMENDATIONS ROADS

CARE will seek to further the integration of the road programme in the road rehabilitation plan of the district and the province.

A no-cost extension of the road component of 1 - 2 months is considered.

A plan for community maintenance of the new roads elaborated outlining:

- The responsibility of the district and the community,
- A training programme for the community workers
- A timing of the work between dry and rainy seasons, taking the agricultural calendar into account in terms of the appropriateness for community participation.

The road component is adapted to the time schedule of the CARE Water project. If needed a no-cost extension of 1 - 2 months is provided.

A plan for demining elaborated and the financing guaranteed.

The demands for an assistant for the preparatory work and 1 - 2 more monitors for the implementation February - April/May is approved.

Recommendation for mid-term Revised Output 4:

A total of 150 km of roads opened by EOP assuming the necessary kilometers of roads are demined between Nov 94 - Feb. 95. Road maintenance agreed upon with province, district and communities.

VIII PROJECT COMPONENTS, COMMUNITY CONSTRUCTIONS

The revised outputs for community constructions states:

HEALTH

Output 1. At least 2 health posts rehabilitated and used by the DPS to provide basic health services. Each health post has a consulting area, a locked storage area for pharmaceutical, access to portable water and a latrine. Each health post serves an estimated population of 3,300 - 8,000.

SCHOOLS

Output 2. 7 schools rehabilitated and used for public education. Each school averaged three classrooms with an office for faculty and staff, access to portable water where technical feasible and an adequate number of latrines. Each school provided classes for an estimated 300 primary school students.

COMMUNITY STRUCTURES

Output 3. Up to 7 other public structures rehabilitated and used by the community for community purposes

COMMUNITY WORK

Output 10. 7 communities participated in grant rehabilitation activities. Each community provided 25-50 paid workers

COMMUNITY ORGANIZATIONS

Output 11. 7 community organizations identified and met on a regular basis to deal with food security issues and rural rehabilitation activities.

The construction component of the FSCIR project encompasses 2 national staff to supervise all construction works. CARE has recently employed the first and is in the process of contracting the second of the team.

The total constructions to be accomplished by April 1995 are:

2 health posts, supervision of contractor
4 schools, supervision of contractor
3 schools, organization and supervision of community work
7 community structures, organization and supervision of community work

HEALTH, PROGRESS

The 2 health posts will be located in Chopopopo and Bassane, which were communities included as priorities by the DDS. The contract has been signed at a total cost of \$ 45.000 for the 2, including latrines and water tanks.

It was originally foreseen to build the installation in Bassane with community work. Consultations with province and district authorities, indicated that in order to meet the standards of the Ministry of Health a contractor would be a preferable choice.

Furthermore, due to major time constraints an efficient solution will facilitate the implementation of the whole construction component of the project and contribute to meet time limits.

The work will begin in Bassane, where the construction of a school ,community work, will start simultaneously.

The personnel for the health posts has been guaranteed by the province from 1995.

EDUCATION AND COMMUNITY STRUCTURE, PROGRESS

In Machaze District, 9 primary schools (EP1) and 1 secondary school (EP2) are functioning at this moment, with a staff of 23 teachers. The schools are mainly functioning in borrowed buildings such as churches and commercial installations. These installations will have to be returned to the owners as soon as possible.

On request from the district and province, the CARE FSCIR Project will provide new installations for 5 of these schools and increase their capacity to 300 pupils per school. In addition 2 new schools will be constructed, due to the number of returning refugees and the low numbers of children attending the formal education system. The 7 schools will provide for 1126 new students and provide a total capacity of 2100 students.

The population of Machaze District does not give much emphasis to formal education. People measure the living-standard of the teacher to the standard of the migration workers and it obviously seems not worth studying, it gives no better quality of life. Girls formal education is given a very low value. The percentage of girls in EP1 is low. In the meetings with the communities formal education was given low priority by the residents. The refugees seem to give it a higher priority.

The estimated number of children to attend the formal education system in the Mazhaze District is 22.500, (25% of a population of 90.000). Only 1740 attended EP1 and EP2 in 1994.

In other words, less than 8% of the total number of children of school-age attends the formal school system. A contributing factor to the low number is that Portuguese is a new language to the children when starting school. The local languages are: Machaze North: N'dau and English, South: Changane and English.

Functioning Schools in the Machaze District August 1994:

Location	No EP1	level	Children
Chitobe	2	4 5	355 258
Bassane	1	4	122
Chipudje	2	3 4	47 117
Mutefu	0		
Chipopopo	1	4	102
Save	1	5	450
Sombassoca	1	4	137
Masvissunga	1	2	101
Chitobe	1 EP2	7	51
TOTAL	10	1 - 7	1740

The district has 14 vacancies for teachers at primary school level, schools destroyed or deserted during the war. These jobs can be claimed at provincial level to become active again.

To attract teachers to Machaze, incentives will be necessary and housing for teachers is one of the strongest. The DDE underlined the necessity of providing staff housing through the project.

The salary for teachers at EP1 level varies from 256 - 351 contos per month (\$US 38 - 52 Month). Lack of transport is a problem for the teachers. Mutual exchange of information between teachers is severely hampered by this fact. Monthly coordination meetings between teachers as suggested in the ZIP programme of the government can't be implemented, distances are too extended to make this policy operational. Bicycles would solve this problem. It would also give the teachers some very required credibility in the communities. In the actual situation the formal education is not given priority from communities, partly due to the lack of social competitiveness of the school teacher and the schools.

Project Work Plan Schools Revised Output

Location	No EP1	Level	Children	Type of Construction
Chitobe	3 + 1	5	900	contracted
Chipudje	1	5	300	contracted
Bassane	1	5	300	comm.work
Chipopopo	1	5	300	comm.work
Guezane	1 + 1	5	300	comm.work
Total	7 of which 2 new		2100	

It has been decided to implement 4 schools as contracted work and 3 schools as community work.

The contract for the 4 contracted school constructions was signed end August at a total prize of \$ 210.000 including latrines and water tanks, but without staff housing due to a with draw in the UNHCR project funding.

2 of the 3 community constructed schools has been initiated in Guezane and Bassane, based on a contract between CARE and the communities. Initially the community construction work were based on volunteer community labor, but the revised outputs open a possibility for using a CFW policy.

COMMUNITY STRUCTURES, PROGRESS

The definition of the 7 public structures to be rehabilitated in 7 communities through community work has been given a low priority in the community construction programme. It is necessary to define the organizations to relate to in the community to start the discussion on this component.

COMMUNITY WORK, PROGRESS

In meetings with the population of both Guazane and Bassane, the concept of volunteer work was seriously questioned in the light of the experience with CARE of the road workers, skilled construction workers and community animators, who are all paid by CARE. In Guezane it was taken for granted that also the construction works would be paid for by the donor, see Annex 4.

COMMUNITY ORGANIZATIONS, PROGRESS

CARE has managed to develop a good relationship with the communities involved in the projects, in particular through the community work of the road programme and through activities of the Water Project. However, these contacts needs to be stabilized to form the basis for future community development and participation.

The traditional leaders of the communities have a strong position in general in Machaze District. They rule through a hierarchy of chiefs and advisers. In most communities this group of key persons have regular meetings. CARE was in one case (Guazane) invited to participate in these meetings to facilitate the planning and coordination of the activities.

The post-war situation is reflected in the community structure. With the massive influx of new residence, there is a major problem of defining 'the community' and ensuring adequate representation. CARE works with boths traditional leaders and Frelimo/or Renamo representatives.

The women are not a part of the hierarchy of key persons surrounding the regulo. In dealing with the communities they should be given a voice through, regular desegregated meetings with the animators and project personnel, preferably female staff, as some problems in recruiting women have occurred in certain communities.

PROBLEMS CONSTRUCTIONS AND COMMUNITY DEVELOPMENT WORK

HEALTH POSTS: Planned: 2 health posts rehabilitated. Achieved: The location and construction sites identified and the contractors assigned to begin construction.

Problems: The time schedule for implementation very optimistic. It all depends on the quality of the contractor and good supervision from the community construction sector of the project.

SCHOOLS: Planned: 7 schools rehabilitated. Achieved: The location and construction sites identified, the contractors for 4 schools assigned, 2 community constructions initiated.

Problems: The time schedule for implementation very optimistic. It all depends on the contractor and good supervision from the community construction sector of the project. As for the community construction: GTZ gives an average time schedule for implementation of community constructed schools in the Manica and Sussundenga districts of 7 - 9 month, from the work starts.

COMMUNITY STRUCTURES: Planned: 7 other public structures rehabilitated. Achieved: 3 communities met and dealt with the possibility of achieving other community structures. Type of structures were identified in July/ early August as water stands and school staff houses.

Problems: A realistic time perspective is depending on when the contract with the communities will be signed to allow for implementation to initiate.

COMMUNITY WORK: Planned: 7 communities participated in grant rehabilitation activities, each community provided 25-50 paid workers. Achieved: Contract with communities on school construction signed in 1 community

Problems: The communities are confused on the question of paid or volunteer work for the constructions of schools and community structures.

COMMUNITY ORGANIZATIONS: Planned: 7 community organizations (one per community) identified and met on a regular basis to deal with food security issues and rural rehabilitation activities. Achieved: Some communities met.

Problems: The community organizations, that can form the basis for

regular meetings, not yet identified in some of the communities involved

RECOMMENDATIONS ON THE COMMUNITY CONSTRUCTION COMPONENT.

The community construction component of the FSCIR project considered for a no-cost extension of at least 2 months. This includes all construction work as planned in revised outputs 1, 2 and 3

The new national staff recruited with UNHCR funding for the component, starts contract immediately. An amendment of 2 more national staff, eventually skilled workers from the communities, for organization and supervision of community constructions considered.

Adequate transport for supervision of approximately 7 construction sites guaranteed.

A central work plan-for all construction work at project level elaborated.

Individual work plans elaborated with the communities involved, using participatory methods.

The proposed revised output on CFW should be operationalized in terms of highlighting the question of payment/voluntary work with the communities.

The potential communities for the construction of other structures should be informed on the conditions of the community construction contracts.

The constructions of community structures will focus on wash stands in connection to water points and staff housing for teachers.

It is recommended to reconsider rehabilitation of cisterns, as the need was prioritized by the women in 3 communities.

The 7 community organizations (one per community) should be identified before January 1995. This activity should be the responsibility of the community education sector, and the first activity of the groups should be to identify the community structures.

IX COMPONENTE NUTRICAO (EDUCACAO SANITARIA)

1. SERA A ESTRUTURA DE PESSOAL ADEQUADA PARA EFECTUAR O PROGRAMA DE VIGILANCIA NUTRICIONAL E EDUCACAO NUTRICIONAL?:

Actividades de vigilancia:

Por enquanto a situacao nao exige medidas especiais de emergencia, a estrutura de pessoal e suficiente, ja que o pessoal do sistema distrital de saude, esta encarregado do relatorio mensal oficial (que contem uma parte de vigilancia nutricional centralizada nas unidades sanitarias). Alem disso a Direccao Provincial de Manica deve implementar um inquerito nutricional anual e a organizacao CARE pode manter uma vigilancia mensal, socioeconomica e nutricional nao antropometrica baseandose no modelo do CIS, mas, adaptado as realidades locais de Machaze.

E importante manter uma colaboracao estreita entre especialistas em nutricao de CIS e o especialista em educacao comunitaria de CARE . Este ultimo deveria ser responsavel do inquerito mensal em Machaze

Actividades de educacao nutricional:

Inicialmente o pessoal pensado para implementar o programa piloto de educacao nutricional foi , um reponsavel, especializado em educacao comunitaria, uma supervisora e uma equipa de animadoras nutricionistas (Que podem ser pagos ou nao, mas como a equipa de animadores para o projecto das aguas e pago, parece dificil fazer diferencas entre as duas equipas).

Esta estrutura pode apresentar os seguintes problemas:

a-Nao aceitacao pela populacao por falta de estimulo concreto (no caso da animacao no ambito da higiene das aguas, as possibilidades de sucesso sao grandes por existir um facto concreto de interes para a populacao que e o furo mesmo).

b-Infrautilizacao do pessoal e do tempo e esforço da populacao, ja que teriam-se de organizar encontros e fazer dislocacoes que bem poderiam ser melhor aproveitadas se eles fizerem na mesma altura, alem da educacao, outras actividades, como previsto no plano nacional de saude (vaccinacao, pessagem e controlo de crianzas, seguimento de mulheres gravidas etc).

c-Accao paralela a aquelas feitas pelo sistema distrital de saude, sem integracao nem com esta estrutura nem com o conjunto das actividades de saude materno infantil (SMI) e pelo tanto fora do

programa nacional de saude.

d-Impossibilidade de sustentabilidade do programa por falta de continuidade, ja que depois de seis- doze meses , com o fim do programa as animadoras nutricionais ficarian sem ligacao nem com o projecto de CARE, por estar este terminado, nem com a estrutura distrital de saude , sem salario e por encuanto frustradas e pouco dispostas a continuar o trabalho sem apoio economico nem tecnico.

RESUMO: o problema seria: falta de eficacia do programa, infrautilizacao de recursos, falta de integracao, e falta de continuidade o sustentabilidade.

RECOMENDACOES:

1) Implementar o programa de educacao nutricional ao mesmo tempo que as actividades de vaccinacao, deteccao de malnutridos e gravidas a risco etc., colaborando estreitamente com o responsavel distrital de medicina preventiva e especialmente, a enfermeira responsavel do programa SMI, este resolveria o problema de falta de integracao com a estrutura formal distrital de saude, optimizaria os recursos por enquanto que a populacao estaria a receber a totalidade dos beneficios previstos no pacote minimo de actividades da brigada movil e programa SMI, e por outro lado o programa piloto de educacao nutricional teria fortes chances de ser un sucesso e eficaz, ja que a populacao estaria motivada a assistir e aceitar a educacao.

Alternativa A) Contratacao pelo CARE de uma enfermeira de SMI, que poderia trabalhar no Centro de Saude de Chitobe , no lugar de uma supervisora nutricionista de outro tipo.

Alternativa B) Contratacao pelo CARE de uma enfermeira de SMI que poderia implementar ao mesmo tempo as actividades de SMI distritais e o programa de educacao nutricional. Neste caso CARE ficaria responsavel directo do pacote de actividades de SMI.

Alternativa C) Contratacao pelo CARE de uma animadora comunitaria mozambicana com conhecimentos de nutricao e higiene que poderia trabalhar conjuntamente com a enfermeira SMI do Centro de Saude de Chitobe. Neste caso, poderia ser util um apoio logistico e material (transporte, bicicletas,kits de parteiras etc) pela parte de CARE.

NOTA: As duas primeiras alternativas parecem-me as mais capazes de assegurar uma boa sustentabilidade, mas, podem apresentar dificuldades de recrutamento e de tempo , pois, para elas ser viaveis, seria necessario conseguir um acordo com as autoridades mozambicanas, e o programa educativo tem necessidade de ser implementado em um prazo bem determinado de seis menses; alem disso, o programa educativo tem um caracter piloto ,limitado a tres aldeias.

2. Deve ser apresentada como uma actividade de visao a longo prazo, pois o suo objectivo e mudar os comportamentos da populacao e isto, so acontece lentamente.

O programa de educacao nutricional de CARE Machaze e "Piloto" e fica limitado a uma populacao restrita de tres aldeias e um tempo de seis meses.

O resultado esperado do programa e "Uma informacao". Esta comporta dois parametros:

a- metodologia de uma equipa de educacao,

b- nivel de aprendizagem de uma populacao bem definida.

Podem-se apresentar tres problemas:

-Validade interna do estudo (ate que ponto os diferentes passos do estudo sao bem elaborados e implementados?)

-Validade externa (ate que ponto a populacao do estudo e comparavel a outras populacoes e em consequencia os resultados do programa aceitavels para outras zonas?)

-Qual ou Quais sao os destinos previstos para esta "Informacao" que e o resultado do programa piloto?. Qual e o objectivo final?

Validade interna:

A informacao recolhida durante o tempo da avaliacao mostra que o processo tem sido bem pensado e ate agora bem implementado; o baseline nutricional foi bem executado e analisado, o especialista de educacao comunitaria tem preparado um esboco do KAP e comecado os contactos com a Direccao Provincial de Saude para articular com ela a implementacao do KAP.

Tanto do ponto de vista da qualidade do trabalho como do respeito do cronograma a conclusao e muito positiva, pelo tanto existem garantias de que a validade interna e confiavel.

Validade externa:

A visita a varias aldeias, assim como as informacoes obtidas de pessoas chave permite-me tirar a conclusao de que o Distrito de Machaze tem umas condicoes bastante homogeneas que podem garantir um transporte viavel dos resultados do estudo para a totalidade do distrito, embora que o mesmo para outras zonas ou distritos do pais e duvidoso por Machaze possuir caracteristicas bem particulares.

Objectivo final:

O objectivo final do programa piloto de educacao nutricional e de ter um melhor e mais detalhado conhecimento dos habitos e problemas nutricionais e higienicos da populacao que poderiam beneficiar de intervencoes nutricionais, e permitiriam estudar as possibilidades de CARE entrar no futuro em programas mais integrados de saude.

Esta definicao parece-me correcta e unicamente quisera expor que a obtencao de informacao e uma actividade intermedia e CARE poderia beneficiar de uma maior eficacia se apresentase em breve as diferentes alternativas de intervencao futura.

Nao tratase de tomar agora decisao nenhuma, que seria prematuro, pois as alternativas contempladas poderiam nao ter viabilidade depois de analizado o conjunto de informacoes; mas, ter umas previsoes iniciais pode ajudar a orientar melhor o estudo piloto.

RECOMENDACOES:

O Distrito de Machaze tem umas condicoes precarias a todos o niveis, a rede sanitaria, os recursos e as actividades implementadas sao claramente insuficientes.

O distrito necessita do apoio de alguma organizacao durante bastantes anos. CARE e a unica organizacao presente no distrito (GTZ, ACNUR e FINIDA tambem desenvolvem actividades, mas so em certos lugares e de natureza bem especifica), pelo tanto parece-me muito positivo para o distrito que no futuro seja contemplada uma intervencao mais penetrante nos diferentes sectores de desenvolvimento pela parte do CARE.

A minha proposta seria de

1) Utilizar o programa piloto como um primeiro passo de aproximacao aos problemas de saude do distrito e a estrutura formal distrital o mesmo tempo que estimula a participacao da comunidade desde a area mais adequada que e a educacao/animacao comunitaria.

2) Posteriormente participar na gestao conjunta da estrutura sanitaria distrital. A elaboracao de um projecto de saude (com o apoio de um especialista mozambicano em saude publica) com a inclusao de um elemento de CARE como director clinico distrital poderia permitir articular os interesses da organizacao com aqueles da estrutura mozambicana.

Esta seria, talvez, a alternativa mais completa, CARE pode analisar intervencoes intermedias.

3.COMO ULTRAPASSAR O PROBLEMA DE DISPERSAO EM EDUCACAO NUTRICIONAL?:

O distrito e muito grande, 13000 Km, as aldeias estao espalhadas e as familias tambem ficam espalhadas no interior das aldeias.

Esta dispersao apresenta dois problemas:

- a) grande esforco de deslocacao tanto pela populacao como pela equipa de educacao
- b) dificuldade para organizacao de encontros entre pessoal educativo e populacao

O objectivo imediato seria:

- 1) Conseguir quantidades adequadas de pessoal para a transmissao de conhecimentos
- 2) Conseguir um metodo adequado para obter concentracoes importantes de maes

RECOMENDACOES:

Embora ja mencionei isto no ponto 1, vou fazer uma abordagem mais directa do problema.

O primer objectivo imediato podesse conseguir atraves dum programa conjunto com parteiras tradicionais.

O segundo objectivo imediato pode ser resolvido com uma oferta global do conjunto de actividades SMI.

A utilizacao de parteiras tradicionais pode melhorar muito a comunicacao entre a equipa directiva do programa e a populacao.

As parteiras sao motivadas ,facil de contactar e elas estao em posicao de mobilizar as maes, convocar encontros e transmitir os mensagens. O numero de parteiras e elevado, e estao distribuidas de maneira adequada ao espalhamento tipico da populacao.

O recrutamento de pessoal novo para desenvolver esta actividade pode ser lento, caro e ineficaz e insustentavel. O recrutamento de pessoal tradicional e barato ,porque nao devem receber salario, eficaz porque tem a confianca da sua gente e permite uma boa continuacao porque estas pessoas ficarao no meio da populacao; alem disso, e necessario para obter resultados, para ter uma eficacia real, pensar na integracao de actividades da qual temos ja falado anteriormente.

Alem do trabalho directo com as parteiras, e preciso ter o apoio do comite de gestao rural (uma das primeiras tarefas e pois, assegurar-se da existencia de istos comites ou estimular a sua constituicao no caso de eles nao existirem), nestos comites de gestao e importante que estejam representadas as principais entidades tradicionais: Regulos, curandeiros, traumatologos tradicionais, alem de outras pessoas de prestigio.

Tambem e importante procurar o apoio dos APES, que agora sao muito poucos, mais que o governo mozambicano tenta de promover

4) QUAL E O LUGAR DO ORT NO PROGRAMA DE EDUCACAO NUTRICIONAL?:

Os problemas de saude prioritarios para a populacao infantile, segundo o plan nacional de saude sao:

- a) Malnutricao
- b) Diarreias (a principal complicacao destas e a desidratacao)
- c) Malaria
- d) Sarampo
- e) Infeccoes respiratorias

Os tres ultimos tem uma abordagem completo pelo pessoal tecnico da saude, mais os dois primeiros poden ser em grande parte resolvidos a nivel da comunidade.

Asim os problemas de nutricao e diarreias tem medidas simples que poden ser aplicadas pelas maes.

O aprendizagem de uma alimentacao mais equilibrada, assim que as tecnicas simples de rehidratacao em caso de diarreia (Tratamento de rehidratacao orale: ORT) sao temas fundamentais em educacao sanitaria e fican intimamente ligados ao tema da higiene individual.

RECOMENDACOES:

Por tudo quanto tenho dito, considero muito conveniente a inclucao do "ORT" no programa de educacao.

5/ COMO PODEM AS ACTIVIDADES DO PROJECTO SER REFORZADAS PELA COLABORACAO DOS GRUPOS LOCAIS?:

Existe um Comite de Avaliacao de Implementacao de Projectos a nivel da sede em Chitobe que esta constituído pelos membros do Comite Executivo do distrito de Machaze (Administrador Distrital, delegados de educacao, saude etc) + representantes dos diferentes projectos: CARE, ACNUR, GTZ.

Dada a distancia com a sede provincial e as particulares dificuldades que deve afrontar o distrito, Machaze tem um alto grau de poder de decisao descentralizado, por tanto e de considerara que este comite e importante para articular as intervencoes com os diferentes sectores do poder formal.

Mas nao e possivel esquecer que o contacto e a colaboracao com as estruturas provinciais e tambem fundamental, e concretamente a nivel de saude , CARE deve intensificar ista relacao; acho que o responsavel da educacao comunitaria deve elaborar conjuntamente as possiveis intervencoes com o responsavel de medicina preventiva, responsavel da nutricao e responsavel da educacao sanitaria em Chimoio, alem do director distrital de saude. Assim concretamente podem evitar-se duplicidades como e o caso da implementacao do KAP onde provincia e CARE querem excutar actividades similares ao mesmo tempo, uma elaboracao conjunta de programas beneficiara ambas as partes e sobretudo a populacao.

Alem das estruturas oficiais, CARE pode reforzar a eficacia das suas actividades trabalhando em estreita colaboracao com as estruturas de base da comunidade, das que ja falei detalhadamente.

NOTA SOBRE DESENVOLVIMENTO COMUNITARIO:

Somente parece-me importante lembrar que a colaboracao da comunidade e posivel quando instalam-se mecanismos que permitem a sua participacao, tanto nas decisoes como nas actividades e que isto e tarefa da animacao comunitaria. Quero lembrar tambem que na estrutura organizativa de CARE a animacao comunitaria esta inclusa no sector de educacao comunitaria e este fica dependente ao mesmo tempo dos dois projectos "AGUAS" e "ASEGURANCIA ALIMENTAR"

Esta situacao apresenta problemas de efectividade estreitamente ligados ao organigrama de CARE-Machaze e ao problema que abordaremos no seguinte ponto que e coordenacao com o projecto de aguas.

6/QUAL E A EFICACIA DA COORDENACAO ENTRE "F.S AND REHABILITATION PROJECT" AND "WATER PROJECT"?. QUE MODIFICACOES SAO POSSIVELS?

Para a compreencao da relacao enter os dois projectos e necessario anlizar o organigrama de CARE Machaze.

7/ QUE NIVEL DE INTEGRACAO TEM O SECTOR DE DISTRIBUICAO ALIMENTARIA E QUAIS MODIFICACOES SAO POSSIVELS?

O projecto de distribuicao alimentar e um programa de emergencia, enquanto que os outros sectores orientam-se para o desenvolvimento.

O projecto de distribuicao alimentar, nesta altura, tem pouca relacao com o resto dos programas.

E uma actividade necessaria pela condicao de extrema pobreza do distrito, mas, apresenta problemas de sobrecarregamento do pessoal de CARE. E uma excelente ideia separa-lo do ponto de vista logistico do resto de programas.

A recolha de dados efectuada pelo projecto de Asseguranca Alimentar servira para avaliar a situacao e as necessidades alimentarias a nivel da comunidade.

PROBLEMA:

Quais sao os grupos a atingir?

Qual e a cobertura real destes grupos?

Duracao do programa?

A definicao dos grupos a atingir e correcta com excepcao dos "Afectados". O numero e de unos 18000, mas, ate fin de ano estima-se em cuasi 40.000 . O sistema de detecao e seguimento parece-me aceitavel.

A estrutura organizativa e de implementacao e boa. As visitas no terreno mostram que a populacao regressada e desmobilizada esta satisfeita por receber alimentos.

Embora o programa ficara relativamente independente, a sua duracao sera provavelmente de bastante tempo, ate a instalacao completa de regresados e desmobilizados.

X RELATIONSHIP WITH OTHERS

Relationship with Government structures with regard to implementation and sustainability.

Roads and Water

Two main sectors of the FSCIR project, roads and sanitation (water) have no government representative in Machaze district.

The district delegate for Construction and Water has responsibility for two districts Machaze and Mossurize. He is located in the district capital of Mossurize, which is a hard 2 hours drive from Machaze Sede.

This fact needs special consideration in terms of finding the means of achieving sustainable outputs for the road maintenance and water point maintenance in collaboration with both district and community.

Some districts of the Manica Province have managed to include major dirt roads in the provincial road maintenance plan, the work is executed by ECMEP.

The village access roads are the responsibility of the community. The planning for the maintenance of the community access roads should consider season and agricultural calendar.

RECOMMENDATION ROADS/DISTRICT

It is recommended that the project elaborate a road maintenance plan for the district in collaboration with DPCA and thoroughly discuss the problem of the lack of representation at district level.

DPE/DDE

DPE is trying to provide the necessary staff for the new schools, but it is difficult to increase the number of government employees. However the district can claim 14 vacancies of teachers who left during the war. Some of these jobs will be reactivated. Some teachers will be transferred from Chimoio, but the staffing problem is not solved yet and should be planned for.

DPE faces the constraint of lack of houses as it is a condition for transference of teachers. Other donors in the Manica Province includes housing for teachers. FSCIR will construct 2 in Chitobe. It is recommended that some of the community structures are included for this purpose.

In the discussion with DPE and DDE it was generally admitted that the resident population of Machaze gives a low priority to the

formal education system. It should be discussed further with the structures how to give the teachers and the school more status in the communities. Through small incentives to the teachers (bicycles) and community orientated activities attached to the school. DPE and some donors have experience in this field in the Manica Province.

DPE/DDE RECOMMENDATIONS

The staffing problem is not solved yet and should be planned for.

Incentives like bicycles for the school teachers should be considered.

A plan for community activities attached to the school elaborated and discussed with the district.

RELATIONSHIP WITH THE COMMUNITIES AND THE RETURNEES

A solid relationship with the communities of the Machaze District cannot be expected to develop within a year.

The communities have reacted very differently to the project activities, reflecting difference in tradition, leadership, earlier experiences with community participation through government or donor projects and programmes.

There has also been a significant difference in reaction between resident communities and returnee communities. A difference which is also reflected in different priorities. Some limited information indicates that health and education might be given a higher priority by the refugees than by the residents, who tend to prioritize water, food supply and seed.

At this time of the project's life, most experience is accumulated in the road building programme. It has been a success so far, but initial resistance had to be dealt with in some areas, where unpaid labor on roads had been introduced by the government.

RECOMMENDATIONS FOR RELATIONS WITH COMMUNITIES.

In Machaze district women and men participate equally in almost all agricultural activities, this should be reflected in the recruitment for community activities.

It is recommendable to coordinate the community work between sectors. A plan including all activities at community level should be elaborated based on contribution from each project sector taking into account seasons and agricultural calendar.

Activity plans should be elaborated with each community included in the project, using a participatory methodology.

XI PROJECT ORGANIGRAM

The internal organization of the FSCIR project was presented to the evaluation team by different staff members in different designs.

The functional and organizational relations to the water project and the food distribution project was also difficult to reveal.

It was anticipated by the evaluaters, that participative evaluation and adjustment of the organizational structure of the project would contribute to establish a common concept among the staff and facilitate future planning and coordination.

The project organigram was reviewed during the Mid-term Evaluation Workshop and adjusted for the changes recently introduced. A participative discussion on the re-adjustment of the organigram contributed to a more precise definition of functions, interrelations and tasks for each of the project components.

THE PROBLEM

The formal organigram of the CARE activities in Machaze is composed of 3 autonomous CARE projects: FSCIR, the Water Project and the Food Distribution Programme. Each project had it's Project Manager, it's own staff and activities and each corresponds to the CARE offices in Chimoio and Maruto.

All projects are dependent on the equipment and the logistics of the Machaze Camp.

Some steps has recently been taken to desegregate the Food Distribution Programme from the FSCIR by allocating more staff and external supervision from CARE Beira to the programme/project.

This leaves 2 projects to coordinate encompassing 5 project components:

Water
Community Education
Roads
Community Construction
Administration and Construction of Machaze Camp

Some of these 5 components are closer related than others: The Water Project and the road component are functionally closely interrelated, roads and community education don't have much in common.

However, in the project organigrams of FSCIR and Water, some components are in terms of organization, situated in the project, which has least to do with their function, other components are located between the 2 projects:

Example I: The road component of the FSCIR project is functionally related to the Water Project as demining and opening of roads is a precondition for drilling the boreholes, and the schools and health posts are depending access to water.

Example II: The community education component is functionally connected to Water, through the animators and the sanitation programme, and to FSCIR through the pilot nutrition

programme. Half of the staff of this component is paid by the Water Project and the other half by the FSCIR.

This integrated development setting, with 2 projects, FSCIR and Water and 5 project components with inter-related and inter-dependent components and activities, can only function with a high degree of coordination and management. Even so it is not an easy task as proved in innumerable examples of 'Integrated Rural Development Projects'. It also sets high demands to coordination and management tools.

The workload and the difficult operational environment, the different time frames for projects and for donor funding, has been a constraint to develop these tools.

The coordination of activities suffers from this, as for example the community education component. At this moment it consists of activities related to borehole and pump maintenance, sanitation training and a nutrition pilot programme which will also focus on water and sanitation. These activities need coordination within the project(s) and with the communities.

RECOMMENDATIONS, RE-ADJUSTMENT OF ORGANIGRAM

The coordination of CARE Machaze, of project components and projects should be reinforced by introducing appropriate management tools.

CARE Chimoio should be responsible for the identification, introduction and monitoring of these adjustments.

The Provincial Coordinator should spend the time necessary for introducing the adjustments and monitoring their implementation in Machaze.

The project components should have a higher degree of autonomy in implementing their individual activities and programmes, when coordinated, planned and agreed upon.

The strengthening of government structures at district level is a priority for the last project period. CARE should support and assist the new District Coordination Committee on project planning and implementation.

The community education component should be responsible for coordinating project activities at community level in collaboration with the other project components and in dialogue with the community organizations identified.

RECOMMENDATION MANAGEMENT TOOLS

To guarantee an efficient performance of the individual components and their individual or common output a regular meeting calendar must be introduced for different levels within the projects.

A plan for regular internal staff meetings on crucial issues should be elaborated and implemented, with participation of the responsible of the components from both projects and their next in charge.

Each project component elaborates it's own work plan including training of staff and work plans for implementation of activities.

An individual perception of responsibilities and tasks within the project will contribute to an optimizing of project resources. It is recommended to further involve the national staff in discussions and participative decision-making.

XII FUTURE INTERVENTIONS

Next to water supply, agriculture is the main preoccupation for the people of Machaze. It is stated in the PRA from May 1993, and was repeated over and over again by the communities, both women and men.

At the coordination meeting with the district authorities on priorities for next year, the lack of extension service and programmes or project on agricultural development was lamented by all sectors present and the administrator commented on the priorities for agriculture development programmes in Machaze. The sector is hampered by unfavorable climatic conditions, rudimentary cultivation techniques and lack of purchase power and access to credit.

It is crucial for the development of the district to increase the production. A rural extension net will facilitate this process. The administrator referred to an agricultural project which was rejected by the donors in 1993 and pleaded to review the project in the perspective of the repatriation which will increase population to more than 90.000 inhabitants by the end of the year.

RECOMMENDATIONS FOR FUTURE ACTIVITIES

To look into alternative solutions for increasing agricultural production, taking into consideration the specific agro-ecologic systems of the District and drawing on experiences from i.e. Zimbabwe and from other countries in the region on developing rural communities in similar areas.

ANNEX 1

SCOPE OF WORK:

A: Scope of Work

B: Project Document, Attachment 2

C: Revised Outputs July 1994

SCOPE OF WORK

MID-TERM EVALUATION FOR THE
MACHAZE DISTRICT FOOD SECURITY AND COMMUNITY
INFRASTRUCTURE REHABILITATION PROJECT

CARE International in Mozambique seeks two consultants, a civil engineer and a community development specialist, to conduct a midterm evaluation of its Food Security and Community Infrastructure Rehabilitation Project. Specifically, the evaluation will review the original design of the project and its appropriateness given the current operating environment. The evaluation will also assess the project's revised outputs and progress towards them.

The mid-term evaluation team is an evaluation and advisory body on the road and building construction and food security/nutrition issues as related to the Project. The team will work in coordination with the project staff and beneficiaries. The team will operate within the framework of project donor guidelines as stated in project agreements and the roles and responsibilities outlined in this SOW.

I. PROJECT OVERVIEW:

Project start-up initiated in September 1993 with UNHCR funding, followed on by USAID funding in November 1993. The project lifetime is 18 months, ending in April 1995. Initial activities included establishment of a base camp in Machaze, determining site locations for construction and rehabilitation activities, recruitment of staff, and implementation of a baseline nutritional survey.

At this stage, all major staffing positions are filled, food distributions are in process, initial animator training has been conducted, and road, school and health construction activities have been initiated.

II. PROJECT STRATEGY:

The final goal of the project is "To increase the food security of 50,000 people recovering from war and drought presently residing in Machaze District and maintain food security for a further 40,000 people returning from Zimbabwean refugee camps during project life."

The FSCIR project uses an integrated approach to address the issue of food security, focusing on ensuring end-user receipt of food aid and the monitoring of communities' nutritional status. Moreover, food security will be enhanced by working with the communities to identify educational interventions aimed at improving the nutritional condition of mothers and children.

Further, the project is distributing food, according to government and donor categories, to those returnees arriving after the 1993/94 planting season, individuals deemed "vulnerable", demobilized soldiers, and as part of FFW activities

in infrastructure rehabilitation.

Finally, fifteen community infrastructures, including schools, health posts, and community wash stands and sanitation facilities will be constructed utilizing FFW and local artisans. In order to support these activities as well as the CARE water project being implemented in the area, the project is rehabilitating the major secondary and tertiary roads in the north of the district.

III. KEY OBJECTIVES FOR THE EVALUATION:

A. Project Design

1. Given the operating environment, were the project goals and outputs well conceived and realistic?
2. Based on a review of the revised project objectives, are they realistic and/or should they be further refined? If so, how?

B. Progress Toward Revised Project Outputs

1. Are the revised objectives of the project being achieved, to what extent?
2. What factors contributed to (not) meeting objectives?
3. What is the number of beneficiaries to date?

C. Project Organigram

1. Is the project management and personnel structure adequate to best meet project objectives?
2. What changes, if any, can be made?

D. Relationship with Others

1. What is the project's relationship with government administrative, education, construction and water, and health institutions in regards to project implementation and sustainability of future project outputs?
2. What is the project's relationship with the district's communities and returnees? How can ties to communities be strengthened?

E. Costs versus Benefits

1. Are project costs to date reasonable in relation to benefits provided and number of beneficiaries?

IV. GENERAL EVALUATION TEAM TASKS

The Mid-term evaluation team will have the following tasks:

- a. To review project documentation - proposals and implementation reports, contracts, training materials, beneficiary lists and other relevant documentation.
- b. To assess objectives and achievements to date.
- c. To interview those involved with project implementation.
- d. To visit at least 3 villages and meet beneficiaries to assess local impact in terms of appropriateness and function, communities' role in the project's activities.
- e. To meet with district and provincial government representatives from the Department of Health, Education, DPE and DDE to understand education and health sector policy, implementation strategy, and working relations with the project.
- f. To analyze and make recommendations on the plans and objectives of the next phase.
- g. To prepare a draft Mid-Term Evaluation Report which focuses on the achievement of outputs as related to project objectives and baseline data.
- h. To review the draft with key people involved and subsequently write the Mid-Term Evaluation Report.

V. SPECIFIC TASKS - Community Development Specialist

1. Is the structure of personnel appropriate for the food security monitoring sentinel site activities and nutrition education?
2. How should the next phase address the dispersed population in terms of nutrition education outreach?
3. Will nutrition education be effective in addressing nutrition problems? (Or are other more appropriate interventions?)
4. What is the appropriate emphasis which should be placed on ORT within the overall nutrition education program, given project data and staff experience to date?
5. How can project activity linkages be strengthened with local groups?
6. How effective is coordination between the project and the Machaze Water Project, and what changes should be made which would maximize project resources?

7. Is the organization with the local communities for construction activities the most appropriate to achieve project objectives and CARE program principles?

8. How well integrated are food distribution activities with other project activities and how might this be improved given project constraints.

VI. SPECIFIC TASKS - Civil Engineer

1. Given available road rehabilitation materials and the planned demining schedule, is the road rehabilitation work plan appropriately designed?
2. If demining does not take place as scheduled, what would be a realistic workplan for road rehabilitation in the district with remaining project resources (for example, a greater focus on maintenance.)?
3. Given available materials and logistical constraints, are current construction plans and technical supervision structure adequate to meet project objectives?

VII. COMPOSITION/CRITERIA FOR SELECTION OF TEAM MEMBERS

The Mid-term Evaluation Team will consist of:

FSCIR Project - CARE
Civil Engineer - Outside Consultant
Community Development Specialist - Outside Consultant

A. The evaluation consultant - Community Development Specialist - will have the following qualifications:

1. Over five years experience in community development, with an emphasis on public health.
2. Demonstrated competence in evaluation of community rehabilitation projects.
3. Oral fluency in Portuguese and English. Strong writing capability in English.
4. Previous experience with CFW/FFW a plus.
5. Available for a minimum of 14 days, beginning approximately 22 August.
6. Ability to ride a motorcycle is highly desired.

B. The evaluation consultant - Civil Engineer - will have the following qualifications:

1. Over 5 years experience working in the area of community construction in Africa.
2. Oral fluency in Portuguese and English. Strong English

writing capability.

3. Available for a minimum of 14 days, beginning approximately 22 August.

4. Ability to ride a motorcycle desirable.

Attachment 2
Program Description

I. Background

A. The PVO Support Project

The PVO Support Project was designed in response to the emergency appeals made by the Government of the Republic of Mozambique (GRM). It is intended to finance the efforts of selected PVOs registered with USAID and working in Mozambique to assist Mozambicans to develop their capacity to manage and provide basic humanitarian assistance to persons most seriously affected by the insurgency, and to facilitate the transition from emergency to rehabilitation.

Three main categories of activities are defined as eligible for funding under the project. These are a) those which provide basic humanitarian assistance to those persons most seriously affected by the insurgency and drought; b) those which address the social welfare needs of displaced and returning persons; c) those which address the economic needs of targeted groups most vulnerable to absolute poverty. Selection of target populations and design of specific activities are the responsibility of PVOs, which are also responsible for obtaining the concurrence of the GRM.

B. The Activity

Funds are provided under this Grant to the Cooperative for American Relief Everywhere, Incorporated (CARE) in partial support of a food security activity in Machaze District, Manica Province, as described in Section III, Activity Description. Funds are specifically provided for technical assistance, limited commodity procurement and support costs.

II. Problem and Rationale

The emergency conditions which necessitated the PVO Support Project in 1990 have not been alleviated. In fact, conditions deteriorated due to two consecutive years of drought. The Project Paper Supplement (Amendment No. 2) recognized this deterioration and responded by expanding the existing categories of possible intervention for USAID funding to include greater attention to the drought-affected population's need for water and related sanitation.

In addition, according to the July 1993 UNOHAC Mozambique Report, an estimated 5.8 million Mozambicans out of a total population of 16.5 million are projected to resettle between the signing of the Peace Accord in October 1992 and

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mid-1995. This includes over 1.5 million internally displaced and 200,000 of the approximately 320,000 demobilized soldiers and dependents expected to return to their homes of origin. The Project Paper Supplement (Amendment No. 3) addressed this reintegration process by expanding the activities for USAID funding to include greater attention to the returning population needs for basic inputs, services and assistance.

Machaze District, in southern Manica Province, was one of the districts hardest hit by the 1992 drought and 16 year insurgency. 40,000 persons from the District are in Zimbabwean refugee camps and the remaining population of 50,000 persons are subsistence farmers dependent upon rainfed agriculture. The rains in the 1992/93 agricultural season were insufficient to provide enough food and seeds to last until the 1993/94 harvest. CARE estimates that 40% of the resident population is already dependent on food aid with the percentage increasing steadily until the next harvest. Agricultural inputs are basically nonexistent due to mined roads and the lack of locally produced seeds.

CARE's food security and rural rehabilitation activity is designed to strengthen the food security of 50,000 subsistence farmers and their families and 30,000 returnees during the transition period from emergency relief to reconstruction and rehabilitation in Machaze District.

III. Activity Description

A. Background

Machaze District, located in southern Manica Province, has been isolated from the rest of Mozambique for the past 16 years due to the insurgency and mined roads. Since 1984, the district has been basically cut in half, separated by mined roads. Road access to the northern city, and district capital, of Chitobe from the Beira Corridor has just been reestablished. However, the road is only passable during the dry season and the quality of the demining is in question. Heavy trucks do not yet use this route. Road access to the southern portion of the district is from Zimbabwe by another recently opened dry weather road.

The majority of Machaze District residents are subsistence farmers. The drought of 1991-92, in combination with the insurgency, depleted the seed stock reserves of these subsistence farmers. CARE estimates that at least 40% of the population is dependent on emergency food distributions, with this number steadily increasing until the next harvest, anticipated in May 1994.

Seed and tool distributions funded under a separate PVO Support Project Grant, will assist the subsistence farmers and returnees to regain some of their food self-sufficiency and to reduce their dependence on imported food assistance. The activities in this Grant will complement this seed and

est however
by 1994

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tool distribution by providing an integrated approach to ensuring food security and rural rehabilitation.

B. Activity Purpose

The purpose of this activity is to improve the food security of a selected rural population of Machaze District in Manica Province through the development of a community-based nutritional education and monitoring program and the rehabilitation of essential infrastructure.

C. Grant Activities

The CARE activities to be undertaken under this Grant are as follows:

1. Rehabilitation of Infrastructure

CARE will rehabilitate approximately 15 public structures including health posts and schools and up to 200 kilometers of secondary and tertiary dirt roads. CARE will work with communities in at least 7 of the major population centers to identify and rehabilitate or rebuild infrastructure. These public facilities will include health posts, schools and small structures serving for seed storage.

The CARE Logistics Officer, in coordination with the DPS (Provincial Directorate of Health), DPE (Provincial Directorate of Education), ECMEP (Provincial Roads and Bridges Construction and Maintenance Company) and other relevant local GRM departments, will have overall responsibility for the identification and rehabilitation of the public facilities and/or roads.

a. Building Rehabilitation

CARE will rehabilitate at least 2 health posts with an average size of 11.2 meters x 4.2 meters. These posts may include a waiting room, consulting area, storage area and infirmary. Construction will usually consist of concrete slab floors, concrete block walls with lusalite/zinc sheeting roof with suspended particle board ceilings. In accordance with MOH policy, only existing health posts (or previous locations) will be reconstructed.

CARE will rehabilitate up to 9 schools with an average size of 33 meters x 6 meters. They will have up to 4 classrooms, an office and storage area. They will usually be wood construction on a concrete slab floor with lusalite/zinc sheeting roofing with suspended particle board ceiling.

(revised page*)

CARE will rehabilitate other small structures as identified by the community, CARE and relevant GRM officials. These could include buildings to be used for seed storage or community meetings.

To the extent possible, all reconstruction will be done, using local materials and village volunteer labor. Construction will be supervised by the CARE Logistics Officer.

CARE will ensure that each public structure rehabilitated has an adequate number of pit latrines. The CARE Logistics Officer, will have overall responsibility for the siting and construction of the latrines. Materials for latrine construction will, where possible, be those available locally.

CARE will, to the extent possible, ensure that each public structure rehabilitated has access to potable water. For any well rehabilitation or construction, the CARE Logistics Officer, in consultation with a CARE civil engineer, will coordinate closely with PRONAR and EPAR. In the course of activity implementation, CARE will work with PRONAR's established technical standards and specifications for the construction of hand-dug wells, and those for hand pump installation, operation and maintenance. All activities will be planned and implemented in agreement with PRONAR.

CARE will submit a quarterly plan detailing proposed rehabilitation activities for the quarter for USAID approval as listed in Grant Attachment I, Section E.1.a entitled "plan".

b. Road Rehabilitation

CARE will rehabilitate up to 200 kilometers of secondary and tertiary dirt roads.

The CARE Logistics Officer, in coordination with DPCA (Provincial Directorate of Construction and Water) and ECMEP, will have overall responsibility for the rehabilitation of existing roads. All road rehabilitation will be done on existing compacted earth roads in a labor-intensive method using locally available resources. CARE will ensure to the best of its ability that all roads selected for rehabilitation will be clear of mines prior to any road works.

Activities will include brush clearing and stump removal, repair of side drains and washouts,

culverts. Efforts will be made to assure that all roads are formed to a 15 cm raised centerline. Up to 25 concrete culverts will be constructed with a 60 cm diameter.

CARE will work with the community and ECMEP to ensure that adequate road maintenance will be provided for each road rehabilitated after activity completion.

No new roads will be constructed.

2. Nutritional Monitoring and Education

CARE will implement nutritional monitoring in Machaze District in coordination with the MOH and DPS.

Baseline nutritional survey months 3.

CARE will do a baseline nutritional survey by month 3 with follow-up nutritional surveys on a regular basis (now expected to be every 3-4 months).

These surveys will be done in the 4 major population centers and will include at least 50% of children under 5 years of age including recent returnees.

CARE, with other donor funding and/or PVO assistance, will ensure that all children identified with moderate to severe malnutrition receive supplemental feedings as required.

KAP survey months 6 and 7.

A KAP (Knowledge, Attitudes and Practices) survey will be undertaken as soon as possible, and not later than months 6 and 7 of the activity. Based on the results of this survey, CARE will develop and implement a pilot nutritional education project in District population centers. This nutrition education will include the use of ORT (Oral Rehydration Therapy) and the benefits of clean water and better hygiene.

Pilot nutritional education project.

CARE will contact other PVOs working in the field of nutritional education in Mozambique for information on their nutrition programs. To the extent possible, CARE will adapt existing materials for use in Machaze District.

Relation to other activities.

The purpose of the nutritional education program is to seek behavioral changes such as better nutritional practices which will result in improved health and reduced malnutrition of the targeted population.

CARE will train a team of community animators in nutritional education who will conduct nutrition education for DPS staff, as required, and for selected mothers within communities.

3. Community Organization

CARE will work with communities in Machaze District and existing civic and governmental organizations to organize community participation in the Food Security and Rural Rehabilitation activities.

Community Participation:

Volunteer labor.

Identifying priority sites

Assisting in design and implementation.

Operation - empowerment and sustainability.

Information exchange.

The Communities will actively participate in all Grant activities by providing volunteer labor, identifying priority sites for Grant intervention and by assisting in the design and implementation of activities.

The purpose of this intervention is to empower the communities to participate in problem identification, resolution and decision making in order to promote sustainability of food security and rural rehabilitation activities.

In addition, CARE will work with communities to create an effective method for information exchange between Machaze District residents and former Machaze District residents now in two Zimbabwean refugee camps. The purpose of this information exchange is to provide for the smoother reintegration of returning refugees.

D. Activity Duration

The activities are designed to be implemented in an 18-month period. All activities will take place in Machaze District, Manica Province and in the refugee camps in Zimbabwe.

E. Activity Outputs

The following outputs are expected to be achieved by the end of the activity:

1. At least 2 health posts rehabilitated and used by the DPS to provide basic health services. Each health post has a consulting area, a locked storage area for pharmaceuticals, access to potable water and a latrine. Each health post served an estimated population of 3,300 - 8,000 residents within 30 kilometers.
2. Up to 9 schools rehabilitated and used for public education. Each school averaged 3 classrooms with an office for faculty and staff, access to potable water and an adequate number of latrines. Each school provided classes for an estimated 300 primary school students.
3. Up to 7 other public structures rehabilitated and used by the community for community purposes.

4. Up to 200 kilometers of secondary and tertiary dirt roads rehabilitated. Rehabilitated roads have a 15 cm raised centerline and include side drains and cement culverts as needed.
- 5. Nutritional monitoring done on a quarterly basis for at least 50% of children under 5 in 4 population centers. All children with severe malnutrition referred to a supplementary feeding program.
- 6. One KAP survey completed in at least 3 communities and used in the development of a pilot nutritional education program and for activity monitoring.
- 7. One nutritional education program developed and implemented in 3 Machaze District towns which reached 60% of targeted mothers.
- 8. 60% of mothers who received nutritional education able to identify malnutrition and know how to treat it with locally available products.
- 9. At least 2 community animators trained in nutritional education. These trainers organized and carried out the nutritional education programs for the beneficiaries listed in E.9 above.
- 10. 7 communities participated in Grant rehabilitation activities. Each community provided 25-50 volunteer workers.
11. 7 community organizations (1 per community) met on a regular basis and dealt with food security issues and rural rehabilitation activities
12. Contacts established between 2 Zimbabwean refugee camps with large Machaze District populations and 7 communities in Machaze District. These contacts resulted in 3 formal meetings on reintegration issues.
13. One common methodology established and used for all contacts and exchanges of information between the Zimbabwean camps and the different communities within Machaze District.

F. Activity Implementation

1. Implementation Agent

CARE will be responsible for the implementation of the food security and rural rehabilitation activities and will work in conjunction with the DPS and Ministry of Agriculture (MOA) and other appropriate government entities, non-governmental organizations, local associations and community groups to ensure successful implementation of activities.

CARE will provide a Project Manager, a Logistics Officer and a Nutritionist to implement these activities. This staff will be located in Manica Province and will be backstopped by the CARE Chimoio sub-office and the CARE head office in Maputo. CARE will provide the technical services of an on-staff civil engineer as required to support the rehabilitation activities.

The CARE Logistics Officer, with assistance from a CARE staff civil engineer experienced in rehabilitation and related construction, will prepare the detailed plans and will coordinate closely with the DPS for the rehabilitation of health posts; with the DPE for the rehabilitation of schools; with PRONAR for any rehabilitation/construction of wells; and with DPCA and ECMEP for the rehabilitation of roads.

2. Plan

The following plan is for illustrative purposes:

<u>Action</u>	<u>Action Agent/s</u>	<u>Timeframe</u> (Month)
<u>a. Planning and Start Up</u>		
Hire staff	CARE	1-2
Set up base camps	CARE	1-2
Procurement of equipment	CARE	1-4
<u>b. Implementation</u>		
Selection of project communities	CARE	1-3
Selection of rehabilitation sites	CARE, C, DPS, DPE, DPCA	1-15
Rehabilitation work	CARE, C, DPS, DPE, DPCA	3-17
Nutritional Surveys	CARE, C	Quarterly
KAP Survey	CARE	5
Development nutritional education	CARE, DPS	6-7
Testing/Implementation nutritional education	CARE, C, DPS	6-18

(revised page*)

Work with Community organizations	CARE, C	2-18
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Contacts with Zimbabwean Refugee Camps	CARE, C	2-18
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c. Evaluation

Baseline survey	CARE	1-3
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Midterm Evaluation	CARE, USAID	8
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Final Evaluation	CARE, USAID	16
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d. Administration & Finance

Monthly Staff Meetings	CARE	Monthly
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Plan Submission	CARE, USAID	Quarterly
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Quarterly Reports	CARE	Quarterly
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Inventory	CARE, USAID	12
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Final Report	CARE	18
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End Activity		18
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Key to acronyms used in plan:

C: Community

DPCA: Provincial Directorate of Road and Bridge Construction and Maintenance

DPE: Provincial Directorate of Education

DPS: Provincial Directorate of Health

IV. Environmental Impact and Mitigation

CARE will address the following environmental issues as a part of the USAID Grant:

A. Building Rehabilitation

1. Although the building reconstruction is expected to be minor, adverse environmental effects from construction and construction material can occur. Consequently:

a. The majority of materials used will be of local origin and will not contain any hazardous materials (i.e., asbestos or formaldehyde). Excess construction material will be recycled wherever possible and disposal of unusable material will be done in an environmentally sound manner.

(revised page*)

page 2:

- b. Construction will not require the use of any heavy equipment, without prior approval of USAID Engineering Office.
 - c. If paint is used, empty cans will be disposed of in an environmentally safe manner away from areas where it can contaminate water sources. No paint containing lead will be used.
 - d. Areas of rehabilitation will not be excavated or opened so no erosion is anticipated. Any runoff from the construction site which may be high in suspended solids or which may cause disruption to local drainage patterns will be monitored closely by CARE and will be immediately addressed.
 - e. During the construction, measures will be taken to minimize standing water. If suppression of mosquitos is found to be needed in standing water, soap will be added to the water to kill the larvae. No synthetic chemical pesticides will be used.
 - f. All latrine siting and construction will be the ultimate responsibility of the CARE water and sanitation technician. In unstable ground, the latrine will be lined.
 - g. Where latrines happen to be close to a source of water such as a river or in an areas of high water table, the latrine should be moved to a higher ground.
 - h. During the construction, measures will be taken to minimize dust and noise. Local village labor is expected to walk to the construction site and to use latrines already in the vicinity.
 - i. Care will be taken to improve the surroundings of the health centers and schools so that whenever possible trees and grass will be planted and any other measures taken that will add aesthetically to the renovation site while minimizing opportunities for destructive runoff and erosion.
2. Although wells are not an activity per se, CARE will ensure that all public structures rehabilitated under the Grant have access to potable water. The extraction of groundwater from wells can cause well and aquifer pollution unless correct siting, construction and usage procedures are adhered to. Consequently if CARE is required to rehabilitate and/or build wells to ensure potable water for reconstructed facilities:
- a. All well siting will be the ultimate responsibility of the CARE Logistics Officer with

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civil engineer. All wells will meet the siting requirements in terms of acceptable distance from latrine installations, and other sources of possible groundwater contamination.

b. All wells shall be constructed and/or rehabilitated based on PRONAR's established technical standards and specifications for siting, construction and usage. This will include proper sampling and analysis of water to assure safety of water supply (i.e., levels of boron and nitrate, conductivity, chloride, pH, etc.) and a determination of the maximum number of wells that a given aquifer can sustain based upon yield estimates. Where the rehabilitation process may require abandonment of the existing wells, abandonment shall be done in a manner that ensures no pollution of the aquifer.

c. All wells will be lined with concrete well rings to help guard against possible contamination by parasites and disease-causing bacteria.

d. All wells will be sealed and a VLOM (AFRIDEV) hand pump mounted to prevent contamination entering into the well shaft. A concrete apron will be constructed to ensure correct drainage of waste water away from the well head. The well head will incorporate an access lid, which will be secured with a padlock.

e. All wells will be thoroughly disinfected after construction. Disinfection of wells shall be done in a manner that ensures no increase in pollutant concentration following the disinfection process.

B. Road Rehabilitation

Although the reconstruction of earth roads is expected to be minor, adverse environmental effects from construction and construction material can occur. Consequently:

a. The majority of materials used will be of local origin and will not contain any hazardous materials. Excess construction material will be recycled wherever possible and disposal of unusable material will be done in an environmentally sound manner.

b. Wood stumps and brush removed from the roadway will be used by the volunteers for firewood and other recyclable uses.

c. CARE will ensure that efforts will be made at road reconstruction sites to avoid soil erosion and will immediately address any potential erosion problems.

d. CARE will ensure that proper reclamation (i.e., re-landscaping and re-planting), is undertaken at all areas used to obtain construction materials (i.e., dirt and rocks) for the road rehabilitation.

e. Construction will not require the use of any heavy equipment, without prior approval of the USAID Engineering Office.

f. CARE will follow existing roadways except where it may be justified to modify road routes slightly in order to: (1) achieve a more direct route between two points (minimize unnecessary curves or slightly straighten them out) in the interest of energy efficiency; and (2) avoid environmentally significant areas (i.e., wetlands, waterbodies, forest stands).

V. Reporting Tables

The Grantee will use the following tables for the submission of the statistical information as described in Grant Attachment 1 (Schedule), Section E.1-2.

PROPOSED OUTPUT REVISIONS**MACHAZE FOOD SECURITY AND INFRASTRUCTURE REHABILITATION
PROJECT**

GRANT NO: CARE 656-0217-G-00-4005-00

CARE proposes revisions in the outputs listed below. The remaining 7 grant outputs not presented in this document remain the same.

A. OUTPUT 2

Output Statement: Up to 9 schools rehabilitated and used for public education. Each school averaged three classrooms with an office for faculty and staff, access to potable water and an adequate number of latrines. Each school provided classes for an estimated 300 primary school students.

1. Proposed Changes:

CARE proposes to rehabilitate 7 schools instead of 9 schools in the district. The Project will work closely with the concurrent Machaze Emergency Water Project to ensure schools have access to potable water where this is technically feasible.

2. Justification for Changes:

GTZ will construct two schools in southern Machaze, where CARE originally planned to carry out construction work. Choosing two additional sites is not feasible because the District Directorate of Education cannot guarantee staffing.

3. Proposed Revised Output Statement:

7 schools rehabilitated and used for public education. Each school averaged three classrooms with an office for faculty and staff, access to potable water where technically feasible and an adequate number of latrines. Each school provided classes for an estimated 300 primary school students.

B. OUTPUT 4

Output Statement: "Up to 200 kilometers of secondary and tertiary dirt roads rehabilitated. Rehabilitated roads have a raised centerline and include side drains and cement culverts needed."

1. Proposed Changes:

Quantity: CARE proposes to rehabilitate a total of 150 km of road by EOP if sufficient demining is carried out. If no additional demining is carried out, CARE will rehabilitate a total of 80 km by EOP. CARE is taking a proactive role with the donor community to obtain funding for further demining in the district.

Quality: CARE proposes that roadwork be defined as the (re) opening of roads to permit emergency access, with side drains constructed when possible in critical areas. Raised centerlines and cement culverts would not be constructed.

2. Justification for Proposed Changes:

With the arrival of the project engineer, the project has redefined the necessary roadwork to meet district needs, while taking into account the work of other agencies, the number of mines, and the pattern of mine placement. The focus is on opening access roads for the passage of drill rigs which will arrive in early August, and again during the 1995 drilling season. This will allow the most critical problem of the district, access to water, to be more effectively addressed.

Sections of roadwork planned, such as that in southern Machaze, are being completed by another organization. This factor was not foreseen when the original proposal was written.

There has been a delay in demining activities planned for the district and low interest in funding the demining of areas around villages and village-access roads where CARE, in collaboration with district authorities, has focused its work. In addition, the pattern of mine placement and the number of mines was underestimated in the original project design document. CARE has succeeded in reopening and clearing approximately 50 km of road to date, and has obtained funding from another donor to carry out limited spot demining around potential borehole sites. CARE will continue to play a proactive role with donor agencies to obtain financing for demining in critical areas. If further demining is not carried out, another 30 km of road will be rehabilitated and the project will focus on improving the road maintenance system and technical skills to carry out maintenance within the district.

CARE proposes that the raised centerlines and culverts be removed from the output statement due to the lack of adequate soils available locally and improved understanding of road conditions due to the technical expertise of the project's road engineer. The area is characterized by thick sand and/or black cotton soil and the roads by high erosion, with (currently dry) stream beds crossing the road. To construct a proper road, large amounts of soil and gravel would have to be imported into the area as they are not available in the Machaze area. Page 18 of the grant document specifies that only locally available resources will be used.

Furthermore, building a road by hand which includes camber, drainage and culverts, progresses at a slow rate of a few kilometers per month and still requires some construction equipment, i.e. compaction equipment (roller). Technical realities of constructing roads were therefore not adequately taken into account in the grant agreement.

Roadwork that is presently underway consists of clearing the bush and removal of stumps to widen and straighten paths. Where erosion control is needed, proper forming of road and drains is being done.

3. Proposed Revised Output Statement:

A total of 150 km of roads opened by EOP assuming at least 36 additional kilometers of roads are demined between November, 1994 - 15 February, 1995. A total of 80 km cleared by EOP if no additional demining takes place. Roads include critical side drains.

C. OUTPUT 5

Output Statement: Nutritional monitoring done on a quarterly basis for at least 50% of children under 5 years of age in 4 population centers. All children with severe malnutrition referred to a supplementary feeding program.

1. Proposed Changes:

Quarterly nutritional monitoring will be replaced by community-based food security monitoring using the monitoring system developed by MSF-CIS. Referral no longer possible.

2. Justification of Changes:

The baseline nutritional survey carried out in February 1994 indicated surprisingly low rates of acute malnutrition. CARE's experience in the area since the signing of the grant agreement supports the findings of the nutritional survey. CARE does not feel that quarterly anthropometric nutritional surveys are the most illustrative or cost effective monitoring system in an area which is not characterized by high global acute malnutrition rates. The Provincial Health Services conducts an annual nutritional survey, which CARE will participate in.

Supplementary feeding is not a highly effective nor utilized mechanism in the dispersed settlement environment of Machaze. At the time of project design, MSF-France supported the District Health Center's supplementary feeding program. This support has since been withdrawn. Therefore, the District Health Center no longer has, in practice, a supplementary feeding program. Even if children with severe malnutrition were identified via anthropometric surveys, there would be no supplementary feeding program to refer them to.

Instead CARE proposes to implement a community-level food security monitoring system in 4-5 sentinel sites, which will include the monitoring of food use habits. Data obtained will be analyzed on a monthly basis and used to geographically target the food distribution/food for work (FFW) component and to 'fine-tune' the nutritional education pilot. CARE has held initial discussions with MSF-CIS, which is available the end of September to train CARE and district health staff and assist in modifying the system to meet district realities. While the primary objective of instituting the system will be to strengthen CARE's programming capability in the district, data will also be used to support the MSF-CIS coordinated national monitoring system. Finalization of plans is awaiting USAID concurrence with the proposed output change.

3. Proposed Revised Output Statement:

Community-based food security monitoring system established which is used to target project food and nutritional education inputs. Where acutely malnourished children are identified, they will be referred to the District Health Services, and their families will be targeted under the nutritional educational program in communities where it is being implemented.

D. OUTPUT 10

Output Statement: 7 communities participated in grant rehabilitation activities. Each community provided 25-50 volunteer workers.

1. Proposed Changes:

CARE proposes that community workers are paid with Cash for Work (CFW) or FFW, versus volunteer labor.

2. Justification of Changes:

CFW will assist the rehabilitation of the local economy through increased cash flow. FFW will be used in place of CFW in selected areas where the cash economy is weak, or non-existent, or where household food stocks need to be supplemented due to poor 1994 harvests.

3. Proposed Revised Output Statement:

7 communities participated in grant rehabilitation activities. Each community provided 25-50 paid workers.

E. OUTPUT 12

ANNEX 2

POPULATION OF MACHAZE DISTRICT AUGUST 1994.
(Source DDA Agriculture Campaign 1994/95)

Regulos	No families	Regulos	No families
Machaze Sede	296	Nharuhu	45
Nhamboa	163	Nhamachmo	206
Chiuu	78	Nhambue	580
Chitumba	212	Macumba	356
Nhabeze	98	Dondue	185
Macumire	180	Chimbua	583
Mecupe	250	Muche	364
Dongorere	48	Mupombo	463
Musosio	162	Nhachena	230
Macovane	220	Guazane Sede	194
Chidhede	84	Mabona	78
Macupi	750	Malava	91
Mutando	245	Chicueche	50
Macunda	168	Chopopopo	435
Chitube, Bassane	478	Kisimbidi	380
Mupaique	156	Guacuanhe	378
Chiraja	78	Guebo	315
Mabue	60	Chivarue	219
Chiungo	89	Manasse	290
Usa	78	Nhatacoba	250
Chove	210	Chinavana	230
Matache	94	Matenguana	270
Kgumi	70	Chicombere	198
Tuco Tuco	305	Dofondo	178
Maloua	145	Chidoco Sede	458
Zianga	98	Chiulo	310
Mabobo	45	Psuquisse	371
Tevere	407	Macone	340
Chitare	386	Dombolofunde	160
Mabone	278	Chicore	70
Ndlangala	350	Maringa	648
Mutani	210	Gombi	116
Gunda	30	Chicafa	40
Butiro Sede	560	Mavue	98
Mololo	220	Dongonda	160
Chivavisse	179	Gamundane	260
Choque	122	Chinzinhe	550
Macu	85	Chindico	350
Socosse	179	Total number of families August 1994	16.001
Chitondo	178		

ANNEX 3

ESTIMATION ON BENEFICIARIES SEPTEMBER 1994

The total population of the Machaze District is estimated to 16.001 families in August 1994. At this moment round 13.000 families are registered for food distribution.

Measuring the water consumed from existing and new sources this month, estimating an average consumption of 2 liters per day per person, the total population of the district is round 60.000 as per August 1994.

UNHCR estimates that 30.000 refugees will be repatriated before the end of the year of which These 12.000 had arrived by end August.

Based on these information the population of the Machaze district is estimated to 90.000 by the end of 1994.

ESTIMATED No OF BENEFICIARIES

The No of beneficiaries of the FSCIR project can only be indicated as an approximate figure that will change according to the progress of the UNHCR repatriation programme for 30.000 persons during 1994.

The food distribution programme covers the whole district and includes 3 categories: Repatriated, demobilized and affected. In April 1994, 6900 persons received emergency food aid, in September the No had increased to 18.000.

The road construction, is to the benefit of the communities serviced and the 69 km opened so far service a population of approximately 45.000 persons, which is also the estimated population of the project area for community constructions and community education. The Health Posts in Bassane and Chipopopo, will serve 4000 and 7700 persons accordingly. The Schools will provide new capacity for 1126 pupils and a total capacity of 2100 new study places.

ANNEX 4

GUAZANE 20.09.94

Fieldvisit

The Regulo presented the team to the community, which was represented by 107 women and men. The reason for the visit was explained and the workprogramme for the day presented: Discussion with one group of women, one group of men, one group of key persons and one group of traditional healers, midwives and curandeiros/ras.

Meeting with 52 women of the Guazane Regulo (Area under same traditional chief) all ages, the group included two traditional midwives and one curandeira.

History

The Regulo of Guazane came back from Zimbabwe in 92/93 and the people followed in 1993. They settled on the same land as before. October 93 - May 94 was their first Agricultural Campaign. They did not receive seed from the government (when they came to Chipudje there was no more seed to distribute) and they did not manage to get it elsewhere. The production 93/94 was very low. Today, more than one year after their return, they are still totally dependent on the monthly governmental food distribution. For two months they have received nothing. They are hungry and worried about the next agricultural campaign 94/95, will they receive seed or not? If yes, will it be there on time to sow? The Machambas have been prepared to the present campaign.

Agriculture

The crops practiced in Guazane before the war were: Maize, Mapira, Meixoeira, Gergelim, Peanuts, Beans, Cassava, Bananas and Paw Paw. The division of work in the fields was described by the women as follows:

Clearing of the land,	Men
Cleaning the bushes,	Women
Sow	Women and Men
Weeding	Women and Men
Harvesting	Women and Men
Transporting crops	Women, Men and Children

Construction work and maintenance including cisterns: Men
Water and fuel collection: Women and Children

If it rains there is no problem, but the lack of instruments and seeds is a severe constraint to achieve a normal production. The variety of seed most in demand for this campaign are: Maize, Sorgum, Gergelim, Peanuts and Beans.

Health

The Health Post is located in Chipudje 12 km from Guazane. The community counts 2 Traditional Midwives and several curandeiros, men and women. Main child diseases: Diarrhoea, Measles and Cough.

Water

More boreholes needed, we are too many for just one water point. Cisterns for water storage are common in the area, 2/3 of the women present had access to one. The cisterns need maintenance before the beginning of the wet season and CARE was asked to provide cement for this purpose. The women asked the animator to write out a list of the people in need of cement for the cisterns, to guarantee that the womenheaded households would receive on equal terms with the other households.

Roads and Community Constructions

The road construction programme had been a success and seemed to be very popular amongst the women because of the access to the community and the cash payment. When asked if the women could dispose over the money they had earned the answer was positive. The community has no other experience with paid labor. There had been no mentioning of a maintenance programme for the roads so far.

The women knew about the new school to be constructed by the community. They took for granted that they would be paid for this work too.

The dialogue with CARE should be maintained by conducting regular meetings called in by the regulo 2-3 days in advance. The women were strongly in favor of desegregation of the groups, and referred to the fact that in meetings with the men, they (the men) did the all the talking.

Meeting with key persons of the Guazane community, The regulo and 5 chiefs, all men.

The main problem of the community today is the lack of seed.

After the success of the road work, the community took for granted that also the school construction work would be paid in cash, if not the regulo would ask for a piece of advice from CARE on how to mobilize the community for the task.

The priorities of the community are: Water, Seeds and a Health Post. The best way to maintain the dialogue with CARE is through the regulo and his men. They have weekly meetings, to which CARE

could eventually attend when necessary or with a certain frequency. The health and nutrition specialist attended the meeting with the traditional healers and midwives.

ANNEX 5

BASSANE 21.09.94

Fieldvisit

The School teacher who is also secretary of FRELIMO presented the team to the community, which was represented by 71 women and men. The reason for the visit was explained and the workprogramme for the day presented: Discussion with one group of women, one group of men, one group of key persons of the community.

The meeting with the women was conducted by the Community development consultant and a female animator, The meeting with the men was conducted by the 2 national staff of the FSCIR project.

Meeting with 18 women, all repatriated by UNHCR 4 days earlier after periods of 6 - 10 year in Zimbabwe.

History

The women are returning to a community located 1 hour walk from Bassane, the regulo has returned a year ago and is waiting there for his people. They are returning to their former machamba.

Agriculture

The main problems expressed by the women were: They have been supplied with maize for consumption, but have had no guarantee that they will receive seed. They are short of instruments. They are preoccupied that the seed will arrive too late for the campaign. The time is not sufficient to prepare the machambas properly before the campaign, as they are forrest at the moment. There is no water in the community where they are settling only in Machaze, 24 km away. They will have to construct new houses and granaries.

Due to these constraints they estimate that a normal harvest will not be realistic for the campaign 94/95, even if the rainfall is sufficient. They will be dependent on food and seed distribution until May/June 1996, this is for 1 1/2 - 2 years, not regarding eventual drought, plagues other negative factors.

Division of work;

The division of work in the fields was described by the women as follows:

Clearing of the land,	Men
Cleaning the bushes,	Women
Sow	Women
Weeding	Women
Harvesting	Women

Transporting crops Women,

Construction work and maintenance including cisterns: Men
Water and fuel collection: Women and Children

Health and Education

In Zimbabwe people had access to health and education facilities, nobody lost a child in Zimbabwe and everybody gave birth in the hospital.

The priorities of the women returnees: Health Post and medicine, School and Water.

There is one hour walk from the community to the school in Bassane. The women all agreed that it would be too long a distance for minor the children to walk daily.

Water

It was stated that the women are tied up 24 hours a day fetching water and that there is no time for other activities during the dry season. The women all had had cisterns for water storage and asked for cement for rehabilitation of these installations.

ANNEX 6

WORK PLAN 15.09 - 01.10.94

- 15.09 9.00 p.m. Maputo/Beira/Machaze, Arrival Machaze
 19.00 a.m.
- 16.09 8.00 a.m. General Information on Project Background,
 Meeting with Rosemarie Moreken, project manager
 FSCIR
- 10.00 a.m. District Administration Machaze, Monthly
 coordination meeting, participants, The
 Administrator, Health, Education, Agriculture,
 substitute for Public Works(C+A) and CARE (RM).
- 15.00 p.m. DDE Meeting with District Director.
- 17.00 p.m. Review of project documentation.
- 17.09 9.00 a.m. Continued Briefing RM and cont review of
 project documentation.
- 15.00 District Administrator for Machaze, Meeting on
 Needs, Policy, Priorities and present/future role
 of CARE.
- 17.00 Road Component, Meeting with Civil Engineer,
 Cathy Snow, preparation of field visit 18.09.
- 18.09 8.00 a.m. Field visit to Butiro and Guazane with
 Cathy Snow on: Roads, Community Constructions, Water
 and community work. Meetings 'on location' with Rob
 Project Manager for CARE Water Project, Chris X,
 Hydro geologist, consultant, water project, The
 Local Chief (Regulo), for the Guazane Community to
 prepare for field visit 20.09.
- 16.00 Meeting with RM on Planning of questions for
 fieldvisits to 3 communities: Guazane, Butiro and
 Chipopopo.
- 19.09. 8.00 Consultation with district substitute for
 Public works on road and water priorities.
- 9.00 Reading the 'Participatory Rural Appraisal,
 conducted in the Machaze District May 1993' to
 prepare for the field visits on the 20 and 21 of
 September.
- 11.00 preparation of field visit with CARE staff.

- 15.00 Meeting with S. Pedro Arauch, Administrator for the Compound, on Food Distribution Project and Camp Administration.
- 17.00 Meeting with Helena Antonio and Luzia Joze, Animators on the sanitation and nutrition component, on community work and preparation of field visit.
- 20.09 8.00 a.m. Field visit to Guazane, with CARE-team incl. National staff and Animators. Meetings with the community, desegregated in sub-groups of: Women, men, leaders and other key persons. i.e.: Teacher, curandeiro/a, traditional midwives, shop keeper, old men, advisors to the regulo.
- 16.00 p.m. Meeting with Julio Sequela, on the PRA and on road component.
- 18.00 p.m. Meeting with Ignacio on Community Construction component.
- 21.09 8.00 a.m. Field visit to Bassane, with CARE-team incl. National staff and Animators. Meetings with the community, desegregated in sub-groups of: Refugee women, men, leaders and other key persons.
- 16.00 p.m. Follow-up meeting with Julio Sequela and Ignacio on field visit
- 18.00 p.m. Semi-structured meeting on the FSCIR with Julio, Ignacio and Pedro.
- 22.09 8.00 Field visit to Bassane, Meeting with local animator Eva Elias and a group of resident women.
- 10.00 Participation in Selection meeting for nutrition animators, with Eva Elias and Michael Chihururu CARE.
- 11.00 Talk on women's situation and health with traditional mid-wife.
- 14.00 p.m. Meeting with DDA, Vice-director Antonio Batista, on Present and future problems and CARE's role in Machaze.
- 17.00 p.m. Meeting with Julio Madroba on the Food Distribution Project.
- 23.09 Machaze/Chimoio via Esbungabera. Talks with Craig on the road on community work. arrival Chimoio 20.30
- 24.09 Report writing CARE office Chimoio

- 25.09 Report writing CARE office Chimoio.
 14.00 p.m. Progress evaluation meeting with Nina Bowen and RM.
 16.00 p.m. Meeting with Project Coordinator Peter Abrams on Project Background/progress/future.
- 26.09 Report writing and preparation of draft for Machaze review workshop on the 28 and 29 of September.
 16.00 p.m. Meeting with PA on Project Organigram (organization and functions)
- 27.09 Meetings with GO line ministries and others at provincial level.
 10.00 a.m. DPA Head of Provincial Agricultural Extension service, Sr. Sergio Manhoca
 11.30 a.m. DPCA, Director of the Water Department Sr.Cuna.
 14.00 p.m. GTZ, Vice Coordinator Sr. Michael Froude.
 16.30 p.m. DPE, Director of Education.
- 28.09 8.30 a.m. Agua Rural, Director Dave Temba.
 10.00 a.m. De-briefing Chimoio CARE Chimoio.
 13.00 p.m. Chomoio/Machaze, Arrival Machaze 20.00 p.m.
- 29.09 Morning, Preparation of Workshop
 Afternoon, Workshop I: Conclusions and recommendations from Evaluation team on Project outputs.
- 30.09 Morning, Preparation of Workshop II
 Afternoon, Workshop II: Project Organigram, Internal and external relations and future recommendations
- 01.10 8.00 a.m. Debriefing RM
 10.00 Machaze/Beira/Maputo, Arrival Maputo 20.30 pm.