

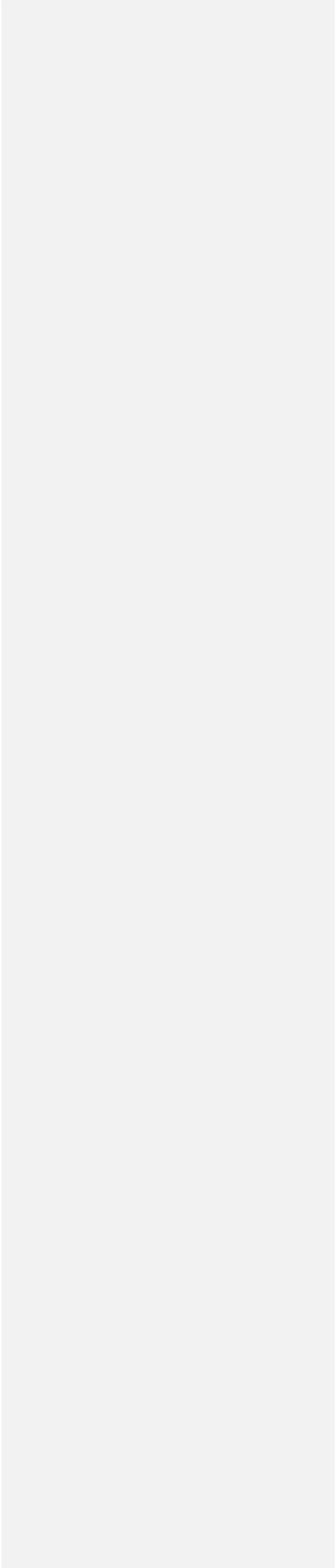


ZIMBABWE: PROTRACTED
RELIEF PROGRAMME (PRP)

OUTPUT TO
PURPOSE REVIEW

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AN	Ammonium Nitrate
AREX	Agricultural Research & Extension, Ministry of Agriculture
ART	Anti Retro-Viral Therapy
CA	Communal Area
CAFOD	Catholic Agency for Overseas Development
CAP	Consolidated Appeal (UN)
CARE	Co-operative Assistance and Relief Everywhere (NGO)
CBO	Community-Based Organisation
CBP	Community-Based Planning
CF	Conservation Farming
CG	Consultative Group (on International Agricultural Research)
CRS	Catholic Relief Services
C-SAFE	Consortium for Southern Africa Food Emergency
CSB	Corn Soya Blend
DA	District Administrator
DAAC	District AIDS Action Committee
DDF	District Development Fund
DFID	Department for International Development
FCTZ	Farm Community Trust of Zimbabwe
GMB	Grain Marketing Board
GoZ	Government of Zimbabwe
HBC	Home Based Care
HEA	Household Economy Assessment
HIV	Human Immunodeficiency Virus
IFRC	International Federation of Red Cross & Red Crescent Societies
IP	Implementing Partner
JSI	John Snow International
k, kt	Thousand, Thousand metric tonnes
M, Mt	Million, Million metric tonnes

MoHCW	Ministry of Health and Child Welfare
NGO	Non Government Organisation
NR	Natural Region — Zimbabwe is divided into five agro-ecological zones
NRZ	National Railways of Zimbabwe
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OVC	Orphans and Vulnerable Children
PLWA	People living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission of HIV
PRA	Participatory Rapid Assessment
RDC	Rural District Council
SC (UK)	Save the Children (UK)
TLC	Technical Learning and Co-ordination Unit
VAC	Vulnerability Assessment Committee
VCT	Voluntary Counselling and Testing
WFP	UN World Food Programme
ZRC	Zimbabwe Red Cross
ZWB	Zimbabwe Women’s Bureau

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Executive summary

Introduction

The Zimbabwe Protracted Relief Programme began in mid-2004, with first Phase running for two years at a planned cost of £18M. It is designed to stabilise the food security and protect the livelihoods of poor and vulnerable households, particularly those affected by HIV/AIDS. The bulk of a wider range of activities help beneficiaries to increase their food production, and to provide home-based care (HBC) to the chronically ill. The Programme is being implemented through ten international NGOs, most of which work with local NGOs and community-based organisations. To help manage and monitor the Programme, a Technical Learning and Co-ordination Unit (TLC) has been established that handles most of the immediate business with the implementing partners (IP). UN agencies help provide technical co-ordination; while further technical services are supplied by the three international agricultural research centres (CG) present in Zimbabwe.

In the circumstances the PRP is a bold and imaginative effort to respond to the impacts of the ongoing crisis on the poor in Zimbabwe for which DFID Zimbabwe deserves credit. It would have been simpler to have done nothing more than respond passively to UN appeals for food aid and the like.

From 05 to 23 September 2005 an Output to Purpose Review (OPR) of the PRP was carried out by a team of four, with specialists in livelihoods; social development; HIV/AIDS, home-based care (HBC) and nutrition; and, institutions and governance. This is their Report.

Key messages from the Review

The PRP has been set up under difficult circumstances made worse by risks materialising in the form of poor weather for the 2004–05 crop season and deteriorating economic conditions.

Despite this, there are good reasons to expect that the Programme will make a significant contribution to its purpose of stabilising food security and protecting livelihoods. The large majority of the interventions seen are appropriate to the beneficiaries and their circumstances — simple to understand, involved marginal changes to existing practices, required little cash or capital, and produced valued benefits. Although it is too early to be certain of the economic impact, the indications are that the Programme is cost-effective — and better value for money than large-scale food distribution.

Given the often hectic pace of implementation during the first year, some breathing space is needed for operations to establish themselves, some reflection on the emerging lessons, and to make some minor changes to the Programme.

More substantial adjustments to consolidate the Programme should be undertaken in the second phase of the PRP.

Progress towards Purpose

The assumptions on which the narrative summary of the logical framework is based have not held up: risks both expected and unexpected have materialised. Poor weather in the crop season of 2004–05 annulled the likely effects of some cropping interventions undertaken. Continued economic decline, marked by rampant hyperinflation, an overvalued exchange rate, shortages of foreign exchange and of imports including fuel, made Programme management more difficult than expected to the IPs. Out of the blue came Operation Restore Order that has intensified urban poverty, but has had important knock-on effects for the rural poor — by reducing the likelihood of receiving urban remittances, and by making marketing of rural produce such as garden vegetables that much more difficult in urban centres. In addition, the failure of the 2004–05 harvest means that WFP is planning another large-scale food distribution for the hungry season of 2005–06 — using many of the same NGO partners who are engaged in the PRP.

In the light of these shocks, it is to the credit of the TLC and IPs that so much has been done to get the Programme up and running in a short period.

Since risks materialised, some of the outputs were not delivered and strictly speaking, there has been limited progress towards the Programme purpose. But this begs the question of what would have been achieved had these risks not transpired, and what then we may expect if in the remainder of Phase One of the PRP they do not re-appear. There are good reasons to believe that the food security of the beneficiaries would have been significantly and considerably improved — covering slightly less than one third of poor, food insecure households in the communal areas of Zimbabwe.

Is the PRP good value for money? Compared to providing general rations to cover three months of the hungry season — as seen under WFP-run food aid distributions in recent years — the Programme costs around 12% more per beneficiary household. Yet PRP has the potential to deliver roughly *twice* the benefit in terms of increased food supply; as well as doing so in a way that is more sustainable, relies more on local resources (rather than external assistance), and is less likely to engender dependency. The additional benefits greatly outweigh the small additional costs.

Achievement of Outputs: Interventions effectively implemented

The agricultural interventions being implemented are promising: most are well suited to the poor, and some are particularly useful for female farmers who lack labour. Conservation farming promises to remove a critical constraint to crop farming by the poor in rural Zimbabwe: the lack of adequate draught power for tillage.

That said, these interventions require that beneficiaries have at very least labour power, plus access to land, and in some cases water as well. They are not necessarily useful for the non-able poor.

In home-based care there have been varied packages, not all including food. This is an important deficiency: food not only helps protection the health of the ill, but also constitutes a significant income transfer that can allow the households to pay school fees, or buy in other care items (such as blankets for the winter). Some of the HBC programmes seen in the field impressed by their organisation and the impact on patients.

Targeting of beneficiaries to date has been imperfect — things had to be done quickly to catch the farming season. Demographic criteria have been to the fore, but those

households satisfying such criteria — for example, female-headed or those hosting orphans — are not always poor and vulnerable. In addition, accurate targeting is made more difficult when communities prefer to spread and rotate benefits amongst a wide range of the community, rather than make hard choices about the most needy. Having a close field presence by the IPs helps to check for errors.

Implementation of the Programme has been quite impressive, with a wide range of interventions carried out over large areas that are not easy to access. This has been achieved despite set backs of logistical delays and Programme uncertainties.

Monitoring of the Programme has barely started: understandable while there are still comparatively few outputs to monitor. The list of indicators developed by the TLC and IPs is too long. For effective and focused Programme management, it needs reducing still further.

Progress in mainstreaming issues of HIV/AIDS and gender has been limited.

Achievement of Outputs: Demand-led and community-driven projects

Some community participation can be seen within the PRP, but it is scarcely embedded. Previous experience of the IPs of using participatory methods apparently has been submerged by the experience of running relief programmes. Scope for greater involvement of local communities exists above all in beneficiary identification, and in monitoring and evaluation.

Interventions in food and agriculture require beneficiaries to have land, water, labour and often tillage as well. The poorest lack tillage, and may be short of other factors. More thought needs to be given to their needs, especially the non-able poor who lack labour — do they need access to work gangs, for example?

Some scope may exist for linking poorer farmers to lead farmers, but we need to know more about the relations between the poor and their better-off neighbours.

Useful links to central government agencies, above all AREX, DDF and the Ministry of health have been established at District level and below. In some cases, there is a need to provide more information about the Programme to District staff of both central and local government, and to help them travel to the field on joint visits.

Achievement of Outputs: Effective learning and dissemination

The four technical guidelines prepared by the TLC have been welcomed by partners and are being used. That said, a simpler version for field use could be produced.

The UN agencies are playing a valuable role in co-ordination of activities, above in agriculture through FAO. They also help keep open channels of communication with central government.

The CG centres have brought in useful technical knowledge, support and training to field level. Surveys done facilitate evidence-based monitoring. There is a need, however, to adopt more participatory and team approaches. Interaction and communication with NGOs is not strong, resulting in poor appreciation of each others' views.

This suggests that just as the PRP benefits from having specialist technical advice, it would similarly benefit from having the support of a centre with expertise in community participation.

Some useful networks have been established amongst the different IPs that have helped co-ordinate activity to share technical ideas and best practice lessons.

At District and field level, there is useful interaction with government agencies on technical matters.

Achievement of Outputs: NGO programmes effectively managed and supported

Much has been done to get the Programme in operation. The TLC is up and running, and is well regarded by the partners. Contracting arrangements are in place with NGOs. Regular reporting occurs and meetings are being held. Activities are being successfully coordinated, and approaches standardised — duplication of activity and incidence of ‘double dipping’ have been reduced. Coordination by UN agencies is resulting in increased co-operation, FAO role is particularly appreciated.

Concerns seen to date include the frequency and utility of meetings, the burden of reporting, the management of CBOs that link to IPs, and the effectiveness of cascade training.

DFID disbursements for the first year April 04 to March 05 are below budget by 25%. Most budgets up to July 2005 are under-spent, by proportions ranging from 17% to as much as 60%. The Programme stated late, there were delays in the procurement of agricultural inputs. It is likely that in year two, expenditure will be closer to budget, and that pressure on staff and transport costs will become manifest.

Monitoring and evaluation are still in their infancy — data is being collected, some assessments initiated, but data and information has not yet been used to inform operations. Studies have been commissioned to review critical issues and workshops held to discuss critical issues and develop common understanding. Some lesson learning is occurring — a workshop organised, monthly reports from NGOs include lessons learned.

Issues here include that baseline studies have not been completed, and indicators need to be fine-tuned and reduced — there are too many to track meaningfully at present.

The TLC has been effective to date. Coordination forms the bulk of work done so far. Most mechanisms, systems and processes are in place. Data collection for monitoring has started. Some impressive reports have been produced on aspects of the Programme.

There is a need to develop actions to support organisational strengthening. More could be done to disseminate the results of reports, perhaps by producing two-page briefs summarising the key points. In general, more could be done to learn lessons. An effective mechanism is needed at national level and within and between NGOs down to the field level.

TLC’s contribution should now move from process — setting up structures, systems, processes — to substance — capacity building, information gathering and processing, lesson learning, etc. It should consider strengthening the body of consultants, especially those with practical community development expertise. As mentioned in the previous section, one way to do this might be by contracting a centre with the relevant expertise in a similar arrangement to that with the CG agricultural research centres.

Revisions to the Programme

PRP has reached a point where basic systems are in place and beginning to operate or be followed. The TLC, IPs and technical partners are well aware of most issues, both formally as documented in some of the TLC Reports as well as informally and tacitly. They have an agenda of potential corrections and improvements in train.

This is not the moment, therefore, to burden the Programme with a welter of additional recommendations for immediate implementation. If anything, the PRP needs some breathing space to allow implementation to take place and results to be monitored, rather than trying to make many changes at the same time.

In the immediate and short term — at very least before February 2006 and probably before the end of the first Phase in July 2006 — the issues set out below deserve consideration. Other recommendations should wait until the second Phase.

Considerations for the short-term

Targeting

- Focus on the production of the Targeting Framework, an idea already identified by the TLC and IPs. The Framework would set out best practices, and the options available in different circumstances. Conduct a joint review of the existing series of targeting activities and recommendations to produce this.
- As part of that review, develop an initial Inclusion Strategy for vulnerable groups and the poorest — based on experiences from intervention and assessments.
- Pilot a few innovations for more effective targeting on the poorest/ ensure inclusion
- Develop an agreed checklist or protocol on how to do mainstream gender in the field — based on discussions with IPS, community headman and chiefs.

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Community Participation

- Develop good practice guidance on community participation approaches from various current initiatives (draw on the findings in TLC Report 14 in particular).
- Community participation training/ sharing with IPs and local partners.
- Develop appropriate (at this stage simple – seasonal calendars maybe?) participatory monitoring action to measure impact, based on some current examples (SC UK)

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Monitoring

- Develop a disaggregated Database that can identify support to vulnerable groups (Women/ Chronically Ill/ Orphans) and poorest
- Identify a shortlist of Key Indicators and provide measurement of these by Feb 2006
- IPs should use District monitoring as an integral part of their M&E

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Lesson Learning and Dissemination

- Draft two-page flyers from the best of the TLC Reports and circulate widely to stakeholders in the Programme.
- More modest Lesson Learning process (as proposed) — strengthen the channel for IPs in groups to feed back to PRP group on particular themes (suggest these

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recommendation themes), based on participatory sessions with communities/ focus groups sessions

Organisation and Management

- IPs should use the Logical Framework as a management tool
- Encourage the network relationships already started at District level down: travel together with government staff, DAAC forms and returns be part of PRP monitoring

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Capacity Building

- Re-inforce the cascade training, to improve field level understanding
- Provide training in community-based planning (see above)

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Livelihood Interventions

- Develop packages of support to the poorest. If there is under-spending in 2005/06, then decide together to pilot of packages to poorest and most vulnerable
- TLC and IPs should review livestock distribution, vouchers for labour and cash transfers as supplement for poorest. Livestock distribution may be the best option, since it is least likely to create dependency.

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Considerations for the longer-term: the second Phase

What follows is a compendium of recommendations derived from the terms of reference to the individual members of the team. Most of these concern recommendations for the longer term, that is in the second Phase of the Programme, unless otherwise indicated. The argument supporting these suggestions can be found in the body of the report as well as in the relevant Appendices.

Livelihoods, economics and agriculture

Achieving the PRP purpose PRP should, for the second stage, consider adding more activity in the areas of health and hygiene — including water and sanitation — to counter the malnutrition of young children in poor households who are particularly vulnerable during the current crisis in Zimbabwe.

To support thinking on this, look to bring together the insights from the different data bases that deal with agricultural interventions (FAO), water and sanitation (UNICEF), nutrition (UNICEF), and livelihoods (Zimbabwe VAC). Several of these are geographically based, thus with potential for looking for correlates of variables recorded in the different areas.

Livelihood interventions More thought needs to be given to interventions to assist non-able clients. Distribution of small livestock such as goats and poultry — through livestock fairs where beneficiaries present vouchers — looks promising as one of a limited range of options.

More time and thought about the match of interventions to beneficiaries is needed. In particular, it is important to move from matching beneficiaries to the inputs available, to providing interventions that meet beneficiary needs.

There is scope for more integration of interventions — training with physical inputs, pumping with gardens, and fencing with gardens and some field plots.

Monitor the experiences with micro-dosing of fertiliser and conservation farming — if they work in the field conditions, and there seems so far every reason to expect

they will, they need vigorous promotion since they have the potential to constitute important technical advances for poor smallholders practising rainfed crop farming.

Cost effectiveness of the PRP

To improve economic understanding, ensure that the future monitoring of the Programme collects data that permit more accurate calculations. Top of the list amongst such data are those that record the actual results obtained by a sample of beneficiaries using the main interventions — seed-fertiliser packages, training in micro-dosing and conservation farming techniques, drip kits, small livestock distribution.

TLC working with IPs have systems in place that would allow the collection and recording of these data. ICRISAT and other technical agencies co-operating may well have their own surveys designed to collect the same or similar data. Review what data are already planned to be collected. If necessary a one-time survey of a small sample of beneficiaries after the next harvest should be carried out — with 50 clients or more of each the key livelihood interventions interviewed on the outcomes and outputs of the interventions, costs incurred, and their views on the advantages and disadvantages of the activity.

For data analysis, consider contracting this out to researchers within Zimbabwe — the Department of Agricultural Economics at the University of Zimbabwe would be a clear candidate.

Social Development

Targeting

In the medium term

Focus on the production of the Targeting framework (involving a joint review of the series of targeting activities/ recommendations to produce this)

As part of that process, develop an initial Inclusion Strategy for vulnerable groups/ poorest (based on knowledge from intervention, experiences and assessments)

Pilot a few approaches that could indicate more effective targeting on the poorest/ ensure inclusion

Longer term and to provide a more strategic response

Build all this work into an agreed Targeting Strategy to reach the excluded/ poorest/ chronically ill that could be advice for other agencies of what will work in the Zimbabwe context.

Community Participation

In the medium term

Develop good practice guidance on community participation approaches from various current initiatives (in particular from TLC Report 14) that partners agree to as part of their operational agenda.

Undertake community participation training/ sharing with Implementing Partners and local partners, not only as a way of increasing field targeting skills but also so that partners can more fully discuss the potential for community led interventions.

Develop appropriate (at this stage simple techniques, such as seasonal calendars) participatory monitoring by households to measure the impact of current interventions in their lives.

In the longer term and to target action more strategically

Develop appropriate Participatory Evaluations with communities/ beneficiaries as an integral part of the impact assessment process

Undertake a needs based/ Coping Strategies assessment

On the basis of building up a participatory experience/ skills/ understanding consider

alternative options for turning this programme into community led interventions.

Consider enlisting a suitable centre of expertise in community participation and social development to act as a technical partner to the TLC, in much the same way as the CG centres.

Impact on the poorest and most vulnerable

In the medium term

The focus during the remainder of the PRP has to be on refined targeting mechanisms in order to reach the poorest more effectively with available interventions and a more substantive database that can identify the poorest, most vulnerable and chronically ill for better targeting. This could involve communities making participatory assessments of impact, helped by the partners; partners providing more easily useable and appropriate information for the TLC; and the TLC, at this stage, taking the initiative to compile data (including qualitative data) about beneficiaries, interventions and impact.

TLC and the partners have identified a massive range of activities, as set out above. Some improved interventions focused on the poorest can be promoted in the medium term but really this needs more substantive consideration of the possibility of multi-layered interventions targeted at different needs of the poorest and vulnerable.

In the longer term for a more strategic response

Develop multi-layered interventions, based on current understanding and experience and lessons learnt from the initial programme of interventions. This is likely to involve

- packages of support for the poorest and chronically ill, including training and support as well as inputs,
- options of interventions and more choice for the poor category, focused on trying to build assets
- specific interventions for the 'not so poor' to build their assets or give them support if they are prepared to support some of the poorest people

Gender Mainstreaming

Although TLC and IPs are concerned to strengthen this, have undertaken an initial gender mainstreaming workshop, and identified specific actions, in the field mainstreaming is not yet much in evidence. It is thus difficult to see how far the PRP can go in terms of developing an agreed Gender Matrix during the rest of the programme, but the aim should be to work towards an agreed set of practical actions that key stakeholders are committed to. On that basis the following is proposed:

- Endorse TLC's recommendation of a workshop on how to practically implement mainstreaming/ participatory development of gender indicators Debate in TLC arena led by CGs as to what they think can be done to mainstream gender (and why)
- Consider a practical entry for Gender Mainstreaming, working with a group of more enlightened chiefs/ headman for criteria that they would apply.
- Link up with resource organisations such as Zimbabwe Women's Resource Centre Network on mainstreaming in livelihoods programmes.

Social Capital

Given the timescale of the PRP, only some initial entry points for beginning to build social capital further are proposed now:

Where possible to take District people out to the field, as part of building up links/ understanding

A copy of DAAC HIV data also be sent by partners to TLC

Undertake a review of existing farmer bottom-up guidance from Southern Africa and have a resource library of this information available for partners in the TLC

office.

Social Transfers

In the medium term

The current TLC/ Partners recommendation of cash transfers needs a whole range of discussion and consideration.

Possibly the TLC meetings could provide a starting point for more substantive discussions of innovative approaches, once the current interventions are starting to work more effectively. Take advantage of opportunities to link into policy discussions within the World Bank and UNICEF on social protection.

For such discussions a review and assessment of social transfer experience elsewhere would be important, especially as part of the lesson learning process of PRP.

HIV/AIDS, Home-Based Care and Nutrition

Extent to which beneficiaries are most vulnerable, chronically sick and HIV/AIDS

In line with the overall recommendations on targeting, to effectively respond to the needs of the chronically ill and vulnerable children it is important to develop a frame for easy identification and verification of this target groups.

Appropriate packages for the different groups need to be identified

The approach of having drip kits in a communal garden and hence sharing of the water sources avoided this problem (Chiredzi)

Effectiveness of HIV/AIDS mainstreaming

There is need to clearly define aspects of HIV and AIDS mainstreaming in programming and appropriate capacity and guidelines developed.

Utility of nutrition gardens

In order to cater for the elderly and the chronically sick drip kit installation should be accompanied by appropriate technology which reduces the burden of drawing water, the pump can be shared between households as piloted by Oxfam.

Community gardens should be considered where possible to ensure that a large number of people benefit from the drip kits. Issues of security could be avoided if the garden is established close to the villages.

Gardens at individual homes are most ideal for the chronically sick and orphan headed households. The water source will provide both domestic and nutrition garden water needs

Nutrition education is important to ensure beneficiaries continue to grow crops/vegetables for their nutritional value.

Use of herbs in HBC requires a strong educational programme to avoid misuse and further research and documentation is required in relation to nutritional and medicinal value and also compatibility with ART. UNICEF in the context of PRP could play a leading and coordinating role in further research and documentation on nutrition and use of herbs in HBC.

Effectiveness of HBC

HBC programmes need to respond to food needs for the chronically ill and coordination with other food pipelines especially with WFP and C- Safe would ensure that these requirements are met and reduce the burden on PRP.

Further research on an appropriate food package for the chronically ill is a necessity.

Programmes need to be supported to provide for basic pain management and opportunistic infection control.

The link between HBC and health system in drug distribution should be promoted

coupled with a good monitoring and inventory system to ensure sustainability and effective drug use.

Develop capacity for providing counselling services at various levels especially at Care givers level through training.

More training and awareness on the discharge plan policy and standards of care are necessary for both the health system professionals and secondary care givers in HBC.

There is need for the integration of OVC into home based care so that the needs of the children are provided for before the death of parents

Training of HBC care facilitators in counselling and child issues.

PRP need to organize sharing of experiences on male involvement in HBC work before embarking on the study recommended in the report on HBC study activities. Organisations have had experiences and evaluations done TLC could facilitate a process of learning from these experiences and these form part of the guidelines HBC for PRP.

Noting the variation in relation to incentives and work environment provided by different organizations to the caregivers, TLC could also facilitate a process of sharing best practices and in partnership with other organizations; UN and NGO's advocate for the development of a National volunteer charter that defines basic minimum standards on voluntarism.

Training needs standardization and programmes require to provide refresher courses for caregivers

Providing an opportunity and platform where caregivers meet to share experiences and information is a useful way of reducing the pressure of caregivers.

Institutions and Governance

Capacity of International NGOs and Local NGOs	<p>Strengthen cascade training through systematic needs assessment and ongoing training</p> <p>Provide training in participatory approaches and in community development skills</p> <p>Adopt effective monitoring and evaluation as part of ongoing implementation</p> <p>Take actions to limit loss of critical staff; for example, monitor salaries paid, provide for staff development, and establish workplace policies on HIV and AIDS</p>
Effectiveness of Partnerships	<p>It is important to bring such players as farmers unions into the programme.</p> <p>Cooperation with district officials will be strengthened if NGOs will regularly undertake joint monitoring of progress in implementation of activities.</p>
Impact of Training Needs Assessment and Follow-on	<p>IPs and technical partners should provide refresher training on the new technologies at all levels to eliminate misapplication and reinforce the right procedures. It is important to embark on that now, before the next round of application of technologies.</p> <p>Monitoring and evaluation should be strengthened and used to identify skills gaps, which are then eliminated by follow-on training.</p> <p>The focus of training should be broadened to include the wider issues of the PRP programme, such as community development approaches, participatory project management, and developing social relations and networks. These aspects are necessary if the project is to achieve its purpose and move towards sustainability.</p> <p>TLC should work with the partners to identify key training and development needs across the programme and facilitate provide programme-wide training.</p>

Performance Management and Reporting	<p>The partners should review the frequency, content and format of meetings to arrive at most valuable model. However the gap between meetings should not be too wide, as this may result in loss of momentum in project implementation.</p> <p>More effective M&E should be developed, especially field visits by all partners and TLC.</p>
Accountability and Management Structures	<p>Review the role of TLC and strengthen with a view to strengthening it.</p> <p>NGOs working with CBOs should ensure that their management is effective, including capacity building.</p>
Balance of Local and Expatriate staff	<p>International NGOs should take active steps to localise most posts within the country.</p> <p>IPs should adopt measures necessary to retain PRP-related skills in their organisations, especially between now and February when piloting of new PRP initiatives is recommended.</p>
Effectiveness of Procurement systems of PRP	<p>Recommendations made in the TLC Report 9 on fertiliser procurement are sound and should be reviewed by the partners and agreed steps should be implemented.</p> <p>In the long term the best option is ensuring that local suppliers are able to meet the requirements of the agricultural sector. It is in the interest of all concerned to work toward that goal. It may not be achievable now, but the exploration of options can be started, especially led by the UN Agencies.</p>
Review and Comment on the Operating Environment	<p>The operating environment requires sensitivity to community, political and local structures and developing an accommodation which does not undermine key principles of the programme.</p> <p>The PRP should continue to adopt a low profile at the national level while working through the UN system to influence policy.</p> <p>It is important to develop relations and establish alliances at all levels.</p> <p>The PRP should demonstrate results and positive impact and use its good work to minimise impediments to programme implementation</p>
Review Impact of Regulatory Requirements	<p>NGOs have to operate above board all the time in this challenging environment to avoid suspension or even stoppage of their programmes.</p> <p>It is important to develop good personal relations at all levels, and use these when sticky situations arise.</p> <p>The PRP should continue to use UN agencies as the link with national government, and to lobby. The position could be leveraged much more than it is currently.</p>

Preparation for subsequent Programme Review

In the light of this Review, it is not clear what advantages there would be for conducting a further external examination of the PRP in February 2006, in just five months time. Time needs to be allowed for the suggestions on refinements and improvements to targeting and community participation to be tried and for early results to be seen. Above all, for the agricultural interventions there will be much more evidence of their effectiveness after the next harvest, that is after April/May 2006, and not much before that.

Priority issues for subsequent review include:

- Considering the strategy for the PRP in the light of developments in the operating environment, including weather during the next crop season,

economic conditions and political changes in respect of relations with donors and the laws and rules affecting NGOs. The impact of WFP general food distribution on both beneficiaries and implementing partners needs to be kept under review. If recent experience is any guide, over the next one to two years there may well be significant and unexpected events — as has happened recently with Operation Restore Order — that affect the Programme;

- Assessing the scope for incorporating interventions in health and hygiene — including water and sanitation — to pursue food security and nutrition objectives, preferably in the light of emerging insights from the surveys conducted and databases assembled by UNICEF;
- Collecting and analysing data on the actual (rather than expected) impact of livelihood interventions. This would involve not only quantitative data on impacts, but also qualitative insights, including those from the communities themselves;
- The options for targeting and the results of trials of innovations, including community-led targeting;
- The results of community-based planning in Binga District, and other options for greater local participation in the Programme; and,
- Integration of livelihood interventions as best practice is shared between the IPs.

In subsequent Reviews, there may be scope for more interaction between independent reviewers and the panels of specialists used by TLC to carry out studies of particular aspects of the PRP. The Review Team was impressed by the thoroughness and quality of several of the TLC Reports.

1. Introduction

The Zimbabwe Protracted Relief Programme (PRP) aims to provide relief to the poorest and most vulnerable households suffering from the effects of rainfall failures, economic decline, and the HIV/AIDS epidemic. Since 2002 international agencies have carried out repeated relief programmes in Zimbabwe, with large-scale food aid distribution as the main element.¹ While these have helped alleviate hardship and helped support the nutrition of young children, they have not been sufficient to allow the poor to reduce their vulnerability.

The PRP is a more ambitious undertaking that tries to support the livelihoods of the poorest, leaving them less vulnerable to food insecurity. The programme consists of a range of activities most of which concern boosting food production by the poor and providing care to the chronically ill. The Programme was planned to run from July 2004 to July 2006, as a first phase, with a budget of £18M.

Implementation of the PRP is through non-governmental organisations (NGOs), both international and domestic — in many cases working in close partnership; and drawing on FAO, UNICEF and WFP for co-ordination of some activities, and involving the field offices of the three international agricultural research centres present in Zimbabwe: CIMMYT, ICRAF and ICRISAT. At District levels and below, activities are co-ordinated with central government agencies — above all with agricultural extension services (AREX) and the Ministry of Health — and with local authorities. Given the many NGOs engaged in the PRP — ten international, plus local partners — the PRP includes a co-ordinating agent, the Technical Learning Centre (TLC) that provides support to the implementing partners, helps co-ordinate their activities, ensures that reporting and monitoring of the Programme take place as planned, and, in general, that promotes learning within the PRP.

This report results from an Output to Purpose Review carried out between 5 and 23 September 2005, by a team of four persons:²

- Sue Jones, Social Development;
- Girlmerina Matiza, HIV/AIDS, Home-Based Care, Nutrition;
- Baki Mlalazi, Institutions and Governance; and
- Steve Wiggins, Livelihoods, Economics and Agriculture, team leader.

Our remit was to assess progress made towards the purpose of the PRP — to stabilise food security and to protect the livelihoods of vulnerable households, especially those affected by HIV/AIDS; to assess the achievements of outputs to date, to consider revisions to the existing programme, and to advise on preparations for the Programme Review planned for February 2006. The full Terms of Reference appear as Appendix A.

During the three weeks work of the team, interviews were held with DFID, the various NGO implementing partners, and the UN agencies and the research centres; programme

¹ Relief programmes have also included some health, water and sanitation activities, as well as the distribution of seed and fertiliser to allow farming households to recover from the effects of failed harvests. But these activities have been on a far smaller scale than the food distributions: more than three-quarters of relief budgets have gone to food aid.

² Job descriptions are those given in the Terms of Reference, see Appendix A.

documents were read; and during the second week the team split into two groups to make field visits to see Programme activities. Appendix B provides details of the persons met and the field trips undertaken.

The rest of this report follows the Terms of Reference. Section 2 looks at progress towards purpose, Section 3 examine the progress made on the outputs, Section 4 proposes revisions, and Section 5 notes what may be done in a Programme Review — carried out as planned in February 2006 or, as may be more likely, at some later date.

Appendices C to F present the reports of the four team members, responding to their individual terms of reference.

2. Progress towards purpose

Risks and assumptions

The assumptions presented in the Logical Framework of 11 July 2005 remain relevant and valid.

Two risks have, however, materialised, namely:

- Bad weather for the 04/05 crop season. This meant that many of the agricultural interventions implemented in the past year, above all the provision of seed and fertiliser, and advice on micro-dosing of fertiliser and conservation farming, did not produce their expected results. The harvest failure also creates a new risk arising from widespread food distribution in the Dec 05–April 06 hungry season — see below;
- Continued economic decline, resulting in hyperinflation, currency over-valuation, plus shortages of imported items, including fuel. This has impeded logistics, may have reduced the value of budgets to partners, and made financial management more difficult. IPs seem to have coped quite well in the face of such adversity. The main harm done to the PRP has been delays in procuring imports, including fertiliser.

Two new risks have arisen, thus:

- Operation 'Restore Order'³ has seen the widespread destruction of buildings deemed illegal in urban areas throughout the country. The structures involved include homes, shops and work places. This has had a serious effect on the housing of many of the urban poor, and delivered a heavy blow to the urban informal economy. Not surprisingly it has also affected the PRP. Those project beneficiaries who have been selling produce — garden vegetables above all — to informal urban markets have lost access to markets. Those who have been themselves engaged in informal trading have lost their jobs. In urban areas, substantial numbers of the urban poor have lost their homes that may have been their most important physical asset. Clients of HBC have been displaced and effectively lost to programmes, as have some volunteers in HBC programmes.

³ See the report by UN special envoy on Human Settlements Issues in Zimbabwe, Mrs Anna Kajamulo Tibajuka: 'Report of the Fact-Finding Mission to Zimbabwe to assess the Scope and Impact of Operation Murambatsvina', July 18, 2005 — http://www.unhabitat.org/zimbabwe_report_2005.asp

- The failure of the crop harvest of April–May 2005 means that WFP are planning a general food distribution to the vulnerable for the coming hungry season of 2005/06. They will be contracting many of the IPs to implement the distributions; activities that may well compete with PRP activities during this time. It is not clear what provisions are being made to cope with this additional demand on NGO staff so that PRP activities are not relegated to second priority. This is not to decry the WFP plans: PRP will benefit in that beneficiaries who receive food rations will be able to undertake PRP activities, without having to resort to desperate coping measures that might have effectively removed them from the programme.

One other assumption might be added to the Logical Framework, for the sake of completeness. This would be that it is assumed that basic foodstuffs will be available throughout the country in shops and GMB depots at reasonable and modest prices⁴ — that is, not at prices reflecting extreme scarcity.

In more detail, here are the Assumptions stated in the Logical Framework of 11 July 2005, with comments on whether they are holding up.

Table 1: Assumptions, have they held up?

Purpose to Goal	Comment
New NGO legislation allows effective NGO operations	Believed to be uncertain for the future; but for the time being, NGOs can operate.
Macro-economic conditions in country do not undermine ability of partners to operate effectively	Economic decline continuing and perhaps even accelerating. Access to forex and imports impeded, exchange rate overvaluation increases the costs of operations. Hyper-inflation makes financial control difficult. Response: arrangements for imports made. Budgets strained by inflation.
UNDP and other UN agencies continue to maintain operating space for relief programmes.	OK
Political interference and unrest do not derail programme activities.	OK
Partners allowed full access to target communities.	OK
Increased community involvement in planning and implementation of interventions at community and household level.	Not so much an assumption, this should be built into the programme. Some IPs have made progress on this — e.g. SC (UK) with community-based planning; CARE marked highly for participation in village programme design in Zaka and Masvingo Districts.
Extreme climatic events do not seriously impact on long term	Highly unfortunate that crop season 04/05 should be a genuinely poor year of weather for farming.

⁴ What is a 'reasonable and modest' price for maize grain in Zimbabwe? If the farm sector were able to produce all of Zimbabwe's requirements for maize, the cost of production should be under US\$100 a tonne, delivered to the main urban centres. If maize has to be imported, then this price will increase to at least US\$150 a tonne — assuming that supplies can be obtained from South Africa or Zambia — or US\$220 a tonne or more if the maize has to be sourced from the world market. Maize grain prices should not be much above the equivalent of US\$220 a tonne, plus a margin for trading.

<p>outcomes of project interventions</p>	<p>Many of the cropping interventions for 04/05 did not produce an impact.</p> <p>WFP preparing for general food distribution to the vulnerable in the hungry season of marketing year 05/06. Since many of the IPs will be contracted to deliver rations, this could substantially affect the PRP.</p>
<p>Distribution of humanitarian assistance can be undertaken on the basis of identified need and vulnerability of target groups</p>	<p>No political problem. Just the well-known technical and social problems of accurate targeting. See recommendations on targeting.</p>
<p>NGOs and other partners are allowed to operate efficiently and cost effectively</p>	<p>Politically, conditions allow this; economically, hyper-inflation, shortage of imported goods have created logistical problems. But apparently these have been managed.</p>
<p>NGOs have relevant capacity to implement longer term relief activities.</p>	<p>Should be part of the activities, and indeed is being built as part of the PRP. Some deficits exist, but are being addressed, although further efforts will be needed in some cases — above all to refine targeting and get greater community participation</p>
<p>Output to Purpose</p>	
<p>I NGO partners continue to have support from local government and communities.</p> <p>Support and cooperation from Ministries on technical interventions.</p> <p>Effective district level co-ordination mechanisms</p> <p>Targeting mechanisms ensure that support reaches most vulnerable households</p> <p>NGOs follow agreed protocols.</p> <p>Gov regulations do not hinder procurement of inputs and equipment.</p> <p>Crown Agents continue to operate effectively</p> <p>NGOs procure inputs on a timely basis</p> <p>NGO's retain technically qualified and experienced staff</p> <p>UN technical agencies and CG centres continue to operate effectively in Zimbabwe</p>	<p>Most of these assumptions are holding up.</p> <p>Macro-economic decline and economic policy do complicate logistics, as mentioned above.</p>
<p>2. NGOs ability to shift from supply led to more demand led programming.</p> <p>Communities can participate without political interference</p> <p>Marginalised groups have effective voice</p> <p>Corruption and graft do not hinder implementation of PRP</p> <p>Suitable CBWs identified by NGOs</p> <p>Both local and international partners capable of using PRA tools</p> <p>Effective partnerships established between Int and local NGOS</p> <p>Effective communications at all levels</p>	<p>Most of these are holding up.</p> <p>The main concerns here are moving to demand led approaches with community participation where the marginalised have a voice. See recommendations in this area.</p>

within Partner organisations

3. WFP, FAO, UNICEF, UNAIDS etc. receptive to alternatives to traditional food aid processes.

Effective networks amongst donors and UN agencies continue to operate in Zim.

Donors and other agencies receptive to new ideas at country and HQ levels including DFID

Impact reviews and field work can be undertaken

World Bank continue to engage in Zimbabwe through LICUS agenda

Bilateral and multilateral humanitarian and development agencies continue to provide support to Zimbabwe.

4. Government regulations and registration of NGOs does not hinder ability of international and local NGOs

NGOs maintain good relations at Provincial and District level

NGOs can retain suitable staff

International NGO staff obtain work permits.

Currency distortions do not make NGO operations unaffordable

FAO, WFP and UN maintain effective relations with GOZ

Coordinating mechanisms and networks continue to operate

NGO partners successfully draw on technical support facilitated by TLC

Access to field for monitoring and evaluation unhindered

Most of these are holding up.

WFP not necessarily looking for alternatives to food aid, since food aid is their business. They are however receptive for innovative ways to use food aid.

Bank's engagement with Zimbabwe as a LICUS not known.

Most of these are holding up.

Some uncertainty over regulations affecting NGOs, but for the moment they can operate.

Currency distortions are a problem, but apparently not impossible.

An additional set of risks has been identified by the TLC, see Table 2. For the most part these risks are being managed, with the two exceptions being issues of targeting — about which this report makes recommendations, and in the economic environment, a topic discussed above.

Table 2: Additional risks recognised by TLC

Risk	Comment by Review Team
Acceptable and clear vulnerability criteria and targeting strategies remain elusive	A problem recognised in TLC reports: recommendations made in this report to mitigate
Perception by Partners and DFID of work overload due to TLC requirements, and Partner resistance to TLC initiatives	Low risk: few grumbles from IPs concerning this
TLC overload due to increasing programme demands, particularly if a major food distribution programme becomes necessary	Main concern here is the collection of indicators: the review team believes that the current list is over-ambitious and should be reduced
Continued high inflation combined with controlled exchange rate at unrealistically low levels	Risk has materialised — see above

Disagreement between technical Partners on technical issues and guidelines	No cases of this were evident
Interventions not matching available resources or capabilities of recipients e.g. drip kits where there is insufficient water; inputs to households with insufficient land or labour to utilise	Some cases have arisen. Improvements recommended under targeting
Lack of capacity in Partners and sub-partners to implement an effective ME&IA system	Probably needs some capacity building amongst some IPs
Lack of budget for surveys to fill identified data gaps for baseline/comparative data for impact assessment	[Issue not investigated]
Lack of Donor programme harmonisation	Co-ordination mechanisms, especially those operated by FAO, appear to be working well
Interference in TLC data collection and community consultations due to political sensitivities	Team unaware of any instances of this
Lack of sufficient training budget for Partners and local small NGOs	[Issue not investigated]
NGO "territorial" attitudes to areas and communities	See comment under donor harmonisation: co-ordination amongst IPs has been improved, reducing this risk substantially

Progress towards Purpose

It is difficult to assess progress to purpose, partly since the PRP has been operating for barely one year, partly since some Programme activities began late; but, above all, because key assumptions did not hold as described in the previous section. So not much progress has been made towards the purpose to date.

But more relevant and interesting questions are these: what might have happened had the assumptions held? And what can we expect to see happen before the end of Phase 1 in July 2006 if the assumptions hold over the next nine months, above all the assumption of reasonable weather during the crop season of 2005–06?

This can be explored by looking at the likely impacts on food security, and adopting the framework that food security is a matter of food availability, access and utilisation.

Food availability: through programmes to promote conservation farming and micro-dosing, and by providing inputs of seed and fertiliser to farmers who might otherwise lack them, PRP is contributing to the production of grains, tubers and pulses. In national terms, the impact appears limited: packages of seed and fertiliser will be delivered to around 136,000 households, or about 680,000 persons. If they were all able to raise their grain production by 250 kg,⁵ the total increase would be just 34,000 tonnes of grain for a country that consumes upwards of 1.6M tonnes a year of maize as food for humans.

⁵ Why 250 kg? A typical smallholding in Zimbabwe has around 1 hectare or more of land sown to staple grains. Studies show that measures such as conservation farming can raise yields by 250 kg/ha or more. For example in Masvingo, Wards 8, 12 and 14, CARE report that for 2004/05 yields on CF fields averaged 9.5 bags/ac (1,140 kg/ha) compared to 5.7 bags/ac (684 kg/ha) on fields tilled conventionally, from a sample of 63 (?) farms.

But the additional grain would be directly in the hands of food-deficit households. For such households, 250 kg of extra grain would represent between 3 and 5 months supply of basic food. For most of the households in question, who typically farm small plots and produce enough food to last 6–8 months a year, this would more or less remove them from food insecurity. For the very poorest, who usually do not produce more than 3–4 months supply of staples, they would remain food insecure, but the depth of their insecurity would have been very considerably reduced.

Other interventions, such as conservation farming, have even greater potential to improve food security. Evidence from small-scale trials in Zimbabwe, and larger-scale experiences in neighbouring Zambia, suggest that the techniques of conservation farming could raise cereal yields by 700 kg a hectare — and many of the poor in rural Zimbabwe are able to plant this area to food crops. A 700 kg increase in household food supplies would make a dramatic difference to household food security: for almost all farming households, it would eliminate their food deficit.

The question then arises of the coverage of PRP. How many rural households are food insecure in a year of reasonable weather? The answer is not known precisely, but a rough estimate — see Appendix C for details — would indicate at least 500,000 rural households living in the communal areas, the main geographical target area of the PRP. On this basis the Programme would reach no more than 32% of the food insecure.

In addition, the PRP contributes to food availability through the production of vegetables in gardens, and through eggs and meat produced from chickens, sheep and goats distributed.

Food access: the PRP should allow some beneficiaries to raise their incomes, over and above the implicit income increases when they produce more of their food for own consumption. Examples include sales of surplus vegetables from gardens, eggs from chickens and birds from an expanding flock, and the progeny of goats.

In all cases, the cash raised is likely to be modest, although appreciable for poor households. For example, some vegetable growers reported that they could sell greens worth Z\$300,000⁶ every two weeks in the winter — over a six month period this would amount to around US\$72. Under normal conditions, this would allow a household to buy in 700 kg of grain or about half that amount as milled meal. Even assuming a command of 350 kg of basic food, this would lift many of the poor out of food insecurity.

The value of income in accessing food depends in large part on the price of grain and meal in shops, trading centres, and GMB depots. In recent years the supply and price of maize has been anything but dependable or modest. In such circumstances, the PRP focus on raising own production of food is appropriate.

For those PLWA enrolled under a HBC programme with a food package, access to food was considerably improved. Such packages provide at least half the basic food requirement of the household. The drawback here is that not all of the HBC programmes include a food ration.

Food utilisation: the PRP pays less attention to such aspects of food security and nutrition. Nothing in the programme, for example, deals with issues of intra-household distribution of food, or on feeding practices (for example, weaning foods).

⁶ 25 bundles of leaves @ Z\$6k each, harvested every two weeks

The increase in consumption of vegetables by households with gardens should improve their consumption of micro-nutrients, above all Vitamin A and iron.

There is a small pilot component of water and sanitation that should improve the health and hygiene environment of the vulnerable, but coverage is very limited. In health services, the HBC programmes make a significant difference to those PLWA enrolled. But for other vulnerable households, their access to health care and services is probably declining as government health services are squeezed by lack of staff and budget limitations.

Although it is almost certain that food utilisation is an important component of food security and nutrition, just how important is not known for Zimbabwe — the studies do not apparently exist.⁷ This makes it difficult to judge just what resources should be directed to this area. Nevertheless, these issues are almost certainly important enough to warrant that activities in food utilisation should be considered for Phase II.⁸

In conclusion, clearly the PRP lacks the scope and coverage to reduce food insecurity for the majority of the poor in Zimbabwe; but the improvements in food availability and access described could be substantial for the beneficiaries of the programme, who may represent almost one third of the food insecure poor, and on that basis the purpose would be achieved.

There are two exceptions to this judgment. One, many of the agricultural interventions apply to the poor able to work, and not necessarily to those not able to work — a group that includes many of the poorest. Some of the latter will benefit if they are chronically ill and enrolled under HBC with food provision. Otherwise for the non-able poor, other measures and transfers will be needed.

Two, the scenario painted on food availability applies assuming reasonable weather and not drought. In many parts of Zimbabwe, drought is a frequent hazard affecting three harvests a decade. Some of the diversity of interventions in the PRP do help to mitigate such risks — for example, micro-irrigation, conservation farming, livestock distribution, and use of common property resources.

Purpose to Goal

PRP, through its purpose of *stabilisation* of food security and *protection* of livelihoods, contributes (modestly) towards the goals of *reduction* of poverty and hunger. Achievement of goals, however, depends heavily on factors well beyond PRP, including economic recovery and resolution of the current political impasse.

⁷ There is, however, some evidence that non-food factors play a substantial role in determining the nutrition of young children in Zimbabwe. Kinsey (2002) reports how little the state of child nutrition in rural households corresponds to measures of income.

⁸ UNICEF-supported nutrition surveillance work in conjunction with the Food and Nutrition Council, plus similar UNICEF-supported work on water and sanitation statistics, should help to disaggregate causes of malnutrition by making correlations with illness, water points, etc.

Ideally these databases should be combined with socio-economic data: for example, that gathered by the members of the VAC when doing vulnerability assessments.

3. Achievement of Outputs

3.1 Output 1: Interventions effectively implemented

Likely impact of thematic interventions

It is still early to say with confidence what impacts many of the PRP interventions may produce. There is, after all, only a year's experience of the Programme, and even then many agricultural interventions hit by delays from logistics and late starts, and the bad weather during the 2004–05 crop season.

Agricultural interventions look promising for many of the poor, since they reduce the need for animal draught services and cash for fertiliser. But they are not all suited to the poorest who lack labour (plus tillage).

Experiences with water and sanitation are incipient.

In home-based care there have been varied packages, not all of them including food. This is an important deficiency: food not only helps protection the health of the ill, but also constitutes a significant income transfer that can allow the households to pay school fees, or buy in other care items (such as blankets for the winter). From what was seen in the field, some of the HBC programmes impressed by their organisation and the impact on patients.

Regarding gendered dimensions of the PRP, several of the interventions are particularly appropriate for female farmers who lack labour — pumps, CF, gardens. That said, more understanding of the gender aspects of farming, including the question of who controls the output, would be useful when considering future interventions.

Targeting methods

So far, targeting has been imperfect. Demographic criteria — orphans, widows, chronically ill, etc. — have tended to be employed first and foremost; while those regarding income, wealth and assets have been deployed later, if at all. That said, attempts to improve targeting to include the poorest and most vulnerable are in evidence — even if effective ways of ensuring this are elusive.

Targeting has been affected by the speed with which the PRP was established. Implementing partners (IPs) had to deliver as quickly as possible after the late start and delays, an imperative sharpened by the seasonal demands of agriculture where a few week's delay might as well be a year's delay. Targeting has thus often been simplified to allow action.

Moreover, there have been divergences between community criteria and those of the Programme. Communities, for example, often prefer to rotate benefits across a large number in the village, rather than assiduously prioritise on the poorest. They furthermore often have doubts about all of the poor getting benefits when some of the poor may owe, or be seen to owe, their condition to laziness or fecklessness.

These problems have been aggravated by some IPs offering a fixed technical package that corresponds to their competence and rationale, so that programming is then driven by supply rather than demand. When the problem becomes that of deciding who in the community is most suited to receive a particular intervention, such as a drip kit, then questions of who can make best use of the equipment arise, rather than those of need.

'Why give seed and fertiliser to incapable farmers?' has been a typical response in the communities.

It would be ideal if interventions were 'self-targeting', in that only the poor would choose to use them. Few of the activities have this characteristic: crushing marula kernels is an exception, where the long and monotonous chore of breaking the nuts to extract the kernels deters those with the cash to buy vegetable oil from the store.

Targeting the chronically ill is relatively easy: clinics have registers of the sick, and within communities, people have a good idea of who is ailing. But even then, there are those who prefer not to reveal their HIV status or their ailments or who otherwise do not appear on the registers of the ill kept by clinics.

One lesson is that targeting can be improved through verification, through dialogue with communities, and through mechanisms of public checking of the lists of beneficiaries. But this implies that IP staff have to be frequently in the field: and this is quite difficult with the PRP that reaches across large areas and affects very many communities, including some quite remote to access — especially given the problem of obtaining fuel.

One drawback of working through the NGOs is that coverage of territory, whilst widespread, is patchy. By Districts the coverage looks good, but generally only a selection of Wards within Districts, and a minority of the Wards at that, are covered. It is far from clear that Ward selection is by need, and indeed, given the pervasiveness of poverty throughout rural Zimbabwe, Wards cannot be the basis of selecting for poverty: there are significant numbers of poor and vulnerable people in almost every Ward. Thus the poor and vulnerable in Wards not served have effectively been subjected to more or less arbitrary exclusion.

There are many useful suggestions in TLC Report No 5 on how to improve targeting. Between now and February 2006 there is scope for piloting some alternative mechanisms, such as entrusting targeting to the local community, or else searching for convenient proxy indicators that can be used to identify deserving beneficiaries. The pilots would allow learning on how to avoid pitfalls, such as elites capturing the process.

Effective implementation and monitoring and evaluation by implementing partners

Implementation to date has suffered from hurry thanks to late starts, logistical delays — above all with imported items. It has been further affected by uncertainty over what to do and who to work with, since some issues are still in debate within the PRP.

That said, much has been done to roll out an ambitious programme that reaches across large areas. The planning has included some local participation, co-ordination amongst the many NGOs has improved, and there is plenty of evidence of active engagement with government agencies at the field level — in particular with AREX and the DDF.

Monitoring and evaluation systems are being set up by the IPs. Regular reports, meetings, pre-planting and post-harvest reviews are in evidence. But field monitoring seems often to be skimmed, and reports are routine. But it is still early in the Programme: for many of the agricultural interventions there is still not a lot to monitor at the outputs level, and still less at purpose level.

A major effort has been made to draw up indicators for the various activities. Commendable though this is, it has produced a very long list of indicators, even when

the list has been reduced to one or two indicators for each intervention. It is not clear how these will be used to improve the programme; while the fear is that great effort could go into simply servicing the system of data collection and compilation. For overall PRP management, a simplified set might be preferable.

Effective mainstreaming of HIV/AIDS & gender

As discussed in Appendix D, the TLC and the partners have held a gender and HIV/AIDS mainstreaming workshop to develop shared ideas on mainstreaming. It made several recommendations: for example, giving guidelines to partners, sharing examples of workplace HIV/AIDS policies. But to move from understanding of the local context to an agreed commitment to mainstreaming by the various stakeholders is a major task.

It is clear that many of the staff of the IPs are actively concerned to pay attention to these issues, but there is still a tendency for them to be dealt with in isolation, as special cases.

There have been attempts to couple HIV/AIDS education to other interventions, for example to include some information sharing on the epidemic with groups brought together for conservation farming.

On gender, it is claimed — and casual observation of a limited range of interventions by the team would confirm this — that the majority of the beneficiaries are female.

A better understanding of gender-specific needs, that currently are not fully sought, should come from improved community-based planning (discussed in Appendix D). Consideration of the different coping strategies that women employ; as well as of some of the gender dimensions of agricultural production and other livelihood activities (see Appendix D) — would indicate how interventions could be focused or refined to ensure equal access to opportunities.

This said, it has to be admitted that getting from gender understanding and awareness to effective, practical action is difficult. Solutions may, moreover, be highly specific to given contexts.

Some partners are committed to gender mainstreaming as an integral part of their organisation. That expertise and experience should be used to show others, including the CG centres, what is possible.

3.2 Output 2: Demand-led and community-driven projects⁹

Degree of community involvement

There is community consultation at village level and staff in various NGOs have had training and experience of some participatory techniques in the past. However a *participatory approach* — the core of a demand led and community driven process — is *not as embedded* as it could be.

There are several reasons:

In the past community based planning techniques were widely used in Zimbabwe but it seems as if the *participatory process has been derailed by relief action*. There is not the scope within a relief framework so staff are not being encouraged to take this approach.

⁹ For more detailed argument, see Appendix D

There are also structural reasons. The *PRP was not set up on a participatory* basis and techniques have been added to try to address constraints in the field.

Nor is there necessarily support for a demand led approach (apart from DFID) from other key stakeholders. The *local chiefs and village headmen* are generally not receptive to a process which could be seen as a threat to their position. *Local government staff* take a more bureaucratic, top down approach. Even the *CGs*, while working down at field level, have more of a focus on production and supply led responses than on demand led responses.

While there is *consultation with communities*, this can often be with representatives of the community. Or in large community groups where people, especially women may feel too intimidated to speak. There is evidence that the *poorest or chronically ill are excluded* from such a process.

Early field experience illustrated to IPs some of the limitations of consultation. They could see that they were not necessarily involving the excluded. Field level staff have also used ideas from other IPs who do take a community based approach, so there is lesson learning at this level. Field staff have also had to work out pragmatically how to target better.

However these are *practical and ad hoc methods*. There is scope for *community participation as a starting point* to a community driven approach. This could be in terms of selection, providing information, design of the process, monitoring and evaluation. Given the need to measure impact and the resources that this needs, a *modest participatory M&E approach* by the staff could make an important contribution – even a simple approach such as beneficiaries keeping a *pictorial/ seasonal calendar* of what they grow and sell/ consume.

Refinements are being made to ensure inclusion of the poorest and vulnerable in community discussions. As set out in Report 14, *various targeting techniques*, combinations of approaches and methods of verification/ triangulation have been tried to ensure the process is more demand led.

However, *there is significant potential for refinement*. In the short term this could focus on using more participatory techniques to organise interventions (and as discussed above assess impact). In the longer term, with a more development focus, this could be in terms community choice, community ownership and community selection of their own packages of interventions (from some sort of menu list.)

Appropriate interventions for target groups

The *majority of current interventions are focused on food/ agriculture*, apart from HBC. Given the resource needs of land, water, labour and tillage for agricultural interventions, *the not- so poor or relatively well-off farmers are more likely to be able to utilise them*.

Access to tillage is a key problem for poorer farmers — they have to wait until others have done their work so they plant late and their harvests are likely to be poorer. Drip irrigation kits and conservation farming are more appropriate interventions for the poorest. The latter, in particular, can remove the tillage constraint. But chronically ill are probably excluded from this process although their carers, especially female relatives have become involved in drip irrigation gardens.

There are *mechanisms for increasing poorer peoples' involvement*, such as work gangs to spread labour on conservation farming, which need to be explored more but this needs an assessment of current coping strategies as well as an assessment of needs and the dynamics of their poverty.

Targeting the poorest can also mean working with others in the community, such as *lead farmers* who can give support to the poorest with their farms and some do. But there need to be mechanisms to check that the lead farmer interventions really do link to the poor — maybe incentives or additional support need to be considered.

There is also a need to look *at different categories of very poor people* to ensure that interventions are appropriate for their circumstances – especially the chronically ill. At the moment interventions are supply led. *Packages of interventions* — such as drip irrigation kits and chickens need to be considered to give the extra support to the poorest and chronically ill.

Degree of involvement of relevant government agencies

At the *National level there are very limited links*, apart from providing data for national Aids Action records.

However there are *close working relations developing at the field level* between IP and government agencies. Even AREX works with IPs at district and field level, despite differences at national policy level.

Those most involved at field level, besides *AREX, are the Ministry of Health* with the HBC programme, *DDF* on water and involved in the bore hole repair action. However there is little evidence of the Ministry of Social Welfare staff at operational level.

IPs link to both the DA's office and the RDC and these are *important links* into existing structures. However *IPs have had to negotiate with these structures*, particularly in terms of making sure that they link to both the DA's office and the RDC.

There are some immediate practical ways in which the *IPs could strengthen those links* — for example taking DA staff with them on visits, since transport (and therefore field experience) is a constraint for local government staff.

3.3 Output 3: Effective learning and dissemination

The four PRP guidelines drafted so far — Conservation Farming for Vulnerable Households, Distribution and Use of Drip Kits, Micro-dosing with Nitrogen Based Fertilizers and Agricultural Technologies Seeds and Input Fairs/Shows — have been welcomed by partners and other organizations. This could be attributed to the participatory approach which included the technical and implementing partners and the leadership role of the technical partners ensuring a high technical input. Field level visits and interviews confirmed that partners are largely using the guidelines in their activities.

To increase effectiveness of the guidelines it may be useful to simplify and customize the guidelines and introduce visual material for field.

TLC still plans to develop nine more guidelines.¹⁰

¹⁰ No.5 Small Livestock Distribution for Vulnerable Households; No.6 Gardens for Vulnerable Households; No.7 Sweet Potatoes for Vulnerable Households; No.8 Home Based Care; No.9 Mainstreaming HIV/AIDS; No.10 Mainstreaming Gender; No.11 Targeting Vulnerable Households;

Role and effectiveness of UN Coordinating Mechanisms

UN Structures are playing a coordinating role between government, NGO and donor community. The structures have been used by both donors and NGO as channels of communicating with government. Comprehensive data bases have been developed in the sectors the PRP is working namely agriculture (FAO), food relief (WFP) water and sanitation and nutrition surveillance (UNICEF). This information has helped in planning, geographical targeting and coordination of activities avoiding duplications.

The UN has also continued to engage and remain in dialogue with the government reaching understanding on some issues e.g. distribution of food to vulnerable and chronically ill. This in a way has provided a recognized framework making it possible for IP's to implement the PRP on the ground.

Role and effectiveness of CG centres

The CG centres have brought in technical knowledge, support and training to field level. Surveys done facilitate evidence based monitoring.

There is a need to adopt more participatory and team approaches. Interaction and communication with NGOs is not strong, resulting in poor appreciation of the others' approach.

Informal and Formal Networks

PRP meetings and structures (working groups) provide valuable formal networks for coordination and information sharing. TLC has promoted working groups of implementing and technical partners, led by a technical partner in various technical aspects of PRP which has resulted in more interaction between the partners.

Within the clusters of partners, networks have also developed where specialist NGO's provide technical advice to other partners. Examples include River of Life on conservation farming, and the Zimbabwe Women's Bureau on gender mainstreaming. These networks have enabled sharing of best practices and information as well as providing technical support.

Movement of staff between organisations which is prevalent in the current environment distributes skills. These skills at PRP level can strengthen some institutions to improve implementation of the programme.

Extensive interaction between implementing partners and government at District level — AREX, DA, DAAC MoHCW — have facilitated acceptance of the implementing partners in the areas they operate, technical support and coordination.

3.4 Output 4: NGO programmes effectively managed and supported

Management arrangements and effectiveness

TLC is up and running, and is well regarded by the partners.

Coordination by UN agencies is resulting in increased co-operation, FAO role is particularly appreciated

No.12 Planning Appropriate Interventions for Vulnerable Households; No.13 Water and Sanitation; No.14 Monitoring

Contracting arrangements are in place with NGOs, and many NGOs have completed required MOUs. MOUs are critical if operations are to continue smoothly

Regular reporting is occurring and regular meetings are being held

There is evidence that activities are being successfully coordinated, and approaches standardised — duplication of activity and incidence of 'double dipping' have been reduced.

Training was provided on new technologies.

Issues

- Frequency and utility of meetings should be reviewed
- Workload caused by reporting requirement should be discussed and an acceptable option adopted.
- Use of logframes as management tools
- Management of CBOs – effective performance monitoring and capacity building
- Improve effectiveness of cascade training

Review expenditure to date against the programmes budget

The information on the budget performance was obtained from DFID's global estimates for the programme, and from IP expenditure estimates up to July 2005 provided by TLC. IP budget presentation formats are quite different, so it is difficult to make comparisons — some provide detailed itemised breakdowns while others provide broadly aggregated figures. Broadly, the following threads can be drawn from the data reviewed:

- The DFID disbursements for the first year April 04 to March 05 are below budget by 25%.
- Most budgets up to July 2005 are underspent, by proportions ranging from 17% to as much as 60%.
- Only two NGO s show the anticipated budget pressure on staff and transport costs

The main reason for the budget position is that the programme started late, and there were delays in the procurement of agricultural inputs. It is likely that in year two, expenditure will be closer to budget, and that pressure on staff and transport cost will become manifest.

Programme monitoring, reporting and evaluation

Regular meetings are being held, by TLC and NGOs

Regular reporting is occurring, but IPs still have to be pushed, and financial reporting is still weak

Studies have been commissioned to review critical issues and workshops held to discuss critical issues and develop common understanding

M&E still in its infancy — data is being collected, some assessments initiated, but data and information has not yet been used to inform operations. Still early days yet

Some lesson learning occurring — a workshop organised, monthly reports from NGOs include lessons learned. An effective sharing mechanism should be created.

Issues

- Baseline studies not completed, will impact on evaluation
- Indicators need to be fine-tuned and agreed — too many to track meaningfully
- Formalised M&E by IPs down to the field level required, need for field visits
- Need to give higher priority to lesson learning

Role and Effectiveness of TLC

Coordination forms the bulk of work done to date, as part of programme start up. Most mechanisms, systems and processes are in place.

In monitoring, data collection has been started. The main need is to accelerate feedback and information dissemination

Organisational assessment — first cycle just completed. Need to develop actions to support organisational strengthening

Impact assessment — studies are being initiated by CG and NGOs, some reports have been produced. There is need to generate information from these and feed it back to the partners

Lesson learning — more effort needed towards this. An effective mechanism is required at national level and within and between NGOs down to the field level.

Issues

- The role that TLC is playing is appreciated, after initial worries about overload from meetings and reporting requirement
- TLCs contribution should move from process (structures, systems, processes) to substance (capacity building, information gathering and processing, lesson learning etc)
- Is TLC structured and staffed to carry out the role? Should strengthen body of consultants, especially those with practical community development expertise

Studies commissioned

Several studies and reports of workshops have been produced. Substantial and useful information has been generated. Several of the TLC Reports are as useful as they are thorough.

The main need is to focus on use of the information; and to prioritise the reports in terms of relevance to strengthening PRP. The key reports should be fed back to partners — two page briefs, process some into IEC materials etc.

Otherwise, the many (useful) recommendations in these reports need review, to agree on implementation.

4. Revisions to the existing programme

PRP has reached a point where basic systems are in place and beginning to operate or be followed. A range of interventions have been started, partner arrangements are working, after teething problems logistical systems are in place, the TLC's co-ordination role is recognised, reports and meetings are taking place, and some significant and useful studies have been undertaken. The TLC, IPs and technical partners are well aware of most issues, both formally as documented in some of the TLC Reports as well as informally and tacitly. They have an agenda of potential corrections and improvements in train.

This is not the moment, therefore, to burden the Programme with a welter of additional recommendations for immediate implementation. If anything, the PRP needs some breathing space to allow implementation to take place and results to be monitored, rather than trying to make many changes at the same time.

In the immediate and short term — at very least before February 2006 and probably before the end of the first Phase in July 2006 — the issues set out below deserve consideration. Other recommendations should await the second Phase.

Considerations for the short-term

Targeting

- □ Focus on the production of the Targeting Framework, an idea already identified by the TLC and IPs. The Framework would set out best practices, and the options available in different circumstances. Conduct a joint review of the existing series of targeting activities and recommendations to produce this.
- □ As part of that review, develop an initial Inclusion Strategy for vulnerable groups and the poorest — based on experiences from intervention and assessments.
- □ Pilot a few innovations for more effective targeting on the poorest/ ensure inclusion
- □ Develop an agreed checklist or protocol on how to do mainstream gender in the field — based on discussions with IPS, community headman and chiefs.

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Community Participation

- □ Develop good practice guidance on community participation approaches from various current initiatives (draw on the findings in TLC Report 14 in particular).
- □ Community participation training/ sharing with IPs and local partners.
- □ Develop appropriate (at this stage simple – seasonal calendars maybe?) participatory monitoring action to measure impact, based on some current examples (SC UK)

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Monitoring

- □ Develop a disaggregated Database that can identify support to vulnerable groups (Women/ Chronically Ill/ Orphans) and poorest
- □ Identify a shortlist of Key Indicators and provide measurement of these by Feb 2006
- □ IPs should use District monitoring as an integral part of their M&E

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Lesson Learning and Dissemination

- □ Draft two-page flyers from the best of the TLC Reports and circulate widely to stakeholders in the Programme.
- □ More modest Lesson Learning process (as proposed) — strengthen the channel for IPs in groups to feed back to PRP group on particular themes (suggest these recommendation themes), based on participatory sessions with communities/ focus groups sessions

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Organisation and Management

- □ IPs should use the Logical Framework as a management tool
- □ Encourage the network relationships already started at District level down: travel together with government staff, DAAC forms and returns be part of PRP monitoring

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Capacity Building

- □ Re-inforce the cascade training, to improve field level understanding
- □ Provide training in community-based planning (see above)

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Livelihood Interventions

- □ Develop packages of support to the poorest. If there is under-spending in 2005/06, then decide together to pilot of packages to poorest and most vulnerable
- □ TLC and IPs should review livestock distribution, vouchers for labour and cash transfers as supplement for poorest. Livestock distribution may be the best option, since it is least likely to create dependency.

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Considerations for the longer-term: the second Phase

What follows is a compendium of recommendations derived from the terms of reference to the individual members of the team. Most of these concern recommendations for the longer term, that is in the second Phase of the Programme, unless otherwise indicated. The argument supporting these suggestions can be found in the body of the report as well as in the relevant Appendices.

Livelihoods, economics and agriculture

Achieving the PRP purpose PRP should, for the second stage, consider adding more activity in the areas of health and hygiene — including water and sanitation — to counter the malnutrition of young children in poor households who are particularly vulnerable during the current crisis in Zimbabwe.

To support thinking on this, look to bring together the insights from the different data bases that deal with agricultural interventions (FAO), water and sanitation (UNICEF), nutrition (UNICEF), and livelihoods (Zimbabwe VAC). Several of these are geographically based, thus with potential for looking for correlates of variables recorded in the different areas.

Livelihood interventions More thought needs to be given to interventions to assist non-able clients. Distribution of small livestock such as goats and poultry — through livestock fairs where beneficiaries present vouchers — looks promising as one of a limited range of options.

More time and thought about the match of interventions to beneficiaries is needed.

In particular, it is important to move from matching beneficiaries to the inputs available, to providing interventions that meet beneficiary needs.

There is scope for more integration of interventions — training with physical inputs, pumping with gardens, and fencing with gardens and some field plots.

Monitor the experiences with micro-dosing of fertiliser and conservation farming — if they work in the field conditions, and there seems so far every reason to expect they will, they need vigorous promotion since they have the potential to constitute important technical advances for poor smallholders practising rainfed crop farming.

Cost effectiveness of the PRP

To improve economic understanding, ensure that the future monitoring of the Programme collects data that permit more accurate calculations. Top of the list amongst such data are those that record the actual results obtained by a sample of beneficiaries using the main interventions — seed-fertiliser packages, training in micro-dosing and conservation farming techniques, drip kits, small livestock distribution.

TLC working with IPs have systems in place that would allow the collection and recording of these data. ICRISAT and other technical agencies co-operating may well have their own surveys designed to collect the same or similar data. Review what data are already planned to be collected. If necessary a one-time survey of a small sample of beneficiaries after the next harvest should be carried out — with 50 clients or more of each the key livelihood interventions interviewed on the outcomes and outputs of the interventions, costs incurred, and their views on the advantages and disadvantages of the activity.

For data analysis, consider contracting this out to researchers within Zimbabwe — the Department of Agricultural Economics at the University of Zimbabwe would be a clear candidate.

Social Development

Targeting

In the medium term

Focus on the production of the Targeting framework (involving a joint review of the series of targeting activities/ recommendations to produce this)

As part of that process, develop an initial Inclusion Strategy for vulnerable groups/ poorest (based on knowledge from intervention, experiences and assessments)

Pilot a few approaches that could indicate more effective targeting on the poorest/ ensure inclusion

Longer term and to provide a more strategic response

Build all this work into an agreed Targeting Strategy to reach the excluded/ poorest/ chronically ill that could be advice for other agencies of what will work in the Zimbabwe context.

Community Participation

In the medium term

Develop good practice guidance on community participation approaches from various current initiatives (in particular from TLC Report 14) that partners agree to as part of their operational agenda.

Undertake community participation training/ sharing with Implementing Partners and local partners, not only as a way of increasing field targeting skills but also so that partners can more fully discuss the potential for community led interventions.

Develop appropriate (at this stage simple techniques, such as seasonal calendars) participatory monitoring by households to measure the impact of current interventions in their lives.

In the longer term and to target action more strategically

Develop appropriate Participatory Evaluations with communities/ beneficiaries as an integral part of the impact assessment process

Undertake a needs based/ Coping Strategies assessment

On the basis of building up a participatory experience/ skills/ understanding consider alternative options for turning this programme into community led interventions.

Consider enlisting a suitable centre of expertise in community participation and social development to act as a technical partner to the TLC, in much the same way as the CG centres.

Impact on the poorest and most vulnerable

In the medium term

The focus during the remainder of the PRP has to be on refined targeting mechanisms in order to reach the poorest more effectively with available interventions and a more substantive database that can identify the poorest, most vulnerable and chronically ill for better targeting. This could involve communities making participatory assessments of impact, helped by the partners; partners providing more easily useable and appropriate information for the TLC; and the TLC, at this stage, taking the initiative to compile data (including qualitative data) about beneficiaries, interventions and impact.

TLC and the partners have identified a massive range of activities, as set out above. Some improved interventions focused on the poorest can be promoted in the medium term but really this needs more substantive consideration of the possibility of multi-layered interventions targeted at different needs of the poorest and vulnerable.

In the longer term for a more strategic response

Develop multi-layered interventions, based on current understanding and experience and lessons learnt from the initial programme of interventions. This is likely to involve

- packages of support for the poorest and chronically ill, including training and support as well as inputs,
- options of interventions and more choice for the poor category, focused on trying to build assets
- specific interventions for the 'not so poor' to build their assets or give them support if they are prepared to support some of the poorest people

Gender Mainstreaming

Although TLC and IPs are concerned to strengthen this, have undertaken an initial gender mainstreaming workshop, and identified specific actions, in the field mainstreaming is not yet much in evidence. It is thus difficult to see how far the PRP can go in terms of developing an agreed Gender Matrix during the rest of the programme, but the aim should be to work towards an agreed set of practical actions that key stakeholders are committed to. On that basis the following is proposed:

- Endorse TLC's recommendation of a workshop on how to practically implement mainstreaming/ participatory development of gender indicators Debate in TLC arena led by CGs as to what they think can be done to mainstream gender (and why)
- Consider a practical entry for Gender Mainstreaming, working with a group of more enlightened chiefs/ headman for criteria that they would apply.
- Link up with resource organisations such as Zimbabwe Women's Resource Centre Network on mainstreaming in livelihoods programmes.

Social Capital

Given the timescale of the PRP, only some initial entry points for beginning to build

social capital further are proposed now:

Where possible to take District people out to the field, as part of building up links/ understanding

A copy of DAAC HIV data also be sent by partners to TLC

Undertake a review of existing farmer bottom-up guidance from Southern Africa and have a resource library of this information available for partners in the TLC office.

Social Transfers

In the medium term

The current TLC/ Partners recommendation of cash transfers needs a whole range of discussion and consideration.

Possibly the TLC meetings could provide a starting point for more substantive discussions of innovative approaches, once the current interventions are starting to work more effectively. Take advantage of opportunities to link into policy discussions within the World Bank and UNICEF on social protection.

For such discussions a review and assessment of social transfer experience elsewhere would be important, especially as part of the lesson learning process of PRP.

HIV/AIDS, Home-Based Care and Nutrition

Extent to which beneficiaries are most vulnerable, chronically sick and HIV/AIDS

In line with the overall recommendations on targeting, to effectively respond to the needs of the chronically ill and vulnerable children it is important to develop a frame for easy identification and verification of this target groups.

Appropriate packages for the different groups need to be identified

The approach of having drip kits in a communal garden and hence sharing of the water sources avoided this problem (Chiredzi)

Effectiveness of HIV/AIDS mainstreaming

There is need to clearly define aspects of HIV and AIDS mainstreaming in programming and appropriate capacity and guidelines developed.

Utility of nutrition gardens

In order to cater for the elderly and the chronically sick drip kit installation should be accompanied by appropriate technology which reduces the burden of drawing water, the pump can be shared between households as piloted by Oxfam.

Community gardens should be considered where possible to ensure that a large number of people benefit from the drip kits. Issues of security could be avoided if the garden is established close to the villages.

Gardens at individual homes are most ideal for the chronically sick and orphan headed households. The water source will provide both domestic and nutrition garden water needs

Nutrition education is important to ensure beneficiaries continue to grow crops/vegetables for their nutritional value.

Use of herbs in HBC requires a strong educational programme to avoid misuse and further research and documentation is required in relation to nutritional and medicinal value and also compatibility with ART. UNICEF in the context of PRP could play a leading and coordinating role in further research and documentation on nutrition and use of herbs in HBC.

Effectiveness

HBC programmes need to respond to food needs for the chronically ill and

of HBC	<p>coordination with other food pipelines especially with WFP and C- Safe would ensure that these requirements are met and reduce the burden on PRP.</p> <p>Further research on an appropriate food package for the chronically ill is a necessity.</p> <p>Programmes need to be supported to provide for basic pain management and opportunistic infection control.</p> <p>The link between HBC and health system in drug distribution should be promoted coupled with a good monitoring and inventory system to ensure sustainability and effective drug use.</p> <p>Develop capacity for providing counselling services at various levels especially at Care givers level through training.</p> <p>More training and awareness on the discharge plan policy and standards of care are necessary for both the health system professionals and secondary care givers in HBC.</p> <p>There is need for the integration of OVC into home based care so that the needs of the children are provided for before the death of parents</p> <p>Training of HBC care facilitators in counselling and child issues.</p> <p>PRP need to organize sharing of experiences on male involvement in HBC work before embarking on the study recommended in the report on HBC study activities. Organisations have had experiences and evaluations done TLC could facilitate a process of learning from these experiences and these form part of the guidelines HBC for PRP.</p> <p>Noting the variation in relation to incentives and work environment provided by different organizations to the caregivers, TLC could also facilitate a process of sharing best practices and in partnership with other organizations; UN and NGO's advocate for the development of a National volunteer charter that defines basic minimum standards on voluntarism.</p> <p>Training needs standardization and programmes require to provide refresher courses for caregivers</p> <p>Providing an opportunity and platform where caregivers meet to share experiences and information is a useful way of reducing the pressure of caregivers.</p>
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Institutions and Governance

Capacity of International NGOs and Local NGOs	<p>Strengthen cascade training through systematic needs assessment and ongoing training</p> <p>Provide training in participatory approaches and in community development skills</p> <p>Adopt effective monitoring and evaluation as part of ongoing implementation</p> <p>Take actions to limit loss of critical staff; for example, monitor salaries paid, provide for staff development, and establish workplace policies on HIV and AIDS</p>
Effectiveness of Partnerships	<p>It is important to bring such players as farmers unions into the programme.</p> <p>Cooperation with district officials will be strengthened if NGOs will regularly undertake joint monitoring of progress in implementation of activities.</p>
Impact of Training Needs Assessment and Follow-on	<p>IPs and technical partners should provide refresher training on the new technologies at all levels to eliminate misapplication and reinforce the right procedures. It is important to embark on that now, before the next round of application of technologies.</p> <p>Monitoring and evaluation should be strengthened and used to identify skills gaps,</p>

	<p>which are then eliminated by follow-on training.</p> <p>The focus of training should be broadened to include the wider issues of the PRP programme, such as community development approaches, participatory project management, and developing social relations and networks. These aspects are necessary if the project is to achieve its purpose and move towards sustainability.</p> <p>TLC should work with the partners to identify key training and development needs across the programme and facilitate provide programme-wide training.</p>
Performance Management and Reporting	<p>The partners should review the frequency, content and format of meetings to arrive at most valuable model. However the gap between meetings should not be too wide, as this may result in loss of momentum in project implementation.</p> <p>More effective M&E should be developed, especially field visits by all partners and TLC.</p>
Accountability and Management Structures	<p>Review the role of TLC and strengthen with a view to strengthening it.</p> <p>NGOs working with CBOs should ensure that their management is effective, including capacity building.</p>
Balance of Local and Expatriate staff	<p>International NGOs should take active steps to localise most posts within the country.</p> <p>IPs should adopt measures necessary to retain PRP-related skills in their organisations, especially between now and February when piloting of new PRP initiatives is recommended.</p>
Effectiveness of Procurement systems of PRP	<p>Recommendations made in the TLC Report 9 on fertiliser procurement are sound and should be reviewed by the partners and agreed steps should be implemented.</p> <p>In the long term the best option is ensuring that local suppliers are able to meet the requirements of the agricultural sector. It is in the interest of all concerned to work toward that goal. It may not be achievable now, but the exploration of options can be started, especially led by the UN Agencies.</p>
Review and Comment on the Operating Environment	<p>The operating environment requires sensitivity to community, political and local structures and developing an accommodation which does not undermine key principles of the programme.</p> <p>The PRP should continue to adopt a low profile at the national level while working through the UN system to influence policy.</p> <p>It is important to develop relations and establish alliances at all levels.</p> <p>The PRP should demonstrate results and positive impact and use its good work to minimise impediments to programme implementation</p>
Review Impact of Regulatory Requirements	<p>NGOs have to operate above board all the time in this challenging environment to avoid suspension or even stoppage of their programmes.</p> <p>It is important to develop good personal relations at all levels, and use these when sticky situations arise.</p> <p>The PRP should continue to use UN agencies as the link with national government, and to lobby. The position could be leveraged much more than it is currently.</p>

5. Preparation for subsequent Programme Review

In the light of this Review, it is not clear what advantages there would be for conducting a further external examination of the PRP in February 2006, in just five months time.

Time needs to be allowed for the suggestions on refinements and improvements to targeting and community participation to be tried and for early results to be seen. Above all, for the agricultural interventions there will be much more evidence of their effectiveness after the next harvest, that is after April/May 2006, and not much before that.

Priority issues for subsequent review include:

- Considering the strategy for the PRP in the light of developments in the operating environment, including weather during the next crop season, economic conditions and political changes in respect of relations with donors and the laws and rules affecting NGOs. The impact of WFP general food distribution on both beneficiaries and implementing partners needs to be kept under review. If recent experience is any guide, over the next one to two years there may well be significant and unexpected events — as has happened recently with Operation Restore Order — that affect the Programme;
- Assessing the scope for incorporating interventions in health and hygiene — including water and sanitation — to pursue food security and nutrition objectives, preferably in the light of emerging insights from the surveys conducted and databases assembled by UNICEF;
- Collecting and analysing data on the actual (rather than expected) impact of livelihood interventions. This would involve not only quantitative data on impacts, but also qualitative insights, including those from the communities themselves;
- The options for targeting and the results of trials of innovations, including community-led targeting;
- The results of community-based planning in Binga District, and other options for greater local participation in the Programme; and,
- Integration of livelihood interventions as best practice is shared between the IPs.

In subsequent Reviews, there may be scope for more interaction between independent reviewers and the panels of specialists used by TLC to carry out studies of particular aspects of the PRP. The Review Team was impressed by the thoroughness and quality of several of the TLC Reports.

Appendix A: Terms of reference

ZIMBABWE: PROTRACTED RELIEF PROGRAMME (PRP)

OUTPUT TO PURPOSE REVIEW

TERMS OF REFERENCE

SEPTEMBER 2005

Background:

Since 2001 Zimbabwe has experienced poor and erratic rainfall, rapid economic collapse aggravated by chaotic land redistribution and is now reeling from a serious HIV/AIDS epidemic. The result is a humanitarian crisis in which millions of people continue to face hunger and severe vulnerability. DFID has contributed over £75million since 2001, mainly as food aid, towards the international humanitarian response to this crisis, which will take some years to resolve. The Protracted Relief Programme (PRP) builds on the NGO relief efforts to date, providing multi-year funding for relief interventions to support food security in the poorest households. Wherever possible the interventions under the PRP will address the causes of the crisis rather than just treating the symptoms.

This OPR is being undertaken approximately one year after the start of the programme. The recommendations will feed into the implementation of the interventions during the remaining 10 months of the first phase of the programme. In February 2006 a major evaluation of the programme is planned. This will attempt to assess the overall impact and cost effectiveness of the programme, identify the lessons learned, determine whether or not a second phase is justified and, if agreed, assist with the outline design of a second phase.

Programme Objectives:

The **goal** is to reduce the proportion of people who suffer from hunger and extreme poverty in Zimbabwe. The programme's **purpose** is to stabilise food security and to protect the livelihoods of vulnerable households in Zimbabwe, particularly those affected by AIDS. The programme will be implemented in collaboration with UN agencies including the World Food Programme (WFP), UNICEF and the Food and Agriculture Organisation (FAO). It will be delivered through major Non-Governmental Organisations (NGOs) who are working with some of the most vulnerable communities in Zimbabwe, and is expected to benefit around 250,000 vulnerable households. These include households affected by HIV/AIDS, those in areas affected by poor and erratic rainfall, displaced former commercial farm workers, and the elderly and orphan-headed households.

The programme will contribute directly to MDG targets of reducing extreme poverty and hunger. It will contribute indirectly to reducing child and maternal mortality and to preventing and mitigating the impact of HIV/AIDS, which is worsened by hunger and poverty. This programme will complement other DFID funded programmes including: support for HIV/AIDS prevention and care; a possible contribution to the WFP Emergency Operation; support to former farm workers; and a targeted feeding programme for vulnerable households and growth-faltering children attending urban clinics.

Terms of Reference:

The overall purpose of the mission will be to assess progress towards achieving programme Outputs, Purpose and Goal, and consider the validity of Assumptions made in the Logical Framework (attached at Appendix 1). The mission should clearly focus on whether the PRP interventions, when implemented in accordance with guidelines, are effective, are appropriate for vulnerable households, and are reaching vulnerable households. The revised PRP logical framework and the indicators therein will be the basis for the review. The mission will take place in between 5th and 23rd of September, 2005.

In the time period available it will not be possible for the mission to review in depth all interventions, to visit all geographic areas, and to interact meaningfully with all implementing and technical partners. It will therefore be necessary for the mission, in consultation with DFID and Technical Learning and Coordination Unit (TLC), to select a cross section of specific interventions, geographic areas and partners for more focused review.

Recognising the above limitations, and with full participation of NGO project staff, DFID, TLC and other key stakeholders, particularly FAO, UNICEF, WFP and other donors, the OPR team will (i) review progress towards the purpose; (ii) review achievement of Outputs; (iii) consider revisions to the existing programme; and (iv) make preparations for the February 2006 Review. Specifically the OPR will:

(i) Assess Progress towards Purpose

- Consider the extent to which planned programme Outputs are contributing to the Purpose and whether they are still relevant and realistic.
- Consider the contribution of the Purpose to the programme Goal
- Consider whether the Risks/Assumptions identified during programme design remain valid; whether they are impacting on the programme Purpose; how they are being managed and whether any new Risks/Assumptions have been identified or are emerging.
- Assess the likelihood of the programme achieving its purpose, and make recommendations accordingly

(ii) Assess Achievement of Outputs to Date

Output 1 *Interoentions effectively implemented through PRP Partners*

- Assess the likely impact of thematic interventions e.g. seed, fertilizers, HBC, conservation farming, nutrition gardens, and drip kits when properly implemented.
- Review targeting methodologies, effectiveness and applicability
- Asses effectiveness of implementation and monitoring and evaluation by PRP Partners
- Assess the effectiveness of HIV/AIDS and gender mainstreaming

Output 2 *Demand led and community driven projects*

- Assess degree of community involvement, and particularly of vulnerable groups, in planning, design, implementation and monitoring and evaluation of interventions.
- Assess appropriateness of interventions for target groups,

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especially those affected by chronic illnesses

- Assess the degree of involvement of relevant government agencies in the planning, design, implementation and monitoring of interventions

Output 3

Effective learning and dissemination

- Review the PRP Guidelines and assess acceptance by Partners and other organisations
- Review the role and effectiveness of UN Coordination mechanisms (FAO, UNICEF, WFP)
- Review the role and effectiveness of CG centers (ICRISAT, CIMMYT, ICRAF)

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Output 4

NGO programmes effectively managed and supported

- Review overall management arrangements and effectiveness
- Review expenditure to date against the programme's budget;
- Review the effectiveness of programme monitoring, reporting and evaluation
- Review the role and effectiveness of the TLC
- Review commissioned studies and consultancies

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(iii) Consider revisions to the existing programme

In the light of the above review make recommendations on possible improvements which could be practically implemented during the remainder of phase 1 of PRP in the areas of:

- Targeting
- Community participation
- Monitoring and evaluation
- Lesson learning and dissemination
- Other improvements

(iv) Preparations for the Programme Review in February 2006

- In preparation for the major review of PRP to be carried out in February 2006:
 - Prepare draft terms of reference for the review
 - Recommend an appropriate process for the review
 - Identify additional information to be collected and studies required to contribute towards an effective review

Project Framework (July 11 2005 revision)

Project Name: Zimbabwe Protracted Relief Programme, Phase One.
 Country: Zimbabwe
 Date of Preparation: June 2004
 Design Team: Joanne Manda, Rachel Yates, Tom Barrett, Erica Keogh, Terry Quinlan
 Latest Date of Revision: July 11 2005

Narrative Summary	OVIs	MoV	Assumptions/Risks
<p>Goal</p> <p>To reduce the proportion of people who suffer from hunger and extreme poverty in Zimbabwe</p>	<p>Global acute malnutrition (GAM) in project areas is kept below 10 %).</p> <p>Household assets maintained.</p> <p>Primary school enrolment above 90%</p> <p>Absenteeism kept to below 2004 levels</p>	<p>UNICEF nutritional surveillance;</p> <p>Zimbabwe Poverty Assessment Survey Study; DHS survey (2005);</p> <p>NGO impact assessment systems</p> <p>MoE records and reports</p>	
<p>Purpose</p> <p>To stabilise food security and protect livelihoods of vulnerable households in Zimbabwe, particularly those affected by AIDS.</p>	<p>Global Acute Malnutrition (GAM) in project areas is kept below 10%.</p> <p>80% of direct assistance to HH reaches the target group.</p> <p>Livestock holdings do not decline below 2004 levels</p> <p>Negative coping strategies of target HH do not increase.</p> <p>Interventions have positive impacts (e.g. HBC, Targeted feeding, conservation farming, input distribution) on target group.</p> <p>Gender and HIV/AIDS mainstreamed by NGOs and partners in all activities</p>	<p>NGO participatory monitoring systems</p> <p>TLC independent impact assessments</p> <p>UN Monitoring systems</p> <p>C-SAFE reports</p> <p>ICRISAT/UZ monitoring</p> <p>Specific topic surveys and research commissioned</p>	<p>New NGO legislation allows effective NGO operations</p> <p>Macro-economic conditions in country do not undermine ability of partners to operate effectively</p> <p>UNDP and other UN agencies continue to maintain operating space for relief programmes.</p> <p>Political interference and unrest do not derail programme activities.</p> <p>Partners allowed full access to target communities.</p> <p>Increased community involvement in planning and implementation of interventions at community and household level.</p> <p>Extreme climatic events do not seriously impact on long term outcomes of project interventions</p> <p>Distribution of humanitarian assistance can be undertaken on the basis of identified need and vulnerability of target groups</p> <p>NGOs and other partners are allowed to operate efficiently and cost effectively</p> <p>NGO's have relevant capacity to implement longer term relief activities.</p>
<p>Output 1</p>			

Zimbabwe: Protracted Relief Programme. Output to Purpose Review

Narrative Summary	OVIs	MoV	Assumptions/Risks
<p>Interventions for target households are effectively implemented through PRP partners</p>	<p>More than 8 DFID PRP funded NGO projects achieve OPR scores of at least 2.</p> <p>At least 1.5million vulnerable Zimbabweans (or > 250,000 vulnerable households) receive timely and appropriate assistance during the life of the programme.</p> <p>Common indicators for interventions are agreed by mid 2005, used and reported.</p> <p>Vulnerability criteria and targeting protocol agreed and implemented by Partners by September 2005.</p> <p>HIV/AIDS and gender policies and strategies agreed by partners by July 2006.</p> <p>Intervention guideline agreed and implemented by PRP partners.</p> <p>Technical inputs and advice, derived from technical partners reaching targeted households</p>	<p>Monitoring and indicator systems</p> <p>NGO narrative reports</p> <p>DFID annual OPR and mid-term review</p>	<p>NGO partners continue to have support from local government and communities.</p> <p>Support and cooperation from Ministries on technical interventions.</p> <p>Effective district level co-ordination mechanisms</p> <p>Targeting mechanisms ensure that support reaches most vulnerable households</p> <p>NGOs follow agreed protocols.</p> <p>Gov regulations do not hinder procurement of inputs and equipment.</p> <p>Crown Agents continue to operate effectively</p> <p>NGOs procure inputs on a timely basis</p> <p>NGO's retain technically qualified and experienced staff</p> <p>UN technical agencies and CG centres continue to operate effectively in Zimbabwe</p>
<p>Output 2</p> <p>Demand led and community driven protracted relief projects are planned designed, and implemented with participation of communities and responsible agencies</p>	<p>Different vulnerable groups participate in needs assessment and design of interventions</p> <p>Interventions are suitable and meet identified needs of target HH</p> <p>Interventions accepted and supported by whole community.</p> <p>Communities actively involved in design, implementation and monitoring of interventions</p> <p>Government agencies involved in design, implementation and monitoring of projects at community level.</p> <p>Interventions demonstrates effective mainstreaming of gender and HIV/AIDS</p>	<p>Community feedback (FGD)</p> <p>NGO quarterly and technical reports</p> <p>Technical partner reports</p> <p>Reports from TLC</p>	<p>NGOs ability to shift from supply led to more demand led programming.</p> <p>Communities can participate without political interference</p> <p>Marginalised groups have effective voice</p> <p>Corruption and graft do not hinder implementation of PRP</p> <p>Suitable CBWs identified by NGOs</p> <p>Both local and international partners capable of using PRA tools</p> <p>Effective partnerships established between Int and local NGOS</p> <p>Effective communications at all levels within Partner organisations</p>
<p>Output 3</p>			

Zimbabwe: Protracted Relief Programme. Output to Purpose Review

Narrative Summary	OVIs	MoV	Assumptions/Risks
<p>Lessons from PRP influence humanitarian, relief, social protection, and development programmes of donors, UN, DFID HQ, and WB.</p>	<p>PRP Guidelines shared and utilised by other agencies.</p> <p>Results from OPR in 2005 and Impact Assessment at end of Feb 2006 shared with key agencies.</p> <p>Multi-agency workshop to share lessons held mid 2006.</p> <p>TLC reviews shared with other agencies</p> <p>Lessons on social protection shared with key stakeholders, especially the WB.</p>	<p>Minutes of PRP meetings</p> <p>Proceedings and Reports from workshops</p> <p>TLC publications and seminars</p> <p>Minutes from technical Coordination meetings</p>	<p>WFP, FAO, UNICEF, UNAIDS etc. receptive to alternatives to traditional food aid processes.</p> <p>Effective networks amongst donors and UN agencies continue to operate in Zim.</p> <p>Donors and other agencies receptive to new ideas at country and HQ levels including DFID</p> <p>Impact reviews and field work can be undertaken</p> <p>World Bank continue to engage in Zimbabwe through LICUS agenda</p> <p>Bilateral and multilateral humanitarian and development agencies continue to provide support to Zimbabwe.</p>
<p>Output 4</p> <p>NGO programmes effectively managed and supported</p>	<p>Effective PRP coordinating mechanisms operational (e.g TLC, FAO, WATSAN, Nutrition etc)</p> <p>MoU and Accountable Grants signed with implementing partners by Sept 2004 and funds disbursed on a timely basis throughout programme.</p> <p>Budgets adjusted to reflect inflation</p> <p>TLC fully operational by end of Nov</p> <p>Network of technical specialists supporting PRP partners.</p> <p>Risk management matrix reviewed and updated every six months</p> <p>At least one piece of operational research commissioned by mid 2005</p> <p>Baseline data-base established by mid 2005</p>	<p>Monthly and quarterly NGO reports</p> <p>TLC monthly and quarterly reports</p> <p>TLC consultants' reports</p> <p>Workshop and meeting reports</p> <p>Contracting agreements</p> <p>Register of specialists and consultants</p> <p>TORS and contract for operational research</p>	<p>Government regulations and registration of NGOS does not hinder ability of international and local NGOs</p> <p>NGOs maintain good relations at Provincial and District level</p> <p>NGOs can retain suitable staff</p> <p>International NGO staff obtain work permits.</p> <p>Currency distortions do not make NGO operations unaffordable</p> <p>FAO, WFP and UN maintain effective relations with GOZ</p> <p>Coordinating mechanisms and networks continue to operate</p> <p>NGO partners successfully draw on technical support facilitated by TLC</p> <p>Access to field for monitoring and evaluation unhindered</p>

Individual team member roles

Team Leader , Livelihoods/Economics/Agriculture (18 days in country)

Responsible for

- Completion of the final report according to DFID requirements
- Allocation of tasks amongst the team
- Liaison with TLC, DFID and NGOs
- Assess impact of programme on food security at household, community and national levels in the short, medium and longer term.
- Review and assess impact of livelihoods interventions

- Review suitability/appropriateness of livelihood interventions
- Assess cost effectiveness of interventions and value for money
- Briefly comment on the technical competence of interventions
- **Recommend how programme could be improved in future**

Social Development Specialist

- Review poverty targeting and make recommendations for improvements, especially with regard to reducing inclusion and exclusion errors.
- Review the extent to which NGOs have moved towards participatory planning and demand led interventions
- Review impact of programme and interventions on poorest and most vulnerable groups
- Review effectiveness of gender mainstreaming
- Assess the sustainability of interventions in terms of investments in social capital
- Consider other forms of social transfers that can be used to address chronic poverty
- **Recommend how programme could be improved in future**

HIV/AIDS / HBC / Nutrition Specialist

- Review the extent to which the beneficiaries are the most vulnerable and also households with chronically sick or are HIV impacted
- Effectiveness of HIV/AIDS mainstreaming
- Impact of interventions on these households
- Utility of nutrition gardens
- Effectiveness of HBC programmes
- Review the extent to which HIV/AIDS mitigation measures are effective
- **Recommend how programme could be improved**

Institutions and governance Specialist

- Review capacity of INGOs and local NGO
- Review effectiveness of partnerships
- Impact of training needs assessment and follow -on
- Performance Management and reporting
- Accountability and management structures
- Balance of local and expatriate staff
- Effectiveness of procurement systems of PRP
- Review impact of logistical constraints
- Review and comment on the operational environment
- Review impact of regulatory requirements
- **Recommend how programme could be improved**

Appendix 2: Itinerary of Review Team and persons met

Date	Organisation — all locations Harare unless otherwise stated	Persons met
Mon 05	DFID Zimbabwe	Doris Apatu, Tom Barrett, Alexis Ferrand, Shaun Hughes, Oliver Magwaza, Joanne Manda, Luke Mukubvu, Rachel Yates, Marita Zvekare
	TLC	Terry Quinlan, Erica Keogh
Tue 06	WFP	Valerie Guarnieri
	FAO	Michael Jenrich, David Mudiwa, Fadzai Mukonoweshuro, Jakobo ???
	UNICEF	Dianne Stevens, Adam Bailles
	Team discussions	
	TLC: Discussion of targeting	
Wed 07	Workshop with IPs	Action Aid, CAFOD, CARE, Crown Agents, CRS, IFRC, IDE, Oxfam GB, SC (UK), RoL, SAFIRE, World Vision
	Workshop with Technical Partners	ICRAF, FAO, ICRISAT, CIMMYT
	UNICEF	Dianne Stevens
	Team discussions	
Thu 08	IDE Zimbabwe	Dumisani Dube, Titos Matafenim, Colin Williams
	SC (UK)	James Acidri, Julian Smith
	Crown Agents	Karina Zvogbo
	JSI/ Action Aid	
	River of Life	Tongai Mahobebe, Edward Makumbe, Debbie Mullins
	CAFOD	
	CRS	
Fri 09	Team discussion	
	UNDP OCHA	Vincent Lelei
	UNICEF	Max Jonga
	Field visits	
Fri 09	Field visit to high-density neighbourhoods of Harare to look at urban gardens with AA, JSI and local partners	Karina Zvogbo, Julia Sherman,
Sun 11		Half of team travels to Honde Valley, Manicaland
Mon 12	Other half of team travels to Zvimba Meeting with Red Cross and field visits, Zvimba Travel to Gweru	Africare, Mutasa District Drip irrigation

Zimbabwe: Protracted Relief Programme. Output to Purpose Review

Tue 13	Meetings with Oxfam and Padare in Gweru Travel to Bulawayo Meeting with Bulawayo Asst. Dir of Health. Chief Nursing Officer Discussions with MAC and Action Aid Session with MAC volunteers Visit to home gardens	Pump Aid, Mutasa District Meet District Authorities Mutasa District Elephant water pumps Travel to Chiredzi
Wed 14	To Bubi Meeting with CEO's office staff/ DAC Field visits with CRS/ Adra and ORAP – livestock and drip irrigation kits, village group of beneficiaries and non for livestock, poorer households, Siganda training centre	Chiredzi District, CTDT with CRS Community gardens with drip kits and treadle pumps, conservation farming
Thu 15	Trip to Mangwe Meeting with CAFOD/ CADEC Visit to DA planning meeting with village planning facilitators Field visits – communal gardens, conservation farming, bore hole repair, goats and latrines	Masvingo District, RUDO & Oxfam GB Latrines, community gardens, conservation farming Focus groups CARE & SAFIRE Marula oil processing Focus group
Fri 16	Meeting with World Vision Trip to Matobo Field visits – drip irrigation	To Zaka District HBC programme — from clinic to patients, bee-keeping, community gardens, herbal plants, focus groups with traditional leaders, HBC, Meet RDC, AREX Zaka District Travel to Masvingo Meeting with Provincial Director AREX, RDC Masvingo, DA's office Masvingo
Sat 17	To Harare	Ward 14, Masvingo District with CARE Conservation farming To Harare
Mon 19	Team discussions	
Tue 20	Team discussions TLC	Edson Warambwa
Wed 21	Team work Feed back to DFID	Doris Apatu, John Barrett, Tom Barrett, Alexis Ferrand, Shaun Hughes, Edson Warambwa, Oliver Magwaza, Joanne Manda, Luke Mukubvu, Rachel Yates, Jenny? Marita Zvekare
Thu 22	Team discussions Drafting report	
Fri 23	Workshop to feedback findings to IPs	

Appendix C: Livelihoods Specialist

The specific terms of reference were as follows:

1. Assess impact of programme on food security at household, community and national levels in the short, medium and longer term.
2. Briefly comment on the technical competence of interventions
3. Review suitability/appropriateness of livelihood interventions
4. Review and assess impact of livelihoods interventions
5. Assess cost effectiveness of interventions and value for money
6. Recommend how programme could be improved in future

This Appendix consist of three sections, dealing with food security, the livelihoods interventions — points 2 to 4 from the above, and cost effectiveness. Recommendations can be found at the end of each section.

A general point that affects the analysis that follows is that most of the Programme's intended effects have not yet been recorded, largely because the PRP has barely had more than one year of activity and even then some of the most common crop interventions had little effect since the poor weather for crop year 2004–05 annulled or muted the benefits that might have been obtained. Hence most of what follows is hypothetical, assessing the impacts that the PRP might have had, and can be expected to have, given reasonable weather in the crop season.

Impact of the PRP on food security

The impact on food security can be addressed by dividing issues affecting food security into the three components of food availability, access to food, and the utilisation of food. In a final section the effect of variable weather will be considered.

Availability of food:

At first sight the potential impact of the PRP on food availability is marginal to modest. If we take the intervention with the widest coverage, farm inputs, around 136,000 households were expected to receive seed and fertiliser. The typical package of inputs was sufficient for 0.2 ha, with the potential to produce cereal yields of around 1.5 t/ha. The inputs might thus produce an additional 300 kg of cereal. All told nationally, the total increase would be just over 41k tonnes of cereals — compared to national consumption of maize as food of around 1.6M tonnes, this constitutes just 2.6% of national food needs.

For the households that benefit, the picture looks different. The beneficiaries of the PRP, by definition are poor and vulnerable. Typically they would be farming households, but most of them would not produce enough to supply enough basic foodstuffs to last the household throughout the year. In the months leading up the harvest, the 'hungry season', many of these households would run out of food — and would find it difficult to buy in enough food to avoid having to cut back on meals and going hungry in that period. How far, then, would another 300 kg go in such households?

If an adult were to obtain 80% of their energy needs from cereals, then some 0.48 kg of cereals would be needed daily. Taking a household as having four adults or their equivalents, then 300 kg of cereals would supply these 80% of energy for 156 days — or

more than 5 months. For most of the rural poor, this would completely cover their food deficit and potentially lift them out of food insecurity. Hence for the beneficiary households, the impact of the PRP could be little short of dramatic.

But what fraction of the (rural) poor and vulnerable does the PRP reach? Out of Zimbabwe's 11.7M inhabitants, 7.85M live in rural areas, and 5.75M of these in the communal areas (CA) that are the target of the Programme. These 5.75M persons may live in 1.15M households. What percentage of these are poor, and what percentage are food insecure?

In 1995, the last time that there was a systematic assessment of poverty in Zimbabwe, 87% of the population of the CA were considered poor, and fully 71% were seen as very poor (1995 PASS main Report, reported in Poulton et al. 2002).¹¹

Food insecurity markers include the FAO estimates of 39% of the entire population as under-nourished in 1999–01; while UNICEF estimates of under-five malnutrition show for 2003 that 26.5% of young children were stunted and 17% were underweight. In the crop marketing season of 2003–04 the VAC reported 62% of the CA population as food insecure — but then this was in unusually bad conditions.

If the PASS survey found 71% of the CA population as very poor in 1995, since when it is almost certain that incomes have declined in line with the national fall in income seen since the late 1990s, then we can take the 71% as the minimum fraction of the CA population in serious poverty. Most of these will be food insecure, perhaps two-thirds of them, or 47% of the CA population. These figures would indicate 816k households as very poor, and 544k as food insecure.

On this basis the main agricultural interventions of the PRP may reach around 25% of those food insecure.

Access to food

In large part the PRP increases access to food by direct increases in production of staples by the poor and vulnerable. In addition to the increases in cereals production noted above, there are gains in vegetable production, mainly in the dry season, for home consumption and sales.

How much extra income can a drip-kit irrigated garden generate? As will be seen in the cost-effectiveness section below, the total net revenue could be of the order of US\$72 a year. This would be enough to command more than 700 kg of cereals as grain if national harvests were enough to meet national demand. Again, the effect on the food security of the beneficiary households would be dramatic: most beneficiaries would escape food insecurity.

But the numbers so benefiting are small: less than 8,000 households: a drop in the ocean of very poor CA households.

¹¹ Poulton, Colin, Rob Davies, Innocent Matshe & Ian Urey, 2002, A review of Zimbabwe's agricultural economic policies: 1980–2000, Department of Agricultural Sciences, Imperial College at Wye, March, 2002

Livestock distribution programmes generate income as well as some produce for home consumption. But they reach less than 14,000 households a year.

The value of extra income is moderated by the price of maize as grain and meal, and by its availability in shops. For this the performance of the agriculture sector in general, the effects of drought, and the functioning of the GMB are key determinants.

For the those households with chronically ill members who are enrolled in home-based care programmes, the provision of food rations can again dramatically improve the food insecurity of the household. In theory, the monthly ration should satisfy most of the household needs for basic foods; although in reality there are reports that rations last about half the month. The PRP benefits more than 8,000 such households. That said, it is clear that not all HBC programmes include a food ration: they should.

Food utilisation

This is the part of food security that the PRP does least to improve.

It does not affect matters of the intra-household distribution of food between different family members. Feeding practices, especially the preparation and use of weaning foods are not affected by PRP.

There will be some increase in consumption of vegetables that accrue to the (limited number of) households in the gardens activity, with the potential for improvement in the micro-nutrient status of the poor — where deficits in vitamin A and iron are common.

The health and hygiene environment is not much improved by the PRP: the water and sanitation activities that are being developed will help, but their coverage is limited.

In health services there are substantial gains for the chronically ill under HBC programmes; but for others, the prognosis is likely deterioration as the Ministry of Health budget is squeezed, and severe staff shortages continue in government health facilities.

Making informed decisions about just what health and hygiene interventions are warranted on the grounds of food security and nutrition is not easy. Evidence on the impact of health and hygiene on child malnutrition is scarce, even if we know that in other countries as much as half the explanation of differences in child malnutrition come from these non-food variables, and even if studies in Zimbabwe fail to show the expected correlations between agricultural production, rural incomes and the nutrition of young children (Kinsey 2002).

Variability in food security

The PRP does comparatively little to stabilise food insecurity. It does create some additional diversified livelihood activities that can help offset the vagaries of the weather; conservation farming and the drip irrigation systems mean that something can be produced under drought; but not much else.

The arguments presented above on food availability only apply in 'normal' years: most do not when harvests fail — typically three times a decade in recent Zimbabwe experience.¹²

¹² Richardson (2005) reports 15 major droughts from 1953 to 2003 in Zimbabwe — only one of which occurs after the mid-1990s.

This takes us back to a fundamental dilemma of food security in Zimbabwe, whether seen at household or national level: how to prepare for those years when harvests will fail, leaving the poor vulnerable to malnutrition (above all of their young children) and destitution? Storing grain at household, village level or in national stores; accumulating livestock at household level that can be sold when grain has to be bought in; setting aside funds nationally to finance emergency imports of basic foods, etc. — are examples of feasible responses.

Currently the country lacks a clear and consistent policy on how to confront this dilemma, and in the meantime the international community provides food aid as a stop-gap (and second-best) measure. There is not much the PRP can do about this, although livestock distribution could reach as many as 60,000 households over three years.

Recommendation

PRP should, for the second stage, consider adding more activity in the areas of health and hygiene — including water and sanitation — to counter the malnutrition of young children in poor households who are particularly vulnerable during the current crisis in Zimbabwe.

The support being offered to UNICEF to develop better sources of information on both nutrition and water and sanitation is good to see. The challenge will be to bring together the insights from the different data bases that deal with agricultural interventions (FAO), water and sanitation (UNICEF), nutrition (UNICEF), and livelihoods (Zimbabwe VAC). Several of these are geographically based, thus with potential for looking for correlates of variables recorded in the different areas.

Livelihood Interventions

First of all, are the interventions appropriate? The review team had limited opportunity to look at the full range of interventions, or to quiz the beneficiaries on their effectiveness. But the question can perhaps be best addressed in the negative: was there evidence of inappropriate interventions? To which the simple answer is 'no'.¹³ By and large the interventions were simple to understand, involved marginal changes to existing practices, required little cash or capital, and produced valued benefits.¹⁴

Two reports commissioned by the TLC, numbers 5 and 14, provide good reviews of the issues arising with the various activities funded under the PRP.¹⁵ From these Table C1 has been compiled.

¹³ The exception may be drip kits in Binga District where the TLC Report 14 logs several drawbacks of the drip kits, although many seem to be the consequence of handing out drip kits to people with too little preparation or technical assistance to make good use of them.

¹⁴ TLC reports 5 and 12 record several complaints about the *insufficiency* of interventions — not enough seed, fertiliser; drip kits but no fencing; livestock but no training in animal health. This suggests interventions are indeed valued.

¹⁵ In each case they have been written by four experienced Zimbabwean professionals, with considerably more time to review the interventions than this review team.

Table C1: Livelihood interventions, issues identified and requirements for access

Intervention	Issues	Requirements
Seed	Seed packs small, 5 kg — or voucher values low	Land
	Delivered too late for planting	Labour
	Fairs: lack of varieties on offer, seed quality sometimes inadequate	Tillage
Fertiliser	Inappropriate in hot drylands	
	Insufficient quantity	
Fertiliser: micro-dosing	Labour requirement	
Conservation farming	Labour in preparing basins	Land
	Protection of stover from grazing livestock: fencing would help	Labour
Tillage support	Only enough for 0.5 ha, late provision of services	Land
		Labour
Drip kits	Farmers sometimes unconvinced, added buckets to get 'adequate' wetting of soil	Land (100 m ²)
	Clogging of tubing, spares not readily available, breakages where tanks have to be stored against theft	Water source
	Height of tank and hence the labour when filling	Labour
Vegetable gardens	Need for water source: reports of disputes over water	
	Pest control — differences between those wanting chemicals and those using organic methods (deterrent herbs)	
	Fencing problematic	
	Marketing of surpluses, or need for solar dryers to process surpluses for later consumption	
Livestock distribution	Training in animal health care needed	Water, Grazing, Management
Marula oil extraction	Laborious job of cracking nuts	Labour (Access to Marula trees)
Sweet potatoes	Rodent control	Land
		Water source
		Fertiliser
Food vouchers	Inflation erodes value of vouchers — often commanded much less food than previous general distributions	Local trader with stocks of basic foods
	Time taken to collect food	
Latrines	Cost of cement and building materials	Building materials
	Not seen as priority by households	Labour

The single main issue with the livelihood interventions is that most require physical labour, something that an important fraction of the poor — the elderly, disabled, the sick — lack. What are the options for the non-able?

- Transfer assets that generate incomes either with only small amounts of labour: chickens, goats are good examples — bees may also qualify; or that can be located close to homesteads and allow some spreading of labour, gardens being a good example. Some crafts might also fit this latter requirement.

In all cases the assets would need backing up by training — in animal health¹⁶ and management, horticulture or craft skills.

- Labour vouchers to allow them to hire assistance. An alternative here may be to provide food that can be exchanged for work;
- Cash transfers to allow beneficiaries to hire labour, tillage, pay school fees, buy food, etc.

Table C2 summarises the advantages and disadvantages of these.

Table C2: Helping those with little labour

	For	Against
Livestock	Can be a one-off transfer Livestock reproduce, gardens can be cropped each season, production for crafts can be repeated	Animal disease, inexperience in handling stock May be slaughtered for food
Gardens		Plant pests and disease
Crafts		Marketing a major challenge. For lack of access to good markets, ¹⁷ crafts often generate very low returns to labour.
Labour vouchers	Low administrative cost Generate employment for others	Have to be repeated: seen as hand-outs May undermine voluntary assistance Inflation undermines value of voucher Redemption may be administratively costly
Food for labour	Generate employment for others	Have to be repeated: seen as hand-outs May undermine voluntary assistance
Cash transfers	Low administrative cost Offers beneficiaries flexibility in use	Have to be repeated: seen as hand-outs Cash may be mis-used Need to have food in shops

Of these interventions, livestock and gardens have the considerable advantage that they can be a one-off provision of help that allow people to generate their 'own' income, rather than depending on repeated hand-outs that may undermine dignity. Crafts have a similar advantage, but finding activities that generate reasonable returns, and matching them to the skills and resources of beneficiaries can be challenging.

Other key issues include:

- (i) Matching interventions with the circumstances of intended beneficiaries. In some cases there has been a tendency to work from interventions to beneficiaries,

¹⁶ Simple veterinary care — e.g. injecting chickens against Newcastle — by 'barefoot' vet assistants would be a useful addition, but requires substantial investment in recruiting and training volunteers, and may run against veterinary rules.

¹⁷ Two problems typically arise. One is that producers know little about the tastes of consumers in distant markets who are prepared to pay premium prices for (good quality) crafts. The other is that the barriers to entry of many crafts are low and promising markets can quickly become over-supplied, pushing down prices.

rather than the other way around — leading to dilemmas of about whether to target the interventions to those with the production capacity, or else to those with the greatest needs but who may lack capacity. Working from supply to demand tends, moreover, to ignore synergies and integration of interventions — leading to the next point.

(ii) Need for more integration of interventions, above all:

- Training with physical inputs — animal health care, farm extension to explain, discuss and accompany those using novel techniques;
- Water pumps with drip kits and gardens. Given the cost of pumps — treadle, elephant — pumps can only be contemplated when the garden is collective.

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Fencing of gardens, and even of fields where mulching is practised as under conservation farming, can require collection of thorn branches with loss of woody biomass, or else expensive payments for wire and poles. Live fencing is a possible solution, but only a few examples were seen, such as sisal fencing in Zvimba District. How feasible is live fencing in different areas? If feasible, needs more promotion.

(iii) If CF really does work under local conditions and the abilities of the beneficiaries targeted, then it alleviates a major constraint in farming for all but the upper tier of farmers — lack of animal draught for tillage. Much the same applies to micro-dosing of fertiliser, an intervention that substitutes labour for capital (cash), and thus potentially highly appropriate for the poor.

A key dilemma in programming the interventions is the question of whether to consolidate interventions on a small number of beneficiaries, to ensure full use of the assets transferred and to exploit synergies; or whether to provide a little assistance over a larger group — hoping that local resources will augment the resources transferred. At present the IPs, to some extent in consultation with local preferences, have tended to spread interventions thinly across many beneficiaries. In the process, the scope for complementarities has not always been exploited.

There is not a standard answer to these questions, since the answer depends in part on the technical characteristics of the interventions, and the resources and abilities of the community in question. The dilemma is thus probably best resolved at field level, by district and field staff in conversation with locals.

Recommendations

These follow readily from the points raised above, namely:

1. More thought needs to be given to interventions to assist non-able clients. Distribution of small livestock — for example, goats, chickens — and home gardens looks promising among a limited range of options;
2. More time and thought about the match of interventions to beneficiaries is indicated;
3. There is scope for more integration of interventions — training with physical inputs, pumping with gardens, and fencing with gardens and some field plots;

4. Monitor the experiences with micro-dosing of fertiliser and conservation farming — if they work in the field conditions, and there seems so far every reason to expect they will, they need vigorous promotion since they have the potential to constitute important technical advances for poor smallholders practising rainfed crop farming.

These recommendations are good examples of consolidation on the basis of experience to date — not so much lessons, more a case of revealed issues and problems.

Cost effectiveness of the PRP

To begin, a set of reservations need to be made about the data. Analysing the costs of the PRP is currently difficult since the data needed are difficult to compile. The different implementing partners have assembled their budgets in different ways that impedes comparison and compilation. Particularly problematic is that most of the data have been recorded under generic headings — such as personnel, transport, office costs, etc. — and not by activity. Hence the budgeted or out-turn costs cannot be matched to activities, without an inordinate amount of work and even then some strong assumptions would have to be made.

The analysis that follows thus depends on some broad-brush figures, accurate at best to plus or minus 25%, and often less accurate than that.

Is the PRP good value for money?

Table 1 sets out the cost of the PRP for the current financial year, 2005–06, broken down by IP and by category of spending, above all distinguishing between spending on inputs directly received by beneficiaries — farm inputs, assets, and technical assistance — and spending on programme support, administration, monitoring and analysis. As can be seen, not all spending could be so apportioned.

The grand total of just over £9M is a little less than the £9.8M expected by DFID for this FY.

The main point that can be seen from Table C3 is that more than half of the cost of the PRP consists of direct benefits to clients, and less than half goes on support and administration. Looking only at the ratios for the IPS, the figure is higher, at almost 60%. There are marked differences between IPs, but these may be a result of imperfect judgments made in apportioning budget items between categories, rather than real differences.

Given the very real costs of delivering a fairly wide variety of inputs, assets and technical assistance in small units mainly to people scattered in small rural communities across a large country; plus the costs of co-ordinating a programme that combine the efforts of international and local NGOs plus UN agencies and international research centres; then support and administration costs look modest.

But how does the amount spent compare to the numbers benefiting from the PRP? Again, the estimates of those benefiting are not that accurate. Table C4 shows the TLC's records of those involved in the various programmes. Not all the recipients are specified as households. In some cases beneficiaries of one item almost certainly get benefits from another — the clearest case being recipients of farm inputs who typically get both seed and fertiliser in a package. Table C5 tries to simplify the beneficiary categories, making

some assumptions about those getting multiple benefits to reduce possible overlaps as a minimum.

Table C5: Beneficiaries, simplified

Agriculture & Natural Resources	199,000 households
Health	14,000 persons
Total	214,000 households and persons

Source: Table C2

Notes: Agriculture & NR includes: cereal seeds, vegetable seeds, livestock distribution; Health includes HBC clients and OVC

A simple comparison of the total with the costs in Table C1 suggest about £42 per beneficiary household or person. The question then is, are the benefits commensurate with the costs?

Benefits of the PRP

A possible approach would be to take each individual type of intervention — drip kits, seed packs, etc. — within the PRP and to formally estimate costs and benefits. But assembling all the information needed would be beyond the scope of this assignment. Furthermore, in most cases, the information is not available. For example, take the case of the drip kits. The capital cost is known, but the operating costs, and above all, the returns in field conditions are not. All we have the results of trials that suggest quite wonderful returns — with annual gross margins on a 200 metre square plot of £450, on a capital investment that can be as little as £14¹⁸. One suspects that this is what can happen under optimum conditions: whether the beneficiaries can do quite this well is another matter — and cannot be known at present since most of the drip kits have not been in the hands of the clients for more than three months at most.

A broader approach would be to look at the impact on a fundamental dimension of poverty and vulnerability: food insecurity. For the vast majority of the intended beneficiaries, and especially the rural poor, the inability to maintain a reasonable diet throughout the year is one of the clearest manifestations of their plight. For them the 'hungry season' — the three or four months leading up to the main harvest in April-May is well named.

In recent years — the hungry seasons of 2003 and 2004 — international donors, working through WFP and C-SAFE pipelines, have provided food packages to households in need of food in the hungry season. Millions of people have been served by these programmes. It is likely that this will be repeated for 2006, albeit with lesser coverage than before.

What then is the cost of providing rations to feed a household through three months of the hungry season? As shown in Table C6, for a household with 4 adult equivalents, the cost would thus be about US\$22 a month, or US\$66 to see them through three months of the hungry season.

¹⁸ Although CARE include their budgets US\$40 for a drip kit covering only 100 m², plus a tank costing another US\$40.

Table C6: Cost of a daily food ration

Daily ration, per adult equivalent	grams/day	Unit cost US\$/t	Cost, US\$
Cereals	334	140	0.047
Pulses	60	358	0.021
Veg Oil	20	653	0.013
Total			0.081
Total, month			2.44
Non-food cost factor*		2.29	5.59

Source: WFP, 2002, Southern Africa Crisis Response, EMOP 10200, July 2002–March 2003

Note: * Includes the external transport, land-side transport (LTSH), direct support and other direct operating costs.

Does the PRP offer benefits that exceed these? The simplest way to view is to ask how much more cereals would the agricultural interventions have to produce to replace those in the food aid rations? For the household with four adult equivalents, over three months, the increment would have to be 162 kg cereals equivalent to supply energy needs.¹⁹

A seed and fertiliser pack under PRP typically comprises around 5 kg of cereal seed, with 25 kg of fertiliser. This should be sufficient to plant up 0.2 ha. Assuming yields of 1.5 t/ha, the additional production becomes 300 kg of cereals.

Conservation farming has the potential to raise yields by 700 kg/ha — thanks to early planting and better use of water and fertiliser or manure (Haggblade & Tembo 2003).²⁰ If applied on a 0.2 ha plot, the gain becomes 140 kg cereals. But even poor households in rural Zimbabwe usually plant a larger area than this, often nearer to one hectare, so if more widely applied, conservation farming techniques could benefit a household by up to 700 kg.

What about the drip kits? Some vegetable growers reported that they could sell greens worth Z\$300,000²¹ every two weeks in the winter: over a six month period this would amount to sales of around US\$72. This should be enough to buy in around 350 kg of maize meal, and double that quantity of maize grain — so long as national supplies can be sourced.²²

Concluding comments

So what do these back-of-the-envelope calculations tell us?

Running a large-scale food distribution programme to reach the poor through the three harshest months of the hungry season will cost US\$66 a household served. The PRP, on

¹⁹ The recommended daily ration generates 1,580 Kcal a day per adult equivalent. Converted to maize, this equates to 450 grams of maize a day.

²⁰ Haggblade, Steve & Gelson Tembo, 2003, 'Conservation farming in Zambia', **EPTD Discussion Paper 108**, IFPRI, Washington DC

²¹ 25 bundles of leaves @ Z\$6k, every two weeks

²² In 'normal' years, maize can be produced in Zimbabwe and delivered to the major urban centres for less than US\$100 a tonne. Milling costs and subsequent distribution roughly double that cost to around US\$200 a tonne for milled meal.

the other hand, costs around US\$74 for each beneficiary household or person: about 12% more.

That said, the PRP has the ability to deliver greater benefits in terms of command over calories: the WFP packages delivers energy to the value of 162 kg of cereals, while the PRP packages could produce 300–700 kg more cereals to beneficiary households. For 12% more, the PRP potentially delivers roughly double the benefits.

In addition the PRP delivers benefits that in several cases can be sustained — the drip kits last two years or more, skills learned in conservation farming and micro-dosing of farming last a lifetime, chickens and goats distributed can reproduce themselves indefinitely. It also makes use of people’s resources and abilities and avoids the dependency of relying on handouts.

In addition, some interventions promise to improve the environment. Conservation farming is the prime example, where minimal tillage and mulching should improve soil structure and fertility especially over the medium and long terms.

There is, of course, one major caveat to the PRP: drought and other hazards such as livestock disease. While the food aid provision is drought-proof, and indeed a response to such hazards, many of the PRP interventions are vulnerable to drought and the like.

In this respect, then, the two programmes compared may be seen as complementary: food distribution in droughts, agricultural interventions in years of normal weather.

Seed and fertiliser distribution: modes of delivery

Seed and fertiliser have been delivered by two main modes:

- Direct purchase by donors and implementing partners, either from national or international suppliers, and distribution to beneficiaries;
- Issuing vouchers to beneficiaries that allow them buy the inputs they prefer either through local dealers, or at local one-day markets (‘fairs’) organised to bring together voucher holders with seed suppliers.

During this assignment there was little opportunity to examine the merits of these different modes.²³ All that can be done here is to list the advantages and disadvantages of the different distribution mechanisms.

Table C5: Comparing seed and fertiliser distribution modes

	Direct distribution	Vouchers
Advantage	Economies of scale in procurement Quantities delivered with less uncertainty than through vouchers no dependency on the capability and capacity of rural dealers	Supports private distribution chains, allows dealers to gain experience of farmer demand Farmers can choose types of seed or fertiliser The voucher allows the poor to use markets, lessens their sense of dependency
Disadvantage	Undercuts private distribution of farm	Administrative costs of vouchers and their

²³ Seed fairs, for example, were not observed; and most of the agricultural interventions seen in the field visits were not concerned with distribution of cereal seeds or fertiliser.

inputs	redemption
Farmers receive inputs as handouts: dependency encouraged	The difficulties of operating vouchers under hyper-inflation
Farmers have little choice over inputs	The costs of co-ordination with dealers and suppliers so that they stock those inputs likely to be demanded by voucher holders

The vouchers look preferable in that they help build supply chains, but are vulnerable to uncertainties in the short term, including the effects of hyper-inflation. But assessing the extent of the risks and costs involved with the different systems requires an additional, separate study.

Recommendation

The economics here are rough and ready: without better data it is hardly worth making more sophisticated computations. To improve the understanding the prime requirement will be to ensure that the monitoring of the Programme in the future collects data that permit more accurate calculations. Top of the list amongst such data are those that record the actual results obtained by a sample of beneficiaries using the main interventions — seed-fertiliser packages, training in micro-dosing and conservation farming techniques, drip kits, small livestock distribution.

TLC working with IPs have systems in place that would allow the collection and recording of these data. ICRISAT and other technical agencies co-operating may well have their own surveys designed to collect the same or similar data. What is already planned needs review to see just what data will be collected. If necessary a one-time survey of a small sample of beneficiaries after the next harvest should be planned — with perhaps as few as 50 clients of each the key livelihood interventions interviewed on the outcomes and outputs of the interventions, costs incurred, and their views on the advantages and disadvantages of the activity.

Analysis of the data would probably be more problematic: who would have the time to devote to processing and analysis? It would be worth considering contracting this out to researchers within Zimbabwe — the Department of Agricultural Economics at the University of Zimbabwe would be a clear candidate.

Table C3: Costs of the PRP, FY 2005—06

	Inputs, assets	Technical assistance and training: field staff time, course materials	Transport, management, office and warehouse,	Other overhead charges	Monitoring, analyses	Inputs & TA/ Total in 5 cols		Staff	Sub-contracts	HIV/AIDS support	Agriculture, water & san.	Capital costs	Total	Notes
Action Aid													298,478	(1)
CAFOD	73,819		261,622	19,683	58,226	18%				196,614	307,813		917,777	(2)
CARE	856,771	26,111	297,674		25,000	73%	605,947	112,403					1,923,907	(3)
CRS	508,601	274,974	415,905		65,457	62%							1,264,937	
IDE	271,000	273,674	49,027	41,771		86%		241,710					877,182	(4)
OXFAM	193,553	26,898	351,646	26,400		37%							598,497	
Pump Aid	25,000	40,878	108,963	0	0	38%						27,887	202,728	
Red Cross	213,896	0	420,104	0	0	34%							634,000	
River of Life/TearFund	96,523	17,660	137,138	0	12,000	43%							263,321	
SC (UK)	308,434	218,530	357,359	0	24,900	58%							909,223	
World Vision	204,476	152,625	87,205	0	17,480	77%							461,786	
Total	2,752,073	1,031,350	2,486,643	87,854	203,063	58%	605,947	354,113	196,614	307,813	27,887	8,053,358		
<i>Total, ex CARE, CAFOD</i>	<i>1,821,483</i>	<i>1,005,239</i>	<i>1,927,347</i>	<i>68,171</i>	<i>119,837</i>	<i>57%</i>							4,942,077	
CIMMYT	18,000	14,000	21,000			60%	62,000						115,000	
FAO	44,444		213,780		230,556	9%							488,780	
ICRAF	2,813	16,685	25,563	20,995		30%							66,056	
ICRISAT	0	44,977	292,930		9,167	13%							347,074	
<i>Sub-Total</i>	<i>65,257</i>	<i>75,662</i>	<i>553,273</i>	<i>20,995</i>	<i>239,723</i>	<i>15%</i>							954,910	
Grand total	2,817,331	1,107,012	3,039,916	108,849	442,786	52%							9,008,268	

Source: Budgets presented by IPs in July 2005.

Notes: Staff costs have been divided into technical assistance for those of district and field staff, and some advisers; the rest are treated as management costs. This probably exaggerates spending on administration.

(1) Not enough detail to break down budget into categories; (2) Excludes HIV/AIDS support, since difficult to break down budget; (3) Staff costs cannot be divided between field and office; (4) Omits sweet potato programme, since no detailed breakdown of these costs could be found

Table C4: Number of planned beneficiaries of the PRP, 2005–06

	Unit	AA	CAFOD	CARE	CRS	IDE	Oxfam	Red Cross	ROL	SC(UK)	WVI	TOTAL
Agriculture & Natural Resources												
Cereal seeds	HH		7,600	61,232	15,000		12,000	34,074			6,470	136,376
Fertiliser	HH		13,600	61,232	48,000		12,000	34,074			6,470	175,376
Vegetable seeds	HH	1,300				7,000					1,620	9,920
Sweet potatoes	HH			2,859		6,000						8,859
Gardens	HH	1,300	212	231		7,000					120	8,863
Community gardens	community			73								73
Conservation farming	HH		535	100	470		140		5,132		27	6,404
Drip kits	HH		241	231		7,000	100				320	7,892
Livestock	HH		989		6,800		5,400				500	13,689
Natural resources	persons		1,545									1,545
Health												
HBC food	HH	2,150	2,466	3,450								8,066
OVC	children											0
Health training	persons		5,520									5,520
Volunteers	HH											0
Water & Sanitation												
Latrines	number		846	170				200			20	1,236
Boreholes/wells	number		244	230							300	774

Source: TLC

Note: Safire and PumpAid are incorporated within NGOs

Appendix D: Social Development Specialist

Introduction

The OPR TOR specifically identified a number of social development issues to be considered by the Social Development consultant. Detailed consideration is provided below under specific headings. Although the TOR asked for a final section to *recommend how the programme could be improved in the future*, recommendations have been considered at the end of each section alongside the discussion topic. These recommendations were then fed into the proposed revisions identified by the OPR team altogether.

However the TLC unit and its partners had already identified a massive range of recommendations — especially in relation to targeting. Therefore various recommendations in this annex reinforce what the PRP team themselves had put forward. But the concern was to give some priority to the range of TLC/ partner recommendations, not only in terms of what could practically be achieved during the end of the PRP but also in terms of what would specifically help to consolidate the PRP action more strategically.

1. Review poverty targeting and make recommendations for improvements, especially with regard to reducing inclusion and exclusion errors.

1.1 The PRP focus is on the poorest people in Zimbabwe and on protecting the livelihoods of some 1.5 million people, particularly households affected by AIDS.

Targeting the poorest is always problematic and a very difficult process, but it is made more difficult in Zimbabwe for several reasons. Firstly there are considerable discrepancies about the numbers of poor and vulnerable; available information may not be reliable enough to identify all of the poor. Also national data is not yet available. At the time of the OPR, the VAC data was not published. The GoZ poverty assessment undertaken in November 2004 has not completed the data entry stage yet.

1.2 The continuing humanitarian crisis has meant that there is *a vastly expanded category of vulnerable and transient poor, as well as the chronically poor*, which complicates the process of targeting. The situation is also changing as more and more people are affected by the economic conditions and action, such as Operation Clean-up.

1.3 *Focusing on the poorest during a crisis has to be a difficult process*, when so many are vulnerable. While the agreed general poverty criteria of female headed, orphaned, elderly households etc provide a ready mechanism for identifying the poorest, this also has limitations as a mechanism for targeting. For example, not all single female headed or orphan households are poor. As a practical example, we saw a family where orphans living with an older woman were better dressed than her own two grandchildren who also lived in the compound. It is very difficult to make an assessment. *More refinement is needed of the targeting criteria* which is discussed under section 3.

1.4 *Targeting is always problematic at field level*. The presumption is that once criteria have been set and agreed on, then it is a question of following the procedures, ensuring that only groups from that target are on the list and given support. When this does not happen, the implementers are seen as having failed to target.

1.5 However the reality is much more complicated. It is at field/ community level that *a whole series of strategies, arrangements, checking and compromises have to take place*. It

is in fact the point at which donor theory and community reality meet. Taking examples of when we went to the field – at village level a fieldworker has to face the particular wishes of village headmen and their personal priorities, the poorest people may not be present or even acknowledged, people in communities may have entrenched interests – they want themselves or relatives to benefit, there are many people in distress and also that villagers may distinguish between the deserving poorest and those who have dissipated their limited assets.

1.6 Implementing Partners (IP's) themselves have been trying to address the issue of more effective targeting. An early TLC report (Number 3) discussed the *existing targeting arrangements and indicated possible ways of strengthening the process*. At that time, there seemed to be considerable variation in the mechanisms used and considerable differences in expertise.

1.7 Since then various partners have tried to improve their targeting methods. *The PRP is giving considerable attention to targeting*. Most recently consultants have been undertaking a detailed assessment to provide comparative information (Report 14) as to which partners are doing what type of targeting. Possibly because of the range of information (as well as the sharing of approaches) partners seem to have more confidence in the need to negotiate at community level. We came across a whole series of strategies that various partners have used to try to address these complications: At one field visit a fieldworker explained what they do now:

A description of the current targeting by field staff

Inform the local organisation – Go into the village for a meeting with representatives of the community – Help the community to categorise the poorest, not so poor etc - Explain target procedure in terms of the chronically ill/ orphans/ widowed/ large dependency ratio – Try to identify with the village who in those categories fall within the poorest category that they have identified - the village with the village headman selects who should be targeted – Then the partners do a 10% random survey as a check to independently verify that these are the poorest

However, there is still considerable disparity of methods and a need to build up a consistent (but flexible) targeting approach for PRP.

1.8 *Some lessons seem to have been learnt* about the need to exclude those who may not be the poorest. Partners now try to check on those proposed as poorest through a variety of means. Most particularly partners use verification assessments on this information – for example they will do a random 10% sample survey, door to door to check on conditions. Various partners are *building up vulnerability frameworks* to provide a refinement of the initial targeting guidelines.

1.9 While the focus is on more effective inclusion, a key concern identified by TLC during the OPR was *the need to address exclusion of the poorest*, who are not part of the targeting process at the moment — for example, those who cannot go to village meetings because they are too ill etc., who would not be identified by others as the poorest and who would not speak up at meetings. Partners are trying to address this but it is in an ad hoc manner. During the field visits they described how just being in the field can be important – if you walk round people come up with complaints or to tell you that someone has been targeted who should not be or vice versa. They also saw the random sample as a way of seeing if there is someone nearby who is poor/ poorer. TLC/ IPs are themselves trying to address inclusion and exclusion errors. But, as with

an amount of current targeting work, the response is often ad hoc and inconsistent. Attention now needs to focus on developing experience and approaches into a more consistent inclusion strategy.

What does this mean in terms of recommendations?

1.10 Various recommendations have been made in different TLC reports for *refining targeting* — *in fact there is a vast range of recommendations already*. However the current recommendations are too ambitious. Rather than add even more suggestions, it seems important to identify some key issues and make sure that these are being consistently used and reviewed by Implementing Partners as part of a process of refining targeting. To make this a more manageable process it is suggested that TLC/IPs reconsider the vast range of report targeting recommendations. They need to prioritise these recommendations, for example into short (Dec 2005) Medium (Feb 2005) and longer term actions (beyond the time of current PRP). In the short term, the focus should be on the development of a Targeting Framework, as recommended, but in the long term TLC/IPs have to build this into an agreed Targeting Strategy. It seems unlikely however that the larger strategic task could be completed within the current time frame effectively.

1.11 Some key short/ medium term recommendations that were made in Report No. 3 that look possible are:

- Refine targeting criteria
- Community targeting frameworks
- Pilot a self targeting model
- Ranking system
- Rationalise the various mechanisms e.g. verification component of door to door mechanism for picking up excluded
- Piloting more innovative approaches

1.12 However this still seems like a very ambitious process within two years and attention should be given to trying to channel the range of ideas, approaches and action into a more strategic context to have more effect.

Proposed Revisions - Targeting

In the medium term

- Focus on the production of the Targeting framework (involving a joint review of the series of targeting activities/ recommendations to produce this)
- As part of that process, develop an initial Inclusion Strategy for vulnerable groups/ poorest (based on knowledge from intervention, experiences and assessments)
- Pilot a few approaches that could indicate more effective targeting on the poorest/ ensure inclusion

Longer term and to provide a more strategic response

- Build all this work into an agreed Targeting Strategy to reach the excluded/ poorest/ chronically ill that could be advice for other agencies of what will work in the Zimbabwe context.

2. Review the extent to which NGOs have moved towards participatory planning and demand led interventions

2.1 Various participatory techniques have been used for some time in Zimbabwe (for example, the Let's Build Zimbabwe together materials in the late 80's). There is still *evidence of Community Based Planning*. In the field, for example we saw a District level planning session with facilitators, discussing the findings of PRA/CBP activities in various villages. The various PRP partners also have guidelines available on a participatory approach (and some, such as ActionAid, CARE, SCF, CAFOD etc have built up an international reputation with this expertise). In addition, other agencies have also developed PRA materials as part of their work. For example, WFP has a detailed participatory techniques handbook for staff. It was therefore surprising to find limited use of PRA techniques, apart from the HBC work (which is discussed in detail in another annex) in the field. Focus group discussions seem to be the main PRA mechanism used, although some partners have done ranking and verification exercises with communities. However, focus groups with leaders and representatives is seen as community participation; more understanding is needed about the difference between consultation and participation.

2.2 It seems as if the participatory approach/ process has been *seriously derailed by the food crisis*. Partners explained that agencies have moved away rather than towards a participatory approach. Food distribution is immediate and for everyone. Staff then lose interest in other (more time absorbing) interventions. So food distribution seems to create a dependency mindset all round.

2.3 In addition, recently within NGO's, there has been a significant change of staff – either because staff moved to crisis/ food relief work, staff were 'poached' by other NGO's or because foreign nationals left the country. All of this means that *institutional memory about previous PRA/ community based action may be lost*. Especially, if the original NGO PRP proposal was compiled by expatriate staff who have now left, local staff may be implementing an approach that someone else compiled. There is however the reverse of this process — local staff move from one NGO to another and take with them techniques (e.g. in SCF at field level).

2.4 The potential would seem to be there for more participatory, demand led and community based responses for PRP action. However, it is important to recognise the reality that partners are dealing with, when promoting a participatory approach within the PRP. Partners face restraints from several directions.

2.5 There needs to be an understanding of the local dynamics — the *potential for a participatory approach is not the same in all communities*. What works in one community does not necessarily work across the board. Different types of communities respond differently, depending on whether those in charge have tight control or whether communities themselves expect to have a say in what happens. Various partners in the field, confirmed that this is true in their experience.

2.6 *Staff at community level, even if they have PRA skills, can be faced with an unreceptive context for a participatory approach*, especially where chiefs and headmen

see this as undermining their authority. Similarly District authorities, with a top-down, bureaucratic approach may also be unresponsive to a more participatory, demand led approach.

2.7 Even the CGs are not necessarily focussed on a participatory approach, being concerned with technical responses. We discussed with CG's what potential there is to feed lessons learnt from the community up into their organisations. The monthly meetings seem to be the only mechanism and these are more focused on technical info being fed down.

2.8 NGO's themselves may operate in a top down manner, with their fieldworkers taking a far more participatory, community led approach than those in HQ. With these various constraints and the NGO's own concerns — since they are often living from year to year with relief programmes, promotion of PRA techniques needs to be realistic.

2.9 Already some participatory action is being promoted. The HBC work is the most substantive example of how a participatory, demand led approach can work. (This is discussed in detail in a separate annex). In relation to other interventions, specific participatory action is being promoted.. For example, ITDG and SCF have set up a community planning cycle working with stakeholders in 2 districts. Children's committees and Youth friendly centres have been set up, providing an arena for discussion. Groups of villagers have also been involved in study circles, as part of the PRP process. Drama pieces have been used in HIV education. Referral clinics and complaints desks have been set up in some places to address concerns about targeting. In fact, Report 14 illustrates a wide range of mechanisms. This action could be built on or expanded as a PRP approach.

2.10 There is scope within the PRP to promote some particular participatory approaches. Most immediately, and importantly, there is the possibility to use PRA techniques to build up a more substantive picture about the *Coping Strategies* that poor people have developed to deal with the ongoing and increasing problems that they face. Discussions with partners in HQ and in the field indicated that considerable information is known from experience etc if it could be captured. Most significantly a substantive coping strategies assessment would be an important basis for a consideration of how to refine and improve PRP support as a demand led rather than supply focused approach.

2.11 In addition the possibility for participatory assessments of impact/ effects needs to be considered. Work has to be done anyway to improve PRP impact assessment methods, but participatory evaluation by beneficiaries to provide information on yields etc could complement quantitative surveys, maybe reducing the amount of survey work that field level partners need to undertake.

What does this mean in terms of recommendations?

2.12 Given the existing constraints on a participatory approach (discussed above) **this type of participatory work by the partners would need support from above** and the PRP would need to help channel information from any participatory activity up to other agencies. It would be unfair to expect partners in the field to promote a participatory approach themselves.

2.13 Within the next year, **it would also be unrealistic to expect partners to develop a substantive community led, demand-driven approach.** How far this process could be

taken will depend on current conditions. People themselves will drive the agenda back to relief if the crisis does not improve. *PRP partners will also need support/ backing* if they are to help people see the need for more sustainable rather than passive responses.

2.14 Realistically, this last year of the PRP is more likely to be a time of strengthening current capacity in terms of promoting some specific participatory activities and strengthening practical participatory skills. However, a more strategic consideration of how to consolidate the PRP response as community led interventions also needs to be part of the lesson learning process in 2006.

Proposed Revisions – Community Participation

In the medium term

- ❑ Develop good practice guidance on community participation approaches from various current initiatives (in particular from Report 14) that partners agree to as part of their operational agenda.
- ❑ Undertake community participation training/ sharing with Implementing Partners and local partners, not only as a way of increasing field targeting skills but also so that partners can more fully discuss the potential for community led interventions.
- ❑ Develop appropriate (at this stage simple techniques, such as seasonal calendars) participatory monitoring by households to measure the impact of current interventions in their lives.

In the longer term and to target action more strategically

- ❑ Develop appropriate Participatory Evaluations with communities/ beneficiaries as an integral part of the impact assessment process
- ❑ Undertake a needs based/ Coping Strategies assessment
- ❑ On the basis of building up a participatory experience/ skills/ understanding consider alternative options for turning this programme into community led interventions.

3. Review the impact of the programme and interventions on poorest and most vulnerable groups

3.1 The task of *identifying the poorest is a difficult one* since there are so many debates around who is poor and poorest²⁴. For example:

- *❑ Officially, figures about the levels of food insecurity vary significantly.
- *❑ Definitions of who is poor differ from area to area. In Matebeleland a household with 2 livestock is considered poor, while in other areas this would be a household with assets.
- *❑ Communities themselves have different ideas of who is poor. The poor that the community identifies for support are the able poor
- *❑ With increasing problems, statements about who are poor/ poorest may be out of date fairly quickly

3.2 *There is also an issue of accessing the poor.* They may not be readily identifiable. The poorest are not necessarily going to meetings nor may they be able to vocalise their

²⁴ The chronically ill are considered in a separate annex.

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needs in community meetings. The chronically ill, unless they are specifically targeted, would be excluded since they are unlikely to be able to go to meetings anyway.

3.3 Evidence that the PRP is reaching the poorest and vulnerable is patchy, but there are various reasons for this. Partners are honest enough to say that it is difficult to ensure that the poorest are included (for all the various targeting reasons discussed above). But it is not simple a question of failing to reach the poorest. The identified poor categories – single female headed households, orphaned headed households etc are poor instruments for identifying the poorest. For example a widow may not necessarily be poor. A household where the head is chronically ill, may also have other younger members of the family working. Similarly a household where the head is elderly may have members working, while a household were not only the household head but all the household members are elderly will be in much poorer circumstances. So while the partners may be following the general criteria for targeting these poor categories, this is not enough. Partners are trying to refine the process.

3.4 Current consideration is being given to more precise tools for identifying the poorest. Some partners have disaggregated different groups of poor, in order to target them more specifically. For example World Vision has disaggregated households in terms of the poorest, poor, just managing and better off. As part of the TLC/ Partner Targeting discussions, consideration is being given to ways of defining and identifying the poorest, including the possibility of a range of proxy indicators.

3.4 Clearly the database in preparation will be an important contribution to understanding but this will need to clearly identify different categories of poorest and vulnerable. A disaggregated profile of the poorest households and the ways in which they are being assisted is crucial for understanding the day to day impact of the PRP. There needs to be much more focus and encouragement of partners to collect information in this way – and see the relevance as well of qualitative information for on-going lesson learning/ impact assessment.

3.5 *Figures are available for the numbers who benefit from PRP interventions.*²⁵

However, currently, PRP figures do not indicate how many of these are the poorest:

Intervention	No of HH
Cereal seeds	117,517
Vegetable seeds	45,135
Fertiliser	115,039
Drip kits	3662
HBC	12,475
OVC	20,703
Gardens	4,262
Communal gardens	368

Based on field visits, some of these households are poor. If the targeting can be more strongly refined then *this is an indication of the numbers of the poorest that could be assisted.*

3.6 There was evidence of specific impacts on poorer people, **during the field visits:**

Evidence of impact on the poorest

In the field we met one woman lead farmer who every 10–14 days sells about 25 bundles of greens x Z\$ 6000. She now has her son of 19 also doing a garden this year.

We met a young girl (late teens) who is looking after her chronically sick mother. She has been very successful in producing crops with drip irrigation and sees a particular benefit from the fact that she can start the process going and then go off to do other tasks while the garden waters itself.

We met a woman living on her own, deserted by her husband and with no apparent means of support, who had been given two goats and already has a kid, which she can sell when it is grown.

3.7 TLC report No 14 highlights the effectiveness and appropriateness of the whole range of different partner initiatives. However, it is clear from this list that there are a vast range of activities, not yet consolidated as an approach and undertaken in very different and disparate ways. A number of interventions have only recently begun. For all these reasons it is difficult at this stage to say much more about impact generally for the poorest.

3.8 Discussions with the CG team highlighted *some particular technical issues concerning impact.* There was a debate with the CG's, focused on whether the PRP agricultural interventions want to produce the most (which will benefit local communities) or include the poorest as a priority. DFID has made it clear to the partners that the support is to reach the poorest. However, the general viewpoint of the CG group was the need for more flexibility in targeting on good farmers, especially since *the poorest (as they see it) are not necessarily good farmers.* Such an attitude is going to affect the impact the project can have on the poorest and most vulnerable.

²⁵ The figures cannot be simply totalled since some HH may be receiving two or more forms of support.

3.9 From visits in the field, it is *not clear that the lead farmers are working with the poorest people* nor are skills effectively being passed on. (The issue of cascade training and the need to strengthen this is discussed in detail in another annex considering training). Yet there were examples of the poorest and vulnerable households effectively growing produce using drip irrigation. Understanding the dynamics for poorer people (and for women as well as men) is crucial to effectively tailoring interventions to suit their needs. For example, one agency pointed out that women can sell cabbages but could not sell maize.²⁶

3.10 There is evidence that the *poorest are disadvantaged as farmers*. They are likely to have poorer harvest because they are not able to plant until late. Since they will not have a plough, they have to wait for others to finish their ploughing before they can borrow equipment. In this respect drip irrigation kits and conservation farming are specific ways of including the poorest in agricultural activity.

3.11 Most of the available literature seems to be pitched at a technical/ knowledgeable category of farmer. ICRISAT have begun to develop more accessible literature but consideration needs to be given to *making technical literature more readily accessible to poorer people*.

3.12 *There also needs to be a recognition that supporting the poorest may require additional/ longer/ special support*. A Lead farmer is not a vulnerable farmer but when new technology is being introduced then the poorest cannot/ will not take the risk. Is it possible to refine the Lead farmer cascade so they take the extra time with poorest households to help them become good farmers? Maybe the PRP needs to consider incentives for farmers that specifically support the poorest and vulnerable. Also the possibility for packaging complementary interventions needs to be considered to provide more effective support to the poorest and vulnerable and address the disadvantages that they face.

3.13 Clearly further work has to be done on developing a more inclusive approach for the poorest if agricultural interventions are to have an impact.

What does this mean in terms of recommendations?

3.14 The TLC/ Partners reports have already made a vast range of recommendations. Some that seem to be the most likely entry points for action are:

- Make a detailed assessment of coping strategies for different categories and see how to link packages to them
- See the various mechanisms — discussion sessions, verification, complaints desks as complementary rather than alternative methods of trying to break through to poorer people
- Re-look at poverty cases that World Vision is no longer providing for
- Review interventions and see if it is possible to standardize components/ provide effective packages for the poorest — e.g six chickens incl. 1 cockerel or 5 chickens — which is best for poorer people?
- Consider packages for the poorest as a way of focusing on them

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²⁶ There was not sufficient time to check this but various gender dimensions of the PRP interventions need to be reviewed.

- | Introduce other interventions as choices — either or for the not so poor but currently vulnerable
- | Recognise the importance of lead/ support people to help poorer people get started But need to ensure that everyone is convinced that this will happen
- | Consider the possibility of proxy indicators to help local staff dig deeper — no. of buildings, state of repair of homes, state of doors, blankets, shoes, granary, fence (in some regions)
- | Use the seed/ livestock fairs as part of a dissemination process — demonstrations of drip irrigation etc. / showing produce and the effects of the farming techniques/ a contact point for lead farmers

3.15 Some other practical issues were also raised during the OPR, including:

- The TLC to negotiate more with Partners/ CGs to tackle this issue that the community is being experimented on
- Help local partners to make stronger links with district
- Check to see if the DAAC form can be part of TLC reporting, making use of other existing data collection
- Consider easy to use guidance for farmers (protocols are working and being used by partner staff but information needs to reach further down re. technical solutions)
- Consider the possibility of discussions around participatory evaluations with the farmers as a way of providing indications of product impact, using techniques such as pictorial seasonal calendars or flowcharts.

3.16 However, with such a wide range of different and disparate initiatives being undertaken by so many partners in the field, they need to be standardised or at least co-ordinated as a more strategic response. Also combinations of support to need to be considered for the poorest and vulnerable to address the additional disadvantages that they face.

Proposed Revisions – Impact on the poorest and most vulnerable

In the medium term

The focus during the remainder of the PRP has to be on refined targeting mechanisms in order to reach the poorest more effectively with available interventions and a more substantive database that can identify the poorest, most vulnerable and chronically ill for better targeting.

TLC and the partners have identified a massive range of activities, as set out above. Some improved interventions focused on the poorest can be promoted in the medium term but really this needs more substantive consideration of the possibility of multi layered interventions targeted at different needs of the poorest and vulnerable.

In the longer term for a more strategic response

Develop multi-layered interventions, based on current understanding and experience and lessons learnt from the initial programme of interventions. This is likely to involve

- packages of support for the poorest and chronically ill, including training and support as well as inputs,
- options of interventions and more choice for the poor category, focused on trying to build assets
- specific interventions for the 'not so poor' to build their assets or give them support if they are prepared to support some of the poorest people

4. Review the effectiveness of gender mainstreaming

4.1 As with community based planning, the *emphasis on gender action that there had been in the past in Zimbabwe seems to have lost its strength*. This has not been strongly addressed or even advocated for within the PRP. Partners generally viewed gender mainstreaming (GM) only in terms of the number of women involved in the PRP. But since a significant number, at least 50% of farmers, are women, consideration needs to be given to their particular needs in the design and delivery of interventions.

4.2 In the PRP they have begun the task of deciding *how to move from the theory of GM to practical action* within the Zimbabwe context. However, it is early days for this work. There has been an awareness workshop, which partners considered useful and which helped to put partners on the same footing in terms of an understanding of mainstreaming. The next step is to jointly produce guidelines.

4.3 There has been *some action taken in the field, but this is mainly by NGOs that have a specific focus* and expertise in Gender Mainstreaming. One partner, for example has set up village committees and is encouraging them to include women. Another partner, who was facing difficulties with some very powerful Chiefs, has developed study circles with women in all 20 target Wards as a mechanism for opening up discussion.

4.4 The concern now seems to be *to identify particular practical action*. For this an understanding of some of the local dynamics that could affect the effectiveness of interventions is essential. For example, Chiefs will respond to HIV/ Health issues but partners indicated how difficult it has been to engage them on domestic violence. *Possibly a way forward is to use the HIV/AIDS work as the initial entry point for addressing GN issues*.

4.5 The *attitude of partners is going to be important if GM is to be promoted* – if they are not convinced or think the matter is too challenging then who is going to promote this? This means considering partners' attitudes towards gender mainstreaming as well. The partners differ in terms of how they, as an organisation, respond to gender issues. *There are agencies that innately take a gender mainstreaming approach* — in their own organisation/ staffing/ attitude and those who have not yet done this. Indications of organisational commitment seem to be the ratio of professional male and female staff, in-house gender training and whether they have a gender mainstreaming or equity policy as an organisation.

4.6 Unless all the partners agree on the type of GM approach, it is unlikely that this will be effective. So a first step has to be *an agreement of what partners themselves are prepared to commit to* in terms of promoting Gender Mainstreaming. Similarly, since it can be so difficult engaging with Chiefs and Village Headmen on this issue, maybe a first step is to see what they would support in order to ensure that interventions address women's as well as men's needs and ensure equal access to the opportunities. Obviously this is a very difficult (and problematic) area and the PRP has to look pragmatically at

what might work in the field. Maybe a practical way forward is to have those stakeholders/ partners — such as *Chiefs and Village Headmen who would not normally take the lead (and are the gatekeepers) discuss* at least what they would agree to.

Proposed Revisions – Gender Mainstreaming

4.7 Given the very limited action on this so far, it is difficult to see how far the PRP can go in terms of developing an agreed Gender Matrix during the rest of the programme, but the aim should be to work towards an agreed set of practical action that key stakeholders are committed to. On that basis the following is proposed:

- Endorse TLC's recommendation of a workshop on how to practically implement mainstreaming/ participatory development of gender indicators Debate in TLC arena led by CGs as to what they think can be done to mainstream gender (and why)
- Consider a practical entry for Gender Mainstreaming, working with a group of more enlightened Chiefs/ headman for criteria that they would apply

5. Assess the sustainability of interventions in terms of investments in social capital

5.1 The PRP has been a fairly interesting *mechanism for building on existing social capital, building up the various implementing partners into a more substantive network* for delivering support to poorer and vulnerable people out in the field.

5.2 Consideration therefore needs to be given to the potential for strengthening social capital not only at the community level but in terms of the *NGO's as a potential national resource management network*.

5.3 Although there are considerable differences between the various PRP partners and their local partners, the *PRP has encouraged closer working relations and an amount of interaction, lesson learning and shared experience between partners at the field level*.

5.4 *The focus, at this stage, has to be in terms of building the capacity of various partners to undertake interventions effectively.* Working on the PRP has helped to develop skills. As one partner commented it has helped them make the transition from being an NGO that measures inputs to impact. There are however considerable skill, expertise and capacity differences between partners. Some partners are now beginning to establish more effective operational systems. (Organisational issues are dealt with in detail in another annex.)

5.5 *There are indications of more effective uses of resources with greater co-operation.* For example, partners are using the protocols more and learnt lessons to refine procurement procedures this time around. As one partner succinctly put it – without the PRP they would probably still be competing.

5.6 *In addition, PRP/ TLC support is strengthening the type of job they do, as well as how they operate.* Improved capacity to target the poorest and a broader range of participatory techniques, for example is likely to increase their network strength. Some of the IPs have begun to consider how to link the PRP more with their other initiatives or utilise similar techniques in other areas of their work. So there may be wider possible benefits from more effective resource management more generally.

5.7 However, there is still a long way to go before most of the partners will be operating at the same level. Organisational and training issues are discussed in detail in another

annex. Here the concern is to illustrate how, as more effective units within a network, *the social capital of this sector of civil society is beginning to be strengthened.*

5.8 Making the NGO/ field level practitioners stronger as a group also means giving greater credibility to their knowledge and field experience and therefore the *possibility of their being able to link in to the strategic/ decision making level.*. There is already some evidence that the PRP is helping to facilitate that process of credibility. For example, the FAO is adopting PRP indicators for the ECHO programme, MOA is now promoting Conservation farming and Seed fairs,

5.9 However, again, this is just the start of this process and there needs to be more co-ordination between the NGO's and agencies such as the CGs. **Very few NGOs are technically minded so they are not necessarily seen as equal partners in discussions.** As discussed at the meeting with DFID, possibly a group of social/ community participation expertise should be represented at these co-ordination discussions, so that the discussion can be about both demand and supply led aspects and give greater validity to the partners field experience.

5.10 *The PRP can play a role in strengthening social capital by co-ordinating action, resource management and lesson learning.* However partners have found this process quite time consuming. This is understandable, since they want to focus on action in the field rather than effective report production, assessment of impact, financial returns etc. While considering the monitoring as quite onerous, most could now see how important it has been to introduce good operational practice into their work.

5.11 Working together in partnerships and sharing experience through the PRP, means that this whole network *has the potential to provide a much more substantive network for effectively reaching down to communities* and sending support down.

5.12 At community level, there are initiatives to provide additional channels for a community voice and support for groups that might be excluded and help to build social capital at this level. However such initiatives (e.g. discussion groups etc.) are very piecemeal at the moment. *However, making this a more effective delivery mechanism and working with communities to build a more community led approach to PRP interventions could only be possible as part of a much longer term PRP process.*

Proposed Revisions – Social Capital

Given the timescale of the PRP, only some initial entry points for beginning to build social capital further are proposed now:

- ❑ Where possible to take District people out to the field, as part of building up links/ understanding
- ❑ A copy of DAAC HIV data also be sent by partners to TLC
- ❑ Undertake a review of existing farmer bottom up guidance from Southern Africa and have a resource library of this information available for partners in the TLC office.

6. Consider other forms of social transfers that can be used to address chronic poverty

6.1 DFID has been considering effective policies for reaching the extreme poor. In an effort to find new ways to reach them, *DFID is focusing on social assistance, especially*

*cash transfers*²⁷, as a mechanism to complement the substantial work done by the World Bank²⁸ and the ILO on Social Protection as a policy response.

6.2 Cash transfers are being promoted rather than transfers in-kind “because enabling people to make their own decisions regarding how to improve their livelihoods is more empowering and efficient.”(Ibid) Cash transfers can however take several forms – targeted to the poorest, for a specific group (such as the elderly) or conditional transfers, for example on condition that children attend school. There have been some specific illustrations of how conditional cash transfers can work in Latin America — such as Brazil’s Bolsa Escola and Mexico’s Progresa. Most recently, *DFID has been promoting social (cash) transfers* in Ethiopia and Zambia and considering the possibility of this process in other African countries, such as Malawi. For example in Zambia, DFID is proposing to expand a GTZ pilot that targeted 5,000 beneficiaries with small cash transfers into a government response to its most vulnerable citizens.

The question to ask is whether these social transfers, as envisaged elsewhere by DFID, might be *an appropriate mechanism to consider in the Zimbabwe case*. Cash/ social transfers have generally been seen as a way of moving from ad hoc, relief assistance to a programme that delivers predictable, timely, adequate and appropriate (cash) transfers to both the destitute and vulnerable. Generally it is seen *as a government mechanism* for on-budget support and increasing Government accountability. Clearly this is not possible in the current circumstances.

Also in this crisis, inflationary, politically challenging period it would be difficult to look substantively at the cash transfers debate per se. Cash values change weekly, if not daily. For example, at the time of the field visit, an 18kg bag of maize can now be exchanged for 1 goat; so in exchange terms the price of goats is effectively devalued significantly. It may be possible to look at further use of the current voucher system, which avoids cash transfers.

Realistically, within the current time frame of the PRP, there is not the scope to substantively introduce any new innovations. Rather consideration should be focused in the remaining year of the PRP on establishing a more effective set of targeting mechanisms to ensure that current interventions are working effectively

However it would be useful to consider other innovative approaches, drawing on the lessons that can be learnt from the work in Latin America and Africa and possibly consider a pilot as they did in Zambia. This would also need a review to be made of the underlying strategies behind the cash/ social transfer approach — Social Protection approaches, World Bank’s Risk and Asset assessments, DFID’s focus on social support and the UNDP’s review of social transfers in Africa to see, in the longer term, how to strengthen the sustainability of interventions.

Proposed Revisions – Social Transfers

In the medium term

²⁷ Escaping the Poverty Trap – Effective Policies for Reaching the Extreme Poor – DFID Draft 2005 Reaching the Poorest Policy Group

²⁸ World Bank Social Protection Strategy For Africa

- The current TLC/ Partners recommendation of cash transfers needs a whole range of discussion and consideration.
- Possibly the TLC meetings could provide a starting point for more substantive discussions of innovative approaches, once the current interventions are starting to work more effectively.
- For such discussions a review and assessment of social transfer experience elsewhere would be important, especially as part of the lesson learning process of PRP.

Appendix E: HIV/AIDS, Home-Based Care and Nutrition Specialist

1. Review extent to which beneficiaries are most vulnerable, chronically sick and HIV /AIDS.

Criteria used by different partners

Broadly criteria was

- Vulnerable defined as
 - The elderly
 - Orphans
 - Chronically sick
 - Widows and female headed households

In addition targeting for

C/F required beneficiary to have land and some simple implements

Nutrition gardens required a source of water

Targeting of the chronically sick was most apparent where there was an active HBC program. (Zaka and Mutasa and urban areas.) As a result all/most of their clients were chronically sick (Chiedza home of hope Harare, Zaka Home base care, ACT Highfield Harare). However it appeared in some programs targeting according to chronic illness did not differentiate those who were bed ridden and those who were up and about and could still provide for their needs to a certain extend.

While the other programs had the sick as their beneficiaries this was because they were part of the vulnerable group.

Mobility problems to community meetings, either for registration, verification or distribution results with some of the sick and elderly not benefiting from the PRP. In addition targeting of orphans is also constrained because generally children's voices in community meetings are not present. Children's involvement in community meetings is non existent and at best was very low. Few IPs had developed mechanisms to solicit for children's voices in programs.

The special conditions for targeting on some components disadvantaged some of the most vulnerable group especially on nutrition gardens and conservation farming. The approach of providing nutrition gardens and drip kits at individual households requiring a water source at that household resulted in some of the most deserving households with chronically sick and orphans not benefiting from nutrition gardens and drip kits. In urban areas the target group for PRP and the chronically ill, most of them do not own any land and there access to water is minimal because they are not house owners.

Recommendations

- *In line with the overall recommendations on targeting, to effectively respond to the needs of the chronically ill and vulnerable children it is important to develop a frame for easy identification and verification of this target groups.*
- *Appropriate packages for the different groups need to be identified*
- *The approach of having drip kits in a communal garden and hence sharing of the water sources avoided this problem (Chiredzi)*

2. Effectiveness of HIVAIDS mainstreaming

Mainstreaming HIV /AIDS in PRP programs has not been strong. While the design of the PRP is targeting the chronically sick and those affected by HIV and AIDS such as orphans, which is a good strategy of mainstreaming HIV and AIDS, it is noted that the issue is being taken from a targeting issue and a requirement of the project. Beyond that, consideration of HIV AIDS is mostly awareness raising. There is no strong evidence that program activities are being modified to respond to the effects of HIV/AIDS especially to the needs of the sick. Drip kits for nutrition gardens are an effective way of reducing the labour and water requirements for the able bodied. However if it is not accompanied by complementary technology to facilitate the filling of the tanks then the technology is not effective for the sick and their caregivers.

Discussions with all IP's and community displayed good knowledge about HIV and AIDS, causes and prevention. This could be a result of the prevalence of the diseases within the community where each household has in some way been affected. However most of the IP's could not define any programs beyond awareness done at meetings and during distributions and this in any case was more evident where home-based care programs are active. There was no clear comprehensive agenda of mainstreaming HIV and AIDS and its impact at the programmatic and operational level especially at the local partner level. Mainstreaming was more evident at the main IP level where these organisations have had strong mainstreaming approaches. One organization has had some HIV/AIDS messages printed on the seed vouchers for the input program, which is a commendable approach.

Some IP acknowledge that for effective mainstreaming it is vital to start at the organizational level through development of clear HIV/AIDS at workplace policy for staff to effectively deal with the issues among the communities.

Recommendations

- There is need to clearly define aspects of HIV and AIDS mainstreaming in programming and appropriate capacity and guidelines developed.

3. Impact of interventions on Households

Conservation farming was reported as having enabled households to plant early and not rely on draught power. Farmers to some extent reported gaining self esteem within the community because they were in control of the farming activities. Where drought was not severe the farmers reported higher yields. They reported not experiencing a hectic agricultural season because they can spread their land preparation time through out the dry season. Because of this fact it was reported that CF could also be practiced by the chronically ill. However all agreed that especially, the first year was labor intensive and would be a constraint for the chronically ill whose main constraint is labor.

Input program especially the seed program has been well received by the communities including the elderly widows and chronically ill whose resources may not be adequate to buy the high cost hybrid seeds.

Nutrition gardens and food distribution in urban areas have provided valuable food sources for the households. HBC programs have been reported to have increased awareness on HIV and AIDS and to some extent stigma and discrimination. Where a

comprehensive HBC program was being implemented with food assistance beneficiaries reported an improved quality of life.

Water and sanitation programs had just been introduced and in areas visited toilets were under construction. In some programs these were being targeted at elderly and chronically ill households, which is a commendable strategy because of the special needs of these groups. This saves the weak from walking long distances to the bush. However it was consistently reported that in terms of priority the community would prefer food assistance than a toilet.

4. Utility of nutrition gardens

The nutrition gardens are providing a valuable source of food to both the target group and in HBC programs to the secondary givers. The gardens are well in line with the drive to provide not only water for domestic consumption but also for productive purposes.

The nutrition gardens have either been established at household level or community level and most are using drip kits. Different technologies are being used to bring water into the drip kit tank. Some of the systems are still using the traditional method where water is drawn by bucket, while others are using powered systems of either the elephant pump due to be introduced in PRP areas or the treadle pump already being used by CRS. Beneficiaries both men and women reported that the traditional system was a burden and some would prefer a system which reduces this burden. It would appear the PRP programs were not adequately responding to the special needs of the chronically ill. Providing a drip kit without lessening the burden of drawing water especially for individual wells is not effective for the chronically ill and the elderly. A system that promotes the pooling of labour resources (communal garden) coupled with a pump system would be suitable for the weak and chronically ill as well as children.

There were a good variety of seeds supplied under PRP to meet the nutritional needs of the sick. However some of the vegetables promoted were not familiar to the households and therefore little appreciation of the value. Herbs were being promoted in most PRP programs. However the growing of herbs for nutrition and medicinal needs is still not universally practiced because in some areas it was still seen as a new concept. It was however prominent in urban areas.

Training on nutrition was not consistent with some programs having trained their beneficiaries on nutritional aspects of the foods they grow and even gone further to train on the preparation of such food. Other programs were still to provide the training.

Various PRP partners reported promoting the use of herbs and the need to document and provide more information on nutrition and medicinal aspects. However this is being done at individual level and there is little sharing and scientific research on some of the claims on nutritional and medicinal aspects of the herbs.

Recommendations

- *In order to cater for the elderly and the chronically sick drip kit installation should be accompanied by appropriate technology which reduces the burden of drawing water, the pump can be shared between households as piloted by Oxfam.*
- *Community gardens should be considered where possible to ensure that a large number of people benefit from the drip kits. Issues of security could be avoided if the garden is established close to the villages.*

- *Gardens at individual homes are most ideal for the chronically sick and orphan headed households. The water source will provide both domestic and nutrition garden water needs*
- *Nutrition education is important to ensure beneficiaries continue to grow crops/vegetables for their nutritional value.*
- *Use of herbs in HBC requires a strong educational program to avoid misuse and further research and documentation is required in relation to nutritional and medicinal value and also compatibility with ART. UNICEF in the context of PRP could play a leading and coordinating role in further research and documentation on nutrition and use of herbs in HBC.*

5. Effectiveness of HBC programs

Not all Wards visited had an active HBC program. Chiredzi, Masvingo District Wards 14, 28, 29 and 30 and in Zaka CARE is only covering 13 Wards out of 30 Wards. This implies that there are areas in which PRP is being implemented without HBC programs to care for the sick. In such a situation the chronically sick are not receiving the holistic care necessary to improve quality of life.

5.1 Services provided

5.1.1 Food Packs

In urban areas partners were providing food assistance through PRP through the voucher system or direct distribution. In rural areas direct food distribution was done through parallel food pipelines such as WFP for CARE International, ZRCS and CRS and DCI for Africare. However not all HBC programs were distributing food. In contrast food continuously came up as priority in discussions with beneficiaries, carers and IPs. This could be a reflection of the effects of the drought situation where food supplies are very low.

The contents of the food packs follow the national guidelines which identify recommended food quantities per person. The total amount of food given per household differed across organizations with some organizations providing a ration for one person while others providing for a maximum of five persons. This has generally resulted with food shortages at household level, food not lasting for the expected duration. Most usual coping strategies in such situations is to reduce the food intake by skipping a meal usually lunch in order to stretch the food. Such a strategy has negative impact because it reduces the micronutrients and food supplies for the sick exacerbating the situation. In some areas there have been interruptions to the pipeline of food resulting in erratic supplies of food to the households.

Recommendations

- *HBC programs need to respond to food needs for the chronically ill and coordination with other food pipelines especially with WFP and C- Safe would ensure that these requirements are met and reduce the burden on PRP.*
- *Further research on an appropriate food package for the chronically ill is a necessity.*

5.1.2 Medication

Not all partners are providing medication for pain management and treatment of opportunistic infections. This is an important component of HBC which was echoed by

the interviewed care givers who felt helpless when visiting patients with pain without any medication. Some organizations were providing medication for pain management and treatment of opportunistic infections through the local health structures i.e. the clinic and the district hospital. This is an effective way of integrating the program within existing structures and promotes sustainability. Problems arise if health service staff underrates HBC programs resulting in them not timely responding to drug requests from care facilitators. Others have resident health professionals who can dispense drugs. An effective drug monitoring and inventory system has been established within the system.

Recommendations

- *Programs need to be supported to provide for basic pain management and opportunistic infection control.*
- *The link between HBC and health system in drug distribution should be promoted coupled with a good monitoring and inventory system to ensure sustainability and effective drug use.*

5.1.3 Psychosocial support

Effective home-based care requires providing the physical, social, emotional and spiritual support of patients. Interviews with clients of HBC indicated inadequate emotional and spiritual support. The clients expressed loneliness and hopelessness because of the stigma received from neighbors and relatives. Carers interviewed also indicated the need for more training in counselling to cope with such situations.

Recommendation

- *Develop capacity for providing counselling services at various levels especially at Care givers level through training.*

5.1.4 Referral system

All areas reported working well and having effective linkages with the health system in the rural areas. Organizations reported having a two way system of referral of patients in the districts they operate. Such systems are recommended to ensure a continuum of care for HBC clients. In the urban areas linkages with the council clinics and health system were not well established.

For the system to be effective it requires appreciation and understanding of the roles of the respective parties in the continuum of care i.e. the health system (District hospital, clinic, HBC carer and the primary care giver in the home).

Recommendation

- *More training and awareness on the discharge plan policy and standards of care are necessary for both the health system professionals and secondary care givers in HBC.*

5.1.5 Orphaned and Vulnerable Children in HBC

OVC are identified as a vulnerable group in PRP and were reported to be benefiting in the program. The program has provided the material needs for the children either through the food handouts, and other PRP. However the needs of children with sick parents within the context of home-based care are not being adequately addressed. The psychosocial needs of children require further support. Issues of the future of the children after both parents are deceased are not being handled in HBC. Interviews with

secondary caregivers indicated lack of skill to deal with children with sick parents. The need for training in counselling was echoed. However the link of youth programs such as peer educators and youth friendly corners are providing a mechanism where children with sick parents are given an opportunity to discuss some of the HIV/AIDS issues.

Recommendations

- *There is need for the integration of OVC into home based care so that the needs of the children are provided for before the death of parents*
- *Training of HBC care facilitators in counselling and child issues.*

5.1.6 Providers of care in HBC.

All HBC programs visited had volunteer caregivers who worked with primary care givers to care for the sick. Most of the volunteer caregivers were women except in Mutasa where the program is focused on promoting male involvement in care work. The proportions were almost 50/50.

The quality of service provided by the secondary caregivers seemed variable and patients were not satisfied with the level of service. In one area the District officials actually reported that the community was dissatisfied with the service offered and such reports had been made in the District meetings. The expectations of the communities are not being met. This could be a result of lack of community awareness on what the caregivers can support resulting from poor communication within the continuum of care. Services offered ranged from practical to psychosocial support. Caregiver interviews indicated that they had no adequate skill for psychosocial support.

While male involvement has been promoted in Mutasa the evaluation done on the project has revealed some interesting findings, which might be useful for the PRP. Some of the findings indicate that male carers would not normally provide practical services such as bathing etc., but would provide emotional and spiritual support. This is a gender issue which requires a strong gender mainstreaming approach to ensure that men feel comfortable doing the chores normally associated with women.

Both the caregivers and IP's reported providing or receiving training in HBC. The duration and frequency of training differed with organization. In one area training was only given once which is clearly not adequate and the caregivers echoed this. In another area the caregivers meet on a month basis for "refresher training" i.e. they meet to discuss and share information on various topics identified by the caregivers. Technical and specialist training can be arranged.

The caregivers interviewed displayed familiarity with some of the provisions of the HBC Standards especially in relation to issues of confidentiality, universal precautions and prevention of HIV and AIDS.

In those areas where there were no active HBC programs, village health workers trained under the Ministry of Health were providing very limited carer work. The training provided was not comprehensive and they do not see themselves as community home based care providers. In such areas no meaningful HBC programs were happening.

One issue that cropped up in all discussions was the issue of voluntarism and its implications.

The caregivers indicated the need to be recognized and not necessarily to be paid, to maintain the base of the trained cares. In one area it was noted that because of the lack of

incentives caregiver turnover was high and this compromised the confidentiality of the patient information as well as the team spirit with the health institutions, critical for a viable continuum of care. Some of the issues brought up were the need for uniforms for identification and also for them to be presentable among patients. The need for a good and constant supply of the hygienic kits to reduce risk of infection for the caregiver was also echoed. Mobility problems which, have the effect of increasing the time spent on care work, were also identified especially for those caregivers covering large wards.

Recommendations

- *PRP need to organize sharing of experiences on male involvement in HBC work before embarking on the study recommended in the report on HBC study activities. Organisations have had experiences and evaluations done TLC could facilitate a process of learning from these experiences and these form part of the guidelines HBC for PRP.*
- *Noting the variation in relation to incentives and work environment provided by different organizations to the caregivers, TLC could also facilitate a process of sharing best practices and in partnership with other organizations; UN and NGO's advocate for the development of a National volunteer charter that defines basic minimum standards on voluntarism.*
- *Training needs standardization and programs require to provide refresher courses for caregivers*
- *Providing an opportunity and platform where caregivers meet to share experiences and information is a useful way of reducing the pressure of caregivers.*

6. Effectiveness of HIV/AIDS mitigation programs

The goal of PRP is to reduce extreme poverty and proportion of people suffering from hunger, the purpose being to stabilize food security and protect livelihoods, particularly households affected by AIDS.

- Food distribution programs provided in urban areas under PRP have reduced the food insecurity of the chronically ill even though some food shortages could still be experienced because of inadequate supplies. The voucher system has given families more flexibility and choice in terms of food as well as guaranteeing that nutrition requirements are met. However the suitability of the food pack for the chronically sick may need further research to ensure it meets the increased daily food and nutritional needs. Reports have indicated that HIV and AIDS increases the food and micro-nutrients requirements such that the normal food intake becomes inadequate.
- Nutrition gardens are a valuable source of food for the chronically ill and permaculture provides the required micronutrients. The use of herbs for nutrition purposes needs further elaboration and research. Research has not been done to establish recommended doses and feasible combinations especially with ART. In addition the scale of operation of these gardens has been affected by availability of water especially in the drier regions of the south east, south and west of the country. This has resulted in some vulnerable children and households not benefiting from the PRP.
- HBC services have not taken the holistic approach, with some key elements of care not available to patients. A few of the organizations are offering pain

management and opportunistic infection control, counselling has largely lagged behind, and provision of hygienic supplies is not consistent and is erratic.

- Skills level of care givers is not well developed, compromising the service that can be offered.
- OVC are not adequately integrated into home based care resulting in the needs of these children dealt with at a late stage.

Appendix F: Institutions and Governance Specialist

Review capacity of International NGOs and Local NGOs

The Protracted Relief Programme (PRP) is working through 10 international NGOs. Some of the international NGOs work through local NGOs, while others deliver service direct to beneficiaries. Collectively, the NGOs bring significant benefits and wide coverage to the PRP.

The international NGOs are well established and reputable. They can mobilise resources and support from outside Zimbabwe. Many have strong knowledge of the areas in which they operated and have built good working relationships. Local NGOs have good understanding of the areas in which they operate, and they have developed strong relations with local authorities, communities and community based organisations (CBOs).

TLC has commissioned an institutional assessment of the NGOs which has produced a detailed report that is yet to be shared and acted upon by and together with the implementing partners. Key capacity issues include:

- Most of the technologies introduced under PRP are new, and NGOs have limited internal technical capacity. They therefore require continual support from the CGs and TLC
- The recent experience of most NGOs has been in relief work. While PRP is a relief programme, it takes a longer term view, which requires developmental approaches. This requires understanding and practical skills in rural livelihood approaches and community participation. While many NGOs in the partnerships have relevant experience, there is a requirement for reorientation in other NGOs, and standardisation across the programme.
- Monitoring and evaluation is a key component of programme implementation. Our field visits suggest that this component needs to be strengthened in the field.
- Human resources management capacity is a critical determinant of organisational performance, and the institutional assessment carried out by TLC suggests that this organisational aspect needs to be strengthened. Issues that need attention include staff skills, staff mobility, and strengthening local management at the senior level in international NGOs.

Recommendations

- Strengthen cascade training through systematic needs assessment and ongoing training
- Provide training in participatory approaches and in community development skills
- Adopt effective monitoring and evaluation as part of ongoing implementation
- Take actions to limit loss of critical staff.

Review Effectiveness of Partnerships

The approach to the PRP requires cooperation and teamwork. One of the achievements of the PRP is the establishment of a network of functioning partnerships. At the national level there is partnership between the UN Agencies and the government of Zimbabwe,

and international NGOs and the government of Zimbabwe. There is also between UN Agencies and international NGOs, between international NGOs and Technical Partners

At the District level the partnerships include NGOs with Technical partners, NGOs working in the same geographical location, NGOs with local government structures such as AREX, DDF, RDCs etc, and NGOs with CBOs. Some issues worth noting include:

- The UN coordination mechanism is working well and has resulted in greater coordination. Cooperation at the district level among all partnerships is good.
- The partnerships at the national level between partners in the PRP and national government structures are not good where policy issues are involved, but quite good where technical issues are involved.
- Only the Matebeleland Provinces seem to have an active partnership at the Provincial level. This should be explored in other Provinces.
- Some partners are still not free with information, which tends to stifle cooperation.

Recommendations

- It is important to bring such players as farmers unions into the programme.
- Cooperation with district officials will be strengthened if NGOs will regularly undertake joint monitoring of progress in implementation of activities.

Impact of Training Needs Assessment and Follow-on

Training was provided by the technical partners to the implementing partners (IPs) at the inception of the programme on the new technologies being introduced — conservation farming, drip irrigation, micro dosing etc. At the local level, training was provided to the local implementing partners (LIPs) and support agencies such as AREX and DDF. In addition, the NGO themselves provided internal training on a range of issues including management, relief activities, HIV and AIDS etc. A few NGOs provided training on such issues as community development and participation methodologies.

An institutional assessment has just been carried out, and its findings indicate that capacity building is a critical priority for effective programme implementation.

Critical issues that emerge from the institutional assessment, and field visits include:

- Cascade training (train the top layer, which then trains the next layer right down to the beneficiary) was the right approach to adopt given the scale of the programme and the time scale for implementation. However, it can be ineffective, as the skills tend to be diluted as the training goes down the chain. As a result, the beneficiary can get distorted information and apply the technology incorrectly. That seems to be happening within the PRP.
- Not enough attention has been given across the programme on non technical training, including such issues, as understanding of community approaches to development, participation, interpersonal skills and relationship building, which are also critical for the success and sustainability of the programme.
- The PRP could benefit from a systematic and ongoing programme of training needs identification and capacity building programme.

Recommendations

- IPs and technical partners should provide refresher training on the new technologies **at all levels** to eliminate misapplication and reinforce the right procedures. It is important to embark on that now, before the next round of application of technologies.
- Monitoring and evaluation should be strengthened and used to identify skills gaps, which are then eliminated by follow-on training.
- The focus of training should be broadened to include the wider issues of the PRP programme, such as community development approaches, participatory project management, and developing social relations and networks. These aspects are necessary if the project is to achieve its purpose and move towards sustainability.
- TLC should work with the partners to identify key training and development needs across the programme and facilitate provide programme-wide training.

Performance Management and Reporting

The backbone of an effective programme performance management system includes effective plans, with clear outputs and targets; a functional reporting system with milestones and deadlines; and a mechanism for enforcement. The main vehicle for programme management within the PRP is the TLC. Since the launch of the programme, DFID, TLC and the partners have worked together to develop agreed logframes, common reporting formats, and agreed reporting deadlines. Meetings are being held regularly and reports are being submitted regularly. Coordination of activities of the IPs, especially using data provided by FAO, has resulted in reduction in duplication. Surveys are carried out to generate data on progress, e.g. pre-planting and post harvest surveys. Key issues that arise include:

- Over the past year, the frequency of meetings and workshops has been reduced in response to the requests by partners. It is time to stand back and review the frequency, content and format of meetings.
- Partners feel that there is not enough follow up on issues agreed at meetings
- Data for monitoring progress is being gathered, but is so far available in formats that are incompatible. Harmonisation data bases, should be accelerated so that a base position for measuring progress is established.
- The Role of CG s in gathering verifiable and generalisable data is invaluable. While NGOs gather qualitative information, the CGs gather quantitative data for assessing progress towards achieving programme purpose and goals through structured research.

Recommendations

- The partners should review the frequency, content and format of meetings to arrive at most valuable model. However the gap between meetings should not be too wide, as this may result in loss of momentum in project implementation.
- More effective M&E should be developed, especially field visits by all partners and TLC.

Accountability and Management Structures

The two main programme management structures are TLC and the coordination provided by UN Agencies. All the management mechanisms are in place and systems for

coordination have been set up. Contracting arrangements are operational between DFID and IPs and technical partners, and MOUs have been signed between NGOs and relevant levels of government.

Logframes have been developed and standardised with all IPs and they spell out targets to be achieved. Risk profiles of the project have been developed at different levels, and actions to manage likely risks have been identified. Regular meetings are established and are used to monitor progress and refocus activities. What seems to be a little unclear is the issue of accountability. TLC is responsible for programme coordination, but not management. Individual IPs have direct contracts with DFID, which is the enforcing authority in the programme structure. It is likely that enforcing performance will be difficult, since the agent that works most closely with the IPs lacks the contractual authority to enforce accountability. Indeed some partners are worried that no action is being taken against Partners which are not performing. Key accountability and structure issues include:

Should TLC be part of the contracting process? Having proven its worth, should it be considered for a managing, rather than coordinating role?

Who in the structure will identify and deal with partners who are not performing?

Experience from the partners shows that it is necessary for all IPs to have current MOUs with relevant authorities. Working on the basis of an informal understanding is dangerous, and can torpedo programme activities.

The contribution of CBOs to programme implementation is vital. It is critical to strengthen their management.

Recommendations

- Review the role of TLC and strengthen with a view to strengthening it.
- NGOs working with CBOs should ensure that their management is effective, including capacity building.

Balance of Local and Expatriate staff

Government has sought to control the activities of NGOs through review of legislation and regulating employment of expatriate staff through the issue of temporary employment permits (TEPs). Some international NGOs within the PRP have experienced delays in the approval of employment of senior staff, and this poses a threat to the programme. At the time of the review, most of the expatriate positions that had been vacant were in the process of being filled, with staff appointed and in the process of relocating.

Expatriate staff tend to be senior, with responsibility for overall leadership and management within the NGO, and overall numbers are small. At the implementation level, employment of expatriate staff is not an issue, since most staff responsible are local. That said, it is important for the NGOs to staff the majority of their posts with local staff. Local staff understand the environment much more than expatriate staff ever will, and the skills exist in the country despite the brain drain.

A greater danger to implementation of PRP is movement of local staff within and between NGOs away from PRP activities to relief. NGOs need to ensure that skills are

retained, especially as preparation for agricultural activities is underway, and it is necessary to pilot a number of PRP initiatives and document their effectiveness.

Recommendations

- International NGOs should take active steps to localise most posts within the country.
- IPs should adopt measures necessary to retain PRP-related skills in their organisations, especially between now and February when piloting of new PRP initiatives is recommended.

Effectiveness of Procurement systems of PRP

The main items procured for the PRP were fertiliser, seeds, and drip kits, and most were procured through Crown Agents (CA). The only significant issues relating to seed import were the need to order seed in the schedule provided by the Ministry of Agriculture and the need to quality check the seed as some supplier will supply the wrong seed under the approved label.

There is general agreement that last year there were problems procuring fertiliser and, to some extent, drip kits. One of the problems was lead time. By the time the procurement started, the agricultural season was underway. Another problem was that the original supplier, Sable Chemicals, failed to live up to its undertaking to supply fertiliser and CA had to look for a new supplier. Another problem was that rules of importation of the inputs, especially requirements by the Zimbabwe Revenue Authority and the Reserve Bank of Zimbabwe changed, and their application on the ground varied, thereby making the situation unpredictable. Added to that, fertiliser supply is closely woven with the land reform programme and efforts by government to improve agricultural output from the resettlement areas, and is therefore politically charged. Further, worldwide supply of ammonium nitrate, the preferred top dressing fertiliser, falls short of demand. Also CA and the NGOs were getting to know each other.

The end result was that fertiliser was delivered late. Also, a second consignment of drip irrigation kits which landed in Harare were held up by ZIMRA. Discussion with CA and the IPs suggests that valuable lessons were learned last year. One of the key lessons is that while it is possible to obtain small quantities of fertiliser locally, the only viable option for the kind of quantities required by the PRP partners is importation. As a result, all supplies for the next season being procured through CA are being imported. CA produced a review report and TLC commissioned a detailed review which has produced many sound recommendations. It is hoped that the Partners received the report and will act on its recommendations.

The prognosis is that procurement for the 2005/2006 season will be much smoother. Tenders have been issued, and already the fertiliser has been ordered and is being delivered to those NGOs which have obtained rebate letters. CA is working with IPs to ensure prompt delivery of requirements. The only noteworthy observation is that even though the partners initiated the orders early and delivery has commenced, some NGOs have not yet obtained rebate letters, and fertiliser cannot be shipped. The supplier is getting restless, and would like the fertiliser to be collected. This situation should be monitored closely as it could result in disruption to supplies.

Recommendations

- Recommendations made in the TLC report number 9 on fertiliser procurement are sound and should be reviewed by the partners and agreed steps should be implemented.
- In the long term the best option is ensuring that local suppliers are able to meet the requirements of the agricultural sector. It is in the interest of all concerned to work toward that goal. It may not be achievable now, but the exploration of options can be started, especially led by the UN Agencies.

Review Impact of Logistical Constraints

The logistical constraints have to be understood in the context of the problem relating to procurement. They also affected fertiliser mostly. Some of the logistical constraints experienced for the 2004/5 season include:

- Problems of transporting AN: it could only effectively transported by rail. AN is classified as an explosive. Goods rail traffic on the Beitbridge route is congested, and cooperation between Spoornet and NRZ is not good.
- Problems relating to pack size. Supplies were delivered in different pack sizes, sometimes requiring repackaging, which is costly and results in delays.
- Delays in clearing goods resulting in late delivery and increases costs. Delivery at the wrong place, resulting in rerouting. The complicating factor is that fertiliser is highly political, and holding large stocks could be interpreted as hoarding.

The full impact of these problems was that logistics exacerbated the problems relating to fertiliser procurement, further delaying delivery. The late delivery meant that either fertiliser was not issued out, or was issued out when it was too late to apply it.

Also the second consignment of drip kits was delayed.

The logistical delays and procurement problems frayed relations between some IPs and CA, and increased procurement cost. Going forward, lessons were learned from last year and most of the logistical problems are known and can be foreseen. Effective planning by the IPs and CA should minimise their occurrence. The ideal situation clearly is that:

- The preferred mode of transport is road rather than rail, because it is quicker and more reliable.
- It is preferable to clear goods at the port of entry rather than in Harare.
- Deliveries should be made direct to the NGOs, preferably at or close to distribution points.

Recommendations for improvement of logistics have already been made, and are being acted upon. The additional factor to watch this year is that fertiliser transportation has to compete with sizeable food imports by government and WFP; it should be factored in the planning and execution.

Review and Comment on the Operating Environment

The PRP is being implemented in a difficult and challenging operating environment. Formal relations between DFID and the government of Zimbabwe are frosty, and the government generally views NGOs with suspicion. In addition agriculture, which most of the interventions of the programme address, is a highly emotive and politicised arena. Added to that, poverty is growing year by year in Zimbabwe, bringing with it greater need for assistance from greater numbers of citizens. This challenging environment was

not helped by the fact that there was a general election in March 2005, and there are Senate elections planned for October 2005, at the height of preparation for the agricultural season.

On the positive side, the PRP addresses mainly relief; as a result, there is much less hostility at the national level to the programme than if, for instance, it overtly addressed governance issues. In addition, relations between IPs and local authorities at the District and local levels are good — NGOs are part of the Rural District Development Committees and welcome at the Ward and village level as well.

Recommendations

The operating environment requires sensitivity to community, political and local structures and developing an accommodation which does not undermine key principles of the programme.

The PRP should continue to adopt a low profile at the national level while working through the UN system to influence policy.

It is important to develop relations and establish alliances at all levels.

The PRP should demonstrate results and positive impact and use its good work to minimise impediments to programme implementation.

Review Impact of Regulatory Requirements

There are several key strands to the regulatory environment within which the PRP is operating.

- NGOs are governed by the Private Voluntary Organisations (PVO) Act. The act requires that NGOs be registered to operate in Zimbabwe. There have been moves to repeal the PVO Act and replace it with a much more restrictive legislation. Even though the much feared legislation has not materialised, it hangs over the NGOs like the sword of Damocles. Appointment of expatriate staff needs approval of the Department of Labour.
- Regulations relating to foreign currency also have an impact on the programme. The managed exchange rates means that the money realised by the NGOs from the funds allocated is less than that obtainable from the parallel market. Given Zimbabwe's hyperinflationary environment, this puts budgetary pressure on the NGOs, especially from salaries and transport costs.
- Customs regulations require that IPs use clearing agents to navigate a raft of regulations, and allow rebates on importation of agricultural commodities to registered NGOs.
- Finally there are strict regulations for the movement of ammonium nitrate, and regulations governing importation of seeds.

The net effect of the regulations is that they add red tape to the implementation of the programme. As the macroeconomic and political climates have worsened, bureaucratic requirements have multiplied. In addition, interpretations of the regulations tend to change from place to place, and from person to person within the same institution. And regulations tend to change almost constantly, without notice. Some of the impacts include:

- Some NGOs not registered, do not qualify for rebates. They have to work through those that are registered, and this takes time.

- Rebates have to be applied for directly for each NGO, this takes time. Some applications take 4 days; others take weeks, making planning difficult.
- The budget pressures experienced by NGOs result in the need for regular reviews of funding levels, even though the fund are denominated in a stable currency.

Recommendations

- NGOs have to operate above board all the time in this challenging environment to avoid suspension or even stoppage of their programmes.
- It is important to develop good personal relations at all levels, and use these when sticky situations arise.
- The PRP should continue to use UN agencies as the link with national government, and to lobby. The position could be leveraged much more than it is currently.