



FINAL REPORT

FOR

**CONSULTANCY SERVICES TO CONDUCT END LINE
EVALUATION FOR KUKUA NI KUJIFUNZA (GROWING IS
LEARNING) PROJECT**

JULY 2022

Table of Contents

Executive Summary	6
1.0 INTRODUCTION	8
1.1 Background	8
1.2 KukuaniKujifunza Project	8
1.3 Purpose and Evaluation objectives of the project	8
1.4 Evaluation Questions	9
2.0 METHODOLOGY & STUDY DESIGN	11
2.1 Data Collection Methods and Data Sources	11
2.2 Data analysis	14
2.3 Study Limitations and Challenges	14
3.0 RESULTS AND DISCUSSION	15
3.1 Demographic Data	15
3.2 Project's Progress and Impact from 2017 to 2022	16
3.2.1 Relevance of the KnK project	16
Inclusion of female and people with disabilities in the KnK project	16
Ownership of means of production and other properties	18
3.2.2 Impact of the KnK project	20
3.2.3 Sustainability of the project	24
3.2.4 Effectiveness	25
3.3 Unintended Consequences of the KnK Project	26
3.4 Adherence to mid-term review findings and recommendations	27
3.5 Contribution of the project to CARE Australia's Theory of Change intermediate outcomes	28
3.6 Disability Inclusion	28
3.7 Key lessons and recommendations	30
3.8 Integration of gender, resilience and inclusive governance in the project implementation	30

ABBREVIATIONS AND ACRONYMS

AMCOS	Agricultural Marketing Co-operatives Societies
CBT	Community Based Trainers
COVID 19	Corona Virus Diseases 2019
DAC	Development Assistance Committee
DAICO	District Agricultural, Irrigation and Cooperative Officer
DCDO	District Community Development Officer
FFBS	Farmer Field and Business School
FGDs	Focus Group Discussions
GAP	Good Agronomic Practices
GBV	Gender Based Violence
HH	Household
IPs	Implementing Partners
KII	Key Informant Interview
KnK	KukuaniKujifunza
LGAs	Local Government Authorities
M&E	Monitoring and Evaluation
MS	Microsoft Word
MTR	Mid-Term Review
OECD	Organization for Economic Cooperation and Development
PO	Producer Organizations
PP	Paraprofessionals
PRA	Project Results Assessment
SAGCOT	Southern Agricultural Growth Corridor of Tanzania
SDG	Sustainable Development Goal
SIDO	Small Industries Development Organization
SPSS	Statistical Package for Social Sciences
TAGRODE	Tanzania Grassroots Organization for Development
TDV	Tanzania Development Vision
ToR	Terms of Reference

TZS Tanzanian Shillings
WOPATA Women and Poverty Alleviation in Tanzania

ACKNOWLEDGEMENTS

The endline evaluation for the “Kukua ni Kujifunza (Growing is Learning) Project” in Tanzania in Iringa rural district, Iringa region was carried out by Mastermind Consulting (T) Ltd (MMC Ltd) who participated in the project evaluation activities and gathered required information for this report. The project is funded by the Australian NGO Cooperation Project (ANCP), via the Australian Department of Foreign Affairs and Trade. This study also owes enormous credit to the outstanding work of CARE International in Tanzania and its partners Women in Poverty Alleviation (WOPATA), Tanzania Grass Root Development (TAGRODE) and Sundry Merchants Company Ltd team. The endline evaluation team successfully completed fieldwork, working through long days, at times smooth logistics, and unexpected challenges with continued patience. Special thanks also go to the KNK project staff especially Edgar Bagasha, Winfrida Kipondya and Blandina Karoma from CARE who coordinated the overall logistics for the Endline Evaluation, and to all the other project staff who provided excellent support to the MMC Ltd team during fieldwork.

We are most indebted to the individuals and families who gave their time to the evaluation team for interviews and discussions. Without their generosity and openness in welcoming us into their villages and the contribution of the project to their livelihood, this important review would have never happened.

Lastly, the consultants would like to stress that the opinions expressed in this report are purely those of the authors based on findings of this report and that MMC Ltd take sole responsibility for any errors or omissions or commissions.

Executive Summary

The Kukua ni Kujifunza (Growing is Learning) project (KnK) in Tanzania's Iringa Rural District aimed to increase food and nutrition security, income, and climate change resilience among vulnerable and rural small-scale women farmers. The KnK project was achieved through CARE's gender transformative project over a five-year period (2017-2022), targeting 3,825 direct project participants, with a focus on the soya value chain.

The project focused on increasing food and nutrition security, income among vulnerable and rural small-scale women farmers in Iringa Rural District. Through trainings, participants of the project were able to acquire knowledge and practical skills in areas of agriculture, nutrition, gender issues, market, and other business skills. CARE staff took the leading role in provision of training to participants, followed by Paraprofessionals. Other partners who took part in provision of trainings were Nutrition champion, Government officials, TAGRODE, WOPATA and Sundry Merchants Ltd Team.

The endline evaluation showed that the knowledge and skills acquired by participating women farmers brought positive changes in their lives. About 72.5% and 61.87% of the female and male respondents respectively reported that the trainings were useful in their day to day lives while 27.5% and 37.35% respectively reported that the trainings were very useful. However, 0.78% of female respondents reported that the trainings were not useful.

Enabling gender equality and empowering vulnerable and rural small-scale women farmers was an important aspect in the KnK project. Consequently, rural small-scale women farmers were the most targeted in the KnK project. Out of 341 respondents from 15 villages, 260 (76.2%) were female, and 81 (23.8%) were male. People with disabilities were 101 (2.6%) out of the 3,825 direct participants of the KnK project.

Participants in the KnK project were given an opportunity to engage in soya production as one of the strategies to eradicate malnutrition. During the endline evaluation process, it was revealed that a high proportion of the KnK participants (99.2%) engaged in soya beans production. Before the KnK project, soya was not ranked as a food crop implying that farmers did not know its nutrition value, and that the crop was not considered as a reliable source of household income. The endline evaluation revealed that farmers realized the value of soya crop production, in terms of nutrition value and source of income.

The mode of operandi of the KnK project laid a solid foundation that could make it sustain for years to come. The legacy of the project in terms of knowledge and skills acquired by participants, as well as the positive changes in their lives, may encourage them to sustain activities implemented during the project. In fact, there is cause for participants to continue to engage in economic and social activities implemented by the KnK project. The KnK project had good institutional arrangements in place, and this made it easier to coordinate the project activities. Strong partnership with other stakeholders contributed significantly to overall performance of the project.

Throughout the project implementation, there was engagement of several stakeholders, including CARE partners, government officials and village leaders. The integration of gender and targeted approaches to inclusion of people with disabilities in the project was a key aspect that led to its success. The endline evaluation has shown that the implementation of the KnK project was a success given the fact that it achieved its desired objectives. Higher proportions of the project participants took part in the project and were ready to testify the benefits of the project activities and interventions. Project activities, as well as knowledge and skills acquired by participants through several trainings, have contributed significantly to improving their lives.

The endline evaluation, among other things, recommends that the government and other stakeholders should work together to make sure there is reliable availability of soya seeds and other agricultural facilities, at affordable prices. Also, the local and regional government and other stakeholders should promote commercialization of soya to make it more viable. On the other hand, efforts should be made to facilitate PPs, CBTs, male and household champions by providing them with means of transport as well as incentives so that they can continue to perform their roles efficiently and effectively.

1.0 INTRODUCTION

1.1 Background

CARE International in Tanzania (CARE) embarked on the transformative Kukua ni Kujifunza (Growing is Learning) Project (KnK) in Tanzania's Iringa Rural District, with the objective of increasing food and nutrition security, income, and climate change resilience among vulnerable and rural small-scale women farmers. This was achieved through gender transformative projecting over a five-year period (2017-2022), targeting 3,825 direct project participants, with a focus on the soya value chain.

As KnK is coming to an end, this report aims to measure change and impact to which the project interventions contributed. It also seeks to evaluate achievements of both intended and unintended outcomes (positive and negative evidence) that have been attained by the targeted participants and community, in the targeted areas of operations.

1.2 KukuaniKujifunza Project

"KukuaniKujifunza" is a five-year project (July 2017 – June 2022) with a total budget of AUD \$2,515,999 funded by the Australian Government, through the ANCP. The project is implemented in Iringa Region (Iringa Rural District) with coverage of 15 villages namely Mgama, Wenda, Kaning'ombe, Sadani, kikombwe, Ikuvilo, Tagamenda, Wangama, Lyamungwe, Ihemu, Magulilwa, Mlanda, Malagosi, Igunda, Ibumila. The project works with strategic partners like District and Regional Authorities, Tanzania Meteorological Association, Southern Agriculture Growth Corridor (SAGCOT); CARE has also directly been working with three implementing partners at different times, Women and Poverty Alleviation in Tanzania (WOPATA) from the project inception to date, TAGRODE during from inception to year two and Sundry Merchants Company Ltd joined after TAGRODE completed its allocated project activities.

1.3 Purpose and Evaluation objectives of the project

The KnK project reached the end of its implementation stage in June 2022 and, in a process of measuring what have been the existing results before project intervention and during project intervention, lessons, and challenges, two major studies were conducted: 1) An outsourced consultancy conducted a baseline survey at the commencement of the project; and 2) An internal mid-term assessment. As the project was coming to an end, CARE commissioned Mastermind Consulting (T) Ltd to conduct an endline evaluation to measure project change and impact because of the project interventions. It also seeks to evaluate achievements of both intended and unintended outcome (positive and negative evidence) that has been attained by the targeted participants and community as whole in the targeted areas of operations because of project interventions.

Therefore, this final evaluation study will focus on measuring the following:

- Assess the project's progress and impact from 2017 to 2022 against the DAC evaluation criteria: relevance, coherence, effectiveness, efficiency, impact, and sustainability.
- Assess the impact against the project Monitoring, Evaluation and Learning Framework (project indicators to be evaluated will be supplied to the consultant along with the key evaluation questions).
- Assess any unintended consequences (positive or negative) such as building individual or

community resilience or supporting local leadership.

- Assess the extent to which the mid-term review findings and recommendations were addressed.
- Assess the contribution of the project to CARE Australia’s Theory of Change intermediate outcomes: Climate Justice and Women’s Economic Empowerment. (Refer to ANCP Evaluation Guidance document).
- Assess the extent to which the project has progressed disability inclusion (e.g., inclusion in activities, or achievement of positive outcomes for people with disabilities).
- Generate any key lessons learnt and recommendations for future CARE projects and other key stakeholders.
- Assess the integration of gender, resilience and inclusive governance in the project implementation using specific questions and tools.

1.4 Evaluation Questions

The purpose of this endline study is to evaluate the extent to which KnK project objectives have been achieved and the (positive) changes are being realized in the lives of targeted population and families. The evaluation seeks to measure the extent to which, and the reasons behind, the achievement (or not) of the project’s objectives and expected results, which will be informed through answering the questions in response to the project’s indicators. The endline report also aims to develop a set of technical, operation and strategic recommendations for project sustainability. This endline study was conducted in accordance with the OCED/DAC guidelines, and was required to answer the following key questions:

a) Relevance:

- Was the project appropriate for the context where it is being implemented?
- To what extent has it considered group needs according to age, gender, particularly the most vulnerable (specifically people with disabilities)? How has the project adapted to meeting those different needs?
- How has the project ensured that women’s voices are heard and reflected, both in project activities and more broadly, in our interaction with governments and other stakeholders?
- Were the activities and outputs of the project consistent with the intended impacts and effects?

b) Effectiveness:

- What are the facilitating or inhibiting factors to achieving (or not achieving) project intermediate outcomes?
- Assess whether the institutional arrangements (partnerships/coordination) and the overall management of the project enabled/disabled the project performance.
- What challenges/obstacles (internal/external) has the project faced?

c) Efficiency:

- Is the project being managed/ implemented efficiently?
- To what extent will the project achieve its objectives in the given timeline?

d) Impact:

- Did CARE and/or partners implement the project as planned and if not, why not? Did the project cause a particular change in people's (specifically women and people with disabilities) lives and/or their families and communities? How significant was this change and how did it happen?
- What component(s) and element(s) of the project/ were responsible for the change?
- What was the result of newly tried methodology/approach? What lessons were learned and what recommendations made?
- What are the project's unintended effects (both positive and negative) and how did they influence the outcomes?

e) Sustainability:

- To what degree will changes in people's lives (specifically women and people with disabilities) be sustained post project closure?

The primary users of this report will be the KnK project team, CARE International in Tanzania staff, CARE Australia staff and other implementing partners who will integrate the recommendations of the evaluation into the project going forward.

2.0 METHODOLOGY & STUDY DESIGN

2.1 Data Collection Methods and Data Sources

(i) Documentary Review

One of the main data sources for this endline study was a document review especially about design, implementation and results of the project. Accordingly, the relevant documents of KnK staff and implementing partners were reviewed, including:

- KukuaniKujifunza (KnK) Design Narrative 2017-2021.
- ANCP Interim Report June-December 2021;
- ANCP 2020-2021 Performance Report;
- KnK Master MELF Indicators.
- KnK Baseline and midline report; and
- CARE template evaluation report 2020.

The Consultant also reviewed the following national policies and strategies, which include:

- Tanzania Development Vision 2025;
- National Strategy for Growth and Reduction of Poverty (NSGRP) known in Kiswahili as MKUKUTA, June 2005;
- Millennium Development Goals, 2000; and

(ii) Field Data collection from smallholder soya farmers

The study process was carried out according to qualitative and quantitative principles, starting with a desk study of project documents, the proposal, and the results framework followed by preparation of interview guidelines, identification of the informants and elaboration of semi-structured questionnaires which were later administered to smallholder soya farmers.

Two-days training for the research team were conducted on Thursday and Friday 23rd-24th June, 2022. The training was meant to familiarize enumerators with the KnK Project, and the data collection tools, as well as equip the researchers with the necessary data collection skills and KoBo Toolbox software.

The study utilized primary data that was collected using interview method through a semi-structured questionnaire. A mixed sampling method was adopted for this study, where purposive and simple random sampling techniques were utilized to draw the study areas and smallholder soya farmers. The first stage involved the purposive selection of all the 15 villages in Iringa Rural District. This is because CARE is implementing the KnK project in these areas (i.e. Mgama, Wenda, Kaning'ombe, Sadani, Kikombwe, Ikuvalo, Tagamenda, Wangama, Lyamungwe, Ihemi, Magulilwa, Mlanda, Malagosi, Igunda, Ibumila). The second stage utilized simple random sampling technique to identify smallholder soya farmers and finally random selection of 341 soya farmers (direct project participants). This number was equivalent to 10.17% percent of the targeted 3,825 direct participants under KNK project.

The data collection exercise was conducted in five (5) days from 25th – 29th June, 2022 in 15 villages of Iringa Rural District.

This study addresses the views of the following six stakeholders, to draw the impact of the KnK project interventions. The tools and report were grounded in OECD-DAC evaluation criteria and guidelines. The methodology used was as follows:

Tool #	Sample unit	Method of Data Collection used	Sample Size
1	Direct project participants	Questionnaires	<ul style="list-style-type: none"> ▪ 341 farmers from 15 villages (260 were female and 81 were male) ▪ 389 targeted, 341 reached
2	Key informant questionnaire	One to one interview	3 village executive officers (2 female and 1 male) <ul style="list-style-type: none"> • 1 DAICO • 1 DCDO • 1 SAGCOT
3	Implementing Partner Guiding Questions (Sundy)	One-to-one interview	2 respondents from Sundy Merchants (1 female and 1 male)
4	FGD with Paraprofessionals (PP)	Focus group discussion	6 FGD (4 female and 2 male)
5	Gender Champions	Focus group discussion	5 respondents in each FGD in each ward (3 female and 2 male)
6	People with disabilities	Focus group discussion	3 groups found in Tagamenda, Mlanda and Malagosi villages (4 female and 3 male)

Tool #1: Household Survey.

The respondents in this category were the population of the direct participants i.e. 3,825 in 15 villages of Iringa Rural District. The multi-stage procedure sampling technique method was used to draw respondents for the sample. The first stage was to divide the target population, along strata delineated along the categories. Following from this, a sample of respondents was proportionately allocated as per description above. The determination of the sample size (n) was informed by the level of precision needed for the survey and the available resources thus, 1.96 = Z score values at 95% confidence level.

Consultant used the following formula to calculate the sample size for Household survey:

$$n = \left[z^2 \times \frac{p \times q}{d^2} \right]$$

Where:

n = sample size	389.16
z = linked to 95% confidence interval (use 1.96)	1.96

p = expected prevalence (as fraction of 1)	0.5
q = 1- p (expected non-prevalence)	0.5
d = relative desired precision	0.05

The sample size calculated was 389 respondents but due to uncertainties which will be discussed at the end of this section we managed to reach 341 respondents which is almost 87.66%.

Tool #2: Key Informant Questionnaire

This was the tool for the key informants purposively selected which involved the following:

- 1 DAICO
- 1 DCDO
- 1 SAGCOT
- 3 village executive officers

Tool #3: Implementing Partner Guiding Questions (Sundy)

Two respondents from Sundy Merchants.

Tool #4: FGD with Paraprofessionals (PP)

KNK works in 15 villages, which are under 6 wards. In every village exist two PP, therefore a total of six FGDs were done, one from each ward. One PP from each village will be jointly gathered and the FGD to be done to them. The one-to-one interview with the above respondents was used.

Tool #5: Gender Champions

In every village there three categories of gender champions (one community-based trainer (CBT), one male champion, and two gender transformative household champions) – marks a total of 4 champions in each village.

An FGD was done to the level of ward (as PP questionnaire). The discussion was represented by one CBT from each village, one male champion and one from each household – This marks a total of five respondents in each FGD.

Tool #6: People with disabilities

Seven villages have been reached in KnK interventions, but for the sake of representation, the FGD's were done with three groups found in Tagamenda, Mlanda and Malagosi villages. Likewise, two respondents from Sundy Merchants (Project partners) were interviewed.

(v)Direct field observations were made in Iringa Rural District and utilised a structured data collection protocol to observe how project activities (project interventions i.e. soya farms, soya products and other observable items) operated on the ground and to understand and assess key constraints and challenges as well as opportunities during the course of implementation.

2.2 Data analysis

The collected data were analysed (using SPSS and MS Excel), interpreted, and used for preparation of the endline evaluation report. Data analysis, verification and report writing have been done using different methods which include the following: The data collected from secondary sources were consolidated, synthesized and interpreted to provide meaningful descriptions of the results/findings; the findings obtained using various methods of data gathering tools were triangulated to verify findings; quantitative findings from primary data have been analysed using both SPSS (descriptive statistics) and MS Excel (soya farm budget analysis i.e. revenue, costs and gross margin) quantitative findings from document review have been incorporated into appropriate sections of the report to substantiate findings; qualitative findings were analysed using content analysis (Focus group discussion and key informant interviews) and series of debriefing undertaken with key KnK project staff and implementers to verify preliminary findings and complement gaps in findings. Finally, the findings are organised and presented.

2.3 Study Limitations and Challenges

Major limitations for the survey included:

- a) Poor record keeping among respondents especially costs of soya production among others. Majority of the key informants and producers did not keep proper records or could not remember some details required for the survey. The study therefore relied on estimates that may not be accurate. Triangulation of the data with other data sources was expected to solve this limitation.
- b) Data collection was conducted in the month of June, when most of the key informants especially soya farmers were at farming activities. This led the endline evaluation team unable to meet the targeted sample size (389 respondents). Instead, the team was able to collect information from 341 smallholder soya farmers. The number of respondents obtained was reasonable for purpose of endline evaluation analysis.
- c) Unavailability of some of the targeted respondents. This was particularly the case with regards to the targeted institutions such as SAGCOT and SUNDY.
- d) Gathering financial data in terms of revenues and costs from soya farmers was a major challenge and it was therefore difficult to calculate accurate cost benefit analysis or gross margins.

To address some of these limitations the consultant used phone interview and email communication for distant respondents to get required data.

3.0 RESULTS AND DISCUSSION

3.1 Demographic Data

The demographic variables of the 341 respondents of the KnK project evaluation were: sex, age, marital status and level of education. In addition, respondents were asked to indicate number of household members. Of 341 respondents, 260 (76.2%) were female, and 81 (23.8%) were male as illustrated in Table 1. Females constituted a bigger number of KnK project participants than male because the KnK project aimed to align with the objective of CARE International – to increase food and nutrition security, income, and climate change resilience, among vulnerable and rural small-scale women farmers.

Table 1: Demographic Data of Survey Respondents

S/No.	Category	Sub-Category	Frequency	Percentage
1	Sex	Female	260	76.2
		Male	81	23.8
		Total	341	100
2	Age	20 years and below	1	.3
		21-30 years	37	10.9
		31-40 years	83	24.3
		41-50 years	98	28.7
		50+ years	122	35.8
		Total	341	100
3	Level of Education	Illiterate	3	.9
		Primary School level	302	88.6
		Secondary School level	36	10.6
		Total	341	100
4	Marital Status	Divorced	10	2.9
		Married	266	78.0
		Single	24	7.0
		Widow	39	11.4
		Widower	2	.6
		Total	341	100
5	Number of household members	1-3 members	107	31.4
		4-6 members	194	56.8
		7-9 members	37	10.9
		10-12 members	3	0.9
		Total	341	100

Respondents were grouped into the following four age categories: 20 years and below; between 21 to 30 years; between 31 to 40 years; between 41 to 50 years; and 50 years and above. The age group 50 years and above had 122 (35.8%) respondents, slightly higher than other age groups, followed by the age group 31 to 40 years which had 98 respondents. The age group between 31 to 40 years had 83 (24.3%) participants, and only one respondent was in the age group of 20 years and below as shown in Table 1.

A total of 302 (88.6%) respondents had primary school education, while 36 (10.6%) reported that they had earned secondary school education. Three respondents were illiterate. Tables 1 illustrate educational levels of the respondents. About marital status, a higher proportion of the respondents (78%) were married, while 7% were single and 2.9% were divorced.

3.2 Project’s Progress and Impact from 2017 to 2022

The KnK endline evaluation was conducted in accordance with the OCED/DAC guidelines, taking into consideration the following criteria: relevance, coherence, effectiveness, efficiency, impact, and sustainability.

3.2.1 Relevance of the KnK project

According to the Tanzania National Nutrition Survey 2014, Iringa region recorded chronic malnutrition at 51.3%, indicating that less than 10% of children aged 6-8 months in Iringa had timely introduction of complementary food. Reports from the regional authorities showed that most households had just one main meal, which cuts across – irrespective of age or status. The KnK project was carried out in the right place and attempted to address the problem of malnutrition, one of the critical threats to human development in Tanzania. It started in 2017 and ended in 2022, targeting 3,825 people who were involved in the soya value chain. Soya production was viewed as one of the strategies to reduce malnutrition. The KnK project is relevant in sense that it addressed key problems in Iringa Rural district. It dwelt on issues that affected lives of villages, including malnutrition, poverty, climatic challenges, and empowering vulnerable rural small-scale women farmers.

Inclusion of female and people with disabilities in the KnK project

Basically, the KnK project aimed at increasing food and nutrition security, income, and climate change resilience, among vulnerable and rural small-scale women farmers in Iringa Rural District, Tanzania, through gender transformative projecting within the soya value chain. People with disabilities were 101 (2.6%) out of the 3,825 direct participants of the KnK project from 15 villages as shown in Table 2. Of this subset, 52.5% of respondents with a disability were female and 47.5% of respondents with a disability were male.

Table 2: Number of people with disabilities in KNK Project

People with disabilities	Sex	Frequency	Percentage of subset
	Female	53	52.5
	Male	48	47.5
	Total	101	100

Women’s participation in household decision making

Enabling gender equality and empowering vulnerable and rural small-scale women farmers was an important aspect in the KnK project. The project aimed at empowering women to participate in household decision making. During the endline evaluation process, the respondents were asked to state their involvement in decision making. A total of 196 (76.86%) female participants and 76(96.20%) male participants reported that they involved their spouses in decision making at household level as depicted in Table 3. However, 3(3.8%) and 59(23.14%) of the male and female respondents respectively reported that they did not involve their spouses in decision making at household level. This can partly be attributed to strongly held cultural norms in many societies in Tanzania denying women the opportunity to make decisions in important family matters.

Table 3: Involvement of spouse in decision making at household level

Response	Female	Male	Grand Total
No	59(23.14%)	3(3.8%)	62(18.56%)
Yes	196(76.86%)	76(96.20%)	272(81.44%)
Grand Total	100.00%	100.00%	100.00%

On the other hand, the respondents were asked to indicate who makes decision on household expenses. It is evident that both male and female participants of the project participated in decision making, indicating that female were 72.29% and male were 93.59% as shown in Figure 1.

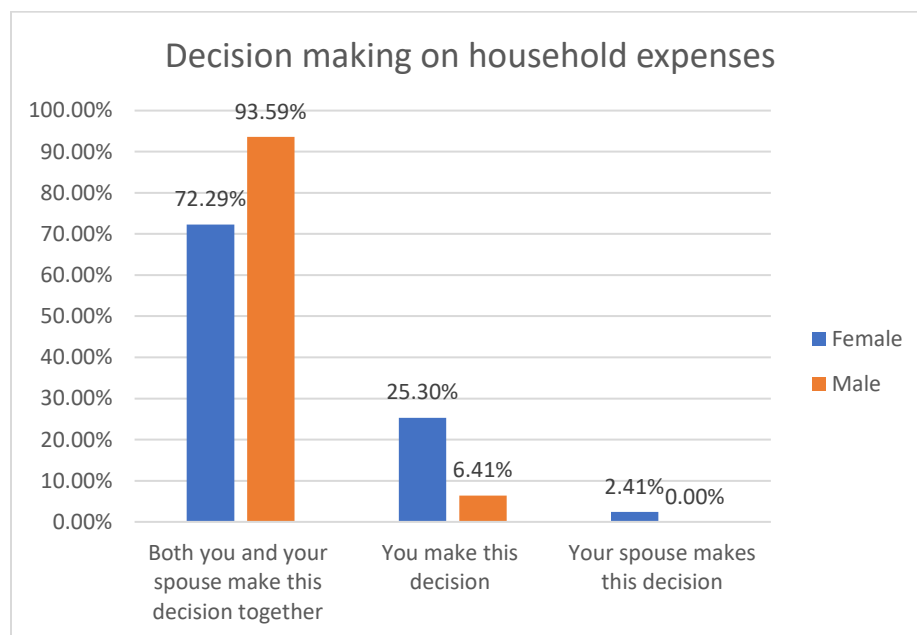


Figure 1: Decision making on household expenses

Ownership of means of production and other properties

Greater access to and control over resources and decision making is critical to reduce poverty among vulnerable and rural small-scale women farmers in Iringa Rural District. In a like manner, respondents indicated that they had access to resources, such as land and livestock, and owned means of production and other properties in their communities. About 62% of female and 88.89% of male respondents reported that, both (husband and wife) owned means of production and other properties were owned by spouses as indicated in Figure 2.

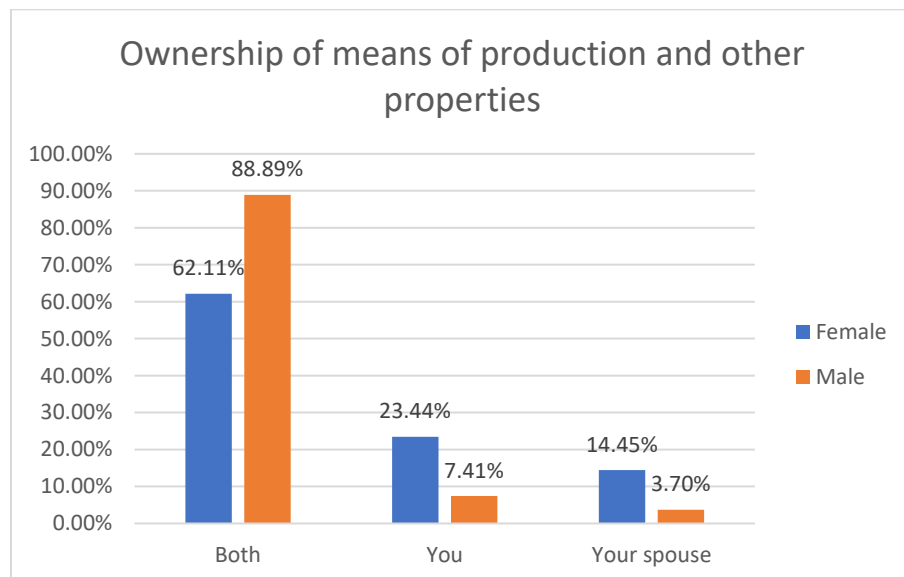


Figure 2: Ownership of means of production and other properties

Participation in soya beans production

Malnutrition was a key issue in the KnK project. In that sense, participants of the project were required to engage in soya production as one of the strategies to eradicate malnutrition. During the endline evaluation process, respondents of the project were asked to state whether they were engaged in soya beans production. A higher proportion of the KnK project participants - 98.85% and 100% of female and male respectively reported that they were engaged in soya beans production as shown in Figure 3.

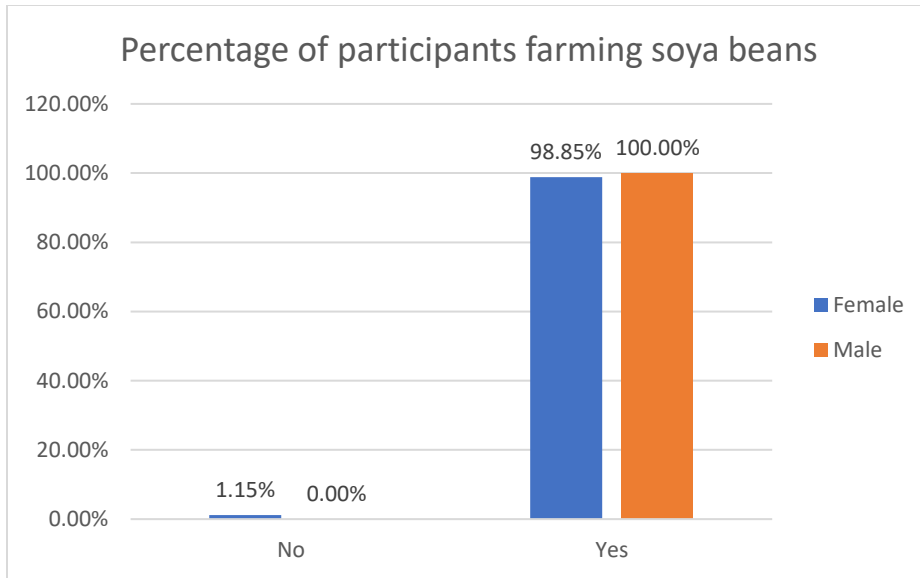


Figure 3: Percentage of participants farming soya beans

Throughout the KnK project, the number of villagers in Iringa Rural District growing soya beans has been increasing as depicted in Figure 4. From Figure 4, it is evident that the soya beans production increased dramatically from 2017 to 2022.

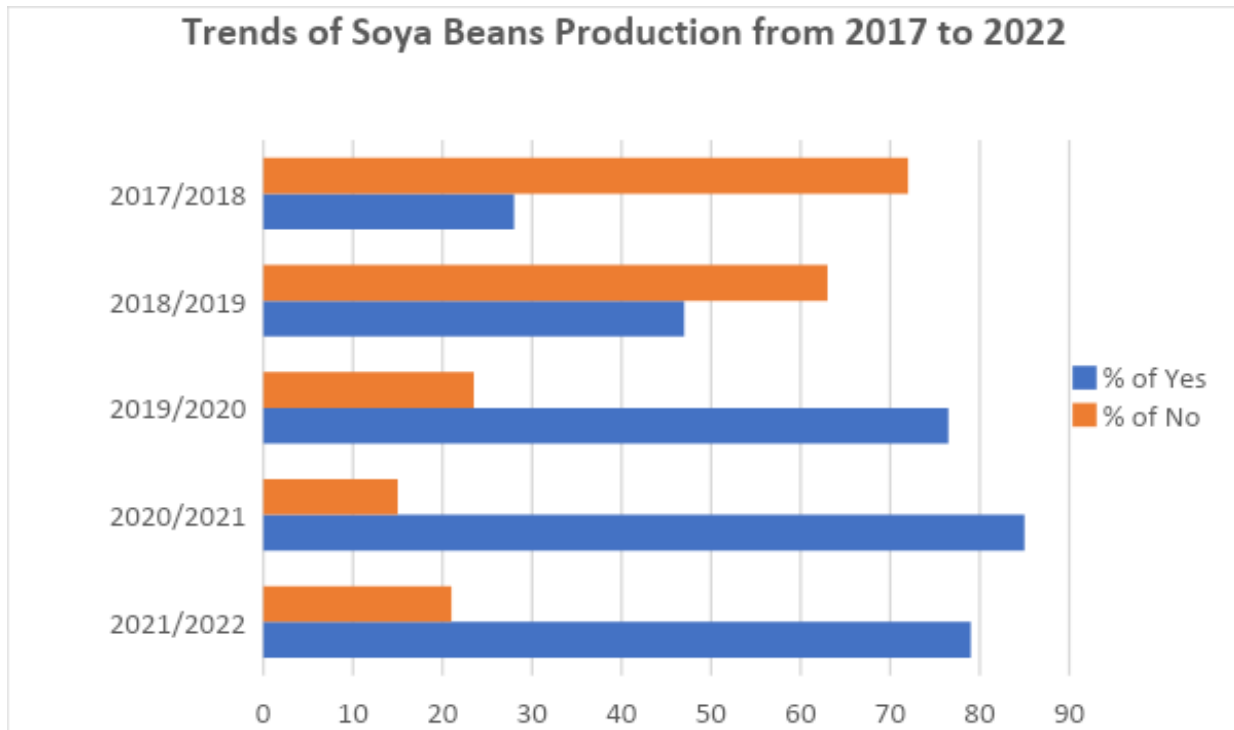


Figure 4: Trends of soya beans production in acres from 2017 to 2022

3.2.2 Impact of the KnK project

The implementation of KnK project was done in 15 villages in collaboration with other partners, including: Women in Poverty alleviation (WOPATA), Tanzania Grass Root Development (TAGRODE) and Sundry Merchants Ltd Team. These partners took part in all processes and activities throughout the implementation of the KnK project. They were engaged in delivering training in various areas: good agricultural practices, climate smart agriculture (CSA), nutrition, gender equality and business skills.

Provision of trainings to KnK project participants

During the endline evaluation process, it was revealed that a higher proportion of participants received at least one training during the implementation of project. As depicted in Figure 5, the proportion of female participants who had received trainings were higher (97.53%) compared to their male counterpart (96.53%). Only 2.47% and 3.47% of the sampled female and male respondents did not attend any trainings respectively.

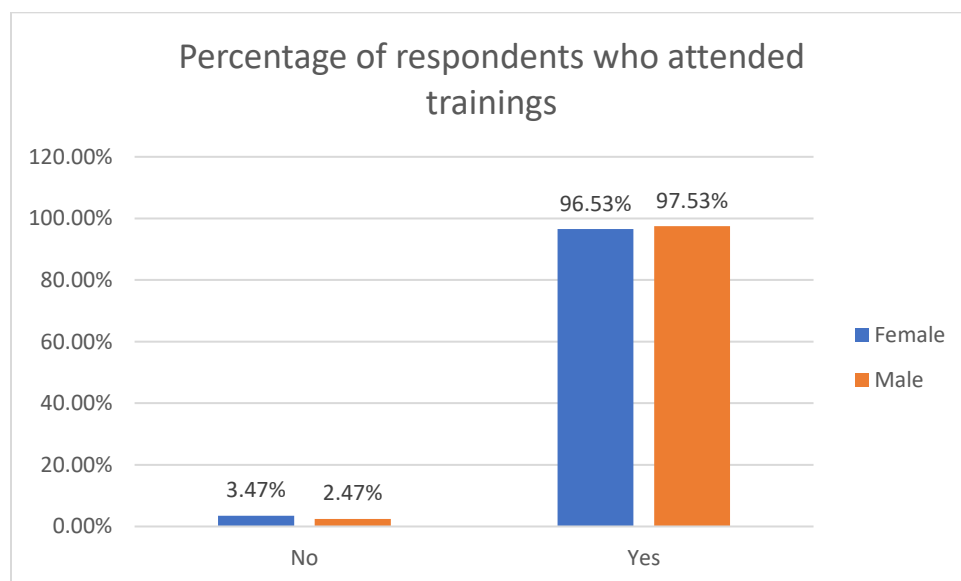


Figure 5: Percentage of respondents who attended trainings

The trainings given to participants of the project were provided by CARE in collaboration with other partners as shown in Table 4. CARE staff took the leading role in provision of training, followed by Paraprofessionals. Other partners who took part in provision of trainings to participants of the project were: Nutrition champion, Government officials, TAGRODE, WOPATA and Sundry Merchants Ltd Team.

Table 4: Summary of trainings attended by survey respondents

SN.	Provider of Training	Participants Frequency	Percentage
1	Paraprofessionals/Lead farmer	248	72.7
2	Nutrition champion/CHW/CBT	226	66.3
3	Government official	44	12.9
4	WOPATA Staff	132	38.7
5	Sundy staff	181	53.1
6	CARE staff	295	86.5
7	TAGRODE	62	18.2

The trainings offered by CARE and its partners covered different areas as indicated in Table 5. A total of 327 respondents received training on nutrition, whereas 312 respondents received training on gender equality. Likewise, 310 respondents received training on good agricultural practices, 285 respondents received training on climate smart agriculture, and 249 respondents received training on markets and other business skills.

Table 5: Types of Trainings

SN.	Training	Participants	
		Female	Male
1	Good agricultural practices	236(91%)	74(91%)
2	Climate smart agriculture	214(82%)	71(88%)
3	Nutrition	250(96%)	77(95%)
4	Gender equality	236(91%)	76(94%)
5	Markets and other business skills	184(71%)	65(80%)

Changes in people's lives

Through trainings, participants of the project were able to acquire knowledge and practical skills in areas of agriculture, nutrition, gender issues, market, and other business skills. The endline evaluation showed that the knowledge and skills acquired by participants brought positive changes in their lives. Figure 6 shows the responses on the usefulness of the trainings. About 72.5% and 61.87% of the female and male respondents respectively reported that the trainings were useful in their day to day lives while 27.5% and 37.35% respectively reported that the trainings were very useful. However, 0.78% of female respondents reported that the trainings were not useful.

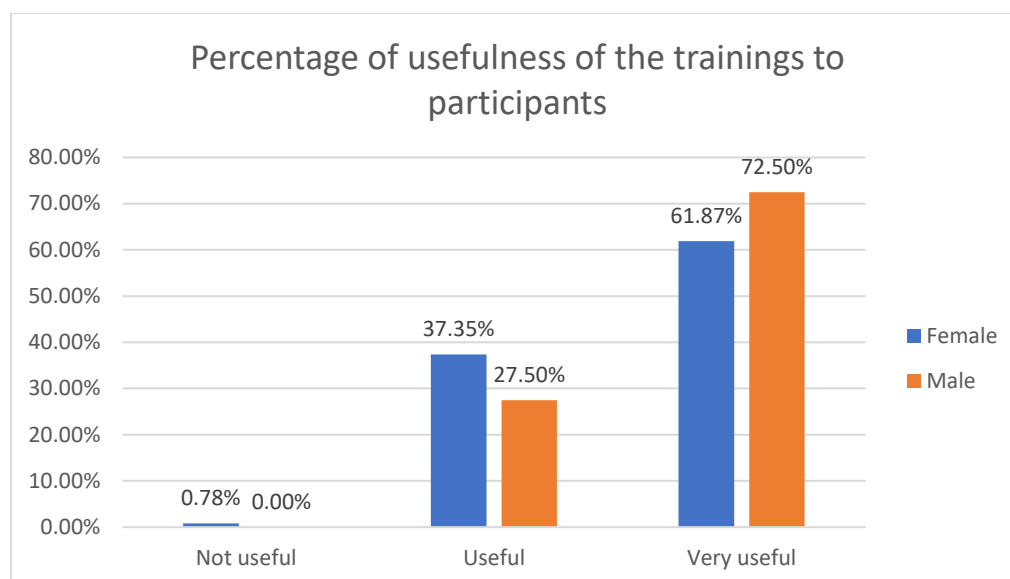


Figure 6: Percentage of usefulness of the trainings

Adopted skills

Respondents further revealed that the trainings were of greater importance and brought significant changes in their lives. Table 6 presents the percentage of the participants and the skills adopted from the trainings. A total of 223 (86%) female respondents and 74(91%) male respondents reported that they had acquired knowledge and skills in gender equality. Depending on their interests and circumstances, 221(85%) of female and 69(85%) of male respondents reported that they adopted good agricultural practices in farming. Similarly, 204 (65%) female respondents and 65(80%) male respondents of the sampled participants reported that they adopted climate smart agriculture (CSA) in farming, and 144 (55%) female and 55(68%) males of the participants revealed that they adopted knowledge and skills on finding markets for their agricultural products.

Table 6: Frequency of adopted skills

Area	Frequency (N = 332)		Percent	
	Female	Male	Female	Male
Good Agricultural Practice	221	69	85%	85%
Climate Smart Agriculture	204	65	78%	80%
Nutrition	252	78	97%	96%
Gender Equality	223	74	86%	91%
Markets	144	55	55%	68%

The endline evaluation processes further revealed that respondents who adopted climate smart agriculture practiced several methods in their farming as indicated in Table 7. Among other methods of CSA, the use of improved seeds (94%) was female and 74% were male, organic fertilizers 90% were female and 72% were male, followed by practicing timely planting which had 79% and 80% of female and male respondents respectively, while timely weeding 83% were female and 64% were male. Besides adopting CSA, respondents also reported that the knowledge and skills acquired from soya beans and nutrition education changed their lives.

Table 7: Adoption of methods of climate smart agriculture by sex

SN	Area	Frequency (N= 274)		Percent	
		Female	Male	Female	Male
1	Minimum tillage	107	39	55%	48%
2	Crop rotations	109	46	56%	57%
3	Intercropping	104	33	54%	41%
4	Mulching	70	25	36%	31%
5	Organic fertilizer	175	58	90%	72%
6	Improved seeds	181	60	94%	74%
7	Timely planting	153	65	79%	80%
8	Timely weeding	161	52	83%	64%

Figure 7 indicate that 97.53% of females changed home diet after receiving soya beans and nutrition education. Similarly, 94.51% of the sampled males changed their home diet after receiving soya beans and nutrition education. Taken together, the results of the endline evaluation suggest that the trainings provided to participants changed their lives for the better.

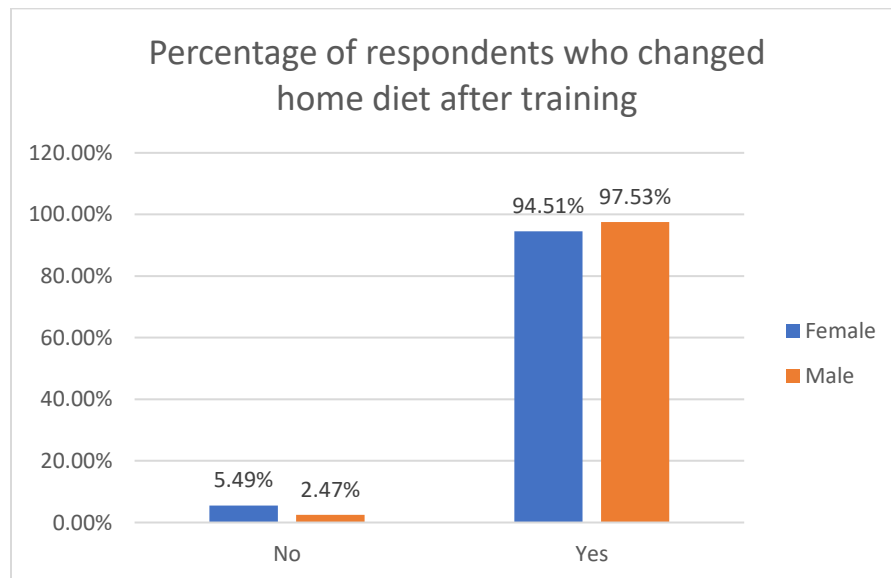


Figure 7: Percentage of respondents who changed home diet after training

3.2.3 Sustainability of the project

The mode of operandi of the Knk project laid solid foundation that could make it sustain for years to come. The legacy of the project in terms of knowledge and skills acquired by participants as well as the positive changes in their lives may encourage them to sustain activities implemented during the project. In fact, there is cause for people to continue to engage in economic and social activities implemented by the KnK project because of the positive effect to participants. During the interviews one of the key informants remarked specifically about the sustainability of the project:

Based on my opinion, the project is going to be sustainable because the project participants have been capacitated in all important areas of the soybean value chain, and good enough they have already started seeing the benefits of cultivating soybean as a cash crop and for nutrition purposes. The high demand of soybean in the market, its low production cost and high selling price per kilogram of soybean as you compared to other many cash crops will be the driving force to the sustainability of the project. Thus, KnK project has triggered an endless soybean business in Iringa DC.

During the endline evaluation, respondents were also asked to state whether they plan to continue engage in soya farming in the year 2022/2023. Most of the participants responded by saying that they planned to engage in soya farming in the year 2022/2023 as indicated in Table 8. Similarly, respondents were asked to state the number of acres of land they expect to subject to soya farming. Figure 8 depicts the responses. About 99% of female and 100% of male respondents reported that they expect to farm soya beans in the next season, while only 1% of female respondents stated that they do not intend to farm soya beans in 2022/2023 season.

Table 8: Number of project participants expected to farm soya in 2022/2023 (Done)

Are you planning to farm soya in 2022/2023?	Frequency			Percentage		
	Female	Male	Total	Female	Male	Total
YES	259	81	340	99	100	99.71
NO	1	0	1	1	0.00	0.29
Grand Total	260	81	341	100	100	100

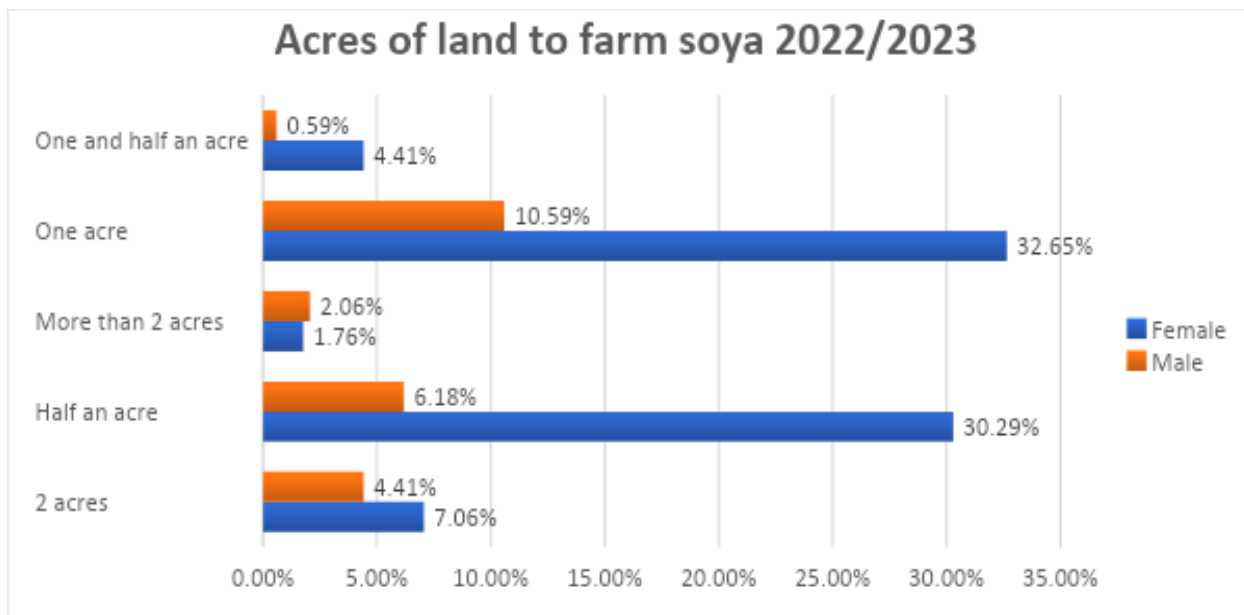


Figure 8: Respondents expected to farm soya in 2022/2023

3.2.4 Effectiveness

To a greater extent, the findings of end line evaluation of the KnK project revealed that the project was a success. Unlike others, the KnK project was inclusive and provided room for discussion with other stakeholders for improved implementation of the project activities. With this view in mind, one of the paraprofessionals in focus group discussions remarked:

Among the unique issues brought by KnK project, is the close engagement of the government and other stakeholders in all project activities. Whenever the project activities were implemented, there were always stakeholders including government representatives who were also part of the team aiming to deliver to participants.

The KnK project had good institutional arrangements in place, and this made it easier to coordinate the project activities. Strong partnership with other stakeholders contributed significantly to overall performance of the project. However, there were notable challenges in the implementation of the KnK project, particularly in soya beans farming. Reliable availability of soya seeds and its high prices were reported to be the main challenges in implementation of the project. One of the participants in focus group discussion stated:

The project activities were well implemented but there was a challenge withsoya farming. Availability of soya seeds was the challenge, and even when they became available, the prices were not affordable by many villagers. This slowed down the implementation of the KnK project. The government should come up with strategies to make sure that farmers get soya seeds at the right time, at affordable prices.

Other challenges experienced in implementation of the KnK project were inadequate paraprofessionals, scarce of land, unwillingness of some men to listen to paraprofessionals and lack of means of transport for paraprofessionals. Information elicited from focus group

discussions with paraprofessionals affirmed that they faced challenges in implementation of the project activities, as one of them disclosed:

I am happy that I was entrusted to be part of the KnK project. I have tried to fulfill my obligations as directed, but the main obstacle in execution of my duties was lack of means of transport. Given the fact that we are few and required to move from one place to the other, it is obvious that we need reliable means of transport to enable us commute from one place to another. It is unfortunate that this has not been the case. Sometimes, we are obliged to walk several kilometers to fulfill my obligations.

3.3 Unintended Consequences of the KnK Project

Throughout the implementation of the project activities, positive intended impacts have been experienced by the participants, including to build a community that can work on its own in the soybean value chain with little or no assistance from higher level authorities. In addition, the respondents revealed that there were also positive unintended consequences reflected on individuals and communities at large. Through the interviews and focus group discussions, respondents reported that there was significant change in women involvement in leadership practices. In interviews, one of the key informants expressed how women participated in political activities:

There has been an increased level of women participation in leadership opportunities. For example, we have a female-councillor in our ward, but also, we have members of the village council let alone a good number of chairpersons of different socio-economic groups. This has been a great change since it was difficult for women to be accepted in such leadership positions in our communities.

In alike manner, another interviewee stated.

The training on gender equality provided by the KnK project led to an increase in number of women candidates during the Local government election in 2019. Moreover, different social accountability, leadership and good governance trainings given to village leaders in all areas of the project helped them to understand the importance of involving both men and women in decision making. As a result, women's suggestions during village meetings have been given priority provided that they don't negatively affect the community.

Moreover, the respondents reported that the project has influenced an increased level of participation of many people into other different community development projects which was a rare case before the implementation of the KnK project activities in their communities. This is supported by one of interviewees, VEO of Ikuvalo, stated that, "Citizens are now vibrant in participating in village development projects e.g. in building community schools and maintenance of irrigation scheme".

The unintended positive impacts of KnK project on individuals and communities imply that the CARE staff in collaboration with other partners have appropriately implemented the project activities, since not only the project objectives' have been met but also the individual and community goals of whom participated in the project have been manifested in one way or the

other. Furthermore, the results stipulate that the sustainability of the project objectives is promising given the benefits experienced by individuals engaged in the KnK project.

3.4 Adherence to mid-term review findings and recommendations

During the mid-review it was revealed that the KnK project included people with disabilities in some of its interventions. Despite the trainings provided to participants, there were no clear strategies to include people with disabilities in the soya value chain. This shortcoming was rectified as revealed during the endline evaluation of the project. One of the participants in the focus group discussion with people with disabilities disclosed:

Through trainings we are now able to engage in soya farming which has improved our lives. We have also acquired skills in other areas, including poultry production, soap making, nutrition and business skills.

The endline evaluation findings concurred with what was revealed in the mid-term review findings. The project ensured that women’s voices are heard and reflected, both in project activities and more broadly, in interactions with governments and other stakeholders. As reported earlier, the KnK project activities and its interventions empowered women in many aspects. The endline evaluation revealed that trainings resulted into women contesting for leadership positions in village council. Consequently, the number of women in village councils has increased compared to the previous local government elections. One of the paraprofessionals in focus group discussions remarked:

The project has capacitated women to be part of decision making through different dialogues that were conducted in the village public meetings, groups meetings, seminars and FFBS in which different topics on gender, rights to opinions and participate in political and social economic were presented.

The mid-review findings also revealed that, before the KnK project maize was ranked first (95.4%) followed by beans (63.2%) and soya (19.3%). This is since soya was not ranked as a food crop implying that farmers did not know its nutrition value, and that the crop was not considered as a reliable source of household income. The endline evaluation revealed that farmers realized the value of soya crop production, in terms of nutrition value and source of income. Participants of the KnK project reported that soya farming led to both an increase in their earned incomes source of nutrition for their families as indicated in Table 9.

Table 9: Soya farming as source of nutrition and income to participants

Area	Frequency (N = 333)			Percent		
	Female	Male	Total	Female	Male	Total
Nutrition benefits	204	66	270	61.26%	19.82%	81.08%
Source of income	158	57	215	47.45%	17.09%	64.54%
Both	166	57	223	49.85%	17.125%	66.97%

The endline evaluation findings showed that the local and regional governments as well as private sector partners have been corresponding to the needs and demands of women small-scale farmers, creating more sustainable, inclusive, and accountable value chains. Project implementation was effective since it organized and coordinated by committed partners with diverse expertise. These partners have played important roles such as capacity building in production, marketing, gender issues, nutrition, business skills, entrepreneurship, CSA, and gender equality. One official from SAGCOT commented:

Adoption of the farmers to grow and sale soya crop one of the SAGCOT worked hand in hand with CARE and other partners to promote soya value chain. The sale of soya increased the household income of farmers. Other benefits were the establishment of the community VSLAs where members can save money and also to take loan for various development activities. Also, the partnership engagement where institutions like CARE, Sundry Merchants, SAGCOT, and district councils were able to meet and work together led to smooth implementation of KnK activities.

3.5 Contribution of the project to CARE Australia’s Theory of Change intermediate outcomes

The KnK project was meant to change the livelihood of vulnerable and rural small-scale women farmers. The mode of operandi of the project was a prerequisite for its success, achieving its desired objectives. From all accounts, the KnK project was participatory in the sense that all important stakeholders took part in the planned activities. There is a high likelihood that the activities of the KnK project will sustain because of its positive change to participants.

3.6 Disability Inclusion

In the view of increasing the household level income among the small-scale women farmers, the KnK project also intended to enhance the equitable inclusion of women and people with disabilities in the profitable value chain nodes. Figure 9 stipulates that majority of female (60.48%) and male (19.46%) agreed that people with disabilities were included in the trainings provided by the KnK project. The findings are attributed to effective implementation of trainings action plan by the CARE staff in collaboration with other partners such as Paraprofessionals, Nutrition champion, WOPATA staff and Sundry staff.

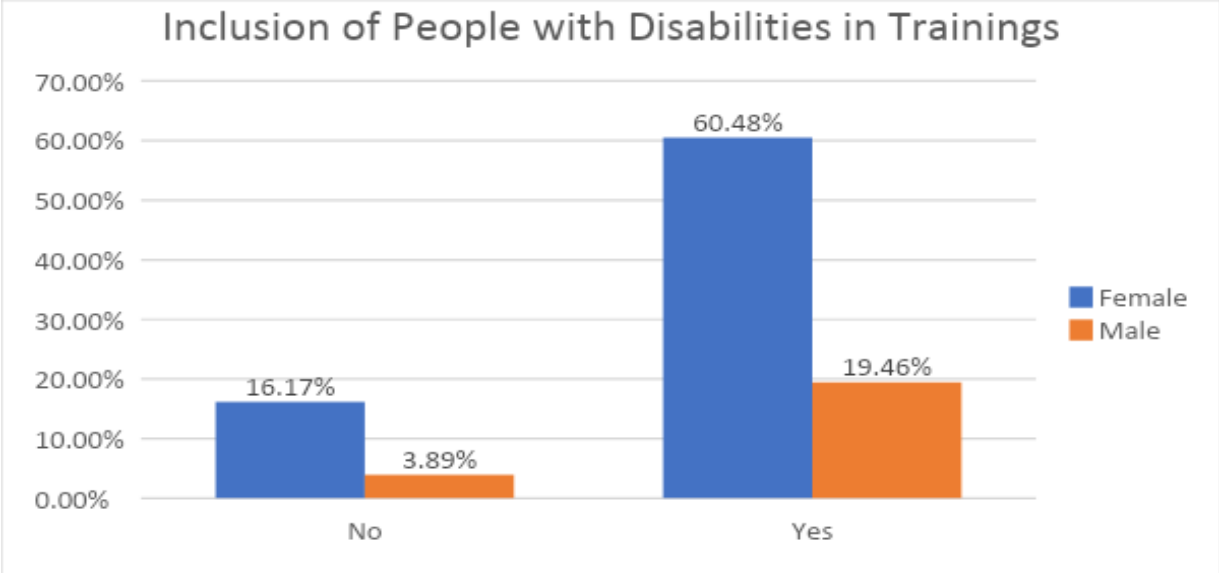


Figure 9: Inclusion of People with Disabilities in Trainings

To assess the extent to which the project has progressed disability inclusion, the respondents were asked to provide their views on the impact of KnK project on the lives of people with disabilities. A higher proportion of the female participants (69.97%) and male participants (22.53) stipulated that the KnK trainings have positive impact on the lives of people with disabilities. Through interviews and focus group discussion the respondents reported that after the provision of various trainings to people with disabilities, they started to engage themselves into different socio-economic activities such as; participation into different community activities, formulation of groups dealing with production and selling of handmade soaps and cultivation of food and cash crops.

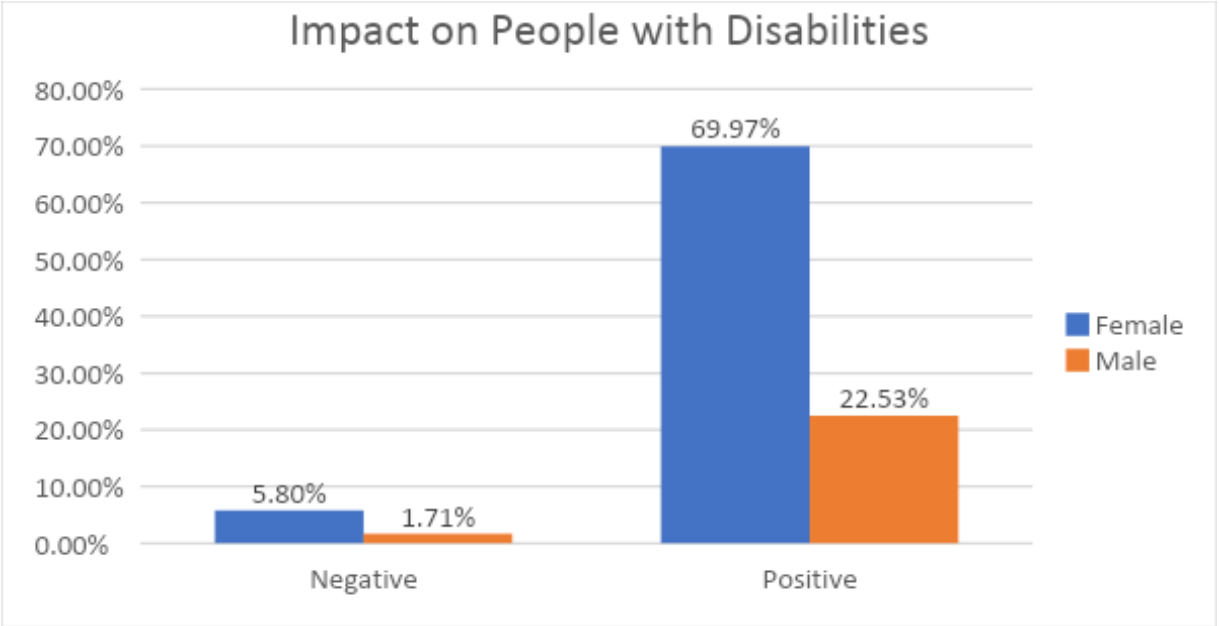


Figure 10: Impact on People with Disabilities

The respondents had to say the following in relation to the impact of KnK project on people with disabilities;

... people with disabilities had been engaged in various trainings provided by KnK project that facilitated the mobilization and formation of socio-economic groups involved in entrepreneurship activities such as production and selling of soaps.

Another respondent also had this to say:

Through KNK project,[people with disabilities were trained on different topics such as nutrition, gender and farming. They were excited to be involved and recognized by the project and community at large, and through the acquired knowledge and skills they have managed to get soft loans and equipment for soap making. Thus, increasing the level of their income.

It is worthwhile noting that, the study observed a substantial shift in the participation of people with disabilities in socio-economic activities, with the respondents reporting that before the commencement of the KnK project they were not engaged in most of the community activities. However, the respondents suggest that more initiatives should be taken since there are still several people with disabilities who do not participate in the socio-economic activities due to various insecurities.

3.7 Key lessons and recommendations

Based on the findings of the endline evaluation of the KnK project activities and interventions, the following recommendations are presented:

- i. The government and other stakeholders should work together to make sure there is reliable availability of soya seeds and other agricultural facilities, at affordable prices. It was observed that farmers lacked reliable supply of soya seeds.
- ii. Efforts should be done to facilitate PPs, CBTs, male and household champions by providing them with means of transport as well as incentives so that they can continue to perform their roles efficiently and effectively.
- iii. The local and regional government and other stake holders should promote commercialization of soya. The soybean crop has been adopted and grown for nutritional purpose and for selling and therefore an urgent still need to enhance its commercialization.

3.8 Integration of gender, resilience, and inclusive governance in the project implementation

The KnK project was inclusive enough such that it engaged several partners in the 15 villages. Throughout the project implementation, there was engagement of several stakeholders, including CARE partners, government officials and village leaders. The integration of gender and disability inclusion in the project was key aspect that leads to its success. In one of the interviews, one of the key informants commented.

At a very early stage of implementation, the project introduced a component of “gender” among other activities. This component was purposely for enlightening the community on

human rights and distributions of social responsibility from family to higher levels of the community. Introduction of this component in the project helped much in making women confident to give out their views during implementation of the project activities and even during village meetings.

The end line evaluation has shown that the implementation of KnK project was a success given the fact that it achieved its desired objectives. People who took part in the project were ready to testify the benefits of the project activities and interventions. Project activities as well as knowledge and skills acquired by participants through several trainings have contributed significantly to improving their lives.

List of annexes

Annex 1: KNK Endline Evaluation – HH Questionnaire

Notes

- I. A one-to-one questionnaire to be administered to project participants in all 15 villages
- II. A sample of 341 farmers have been selected from the list of participants
- III. Tool - Questions will be deployed to ODK and administered by the enumerators

Section 1 – Demographic data

1.	Date	
2.	District Name	
3.	Ward Name	
4.	Village Name	
5.	Names of the farmer	
6.	Telephone/ mobile number (Optional) – Begin with 255	
7.	Age of the farmer 1. 20 years and below 2. 21-30 years 3. 31-40 years 4. 41-50 years 5. 50+ years	/ _____ /
8.	Number of house hold members)	/ _____ /
9.	Can you specify the gender and age of your household members beginning with oldest to youngest?	
10.	What is your education Level? 1. Primary School level 2. Secondary School level 3. High Level School Level 4. Collage education School Level 5. University education School Level 6. Other (specify)	
11.	Sex 1. Male 2. Female	/ _____ /
12.	Marital Status 1. Single	

	<ul style="list-style-type: none"> 2. Married 3. Divorced 4. Widow 5. Widower 	
13	<p>Are you a member of any group?</p> <ul style="list-style-type: none"> 1. Yes 2. No 	
14	If Yes, what is the Name of the group?	
15	<p>Do you farm Soya beans?</p> <ul style="list-style-type: none"> 1. Yes 2. No 	
16	<p>If Yes, in which season did you plant Soya? (Choose multiple)</p> <ul style="list-style-type: none"> 1. 2017/2018 2. 2018/2019 3. 2019/2020 4. 2020/21 	
17	If no – Why?	
18	<p>Are you planning to farm Soya in 2021/22 Season?</p> <ul style="list-style-type: none"> 1. Yes 2. No 	
19	If No – Why	
20	<p>If Yes, how many acres are you planning to plant?</p> <ul style="list-style-type: none"> 1. Half an acre 2. One acre 3. One and half acre 4. 2 acres 5. More than 2 acres 	

Section 2 – Training & Practice

21.	<p>Have you received any training offered by KukuaniKujifunza Project?</p> <ul style="list-style-type: none"> 1. Yes 2. No 	
(a)	<p>If Yes, what was the training about? (Choose Multiple)</p> <ul style="list-style-type: none"> 1. Good Agricultural Practice (Farm selection, farm preparation, planting, weeding, spraying, pest management, harvest and post-harvest management, 	

	<ol style="list-style-type: none"> 2. Climate Smart Agriculture (Minimum tillage, residual, mulching crop rotation, intercropping, timely planting, organic fertilizer) 3. Nutrition (processing, types of food, dietary behavior) 4. Gender equality (GBV, Women Land rights, Child rights, work load sharing, equal decision making, resource ownership) 5. Markets (collective marketing, record keeping, entrepreneurship skills and business planning) 	
(b)	<p>Who did you receive the training from? (Choose Multiple)</p> <ol style="list-style-type: none"> 1. Paraprofessionals/Lead farmer 2. Nutrition Champion/CHW/CBT 3. Government Official (Extension Officer, nutrition officer, Social welfare) 4. WOPATA Staff 5. Sundry staff 6. CARE staff 7. Tagrode 	
(c)	<p>How useful were the trainings?</p> <ol style="list-style-type: none"> 1. Not useful 2. Useful 3. Very Useful 	
22.	<p>In the above trained areas, which areas have you adopted? (Choose Multiple)</p> <ol style="list-style-type: none"> 1. Good Agricultural Practice (Farm selection, farm preparation, planting, weeding, spraying, pest management, harvest and post-harvest management, 2. Climate Smart Agriculture (Minimum tillage, residual, mulching crop rotation, intercropping, timely planting, organic fertilizer) 3. Nutrition (processing, types of food, dietary behavior) 4. Gender equality (GBV, Women Land rights, Child rights, work load sharing, equal decision making, resource ownership) 	

	5. Markets (collective marketing, record keeping, entrepreneurship skills and business planning)	
23.	Are you practicing Climate smart agriculture? 1. Yes 2. No	
(a)	If Yes, which methods are you practicing? (Select Multiple) 1. Minimum tillage 2. Crop rotations 3. Intercropping 4. Mulching 5. Organic fertilizer 6. Improved seeds 7. Timely planting 8. Timely weeding	
(b)	Do you practice this knowledge with a group or in person? 1. Personally 2. In a farmer group	
21	Did you receive education regarding soya and nutrition? 1. Yes 2. No	
24. (a)	If Yes, what was the training about? 1. Processing, 2. Types of food 3. Dietary behavior 4. Home gardening 5. Poultry keeping	
22 (a)	After receiving nutrition education did your home diet change? 1. Yes 2. No	
	If Yes, How (Narrative)	
	If no, why (Narrative)	
25.	What benefits do you witness of SOYA use in your household?	

	1. Nutrition benefits 2. Source of Income 3. Both	
26.	Did you ever have home gardening in your house? 1. Yes 2. No	
27.	In the past 4 years of the project, how many times have you practice home gardening? (Multiple # 1- 10)	
28.	Have you received any gender equality training in your village? 1. Yes 2. No	
25 (a)	Have you attended in any of the gender dialogues in your village? 1. Yes 2. No	
25 (b)	If Yes, what was/were the dialogue about? (narrative),,,	
26	If No, Why?,,,	
27	Do you think the project, including the gender training and dialogue, had any positive or negative impacts on women and girls? 1. Yes () 2. No ()	
29.	Do you involve your spouse in decision making at your household level? 1. Yes 2. No	
30.	Does your spouse involve you in decision making in your household? 1. Yes 2. No	
	If Yes, In What kind of decision making are you involved in?,,,	
31.	Who make decisions on small expenses, in your family (tick the one that apply to the respondent)	

	a) you make this decision () b) both you and your spouse make this decision together () c) your spouse makes this decision ()	
32.	Who make decisions on big expenses, in your family (tick the one that apply to the respondent) a) you make this decision () b) both you and your spouse make this decision together () c) your spouse makes this decision ()	
33.	Do women assume leadership role in your village? 1. Yes 2. No	
34.	If Yes, what kind of roles do they assume? (Narrative),,,	
35.	Does the project have any contribution in this change? 1. Yes 2. No	
36.	Did you receive training on organic fertilizer? 1. Yes 2. No	
37.	Did you ever practice and use organic fertilizer? 1. Yes 2. No	
38.	If Yes, what were the results on using them? (Narrative),,,	
39.	Did you ever do poultry in your home after project intervention? 1. Yes 2. No	
40.	How do you use your poultry keeping? 1. Home consumption 2. Income earning 3. Both	
41.	Were you linked with any inputs supplier? 1. Yes 2. No	
42.	How did you buy your inputs? 1. Individually 2. Collectively	

43.	Please provide reason for the above answer (Narrative),,,	
44. (a)	If Yes, who linked you? 1. Wopata staff 2. CARE staff 3. Sundy Staff 4. Government official	
(b)	If Yes, what is the name of the inputs supplier? 1. IwawaAgovet 2. Frank Agrovent 3. AlpaAgrovet 4. Kilimo Kwanza Agrovet 5. Others (mention).....	
(c)	If No, how did you get your inputs? (Narrative),,,	
45.	How did you sell your produce? 3. Individually 4. Collectively	
46.	Please provide reason for the above answer (Narrative),,,	
47.	Were you linked with any buyer? 1. Yes 2. No	
48. (a)	If Yes, who linked you? 3. Wopata staff 4. CARE staff 5. Sundy staff 6. Government official	
(b)	If Yes, what is name of the buyer? 1. Alfa Agrovet () 2. Celina Chibanda () 3. Meja ()	

	4. Other (please mention).....	
(c)	If No, how did you get the markets of your produce?,,,	
49.	Has the project trainings, activities included people with disabilities? 1. Yes 2. No	
50.	If yes, what has been the impact on people with disabilities? 1. Positive 2. Negative	

THANK YOU FOR YOUR TIME AND USEFUL RESPONSES, WE REALLY APPRECIATE

Annex 2: KNK Endline Evaluation – Key informants Questionnaire

Notes

1. A total of 6 key informants’ one to one interview will be conducted using guiding key issues
2. The key informant in this context involves of the, (1 DAICO, 1 DCDO, 1 - SAGCOT, 3 Village executive officers (To be selected with the aid of the client)

1. Name of the Organization.....
2. What are your names?
3. What is your title
4. What is name of the village? (If applicable)

5. Can you briefly explain your understanding of KnK project i.e. main activities and any impact?
 - a) Project main activities
6. What is the main project contribution you have witnessed in relation to economic empowerment?
7. What is the main project contribution you have noticed in relation to Nutritional benefit?
8. What is the main contribution you have noticed in relation to GBV and gender integration?
9. In your opinion, do you see farmers keep adopting to CSA practices and climate change resilience?
10. In your experience what has been a unique issue brought by KNK Projects?
11. What went wrong?
12. What could be done different for better intervention and better results?
13. How has the project ensured that women’s voices are heard and reflected, both in project activities?
14. Regarding stakeholders, how did the project involve other key stakeholders?
15. How do you see the sustainability of the project upon the closure of the project?
16. In your department how will you continue contribute to,
 - Small scale women farmers economic empowerment
 - Gender issues are integrated in your activities
 - GBV issues are reduced
 - Nutrition becomes a habit/behavior to farmer?

Annex 3: KNK Endline Evaluation – Implementing Partner Guiding Questions

Notes

- CARE have been implementing the KNK project for five years and circled with 3 implementing partners (WOPATA/TAGRODE and Sundy) – In this Study, the client has asked to conduct a one-to-one interview with Sundy Merchants only, as they have remained the implementing partner for 2 years
 - A target is 2 respondents from Sundy Merchants
1. What is your name and position in the company?
 - a) Name
 - b) Position
 2. What was/is your company role in the KNK project? (narrative)

- (i).....;
- (ii).....;
- (iii).....; (iv)

3. What is the status of soya productivity among target small-scale women farmers? (give scores between 1 to 5) 1=Less (); 2=Moderate (); 3=Satisfactory (); 4=More (); 5=Excellent ()

4. What are the main interventions that your company has engaged with? Please list them and explain each intervention

- (i).....;(ii).....;
- (iii).....; (iv)
- (v).....

Inputs markets:

5. How did you intervene, success, and challenges and what are the Mitigation plan?

- a) Highlight interventions:(i), (ii)
....., (iii), (iv)
....., (v)
- b) Highlight successes for interventions mentioned in (a) above: (i)
....., (ii) , (iii)
....., (iv) , (v)
- c) Highlight failures for interventions mentioned in (a) above: (i)
....., (ii) , (iii)
....., (iv) , (v)
- d) Highlight challenges for interventions mentioned in (a) above: (i)
....., (ii)..... , (iii)
....., (iv) , (v)
- e) Highlight the mitigations plans for each challenge mentioned in (a) above: (i)
....., (ii) , (iii)
....., (iv) , (v)

6. How many farmers have been linked with Input suppliers?

Years	# Of farmers Linked	Male	Female	Linked to?
2019/20				
2017/18				

7. Processing Node – What are the interventions, what are the success, , failures, challenges and Mitigation plan?

- a) Highlight interventions:(i) , (ii)
....., (iii) , (iv).....
....., (v)

- b) Highlight successes for interventions mentioned in (a) above: (i)
, (ii)
, (iii)
, (iv)
, (v)
- c) Highlight failures for interventions mentioned in (a) above: (i)
, (ii)
, (iii)
, (iv)
, (v)
- d) Highlight challenges for interventions mentioned in (a) above: (i)
, (ii)
, (iii)
, (iv)
, (v)
- e) Highlight the mitigations plans for each challenge mentioned in (a) above: (i)
, (ii)
, (iii)
, (iv)
, (v)

8. Marketing/Markets – What are the interventions? What are the success, failures, challenges and mitigation plan?

- a) Highlight interventions:(i)
, (ii)
, (iii)
, (iv)
, (v)
- b) Highlight successes for interventions mentioned in (a) above: (i)
, (ii)
, (iii)
, (iv)
, (v)
- c) Highlight failures for interventions mentioned in (a) above: (i)
, (ii)
, (iii)
, (iv)
, (v)
- d) Highlight challenges for interventions mentioned in (a) above: (i)
, (ii)
, (iii)
, (iv)
, (v)
- e) Highlight the mitigations plans for each challenge mentioned in (a) above: (i)
, (ii)
, (iii)
, (iv)
, (v)

9. How many farmers have been linked with markets?

Years	# of farmers Linked	Male	Female	Linked to?
2019/20				
2017/18				

10. Sundy is a business company, what are the incentives for you to remain in the market?

(i).....;(ii).....;
(iii).....; (iv);
(v).....

11. It is known that you have worked with CARE in ALUTA, UnG and KNK? These are all donor funded, what will you do when all these stops?

(i).....;(ii).....;
(iii).....; (iv);
(v).....

12. What is your sustainability plan?

(i).....;(ii).....;
(iii).....; (iv);
(v).....

13. Are there any relationships built between farmers and private sectors? (a) Yes (); (b) No ()

14. Explain in detail how was it built and what benefit farmers gain from those relationships?

(i).....;(ii).....;
(iii).....; (iv);
(v).....

Annex 4: Endline Evaluation – FGD with PP

Notes

- KNK works in 15 villages, which are under 6 wards. In every village exist 2 PP
- In this evaluation, ***a total of 6 FGD will be done***. 1 from each ward. 1PP from each village will be jointly gathered and the FGD to be done to them.

1. Name of the ward.....
2. Name of the village.....
3. Names of the PP.....
4. A How long have you been working with the project? (Period in months or years)
5. What are your key roles in project? (narrative) –
(i).....; (ii).....;
(iii).....; (iv).....
.....
6. Why did you become the PP?.....
7. What key issues have you trained farmers on CSA/GAP practices? (narrative)
(i).....;(ii).....;
(iii).....;(iv).....
8. Types of GAP/CSA practices that have been adopted (List them)
(i).....;(ii).....;
(iii).....; (iv);
(v).....
9. What agronomic practices have you trained farmers? (List them)
(i).....;(ii).....;
(iii).....; (iv);
(v).....
10. What have been the major challenge to you as a PP?.....
11. What have been the major challenges facing farmers?.....
12. How did you contribute in solving those challenges?.....
13. What is your relationship between you the extension officers?.....
14. Do you receive weather information? (a) Yes (); (b) No ()
15. If yes, how? (narrative)
(i).....;(ii).....;
(iii).....; (iv);
(v).....
16. How do you disseminate information? (Narrative)

- (i).....;(ii).....;
- (iii).....; (iv)
- (v).....

- 17. Do farmers access to inputs, extension services and finance? (a) Yes (); (b) No ()
- 18. If yes, what is your contribution in that process? (Narrative).....
- 19. The project is ending, what will be the incentive for you to continue working as a PP?

Annex 5 : KNK Endline Evaluation- CBT, Male champions, and Household Champions

Notes

- In every village there 3 categories of gender champions (1 – Community based trainers (CBT's), 1 Male champions, and 2 gender transformative household – marks a total of 6 of them in each village
- FGD will be done to the level of ward (as PP questionnaire). The discussion will be represented by 1 CBT from each village, 1 male champion and 1 from each household – This marks a total of 5 respondent in each FGD

Guiding Questions

1. Name of the ward
2. Name of the village
3. Names and titles of gender champion
4. What are your core roles as CBT, male/ household champion?
5. Why did you become the gender champions (Probe to each group separately)?
6. In Specific, what is the gender inequalities that are existing in your areas?
 - How do you deal with them? (The challenges and inequalities) Note – The interviewer to Robby and make sure, they capture issues and Solutions of GBV, and nutrition separate)
 - In average how many gender (GBV) issues do you solve in a month's?
 - What are the communication channels in case of GBV? (Please list communication channels)
 - What is the level of women participation in household decision making?
 - What is the level of women owning to assets (Land) after the interventions?
 - Does your position/role influence any change in your household? Yes/No, If Yes please explain
 - What challenges are you facing in providing education to the community on GBV?
 - What can be done to reduce the mentioned challenges?
 - How has the project ensured that women's voices are heard and reflected, both in project activities and more broadly, in interaction with other stakeholders?
 - What is the trend/incidences for GBV since project inception to date?
7. In Specific to Nutrition,
 - Why do you think there is malnutrition problems in the community?
 - What interventions have you done in relation to nutrition's?
 - What is the trend of malnutrition before and after the project have intervene?
 - What has been a major challenge in relation to nutritional behavior change?
 - What should have been done differently to influence nutritional uptake?
8. The project is ending, what will be your incentive to continue working as a champion?

Annex6: KNK Endline Evaluation–People with disabilities

Notes

- CARE had a special intervention which they work specific with people with disabilities
- 7 villages have been reached in these interventions, but for the sake of representation, the FGD's will be done with **3 groups found in Tagamenda, Mlanda and Malagosi villages**

Guiding Questions

9. Name of the village.....
10. Name of the group.....
11. Name of the group Chairman.....
12. Name of the secretary.....
13. When was this group formed (Year)?.....
14. How many members exist in this group?.....
15. What was the objective of the formulation of this group?.....
16. What have been the major challenges facing you before coming of the project/.....
17. What is your relationship with the KNK project?
18. What capacity building have you received from the project?
19. Was the capacity building useful to you? (Yes/No)
20. How useful, please explain.....
21. Do you think (as a group) you're able to move to another stage of business on your own? (Yes/No)
22. What do you think could have been done differently to make these interventions better?.....
23. KNK is closing, how do you see continuing with what have been established?.....



TERMS OF REFERENCE

Project: Kukua ni Kujifunza (Growing is learning) project

Position Title: TOR for End Line Evaluation

Place of Assignment: Iringa DC

Reporting to: Senior Project Manager

Duration: 30 days

Start Date: 5th April 2022

End Date: 5th May 2022

1. Organisation Background

CARE began its work in Tanzania in April 1994 as a response to the crisis in Rwanda and the influx of refugees into North-western Tanzania. Over the years, CARE's work in Tanzania has moved away from a humanitarian focus to that of innovative development projecting in natural resource management, climate change adaptation, and women's empowerment across most of the regions in the country, and particularly the Southern Agricultural Growth Corridor of Tanzania (SAGCOT). CARE has also broadened the nature of its engagement from working primarily as a direct implementer at community levels to greater partnership roles with civil society organizations (CSOs), the Government of Tanzania (GoT), the private sector, research institutions, social movements, and the media to influence national policy.

At its core, CARE in Tanzania aims to reach women in rural, food insecure households whose livelihoods depend on agriculture and natural resources. It envisages vibrant, equitable and resilient rural communities where women are empowered to realize their social, political, and economic rights and natural resources are sustainably managed in the context of climate change. CARE's work in Tanzania promotes innovative approaches, research and evidence-based advocacy, and capacity building of local civil society in the fight for poverty reduction.

2. Background About the Project – KukuaniKujifunza (KNK)

CARE International in Tanzania (CARE from here-on) is embarking on the transformative KukuaniKujifunza (Growing is Learning) Project in Tanzania's Iringa Rural District, with the objective of increasing food and nutrition security, income, and climate change resilience, among vulnerable and rural small-scale women farmers. This will be achieved through gender transformative projecting over a five-year period (2017-2022), targeting 3,825 direct participants, with a focus on the soya value chain. The project is funded by the Australian Government, through the Australian NGO Cooperation Project (ANCP).

3. The Objectives of the assignment

KNK project will reach the end of its implementation stage in June 2022, and in a process of measuring what have been the existing results before project intervention and during project intervention, lessons, and challenges, two major studies were conducted: 1) An outsourced consultancy conducted a baseline survey which was led in the commencement of the project; and 2) An internal mid-term assessment. As the project is coming to an end, CARE intends to conduct an end line evaluation to measure project change and impact because of the project interventions. It also seeks to evaluate achievements of both intended and unintended outcome (positive and negative evidence) that has been attained by the targeted participants and community as whole in the targeted areas of operations because of project interventions.

Therefore, the final evaluation will focus on measuring the following:

- Assess the project's progress and impact from 2017 to 2022 against the DAC evaluation criteria: relevance, coherence, effectiveness, efficiency, impact, and sustainability.
- Assess the impact against the project Monitoring, Evaluation and Learning Framework (project

indicators to be evaluated will be supplied to the consultant along with the key evaluation questions).

- Assess any unintended consequences (positive or negative) such as building individual or community resilience or supporting local leadership.
- Assess the extent to which the mid-term review findings and recommendations were addressed.
- Assess the contribution of the project to CARE Australia's Theory of Change intermediate outcomes: Climate Justice and Women's Economic Empowerment. (Refer to ANCP Evaluation Guidance document).
- Assess the extent to which the project has progressed disability inclusion (e.g., inclusion in activities, or achievement of positive outcomes for people with disabilities).
- Generate any key lessons learnt and recommendations for future CARE projects and other key stakeholders.
- Assess the integration of gender, resilience and inclusive governance in the project implementation using specific questions and tools.

Scope of the Consultancy

CARE International in Tanzania is aiming to hire a consultant to conduct the end of project evaluation including an end line survey in the targeted interventions areas in the 15 villages. The evaluation will assess the project goals, objectives, outcomes, and outputs; key evaluation criteria; key project themes as per CARE Vision 2030 and CARE Australia Theory of Change.

Below are existing specific Project Outcome areas and indicators that will be considered in this evaluation. All data (where possible) should be gender and disability disaggregated.

End of Project Outcome 1: Increased productivity and adaptive capacity among target small-scale women farmers, results in increased food and nutrition security, and resilience

Intermediate Outcomes:

- Small-scale farmers increase uptake of Climate Smart Agriculture (CSA) practices and approaches, and diverse nutrient dense cropping
- Equal participation of men and women in sustainable agriculture
- Intervention households improve dietary practices and behaviours

Indicators that need to be evaluated,

- % small-scale farmers with increased uptake of CSA interventions. (Disaggregated by sex and disability)
- % small-scale farmers who have adopted diverse nutrition sensitive interventions.
- % small-scale farmers able to articulate CSA practices)
- % small-scale farmers adapting their practices because of increased knowledge
- % small-scale farmers accessing climate information (disaggregated by sex and disability)
- % small-scale farmers who know how to respond to climate shocks (disaggregated by sex and disability)
- # Male and female small-scale farmers partaking in climate smart agriculture practices
- % Women who have been empowered to participate in climate smart agriculture
- % HH that have taken action to change the gendered division of labour, with men helping women with chores they use to think only women should do.
- % Households changing their consumption habits
- % Households preparing nutritious meals
- % Community members with knowledge on good dietary behaviours and practices

- (disaggregated by sex and disability)
- % small-scale farmers that have developed and are using home-gardens

End of Project Outcome 2: Increased household level income for small-scale women farmers

Intermediate Outcomes:

- Small-scale farmers, especially women and people with disabilities, are equitably included in profitable value chain nodes (other than production)
- Increased access to profitable markets for small-scale farmers.

Indicators that need to be evaluated,

- % District budget allocated to climate adaptation
- % Women who (report they) can equally participate in household financial decision-making (Global CARE 2020 indicator)
- % Small-scale farmers (disaggregated by sex and ability) engaging in profitable value-chains
- % Women small-scale farmers carrying out traditionally male roles in the soya value chain (disaggregated by disability)"
- # Small-scale farmers linked with agri-suppliers (disaggregated by sex and disability)
- % Small-scale women farmers benefitting from market linkages
- # Small-scale farmers accessing loans and credit (disaggregated by formal and informal FSPs, sex and disability)

End of Project Outcome 3: Regional Authorities and Private Sector Partners within SAGCOT are responding to the needs and demands of women small-scale farmers, creating more sustainable, inclusive, and accountable value chains

Intermediate Outcomes:

- Iringa Rural District has mainstreamed and enforces application of CSA in District level plans
- Iringa District Administration are mobilizing resources in line with the national CSA projectme and guidelines
- Private sector and SAGCOT partners, adhere to the principles of the Public/Private charter

Indicators that need to be evaluated

- % Issues raised by small-scale farmers that are responded to and concluded by the regional authorities
- % Issues raised by small-scale farmers that are responded to and concluded by private sector partners"
- # Small-scale farmers receiving extension services from existing public extension officers (disaggregated by sex and disability)
- # Agriculture Extension Officers receiving training on how to conduct community score card (disaggregated by sex)
- # Agriculture Extension Officers involved in integrated action planning (disaggregated by sex)"
- % SAGCOT partners participating in public/private charter discussions.
- # Public/Private Charters established within SAGCOT Corridor
- # District-level private sector multi-stakeholder's forums strengthened

4. Consultant responsibilities/ Deliverables

The expected task/deliverables of the consultant are:

a. Preparation

- i. Review the project document, reports and through own experience, prepare and submit an inception report indicating the methodology and tools to approach the evaluation – **(Inception Report - Maximum of 15 pages)**
- ii. Develop methodologies in collaboration with KNK team and M&E Lead. Methodology should include both quantitative and qualitative evaluation approaches.
- iii. Meet with KNK project implementers team and Lead implementing partner (Sundy) and managing the expectation of the assignment
- b. **Data collection** - This will involve training to data collectors (these comes from the consultants) and field data collection
- c. **Documents preparation**
 - o The consultant to take lead in the development of the findings and recommendations, including summary
 - o Submit draft report to CARE for review before submission of the final reports
 - o Submit final consultancy reports and invoices to CARE **(A Maximum of 40 pages without appendix)**

The deliverables are:

1. Inception report – no longer than 15 pages (excluding appendices)
2. HH survey dataset after field work (MS Excel), processed data sets, field pictures, list of participants with phone numbers and location (GPS coordinates)
3. PowerPoint presentations on initial results (for data analysis and validation workshops with stakeholders: Government, project partners, KNK staff, project participants)
4. Report table of contents (including appendices)
5. Draft reports version 1,2 etc (English language) – Not exceeding 40 pages (excluding appendices)
6. Final report (English language) – Not exceeding 40 pages (excluding appendices)
7. Executive summary/recommendations – Not exceeding 4 pages
8. Briefing to CARE Australia/Tanzania on the final findings and recommendations

5. Ethical protocols

The evaluation approach (as articulated in the Inception Report) must consider the safety of participants. The evaluation team will need to demonstrate how they have considered the protection of vulnerable people through the different evaluation stages, including recruitment and training of evaluation staff, data collection and data analysis and report writing. The consultant will be expected to sign CARE Tanzania's child protection code of conduct.

The consultant is required to set out the approach to ensure complete compliance with international good practice with regards to research and evaluation ethics and protocols particularly with regards to vulnerable groups (including people with disabilities and women)

Consideration should be given to:

- o Administrative, technical, and physical safeguards to protect the confidentiality of those participating in evaluation
- o Physical safeguards for those conducting evaluation
- o Data protection and secure maintenance procedures for personal information
- o Ability-appropriate assessment processes based on reasonable assumptions about comprehension for people with intellectual disabilities they intend to involve in the

assessments/evaluations.

6. CARE – KNK Project responsibilities

- I. Provide relevant background documents in time for consultant/s to prepare
- II. Review tools, the analysis plan, and any relevant document with the consultant during inception and during and after field work for close monitoring, including review of the draft evaluation report.
- III. Nominate a project led to support consultant
- IV. Manage contractual issues and provide essential logistical, administrative, and practical support.

7. Time frame

A total of 30 days has been allocated for this assignment; the expected deliverables are expected to be deliverable as soon as the contract is signed. Specifically, the 30days are divided in the below categories,

Number of days	Specific Activity
5 days	Inception Report
10 days	Field Work
4 days	Development of the first draft report
4 days	Report Review
1	Validation workshop
6 days	Final Documentation <ul style="list-style-type: none">● Submission of the research findings● Final Consultancy report and Invoice to CARE

8. Qualifications and Experience of the Consultant

The Consultant must possess the following qualifications and experience

- I. Possess at least a Post Graduate Degree in Agriculture, business management or any other related degree
- II. Experience of at least five years in project evaluations in relation to farmers
- III. Proficiency in English and Swahili
- IV. Understanding the context of financial management, M4P and nutrition initiatives
- V. Self-motivated, proactive, detail-oriented, mature, professional team player, who is a strong people person and communicator, with good inter-personal skills.
- VI. Ability to address issues, challenges, questions, and concerns in a professional, respectful, logical, and timely manner.

Desired:

- I. Deep knowledge of Tanzania and familiarity with SAGCOT or similar agricultural growth corridors
- II. Knowledge of the financial dynamics of the country
- III. Familiarity with the projects and strategies CARE, and/or similar development
 - An understanding of key concepts and approaches, value chain, markets systems approach, vulnerability, resilience, ecosystem services, community-based and ecosystems-based adaptation, climate-smart agriculture, community-based natural resource management
 - Understanding and experience in nutritional and working with people with disabilities

9. The final report should contain the following:

- **A Title:** A title that conveys the name of the project, Client and clientele, location and the evaluation implemented period
- An **executive summary** that includes methods as well key survey findings.
- **Introduction section - A clear methodology section:** the methodology should explain how the methodologies chosen to address those questions and the rationale and robustness of the sampling frame(s). It should use both quantitative and qualitative evaluation approaches. It should also contain key ethical considerations and a description of how the evaluators protected participants and personally identifiable information.
- **Findings:** Present the analysis of the findings by survey question per relevant survey sections. Where applicable, include graphical presentation of quantitative and qualitative evaluation results, i.e., use tables and graphs to organize the data. To gain a better understanding of potential gender, power or other differences, evidence should be able to be disaggregated by sex, age bracket and potentially other variables
- **Lessons learned:** Based on this analysis, this section should draw conclusions and/or make recommendations relevant to the learning questions. Lessons and insights about what work and what doesn't may also be offered should they emerge from communities where KNK has previously worked. These should be short, actionable, and the most important aspects of what the analysis found that spell out implications for what and how to improve the future objectives
- **Recommendations:** Recommendations must be relevant to the project objectives and context and describe concrete, realistic steps for implementing or applying the recommendation, such as practices to adopt in future projecting or learning.
- **Conclusions:** The report must include high-level conclusions about the project and the contextual, cultural, and individual / HHs factors that influence the current situation. All conclusions must be based solidly on the presented findings. If information from other sources is used to reach these conclusions, valid references must be provided (in-text and as an annexed bibliography).
- **Annexes:** Annexes should include detailed tables, questionnaires, data collection tools, references, etc.

10. Requirements for expressions of interest

Interested consultants who can demonstrate the required knowledge and expertise are encouraged to express interest. Expressions of Interest should include:

- I. A cover letter (maximum 1 page) introducing the consultant, why s/he is interested in the consultancy and how the Selection Criteria described above are met, using specific examples.
- II. An outline of how the consultant would approach the process including:
- III. Financial proposal, including daily fee rate
- IV. Curriculum vitae (maximum 4 pages), including a link to previous relevant work (alternately, the example can be provided as a fourth document)

Expressions of interest should be sent to Furaha Mgeni (Furaha.Mgeni@care.org) copying TZA.Procurement@care.org