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List of Acronyms

CARE:	Care International in Zimbabwe
CfW:	Cash for Work
ECHO:	European Civil Protection and Humanitarian Aid Operation
FGDs:	Focus Group Discussions
IRC:	International Rescue Committee
KAP:	Knowledge Attitudes and Practices
KIIs:	Key Informant Interviews
MPCT	Multipurpose Cash Transfers
PHHE	Participatory Health and Hygiene Education
SPSS:	Statistical Package for the Social Sciences
WASH	Water Sanitation and Hygiene

Executive Summary

The end line survey was conducted in ward 1 & 4 of Chipinge district and wards 10, 13, 14, 16, 17 & 21 of Chimanimani district. This survey adopted a quantitative and qualitative methodology. A survey questionnaire with close ended questions administered through KoBo collect. Qualitatively, Focus group Discussions with project beneficiaries and Key Informant interviews were sources of data for this assignment. A review of project documents was also done in assessing the intervention. In selecting project beneficiaries to engage in the end line survey, proportional stratified random sampling was employed.

Table 1: Project Results Table

Indicator	Target	Baseline	Endline	Comments
% of target population with adequate WASH services and hygiene practices	90%	44%	87%	
% of beneficiaries (disaggregated by sex, age and diversity) reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner	75%	0	98%	Was being measured from PDM
Average Coping Strategy Index (CSI) score for the target population	36	39	17	Target met
Number of people having access to sufficient and safe water for domestic use	3000	0	3724	Target met and exceeded with 724 people
Number of people with access to dignified, safe, clean and functional excreta disposal facilities	4500	0	1763	The target was affected by a change of one squat hole to double squat hole per household and as per design the households targeted were supposed to share with neighbors, however, the targeted wards have widely spread houses making it difficult to share toilet facility.
Number of people having regular access to soap to meet hygiene needs	1500	0	0	The project pre-positioned hygiene kits in case of an emergency. Soap was part of the dignity kits to be distributed in case of an emergency. However, there was no emergency response during the project lifespan.
Number of water point committees (WPCs) established and trained	10	0	10	Target was met
Number of water points rehabilitated/constructed	10	0	10	Target was met
Number of people reached with key hygiene messages	15000	0	15031	Target was met
Number of people enabled to meet their basic non-food item needs	4500	0	7041	Target was reached with an excess of 1541

Number of people enabled to meet their basic food needs	4500	0	7041	Target was reached with an excess of 1541
Number of people carrying out Cash for Work for community asset rehabilitation	500	0	500	Target was met
% of project beneficiary population who receive an appropriate response	100%	0	100%	Complaints raised through the Delloite/Toll free were given high priority and the project responded appropriately to all the cases.

Table 1: Indicator tracking table

Sustainability

Project activities were done through government line ministries which included District Development Fund, Ministry of Health and Child Care, Rural District Council, Ministry of Lands and Agriculture, Women Affairs, Department of Social Services and Ministry of Youth and Gender who will monitor projects beyond project end. Water point Committees and asset Management Committees trainings were done strengthening them to so as to be able to manage their assets.

Collaboration

The project staff collaborated with government line ministries in planning and execution of project activities from project initiation to completion. Government through its line ministries is the custodian of the district and helped with monitoring of the ECHO funded activities where DDF was working on rehabilitation of feeder roads, water points rehabilitation and establishment and water point committee trainings. Social Services worked with Multi-purpose Cash Transfer (MPCT) and Cash for Work beneficiaries on access to adequate household basic needs. Agritex assisted on establishment and revival of community gardens while Veterinary department assisted with rehabilitation of dip tanks

The following are the main recommendations:

- In future programming where people will be supplied with water for domestic use they should also be include the aspect of the nutritional garden to support nutritional needs. the participants felt that piped water schemes could have been used to further develop nutrition gardens rather than just provide water for domestic use as a way of enhancing incomes of the cyclone affected populations
- The EHTC's needs working with the WPCs to check on their records and availability of tools to
 use in case of breakdown on the rehabilitated water piped schemes, especially focusing on the
 new technology of using solar to pump water.
- In terms of responding to emergency there was need to build single squat hole toilets rather than double to increase the reach to more beneficiaries

I.0 Background

CARE International in Zimbabwe and the International Rescue Committee (IRC) Consortium implemented an ECHO funded project in Chipinge and Chimanimani districts. The consortium implemented early recovery interventions which sought to address the immediate WASH and basic needs of the Cyclone Idai affected populations. The interventions were centred on a community-based integrated approach focusing on building local capacities and empowering communities to regain control over their lives and become more resilient using a robust cash-based component. The project is targeting a total of 9 wards in Chimanimani and Chipinge districts. The project also implemented integrated WASH support interventions in 2 wards in Chipinge district and I ward in Chimanimani district whilst implementing the Multi-Purpose Cash Transfer project in 4 wards in Chimanimani district. The consortium conducted an internal final evaluation survey in both districts for all the interventions to facilitate evidence-based monitoring and evaluation as well as to match targets with the expected project outcomes. The results will be used to draw lessons learnt for future programming.

I.I Goal of the project

To respond to the urgent needs of vulnerable populations through integrated WASH, food security and livelihoods assistance.

I.2 Overall objective of the project

To provide immediate access to integrated WASH and food security and livelihoods support to the cyclone-affected population

I.3 Project main intervention activities

The program was implemented over a period of 11 months (1 May 2019 to 30 March 2020. The following are the main project activities classified per each result.

I.4 Result I Targeted men, women, boys and girls in Manicaland have improved access to safe and dignified WASH facilities and improved hygiene practices:

Activities

- Selection of community-based hygiene promoters
- Hygiene promotion training community-based hygiene promoters & hygiene promotion sessions
- Distribution of hygiene promotion IEC material
- Assessment of boreholes to be repair and preparatory works
- Borehole repairing
- New borehole drilling & installations
- Installation of Solar piped water scheme
- Latrine construction training
- Household latrine construction
- Water quality testing and monitoring

1.5 Result 2- Targeted men, women, boys and girls in Manicaland are able to meet their basic needs.

Activities

- Multi-Purpose Cash Transfer (MPCT) targeting 1050 of the most affected households in Chipinge and Chimanimani district
- Negotiations with traders to ensure supply
- Cash for Work (rehabilitation of community assets)

I.6 Project Key Indicators

The table I below provides the key indicators for the project, as provided in the project proposal.

Table	2:	Project	Indicators
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Sector Name	WASH and Food Security
Indicator I	% of target population with adequate WASH services and hygiene practices
Indicator 2	% of beneficiaries (disaggregated by sex, age and diversity) reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner
Indicator 3	Average Coping Strategy Index (CSI) score for the target population
Sub-sector Name	WASH
Indicator I	Number of people having access to sufficient and safe water for domestic use
Indicator 2	Number of people with access to dignified, safe, clean and functional excreta disposal facilities
Indicator 3	Number of people having regular access to soap to meet hygiene needs
Indicator 4	Number of water point committees (WPCs) established and trained
Indicator 5	Number of water points rehabilitated/constructed
Indicator 6	Number of people reached with key hygiene messages
Sub-sector Name	MULTI-PURPOSE CASH TRANSFER AND CFW
Indicator I	Number of people enabled to meet their basic non-food item needs
Indicator 2	Number of people enabled to meet their basic food needs
Indicator 3	Number of people carrying out Cash for Work for community asset rehabilitation
Indicator 4	% of project beneficiary population who receive an appropriate response

I.7. Purpose of the Final Evaluation

The purpose of the internal final evaluation was to assess the project's performance and delivery of the results. Additionally, the evaluation report will improve implementation of similar related future projects through lessons learned and best practices generated from this project.

I.8 Objectives of the Evaluation

The aim of this evaluation was to measure the relevancy, effectiveness, coverage, impact and sustainability of the project. Notably, the evaluation focused on the key outputs and outcomes of the project and the effects of the project to the targeted community.

The survey tools were structured to effectively answer the following key evaluation questions:

- I. How effective was the project in targeting the intended beneficiaries and community assets?
- 2. To what extent has the project managed to address the WASH needs in the targeted wards?
 - i. How did the project improve access to safe and sufficient water for domestic use?
 - ii. How did the project improve access to dignified clean and safe excreta disposal facilities?

- iii. To what extent has the project managed to improve hygiene practices in the targeted wards?
- 3. How effective was the Cash for Work Model in promoting recovery for the Cyclone affected population?
- 4. How effective were Multi-Purpose Cash Transfers in promoting recovery for the cyclone affected population?
- 5. To what extent was the humanitarian assistance delivered in a safe, accessible, timely, accountable and participatory manner?
- 6. What recommendations can be made for emergency response and recovery programming to be more effective?

2.0. Methodology

2.1. Evaluation Design

This evaluation was conducted through a mixed method evaluation design, this involves use of both quantitative and qualitative data collections methods. For the quantitative design, the evaluation used household survey questionnaire targeting the sampled beneficiary households. For the Qualitative design, the evaluation employed Focus Group Discussion (FGD) targeting both male & female beneficiaries. In addition, Key Informant Interviews (KII) were also conducted targeting ward councilors, Rural District Council (RDC) officers, District Development Coordinator (DDC), Environmental Health Technician (EHT), and social welfare department. The different evaluation question which the evaluation seeks to address required different data sources and relevant stakeholders as depicted in the table below:

Table 3: Evaluation design

Evaluation question	Source of data	Respondents	
How effective was the project in targeting the intended beneficiaries and community assets?	 End line HH questionnaire. FGDs KII Secondary data from Verification reports, Assessment reports 	 Beneficiary households representative Community members with separate groups for beneficiary and non-beneficiaries Local leaders Government stakeholders Project staff 	
To what extent has the project managed to address the WASH needs in the targeted wards? iv. How did the project improve access to safe and sufficient water for domestic use? v. How did the project improve access to dignified clean and safe excreta disposal facilities? vi. To what extent has the project managed to improve hygiene practices in the targeted wards?	 Endline HH tool KII FGDs Secondary data from Project reports 	 Beneficiary households representatives DDF, DWSC, local leadership Beneficiary and non- beneficiary groups with separate women and men groups 	
How effective was the Cash for Work Model in promoting recovery for the Cyclone affected population?	 Endline HH tool KII FGDs Secondary data from Monthly PDM reports 	 Beneficiary households representatives Beneficiary and non- beneficiary groups with separate women and men groups Government stakeholders 	

How effective were Multi-Purpose Cash Transfers in promoting recovery for the cyclone affected population?	 Endline HH tool KII FGDs Secondary data from Monthly PDM reports 	 Beneficiary households representatives Beneficiary and non- beneficiary groups with separate women and men groups Government stakeholders
To what extent was the humanitarian assistance delivered in a safe, accessible, timely, accountable and participatory manner?	 CRM database and reports FGDs Endline HH tool 	 Beneficiary households representatives Beneficiary and non- beneficiary groups with separate women and men groups
What recommendations can be made for emergency response and recovery programming to be more effective?	≻ FGDs ≻ KIIs	 Beneficiary and non- beneficiary groups with separate women and men groups Government stakeholders Project staff

2.2. Study population

Sample for the quantitative household survey was drawn from the project beneficiaries

2.4. Sampling method

Stratified random sampling technique was used for sample selection which is widely used as a probability sampling method. The rationale for choosing this technique is its simplicity and it also gives assurance that the population is evenly sampled.

Strata	Comments
First level -District	Both districts were represented
Second Level – Ward	For wide vies, all the wards targeted were represented
Third Level – Sex of Household (Male & female	Males and females are not a homogeneous group, they perceived things different and what affects them differ hence both groups need to be represented

Table 4: Sampling Protocol

3.5 Quantitative Sample Calculation

The Rao soft sample size calculator (http://www.raosoft.com/) was used at 95% confidence level and 5% margin of error. The values calculated ensured that of all values to be reported the percentage findings were either a plus/minus 5% margin of error and there was 95% confidence certainty that these figures were correct. The following table illustrates the sample size based on the stated parameters:

Table 5: Sample size

Sector	Population (Households)	Confidence level (%)	Margin of error (%)	Sample size	Actual reached
Food Security & Livelihoods (MPCT& CFVV)	1500	99%	4%	614	615
WASH	500	90%	5%	176	190

The team ended up interviewing 777 respondents as there were overlaps for WASH and Food security and livelihoods beneficiaries. The actual respondents was slightly above the respondents targeted sample sizes, this increased the confidence level and reduced the margin of error.

3.6 Qualitative Sample and respondents

The table below summarizes the KIIs respondents reached and the rational for purposive sampling them to be KIIs respondents.

Table 6: Key Informants Respondents

Key Informant Type	Rational for Selecting them	Number Reached
District Development Coordinator (DDC)	He/she chairs the district development coordination committee and all district developmental activity reports are sent to the committee by implementing partners operating in the district.	I
Rural District Council Officer	Department of Social Services assist in allocation of wards to partners and had database on who is doing what in the district and had knowledge on which wards and populations are vulnerable and need assistance	2
District and Ward based Environmental Health Technicians	The department spearheaded latrine building, training of latrine builders, pegging of toilets, monitoring latrine construction and certification of completed latrines	2
District Social Welfare Officer	The department has mandate to oversee welfare of communities in the district which includes access to food, shelter and general welfare of individuals in the district.	2
Ward Councilor	This position spearheads ward developmental activities and is used as communication channel when partners need to meet with communities.	4
District Development Fund	The responsible department of roads and water sanitation in the district	2
Ministry of Youth and Women Affairs	It was important to understand how the most marginalized groups were affected by the intervention	2

3.7 Data collection process

Data collection was done by enumerators under the supervision of the M&E team for CARE and IRC Consortium. The enumerators were trained on all the data collection tools and were deployed to selected wards in the respective districts of Chimanimani and Chipinge. The questions were administered in vernacular Shona language.

3.8 Data Source

The evaluation used both primary and secondary data sources in assessing the role played by the intervention in promoting recovery from cyclone.

3.8.1 Primary Data

The project developed household questionnaire (Annex 1), Focus Group Discussion guide (Annex 2) and Key Informant guides (Annex 3).

3.8.2 Secondary data document review

A review of relevant documents from various sources was done prior to commencement of primary data collection to obtain an understanding of the context to inform the work to develop relevant primary data collection tools. Some of the documents used in the review process include previous projects Baseline Survey, PDMs, Project Quarterly reports and vulnerability assessment reports, among others.

3.9. Data Quality Assurance

The following actions were undertaken in order to ensure data quality:

- i. An intense training of data collectors (enumeration team) was conducted to ensure everyone was equipped with the right skills, understand the project objectives, and the tools.
- ii. A pre-test of the tools.
- iii. Data collection tools were linked to the project objectives and project indicators. In this vein, the idea was to have a tool that capture essential information only, and of the right size (length) to manage interviewee and interviewer fatigue hence detailed responses were elicited from the participants.
- iv. End of day debriefing sessions were conducted to review each day's data collection process and challenges.
- v. Use of kobo platform to collect data, under which data validation controls were inputted in the designing of the form to minimize errors.

3.10. Data analysis plan

Quantitative data was cleaned and exported to a Statistical Package for Social Sciences (SPSS) for an indepth statistical analysis. A data analysis plan was developed and used in the data analysis phase. The data was presented in the form of frequent tables, descriptive statistics, graphs and charts.

3.11. Study Limitations

The major limitations of the evaluation was that the respondents are being reached by many organizations undertaking surveys and assessments, as such some respondents are used to respond to some of the questions, resulting in them likely to give negative picture in anticipation for the continuation of humanitarian aid. To mitigate against this, the survey team were trained to clearly explain the intention and the use of the survey findings to the respondents to solicit real situation on the ground.

Furthermore, there are many interventions and organisations operating in the targeted districts which made it impossible to find control group for a true experimental design which could have enabled the evaluation to measure actual effect size of the intervention.

3.12. Ethical Consideration

The following ethical issues were adhered to during data collection:

- i. Confidentiality
- ii. Respect for diversity of views
- iii. Transparency and accountability through clearly explaining the project evaluation process to all stakeholders.

- Voluntary participation based on consent interviews were conducted upon consent of the iv. respondent. Do no harm approach (either emotional or physical)
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3.0. FINDINGS

3.1. Sample demographics

A total of 777 (214 males (28%) and 563 females (72%)) project participants were interviewed for the end line survey with 100% response rate. Out of the total respondents interviewed females constituted 37% of the household head while 63% were male headed households. The survey results showed an overall average household size of 5 for Chimanimani district and 6 for Chipinge district. Figure I below is a comparison of sex of the respondents for baseline and endline which reveals almost similar characteristics. The results from the study provided end line data reinforcing the activities and outcomes from ECHO assistance intervention in Chipinge and Chimanimani districts.



Figure 1: Sex of Respondents

Indicator I: Number of people having access to sufficient and safe water for domestic use

3.2 Access to Clean and Safe Water

The end-line survey sought to assess the availability and access to clean and safe water in the areas of intervention in comparison to the results found at baseline. The end-line findings revealed that, 32% of the respondents use water from unsafe sources i.e. river/stream. Comparing the baseline results with those of the end-line survey it can be noted that there was a huge decrease from 49% at baseline to 32% at end-line of people who use water from unsafe sources. The 17% decrease can be attributed to the drilling and rehabilitation of borehole and the hygiene messages which was being cascaded among the beneficiaries from the ECHO funded project and other partners that were also implementing WASH projects in operational wards.

The survey also explored drinking water sources and realized that boreholes were currently the main drinking water sources at both baseline 41% and end-line 58% where respondents identified it as their main source in the two (2) districts. The increase in number of people using boreholes as their main source of drinking water may be attributed to the intervention as the project had focus on borehole rehabilitation, borehole drilling installing solar powered water scheme and well as some hygiene promotion messaging which may influence community knowledge of clean and safe water sources.



Figure 2: Sources of drinking water

According to the SPHERE standard handbook (2018), one proxy indicator of community access to water is measured by the distances from home to water sources for domestic use. The SPHERE guideline states a distance of not more than 500 meters to water source. The sampled population were asked on the distances that they travel to go and fetch clean and safe water for drinking. The population which walk less than 500 meters increased notably from 25% to 37%. The end-line results revealed that 30% travel more than one kilometer which is a significant decrease from the baseline which was 44% and 18% travelled more than two kilometers at baseline, however this decreased significantly at endline as only 8% of the respondents indicated that they travel more than 2 kilometers.



The survey sought to establish if the respondents had knowledge on water purification methods. The data revealed that 81% of the respondents mentioned boiling as one of the methods used to purify water, a rise from 40% on baseline. This was followed by chlorination which had 72% of respondents a rise from 60% on baseline. The least was filtration where it reduced from 14% at baseline to 11% at end line. Basing on these findings presented below on figure 24, it can be noted that there is an increase in knowledge from respondents and are aware of most common water purification methods.

3.3 Number of water points established and rehabilitated

The project had a target to establish and rehabilitate 10 water points in Chimanimani and Chipinge in a bid to improve access to safe, sufficient water for a population of 3000. The reviewed secondary data sources (project documents) and key informant interviews conducted at final project evaluation stage revealed that, four boreholes were drilled, four boreholes rehabilitated and 2 solar piped water schemes were installed in Chipinge and Chimanimani. The efforts made to improve access to clean and safe water in the 2 districts had a total reach of 3,724 direct beneficiaries.

From the focus group discussions conducted with the project beneficiaries, both men and women acknowledged the change brought by the project in improving access to clean and safe water. This has reduced travelling distances for households to access water and there has been reduced cases of diarrheal related diseases as a result of improved access to clean and safe water. One key informant was quoted:

"This project was actually for us women as we are responsible for fetching water for cooking, drinking and other uses at household. The project installed solar powered pumps which many have never seen before as we were used to our manual hand pumps. We no longer have the burden to pump water manually and we spend less time to fill up and the tap is less than 200 meters from my home which has reduced distances"

Women no longer have to spend more time travelling to water points and waiting for refilling and now can be able to engage in economically productive activities in the community. Communities who benefitted from the piped water schemes felt that as an enhanced benefit nutritional gardens were going to improve the income and nutrition for the cyclone affected populations.

3.4 Establishment and training of Water Point Committees (WPC)

A review of project documents revealed that 10 water point committees were trained under the project. Six (6) of the committees were resuscitated and trained from the rehabilitated water points and the piped water schemes, whilst four (4) committees were established and trained for the newly drilled boreholes. These are key structures that enable sustainability of a project. The committees were equipped with knowledge on drafting a constitution for the water point which binds the water users to be responsible for their established and rehabilitated water points. Key informants indicated that they already have a constitution in place. The Environmental health officer who was interviewed highlighted that as a sustainability measure the EHTC's will keep working with the WPC checking on their records, availability of tools to use in case of borehole not mal-functioning as well as their funds. Such efforts to engage stakeholders are some of the positives picked from the intervention which will go a long way in ensuring that the water points established and rehabilitated are maintained and remain functional. However there are various domains of sustainability and one of them is funding stability which entails the ability to have standby funds that can be used for maintenance of water points so that they remain functional. Key informant interviews revealed that, the hyper-inflationary environment makes it very difficult to have reserve funds in local currency. Interviewed key informants from the sampled areas indicated that, the treasury does not have funds set aside at the moment due to the prevailing harsh economic situations. However, they have plans to step up fundraising efforts through household monthly contributions.

Indicator 2: Number of people with access to dignified, safe, clean and functional excreta disposal facilities

3.5 Access to Sanitation Facilities

The intervention sought to improve the sanitation facilities in the 2 cyclone affected districts through household toilet construction. Baseline findings revealed that 54% and 53% in Chipinge and Chimanimani respectively did not have access to a safe excreta disposal facility. The endline survey results from the intervention targeted wards revealed a significant improvement. The percentage of the households with access to safe excreta facility increased to 97% and 87% in Chipinge and Chimanimani respectively. The figure below provides a summary of baseline and endline findings.



Figure 4: Access to Safe Excreta Disposal

To notable changes in terms of access to safe excreta disposal can be attributed to the intervention and to solidify such an assertion and in-depth analysis on the type of toilet facility used was also conducted.



The analysis depicts that Blair Ventilated Improved Pit Latrine (BVIP) and Upgradable Ventilated Blair Improved Pit latrine (UBVIP) were the most common toilet facilities which are being used in the targeted wards. Figure 4 shows a summary of the different toilet facilities which are being used post implementation phase.

Figure 5: Type of toilets in Use

3.6 Hygiene Promotion

After delivering health messages during project implementation the end-line survey sought to establish issues of storage and water contamination during transportation for the cyclone affected population. The rationale for hygiene promotion was to improve knowledge, influence community attitudes and ensure they put the knowledge into practice. The baseline and endline surveys looked into the knowledge, attitudes and practices of the affected community in relation to WASH.

In times of emergency, hygiene related diseases such as diarrhea are a huge threat especially among the affected and marginalized population. Diarrheal related diseases are caused by a host of bacterial, viral and parasitic organisms which can be spread by contaminated water. Water can be contaminated at three different stages, that is, at source, transportation and storage. While the intervention made efforts in establishing and restoring some clean and safe water points, there was need for some efforts to focus on the other 2 levels where water can be contaminated. This was being done through community hygiene promotion. WASH standards recommend the use of closed containers when fetching or transporting drinking water.



18% of the respondents were using open containers to transport water which significantly went down as 2% indicated that they are still using open containers. The change in practices can be a result of hygiene education. Figure 7 provides a comparison of baseline and endline findings:

The findings of the baseline depict that,

Figure 6: Containers Used to Fetch Water

It is important to

ensure that water is stored in clean containers which are cleaned regularly in a bid to curb diarrheal related diseases. The survey solicited information on how frequently communities clean containers used for fetching and storing water.



Figure 7: Frequency of cleaning water containers at household level

The figure above presents frequency of cleaning water containers at household level. The end-line survey data revealed that 84% of the respondents clean each time before storing water which is an increase from 68% reported at baseline. The findings show an improvement of community knowledge and practices which can attributed to the intervention.

Percentage of target population with adequate WASH services and hygiene practices

This indicator is based on averaging 2 sub-indicators, that is; percentage population considering that their basic WASH needs were met and the percentage population with adequate hygiene practices based on SPHERE standards on appropriate use and regular maintenance of facilities and on hand washing. The average percentage of the two sub-indicators presented below positively went up from 44% at baseline to 87% at endline. The project failed to meet the set target of 90% which can be attributed to hygiene kits which were not distributed under the project as this was prepositioned NFIs in case of an emergency.

i. Percentage of targeted population considering that their basic WASH needs are met;

At baseline, there was a small proportion of respondents (48%) who indicated that their basic WASH needs were being met. Hand washing facilities such as tippy-taps and ablution facilities were lost during cyclone Idai which compromised the basic WASH facilities for the targeted communities. There was a significant increase to 98% of the targeted population who indicated that their basic needs were being met at the endline. This can be attributed to the toilet construction efforts, rehabilitation and establishment of water points under the project.

ii. Percentage of targeted population with adequate hygiene practices (according to SPHERE standards on appropriate use and regular maintenance of facilities and on hand washing).

This sub indicator is based on SPHERE standards with particular focus on the existence of handy washing facilities at household level and community knowledge on critical moments for hand washing. At baseline at least 40% indicated that they had a handwashing facility at household level and they could state at least 3 critical moments of hand washing which is acceptable knowledge level. This improved significantly to 75% at the endline.

3.6 Availability of Household Hand Washing Facility

Responses from the baseline highlighted that households with hand washing facilities at their homestead in both Chimanimani and Chipinge were low (40%) and the survey revealed that 60% did not have the facility. At the time of the end-line survey it was noted that the proportion of people who now had hand washing facilities increased from 40% to 75%. This is attributed to the participatory health and hygiene education (PHHE). Figure below is a graphical presentation of the household with hand washing facility.



Figure 8: Availability of hand washing facility

Out of the 75% with hand washing facility it was also of interest to establish the most used type of facility. The findings of the survey depict that, 'tippy tap' system with 49% was the mostly used type of hand washing facility followed by communal dish with 23%. A small proportion 8% indicated that they use bucket with a tap. The trained village health promoters indicated that, they were encouraging use of tip-tap and were assisting each other in their health clubs on how to set-up one.



Figure 9: Type of hand washing facilities

3.7 Number of people reached with key hygiene messages

The evaluation sought to establish if communities really received any hygiene message over a 6months recall period. The majority 955 of the respondents acknowledged that they received some hygiene message from different actors as shown in the figure below. The majority of these, 53% indicated that they received PHHE from CARE/IRC through the project under evaluation.



Figure 10: Sources of messages on health and hygiene

3.8 What are the critical moments to wash hands?

Responses from the survey depict that there was an improvement in knowledge on the five critical moments to wash hands. The majority in the end line data mentioned washing before eating (95%), washing hands after using the toilet (82%) and washing hands before preparing food (82%). However knowledge on washing hands after changing nappies and before feeding the baby were very low from baseline though knowledge on the two improved from 31% to 42% and from 27% to 42% respectively. Washing hands after using toilet showed no knowledge improvement as the data showed that there was a drop from 88% baseline down to 82% at end line. All the respondents could not mention all five critical hand washing as a package while respondents at baseline only 20% of the respondents managed to mention all the 5 critical moments for hand washing. Hand washing behavior is not fully comprehended by many people as indicated on the chart the reason being the short time frame the project was implemented and little change was observed from the collected data. Behavior change, counselling and communication process may help in ensuring that people adopt and practice the behavior holistically.



Figure 11: Knowledge on 5 Critical Moments for Hand Washing



The surveyed furtherexplored percentage of respondents who had knowledge of at least three (3) critical moments to wash hands. From the survey it was noted that there was a huge increase on knowledge from 31% at baseline to 82% at endline. This increase can be attributed to the PHHE which were being conducted through the ECHO funded project and

Figure 12: Critical Moments of Hand Washing

other Implementing partners who were also doing WASH activities in the operational wards. The survey asked the respondents if they had knowledge on prevention of diarrheal diseases. There was a slight increase of knowledge on safe disposal of human excreta (67%), washing hands after using toilet (70%), eating hot food and washing fruits before eating (60%). This was attributed to dissemination of public health and hygiene messages by different partners in the district including CARE/IRC.



Figure 13: Methods of Preventing Diarrheal Diseases

Whilst practices and attitudes require a lengthy period, there was however some notable changes which might have been influenced by the project. In Chipinge, a number of key informants indicated that that there was a significant decrease of diarrheal related diseases

"We usually experience a huge number of water related diseases in our area as people were drinking unsafe water from rivers and many households did not have a safe toilet facility. The cyclone destroyed toilet facilities and as the environmental health technician, I was very much worried that diarrheal diseases will spike. We appreciate the intervention for toilet construction, borehole rehabilitations and the PHHE sessions which we conducted in partnership, to which I am sure made a difference as there were very few cases of diarrheal related diseases which were reported this year".

The feedback from stakeholders can be a clear testimony that the project has contributed to the commendable changes.

Indicator 3: Average Coping Strategy Index (CSI) score for the target population

3.9 Coping Strategy Index

The Coping Strategy Index (CSI) is used to show how households cope with the difficulties of food insecurity. This is computed based on the options that households employ in bad times to cope or to respond to food shortages after Cyclone Idai disaster. The higher the index reflects the more difficult it is for a household to access food. A household that is not coping at all will have a coping strategy index of zero and therefore any index above zero reflects some level of coping by the household. Coping strategy index measures behavioral strategies that people apply when they cannot access enough food or when they foresee a decrease in food security. A higher score indicates a higher stress level. Vice versa a lower score means that the households are less stressed.

The CSI tool relies on counting coping strategies that are not equal in severity. Different strategies are "weighted" differently, depending on how severe they are considered to be by the people who rely on them. The frequency answer is then multiplied by a weight that reflects the severity of individual behaviors.

Finally, the totals are added to give the coping strategy score. The evaluation used a full coping strategy index and not the reduced based on the WFP CSI guideline¹.

Pre and post-test findings depict a very significant change on the level of coping stress among the project beneficiaries. At baseline the Average Coping Score was 39 and at endline the score went notably down to 17. This shows that project beneficiaries are now rarely employing some of the coping mechanisms. This can be attributed to the intervention whereby multi-purpose cash was distributed to beneficiaries and some received cash under the Cash for Work component on monthly basis. Secondary data from the Post-Cash Distribution Monitoring reports depicts that, larger proportion of cash distributed was used to purchase food. The figure below is a trend analysis of cash utilization:



Figure 14: Cash Utilisation patterns

The cash distributed was unrestricted and the utilisation patterns shows that there were so many different needs which communities wanted to meet. Regardless of the unrestricted nature of the assistance, one local community leader had this to say during an interview:

We were told that beneficiaries had the right to utilize the money the way the want but as their leaders we felt obliged to encourage them to use it wisely. I encouraged my people to buy food, rebuild and invest in small projects because we know that donor projects will not run forever. If I am to go with you in the community, you will be impressed with the houses built by some and some bought some agriculture input"

¹ https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp211058.pdf

3.10 Livelihood-Based Coping strategies

The Livelihood Coping Strategy Index (LCSi) is also a powerful indicator to assess hardship and deprivations faced by households during emergencies and protracted crisis. The basis for this inclusion was the mention of these strategies by key informants during the needs assessments and interactions with the beneficiaries and community leaders during the data collection sessions for ward profiling.



The livelihood-based coping strategy, use a 30-day recall period and based on the findings the of evaluation, the figure below summaries the different strategies employed by respondents at baseline and endline. There has been a notable decrease in a number of negative coping mechanisms from baseline to endline. This can be attributed to the project as respondents were

Figure 15: Livelihood based Coping Strategy

cushioned from food insecurity stress. There are instances when communities do not employ some of the livelihood based coping mechanisms such as selling some assets because they do not have any assets to dispose or they have sold all before the recall period. It was therefore important to understand why some of respondents did not employ each of the coping strategy. The figure below provides a summary of why they did not adopt some of the coping mechanisms. The majority indicated that, there was no need which somehow solidify the role played by the intervention.



Figure 16: reasons for not adopting a coping strategy at end line

3.11 Income sources

At endline, it was deemed necessary to understand the contribution of the intervention on household income. The majority 78% indicated that cash received from CARE/IRC under this intervention was their main income source. At baseline, casual labor was the main income source for the majority of the respondents (43%). One councilor had this to say:

"Many lives were lost during the cyclone and in worst cases some families lost the breadwinner. All assets and fields were lost and the majority of our people did not have anything to dispose. All livelihoods were destroyed and they had nowhere to look to. You came in at the right time and I don't know how best I can say thank you for coming with this project"



Indicator Percentage of beneficiaries (disaggregated by sex, age and diversity) reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner

3.12 Information Access about the Project

The end line survey showed that bulk of the respondents (96%) reported that, they received information about the project and were aware of the beneficiary selection criteria. One non-project beneficiary has this to say:

"We were all affected by the cyclone and unfortunately the project was taking few beneficiaries and we had to look at those who completely lost their houses during the cyclone and priority we gave to the elderly, child headed households, pregnant and lactating women and the disabled. Some of us we can manage to go and do casual jobs and some receive remittances within our communities. We know how each one of us live so the ranking process was easy based on the vulnerability indicators that we agreed at our village"

This testifies that even those who were not included in the project were aware and satisfied with the targeting process. The project used a participatory approach is selection process of beneficiaries which enabled the correct targeting. A review of secondary data indicates that there was 100% physical verification of Multi-Purpose Cash Transfer beneficiaries and the inclusion error margin was 4%.

It is the right of the beneficiary to know what they are entitled to. The endline assessed if beneficiary were informed of their entitlements and majority 93% indicated that they were aware of their entitlements. The project should have scored 100% on this. However, this could be attributed to the changes throughout the project lifespan. IRC in the first 2 months, they distributed money to beneficiaries in local RTGs currency based on the prevailing interbank rate and later switched to the Ecocash foreign currency wallet whereby beneficiaries were now getting their entitlements in USD value. In January beneficiaries received double ration which might be some of the reasons why some few beneficiaries (7%) indicated that they were not sure of their entitlements.

However, it emerged in various focus group discussions and key informant interviews that the majority non-beneficiaries were not satisfied with targeting for toilet construction. One participant said:

"While the toilet construction intervention was targeting households who lost their toilets during the cyclone and had no capacity to rebuild, there are some who lost one squat hole and the project built a double squat hole and the standard of some toilets are even better that the houses. If the project had built one squat hole, more people would have benefited"

3.13 Preferred Feedback Mechanism

The survey asked questions on preferred feedback mechanism amongst beneficiaries and it revealed that 56% preferred CARE/IRC followed by community leader (45%). The least preferred mechanism was walk inn (1%) as illustrated by the graph on Figure 17 below. The data showed that gender and accountability focal point persons and village health promoters who were introduced by the intervention were used as feedback channels. The graph below also shows that communities entrusted their communal leaders in giving feedback. Deloitte/toll free, help desk and suggestion box were found to be lowly used as most beneficiaries have embraced the use of mobile messaging on feedback.



Figure 17: Feedback Mechanism Preferred by Beneficiaries.

3.14 Gender Mainstreaming

CARE and IRC humanitarian obligation was to meet immediate needs of women, men, girls and boys affected by natural disasters and humanitarian conflicts in a way that also addresses the underlying causes

of people's vulnerability, especially as a result and cause of gender inequality. When an emergency hits, women and girls are the worst and most affected. After the destruction of the cyclone a rapid gender assessment was conducted in the targeted wards. In an effort to address and in cooperate one of the key recommendations made of ensuring access to equal opportunities by both sexes, the project aimed to mainstream gender into project activities. The project trained community based gender and accountability focal point persons. The project encouraged the registration of females as cash recipients and to empower them to have a voice on cash utilisation.



The findings of the survey depicts that, there was a notable increase in number of households who reported that women were the ones going to purchase household goods after cash disbursement. At baseline, proportion the of respondents who indicated that women go for shopping was 49% which notably increased to 56% and endline. Those who indicated that females and males went for shopping increased from 32% to 35%. The changes can be attributed to the project initiatives to try and

Figure 18: Who Goes for Shopping?

empower women in a patriarchal society where women are usually neglected yet they are the most affected by disasters. During focus group discussions and key informant interviews the project was applauded for the efforts to put women at the front as cash recipients for the humanitarian assistance.

The respondents were also asked on who decides on how the assistance is utilized and the availed data from the end-line survey reflected that 67% of the households make joint decisions on how assistance is utilized, with 33% and 5% of the HHs having female and male sole decision makers respectively as shown in the figure below. At baseline 51% mentioned that they make joint decisions illustrating that male HHs greatly include their spouses in decision making and this is a positive move because the cases of gender-based violence are likely to be reduced since families' spouses consult each other on the utilization of the assistance. The figure below shows who makes decisions on how the assistance is utilized.



Figure 19: Decision Making

Figure 20: Decision Making on Assistance Utilization

The figure below summarizes decision making on household finances and productive assets. The survey identified that 52% of households make joint decisions on income disposal and 43% of households make joint decisions over productive assets decisions as presented in the baseline report. At end-line 59% of the households make joint decisions over income disposal and 46% of households make joint decisions over productive assets. As presented in the figure below the was an increase from the baseline 8% and 3% of joint decision making over income disposal and decision making over productive assets respectively.



Figure 21: Decision Making for Income V Productive Assets

4 Conclusions and Recommendations

The survey showed that the project has played a significant role in promoting recovery for the cyclone affected population. The baseline survey data revealed that there was a huge gap on WASH facilities in both Chipinge and Chimanimani and a comparison with the endline data revealed a significant improvement of the WASH situation. The recommendations that can be drawn from the findings are as follow:

WASH

- In future programming where people will be supplied with water for domestic use they should also be include the aspect of the nutritional garden to support nutritional needs. The participants suggested that piped water schemes could be used to further develop nutrition gardens rather than just provide water for domestic use as a way of enhancing incomes of the cyclone affected populations.
- The EHTC's needs working with the WPCs to check on their records and availability of tools to
 use in case of breakdown on the rehabilitated water piped schemes, especially focusing on the
 new technology of using solar to pump water.
- In terms of responding to emergency there was need to build single squat hole toilets rather than double to increase the reach to more beneficiaries.

Multi-Purpose Cash Transfer & Cash for Work

- There is need to consider a mix of cash transfer and in-kind distributions. There are some people who confirmed that they walk more than 2hrs to reach the nearest market place and some who said they do not feel safe to carry cash and goods to and from the market. The food basket does not have any charges attached to it while cash has costs (transport and mobile transaction charges ranging from 20 to 50%). The food basket would be appropriate especially for the elderly and the disabled and those who do not stay close to the marketplace.
- There is need to complement MPCT with nutrition education. Thus, a need to engage a Nutritionist who will help people to understand the benefits of a balanced diet. This is because respondents only reported on stocking maize meal at the expense of all other dietary foods. As a result, most people barely consume protein foods (e.g. Meat, dairy, eggs, beans or kapenta).
- There is need to consider increasing education on Mobile FCA as an option for the people to preserve the value of their money in inflationary environment as many beneficiaries complained about failing to convert the USD in FCA to RTG's and incur charges in the process. There's evidence of general satisfaction in the cash transfer as a program but much dissatisfaction in the program's Ecocash process with regards to the conversion process from USD FCA to RTG's, the purchasing process in respect of Ecocash charges on the part of retailers who are charging premiums when transacting.
- There is also need to factor in the issue of transport cost since most people use their money on transport to and from the market thereby reducing the cash values. From the findings it has been noted that beneficiaries are using some of the assistance money on transport ranging from 10% to 20% of their entitlements.

Annex I: ECHO End line Household Survey Tool

Introduction

We are a team of staff from Care/IRC conducting a Final Evaluation of the Cyclone Idai response and recovery in Manicaland Project implemented by CARE International in Zimbabwe, and IRC with support Government Ministries and Departments in Chipinge and Chimanimani Districts of Manicaland Province. The objective of the Final Evaluation is to: • Assess and provide reliable end-line information on project performance against set parameters (i.e. indicators, goals, short and long-term impact) in the three (3) programming sectors i.e. • Provide a qualitative and quantitative assessment of project progress towards improving access to safe and dignified WASH facilities and improved hygiene practises on the Cyclone affected populations of two districts of Chipinge and Chimanimani. The assessment findings will help improve projects stakeholders understanding of project achievements, in crafting of this project and other similar interventions continuity/sustainability strategies. I therefore, kindly request your participation by responding to questions on this questionnaire. Completing of this questionnaire usually takes less than 40 minutes. Please be advised that your participation in the interview is voluntary and your views are important.

Section I:	Section I: Administrative Issues and location		
1.1	Interviewer Name		
1.2	Date of Interview		
1.3	Questionnaire Number		
1.4	Province	I-Manicaland	
1.5	District	I-Chimanimani	2-Chipinge
1.6	Ward Number		

Section 2: I	Demographics		
2.1	What is the sex of the household head?	I-Male	2-Female
2.2	What is your household size?		
2.3	What is the sex of the respondent?	I-Male	2-Female

Section 3: V	WASH	
3.1	Which intervention are you participating in?	I-MPCT 2-CfW 3-Water supply 4-Household Latrine Construction
3.2	Have you ever received any awareness on health and hygiene in the past 6 months?	I-Yes 2-No
3.2.1	If yes, where did you receive the awareness from	I-CARE/IRC, 2-Other implementing partners 3-Government 4-Other
3.2.2	If other, please specify	
3.2.3	If yes, what messages do you still remember	I-Handing washing 2-Safe human excrete disposal 3-Solid waste management (sorting, reducing, disposal, etc) 4-Water borne diseases and vectors 5-Household water treatment 6-Keeping water safe from contamination 7-Menstural Hygiene Management 8-Other
3.2.4	If other, please specify	

3.3	What is your major source of drinking	I-Tap protected water (communal
	water?	.household) 2-Tap unprotected water
		3-Protected well 4-Unprotected well
		5-River/stream 6-Dam/ponds
		7-Water vendors (truckers) 8-
		Protected Spring 9-1 Inprotected Spring
		10-Borehole 11-Other
3.3.1	If other specify	
3.4	Is your source if water perennial	I-yes 2-No
3.4.1	If No, what is your alternative source of	I-Tap protected water (communal
	drinking water?	,household) 2-Tap unprotected water
		3-Protected well 4-Unprotected well
		5-River/stream 6-Dam/ponds
		7-Water vendors (truckers) 8-
		Protected Spring 9-Unprotected Spring
		10-Borehole 11-Other
3.4.2	If other specify	
3.5	What is the distance to your source of	I-0-500m 2-500-1km 3-1-2 km
	drinking water?	4-2-3km 5-3-4km 6-5km plus
3.6	How can you make water safe for	I-chlorination (aqua tabs, etc.) 2-boiling
	drinking? (knowledge)	3-Filtration 4-Other
3.6.1	If other, please specify	
3./	What kind of containers is ideal for	I-Closed containers 2-Open
	storing drinking water! (knowledge)	containers 3-Any (open or closed)
3.8	In what kind of containers do you use	I-Closed containers 2-Open
	for transporting drinking water?	containers 3-Any (open or closed)
	(practice)	
3.9	How often do you clean your water	I-Everyday 2-Each time before storing
	containers? (practice)	4-Once a week 5-Never 6-I don't
201		know 7-Other
3.9.1	If other, please specify	
3.10	vvnat are the 5 critical moments to	I-Before preparing food 2-Before
	(knowledge)	including broast fooding 4 After changing
	(knowledge)	notuding breast leeding 4-Arter changing
311	Do you have regular access to soap?	Lyos 2 no
3.17	When do you use soap? Select all that	L Washing clothos 2 Cloaning
5.12	abbly	household utensils 3-Washing hands
	арру	4-Bathing 5-Never 6-Other
3.12.1	If other, pleases specify	
3.13	In the last 3 weeks did any of your	I-yes 2-no 3-I don't know
	family members suffer from diarrhea?	
3.14	How can you prevent diarrhoeal	I-Safe disposal of human excreta (use of a
	diseases? Select all that applies	proper toilet) 2-Drinking clean/ safe
	(knowledge)	water 3-Protecting drinking water
		from contamination 4-Washing hands
		at all critical times 5-Eating food
		whilst its hot 6-Eating food whilst its
		hot 7-Other
3.14.1	If other, please specify	

3.15	Do you have a toilet facility at your household?	I-yes 2-no
3.16	Where do you go to relieve yourself? <i>practice</i>	I-Open defaecation 2-Pit latrine 4-uBVIP (Upgradable Blair ventilated improved pit latrine) 5-BVIP(Blair ventilated improved pit latrine) 6- Cat Sanitation (digging a hole,,,,) 7- Other
3.16.1	If other, please specify	
3.17	Does your household have a hand washing facility?	I-yes 2-no
3.18	Which hand washing facility do you have?	I-Tippy tap2-Bucket with tap3-communal dish4-Running water(cup, jug)5-Other
3.18.1	If other, please specify	
3.19	Do you have access to sufficient water for domestic use?	I-Yes 2-No
3.20	How many litres of water do you use per day at your household?	

Section 4:	MPCT/CfW - Income sources	
4.1	What is your main income source for your household in the past 90 days?	I-crop production2-livestock sales3-CARE/IRC4-Remittances5-Business (selling fruits, selling water/tea/handcraft, petty trade)6- agriculture wage labour7-Non - agriculture wage labour7-Non - agriculture wage labour(exchange of cash/ goods for labour)9- Other NGO10-Food aid sale11-Firewood /charcoal sale/grass collection 12-illegal mining13-Salaries work
4.2	What is your secondary income source for your household in the past 90 days?	I-crop production 2-livestock sales 3-CARE/IRC 4-Remittances 5- Business (selling fruits, selling water/tea/handcraft, petty trade) 6- agriculture wage labour 7-Non - agriculture wage labour 8-Casual labour (exchange of cash/ goods for labour) 9- Other NGO 10-Food aid sale I I-Firewood /charcoal sale/grass collection 12-illegal mining 13-Salaries work
Section 5:	Consumption based coping strategies	
5.1	How often (number of days), in the past 7 days has your household had to rely on less preferred, less expensive food?	0-0 I-I day 2-2 days 3-3 days 4-4 days 5-5 days 6-6 days 7- Everyday
5.2	How often (number of days), in the past 7 days has your household had to eat borrowed food or rely on help from friends or relatives??	0-0 I-I day 2-2 days 3-3 days 4-4 days 5-5 days 6-6 days 7- Everyday

5.3	How often (number of days), in the past	0-0	I-I day 2	-2 days	3-3
	7 days has your household had to	days	4-4 days 5-	5 days	6-6
	purchase food on credit?	days	7- Everyday		
5.4	How often (number of days), in the past	0-0	I-I day 2	-2 days	3-3
	7 days has your household had to	days	4-4 days 5-	5 days	6-6
	gather wild food, hunt or harvest	days	7- Everyday		
	immature crops??				
5.5	How often (number of days), in the past	0-0	I-I day		2-2
	7 days has your household had to	days	3-3 day	'S	4-4 days
	consume seed stock held for next	5-5 days	6-6 days	7	- Everyday
	season	_	-		
5.6	How often (number of days) in the past	0-0	I-I day		2-2
	7 days has your household had to send	days	3-3 days	4-4 d	ays
	household members to eat elsewhere?	5-5 days	6-6 days	7	- Everyday
5.7	How often in the last 7 days (number of	0-0	I-I day		2-2 days
	days) has your household had to send	3-3 days	4-4 days		5-5 days
	household members to beg?	6-6 days	7- Every	day	
5.8	How often in the last 7 days (number of	0-0	I-I day		2-2 days
	days) has your household had to limit	3-3 days	4-4 days		5-5 days
	portion at meal times?	6-6 days	7- Every	day	
5.9	How often in the last 7 days (number of	0-0	I-I day		2-2 days
	days) has your household had to	3-3 days	4-4 days		5-5 days
	restrict consumption by adults in order	6-6 days	7- Every	day	
	for small children to eat?				
5.10	How often in the last 7 days (number of	0-0	I-I day		2-2 days
	days) has your household had to feed	3-3 days	4-4 days		5-5 days
	working members of the household at	6-6 days	7- Every	day	
	the expense of non-working members?				
5.11	How often in the last 7 days (number of	0-0	I-I day		2-2 days
	days) has your household had to reduce	3-3 days	4-4 days		5-5 days
	number of meals eaten in a day?	6-6 days	7- Everyda	ау	
5.12	How often in the last 7 days (number of	0-0	I-I day		2-2 days
	days) has your household had to skip	3-3 days	4-4 days	5	5-5 days
	entire day without eating?	6-6 days	7- Everyda	ау	

Section 6: I	_ivelihoods coping strategies	
6.1	During the past 30 days, did anyone in your household had to sell household assets/ goods (radio, furniture, mobile phone, etc) because there was not enough food or money to buy food?	I-yes 2-No
6.1.1	If no, why?	I-There was no need to use this coping strategy 2-Already depleted this strategy
6.2	During the past 30 days, did anyone in your household had to spent savings because there was not enough food or money to buy food?	I-yes 2-No

6.2.1	If no, why?	I-There was no need to use this coping strategy 2-Already depleted this strategy
6.3	During the past 30 days, did anyone in your household had to purchase food on credit or borrow food because there was not enough food or money to buy food?	I-yes 2-No
6.3.1	If no, why?	I-There was no need to use this coping strategy 2-Already depleted this strategy
6.4	During the past 30 days, did anyone in your household had to borrow money from friends or relatives because there was not enough food or money to buy food?	I-yes 2-No
6.4.1	If no, why?	I-There was no need to use this coping strategy 2-Already depleted this strategy
6.5	During the past 30 days, did anyone in your household had to sell productive assets (agriculture land, agriculture tools, sewing machine, etc) because there was not enough food or money to buy food?	I-yes 2-No
6.5.1	If no, why?	I-There was no need to use this coping strategy 2-Already depleted this strategy
6.6	During the past 30 days, did anyone in your household had to withdraw children from school to reduce education expenditures because there was not enough food or money to buy food?	I-yes 2-No
6.6.1	If no, why?	I-There was no need to use this coping strategy 2-Already depleted this strategy
6.7	During the past 30 days, did anyone in your household had to sell the last female animals because there was not enough food or money to buy food?	I-yes 2-No
6.7.1	If no, why?	I-There was no need to use this coping strategy 2-Already depleted this strategy

Section 7: Gender					
7.1	Who in your household goes for shopping to buy food and non- food items?	I-Male HH me member	ember 3-Both M	2-Female HH ale and Female	

7.2	Who in your household (men, women	I-Sole decision-male 2-Sole decisio	
	or both) decides how the assistance is	female 3-Joint d	ecision
	utilized?		
7.3	Who (men, women, or both) generally	I-Sole decision-male 2-Sole decision	
	makes decisions over income disposal?	female 3-Joint d	ecision
7.4	Who (men, women or both) makes	I-Sole decision-male	2-Sole decision-
	decisions over productive assets?	female 3-Joint of	decision

Section 8: Accountability					
8.1	Where would you go if you have a question or face a problem with the assistance you were receiving?	I-Care/IRC 3-Government accountability foca 5-Deloitte/Toll fre 7-Suggestion box	2-community leader 4-Gender and al person (GAFP)/VHWs ee 6-Help desk 8-Walk inn		
8.2	Do you know how people were chosen to participate in the project and receive assistance?	I-Yes 2-No	5		
8.3	Have you been told exactly what you are entitled to receive?	I-Yes 2-No)		

Section 9: Participation					
9.1	Are they any social groups in your community e.g VSL or Clubs?	I-Yes 2-No			
9.1.1	If yes, Are you a member of any group?	I-Yes 2-No			
9.1.2	If yes, what type of social group are you a member in?	I-Village Savings & Lending 2-Health clubs 3-Communal societies 4-Other			
9.1.3	If other, please specify				

Annex 2: Focus Group Discussion (FGD) Guide

- I. What projects do you know about CARE and IRC? (Are they aware of the projects
- 2. How did the IRC/CARE project helped you?
- 3. How were the project beneficiaries selected? (selection criteria, who selected,
- 4. Were you happy with the beneficiary selection process?

MPCT/Cash for Work

- 5. Who selected the project site? Were you happy with the project site selection?
- 6. What was cash utilised on? Explore expenditure by men and women for the household
- 7. Who decided on what to buy in most households?
- 8. Are you happy with the distribution modality that was used? mobile money in USD (Probe on the following –access, security, ability to transact, timely
- 9. Was the monthly cash disbursement adequate enough to meet household needs?
- 10. What changes has the programme brought to your community in relation to Household relationships?

Beneficiaries and non-beneficiaries

Food availability

Prices

- II. What challenges do you think beneficiaries face?
- 12. In what ways was the cash for work an appropriate response to the needs of people affected by Cyclone Idai?

WASH

- 13. How did the project improve your access to water? (safe, clean and sufficient)
- 14. Are there functional water point committees on newly established and rehabilitated water points? (sustainability plans in place)
- 15. How satisfied are you with assets created and rehabilitated? (New drilled boreholes, rehabilitated, piped water schemes and latrines)
- 16. A) From your own observation are there any unhygienic practices which are still prevalent in our communities? (Open defecation, hand washing, drinking water from unsafe water sources, water storage, waste disposal)
 Example 1 (19)

b) Why is it still prevalent?

17. In the past six months did you receive hygiene messages? Any message that you can remember? How were the messages delivered? (By who? CARE/IRC, VHW, CHC or Cascading)

General questions

- 18. To what extent did the project mainstream gender equality in the delivery of activities?
- 19. How effective were the service delivery mechanisms used by the echo project?
- 20. What were the key drivers and barriers affecting the delivery of the humanitarian assistance?
- 21. Is there evidence that the benefits delivered by the project will be sustained after the project ends.
- 22. In what ways was the cash for work an appropriate response to the needs of people affected by cyclone idai.
- 23. To what extent was the humanitarian assistance delivered in a safe, accessible, timely, accountable and participatory manner?

Annex 3: Key informant Guide

- I. What have been your specific project roles and responsibilities? (Emphasise on different project components)
- 2. How was the level of stakeholder involvement/participation at various stages of the project?
- 3. In your own opinion, what have been the **benefits to specific project target groups**? Probe in terms of:
 - a. Overall community benefits.
 - b. Benefits to different vulnerable groups and populations affected by the cyclone.
- 4. What have been the success factors?
- 5. What are the community based strategies to sustain project benefits including institutional arrangements for continued project management, coordination and financing mechanisms?
- 6. To what extent did the project mainstream gender equality in the delivery of activities?
- 7. What do you think the project did well?²
- 8. What do think the project did not do so well (areas that needs improvement)?³
- 9. What are your recommendation to improve future implementation of similar programmes in your areas?

 ² "A Lesson Learned is knowledge or understanding gained by experience that has a significant impact for an organisation. The
experience may be either positive or negative. Successes are also sources of Lessons Learned. "A Lesson Learned documents the
experience gained during a project. These lessons come from working with or solving real-world problems. Collecting and
disseminating lessons learned helps to eliminate the occurrence of the same problems in future projects".

[•] A lesson learned is an experience or outcome of a particular course of action -- either positive or negative -- that is important enough to be communicated to one's peers.

 [&]quot;The knowledge acquired from an innovation or an adverse experience that causes a worker or an organization to improve a process
or activity to work safer, more efficiently, or with higher quality"

Knowledge derived from the reflection, analysis and, conceptualisation of experience that has potential to improve future action. Read more here: <u>Knoco stories: What is a Lesson Learned? http://www.nickmilton.com/2009/05/what-is-lesson-learned.html#ixzz4t6Akjzsn</u>

³ A **Best Practice** is a recommendable practice, a method or technique that comes with a superior result