END OF TERM EVALUATION

"**Humanitarian Aid for victims of the food crisis in Zimbabwe**"

January - June 2010

FINAL REPORT

Implementing Partner

Lutheran Development Service

Supporting Partners

HEKS-EPER

Evaluation Duration
02 - 12 November 2010

Evaluators/Consultant

Mbiri Shiripinda
Development, Management & Training Consultant

Email: mbirishiripinda@hotmail.com
Email: lockwoodrussell@yahoo.co.uk
Cell: +263 772 303 125
Cell: +263 772 359 879

TABLE OF CONTENTS

EVALUATION SUMMARY

IMPLEMENTING ORGANISATION:	Lutheran Development Services (LDS)
PURPOSE OF THE PROJECT EVALUATED:	To alleviate immediate hunger and mitigate against the effects of food insecurity and HIV/AIDS for PLWHAs in the district through the provision of food aid.
COUNTRY OF IMPLEMENTATION:	Zimbabwe
AIM AND LENGTH OF THE EVALUATION:	The aim of the evaluation was to assess the results achieved and the lessons learnt. This evaluation will build onto the findings of the mid term evaluation that was conducted between June 27th and July 7th 2010. Findings of this evaluation will be used to inform long term interventions in the HEKS EPER and LDS partnership.

EVALUATION METHODOLOGY

A diversified methodology was employed, including participatory and gender aware approaches. The methodology included a desk review of documents and project site visits which informed the final report. It is important to note that the SPHERE minimum standards in food aid were utilized in gauging the effectiveness and impact of the intervention of LDS in the five wards in Gwanda. Site visits were made to the various projects being implemented by the PLWHAs in order to ascertain the effectiveness of such projects.

Data collection methods to be used include the following: -

i. **Direct Structured Observation** - Tools to assist in ensuring that observations are thorough, careful and well recorded were used during the evaluation process. These included transect walks taken in the company of local community members through a range of households and living conditions that provided an opportunity to observe livelihood activities and situations as well as talk to the local people. The transect walks helped the consultants to gauge and assess the socio- economic situation, understand livelihood issues and options, observe poverty patterns and coping mechanisms.

ii. **Semi-structured interviews** - These were held with selected key informants to obtain relevant information on specific issues, create a forum for discussion and give the project participants and stakeholders an opportunity to ask questions and discuss their insights and priorities in a fashion that informs the evaluation. Since the project ended more than two months ago it was not possible to arrange interviews in advance save for a few cases where PLWHAs were informed to gather at a site on an agreed date. These interviews were had a specific focus, but flexible format. The majority of respondents were nursing staff who could be located in their areas of work, the clinics.

iii. **Questionnaires** – The Consultant used structured questionnaires in data collection as well as to guide the standard of information collected from different participants in the various project areas. These were mainly used as a guide and used with flexibility depending on the situation and feedback sought.

iv. **Triangulation** - All major findings were triangulated to a certain degree as some of the respondents could not be located so as to crosscheck the accuracy of feedback from all the evaluation participants and project documents.

v. **Focus Group Discussions** (FGD) - The Consultants used Focus Group Discussions. FGDs elicited information and ideas from the project participants (PLWHAs) and stakeholders (nursing staff mostly) on issues pertaining to food aid in relation to PLWHA. This information was useful in making concrete evaluation recommendations for HEKS EPER and LDS.

vi. **Understanding processes and change -** Timelines, seasonal calendars, oral histories and historical maps tools were used to represent and analyze dynamic features of the community. The tools established connections between different sets of factors and conditions and took account of past changes, current conditions and predicted likely future scenarios.

vii. **Use of Vernacular Language** - the use of vernacular language, where appropriate, was useful in making the evaluation and project participants relax, forthcoming with ideas and feedback. The Consultant has prior working knowledge of the area and the language spoken in the area. The assistant who worked with the consultant was very fluent in Ndebele which contributed immensely to effective communication.

viii. **Meetings and briefings** – The consultant provided detailed feedback to LDS on the evaluation project during the project and also during the presentation of the draft report in Gwanda. The debriefing exercise provided further clarification and overall outcomes of the evaluation leading to the completion of the final evaluation report.

ix. **Secondary data sources:** Information was collected from already existing sources such as reports, registers, files and any other relevant document such as outlined in the ToRs. This information complimented the information collected directly through interviews, observations, etc.

DOCUMENTS ANALYSED

In preparation for the assignment, the Consultant read an assortment of documents. The major documents were the project proposal, monthly progress reports during the life span of the project, Sphere handbook, Do No Harm Project, distribution lists and supply chain management documents. The full list of documents read and consulted is attached to this report as Annex 2 - Literature Reviewed. These files contained much information though some of it was not titled nor dated. The following documents formed part of the literature review: -

1. Heks Eper - LDS PLWHA Supplementary Feeding Programme; Project Proposal
2. Terms of Reference; End of term evaluation of the project; January - June 2010
3. Lutheran Development Service; Monthly Report March 2010
4. Lutheran Development Service; Monthly Report April 2010
5. Lutheran Development Service; Monthly Report May 2010
6. Lutheran Development Service; Monthly Report June 2010
7. Lutheran Development Service; Monthly Report July 2010
8. Draft End of Term Report; March – August 2010
9. LDS; CSB PLWHA Therapeutic Feeding; Look and Learn Visits by PLWHAs

10. LDS; CSB PLWHA Therapeutic Feeding; Mid Term Review Workshop Report at RHC Level
11. LDS; Mid Term Evaluation; PLWHA Supplementary Feeding Gwanda South; 27 June - 7 July 2010
12. LDS; Heks Eper PLWHAs Supplementary Feeding; Schedule for Review Workshops and look and Learn Visits
13. June Classification Graph
14. The SPHERE Project Handbook, 2004 Edition
15. Do No Harm Project; the 'Do No Harm' Framework for Analyzing the Impact of Assistance on Conflict.
16. File HE/10/03 Signed Beneficiary Lists
17. File HE/10/04 Inputs/Records/Purchases
18. File HE/10/03 Signed Beneficiary Lists

VISITS REALIZED and TIMETABLE OF MEETINGS (WORK PLAN)

Below is the table of the work plan indicating the actual visits made to project sites. The full list of people interviewed is attached as Annex 3 - List of People Interviewed and Sites Visited.

Wednesday, 3 November 2010	
0830	Arrival in Gwanda
0830-0930	Meeting with Gwanda Area Coordinator and Field Monitor and Logistics
0930-1005	Travel to Manama Hospital
1005-1100	Meeting with Manama Hospital and Thusanang Staff
1100-1145	Travel to Mapate
1145-1330	Met with Mapate RHC staff and PLWHA Kopano Poultry Project members
1330-1400	Travel to Mashaba
1400-1530	Meeting with Mashaba Clinic staff and visited PLWHA nutrition garden
1530-1620	Travel to Gungwe RHC
1620-1750	Meeting with Gungwe RHC clinic staff
1750-2020	Travel back to Gwanda Hotel
2100-0150	Literature Review
Thursday, 04 November 2010	
0600-0800	Literature Review (continued)
0930-1200	Travel to Nhwali RHC
1200-1235	Meeting with Nhwali RHC clinic staff
1235-1220	Travel to Buvuma RHC
1220-1320	Meeting with Buvuma RHC clinic staff
1320-1430	Travel to Selonga Clinic
1430-1500	Meeting with Selonga Clinic Staff
1500-1615	Travel to Sengezane Clinic
1615-1730	Meeting with Sengezane Clinic Staff
1730-1830	Travel back to Gwanda
Friday, 05 November 2010	
0930-1030	Travel to Garanyemba RHC
1030-1110	Meeting with Garanyemba Clinic Staff
1110-1140	Travel to Ntalale RHC

1140-1210	Meeting with Ntalale Clinic staff (Mugadziri Shoko)
1210-1300	Travel to Gungwe RHC
1300-1415	Meeting with Gungwe Clinic Staff
1415-1600	Meeting with Gungwe Village PLWHA s of Ward 12 and Garden project visit
1600-1630	Late lunch at Gungwe Clinic
1630-1750	Travel back to Gwanda
1800-1900	Meeting with Isaac Sebata LDS Field Monitor
Saturday, 06 November 2010	
0900-1200	Literature Review continued
1200-1400	Lunch
1400-1900	Rest
1900-1000	Meeting with Promise Dube (Field Monitor) and Zodwa Magidhi (Warehouse Keeper)
Sunday, 07 November 2010	
0815-0850	Meeting with Thobekile Sibanda (Area Officer)
1215-2000	Report Writing

PRINCIPAL FINDINGS

The PLWHA Supplementary Feeding programme in Gwanda was well received by nearly all the PLWHAs and members of the community alike. It was considered to be a timely intervention that came at the right time as the district has yet again experienced another poor harvest. The project managed to identify the correct target group of people that really needed assistance in the community. Qualification was based on one's status, which was clearly articulated according to the set WHO guidelines. This selection system was deemed to be transparent and fair by all those spoken to during the evaluation process.

The partnership or linkage with the Ministry of Health and Child Welfare under this project was very strategic for LDS and ensured that the right people were targeted. Several benefits accrued to the PLWHA during the life span of the project such as drug compliance, low death rate during the project period, reduced malnutrition amongst PLWHAs, weight gain and a peace of mind. The number of clients that visited the voluntary counselling and testing centres shot up during the project period as people witnessed the benefits of the project to the PLWHAs. There was also an increased awareness of HIV and AIDS issues within the community. However, there was insufficient collaboration with other players as was in the case with World Vision. The project durations were not discussed leading to some deserving beneficiaries being left out of the LDS programme after World Vision ended its project.

The internal project management processes employed by LDS were very effective and all respondents indicated that the just ended project was much more effective than its predecessor. Beneficiaries and nursing staff commended the mobilisation process and the close cooperation between LDS and other stakeholders in as far as the project was concerned. All food commodities were properly accounted for. There were minimal losses that were experienced and these were properly documented. LDS had three field monitors covering the district and this resulted in better coverage and immediate support to the clinic staff and beneficiaries. The response time was immediate. One of the Field Officers had difficulties in completing his registers and his weaknesses should have been picked up much earlier had much oversight been exercised.

The project inception workshop that was conducted by LDS at the beginning of the project greatly assisted in conscientising the stakeholders in understanding their individual roles and how they could contribute to the success of the project. Stakeholders and staff learnt about Sphere, including the Code of Conduct, Do No Harm and the IASC guidelines that all contribute to serving the community well.

As part of the post recovery strategy, LDS has sensitised the PLWHAs to start their own income generating projects (IGP). Apart from giving motivation, there has not been any substantive support to these groups. The initiatives started by PLWHAs during the course of the project seem to be struggling due to lack of start-up capital, training and other environmental factors that militate against their success. The majority of the nutrition gardens run by PLWHAs have completely ground to a halt due to water shortage and funds to buy seeds and fencing, critical factors for their success.

RECOMMENDATIONS AND LESSONS LEARNED

The project received very good commendation from all stakeholders interviewed and the major concern was that the project came to an end at the height of the dry season when the majority of the population are most affected. The following recommendations needs to be taken into account when planning similar projects in the future: -

- ✓ All programming aspects of the project, especially key objectives, must have a budget to support the key activities or actions that need to be done in order to achieve that objective. Project Proposal narratives or logical framework activities should be budgeted for. This point applied specifically to the post recovery objective that was in the main proposal but had no supporting budgeting line. It states "To empower the PLWHAs with life skills and nutrition education".

- ✓ Key objectives must also be clearly articulated in the project proposal with activities to be undertaken there under. This could have been the case with the post recovery objective as stated above.

- ✓ Functional project management and monitoring systems need to be enhanced. This applies to one of the Field Monitors who had challenges in completing his registers properly.

- ✓ Coordination with other critical stakeholders must be enhanced at all levels of the project and not only at management level.

- ✓ Post recovery activities must be properly planned with initial start up capital so that they are properly grounded.

- ✓ Critical recovery projects of this nature should cover periods of the year when the population is most vulnerable.

- ✓ There is need to timely monitor and evaluate such projects so as to derive maximum benefits from such exercises. Mid term evaluations give partners opportunities to adjust or correct any anomalies identified whilst end term project evaluations benefit from the responses of the majority of respondents.

- ✓ There is also the dilemma of leaving too much responsibility to the implementing partner by the donor. A balance needs to be reached where the donor provides support and also monitor whether the expected results are being achieved or not without being too pushy at the same time.

1. INTRODUCTION

The end of project evaluation is a planned activity in the project proposal. This activity was designed to provide a reflection process on how the project was implemented and also to capture lessons learnt. The evaluation also sought, among other things, to assess the extent to which the LDS used the project implementation period to formulate a structured post recovery strategy. In carrying out this mandate, the consultants employed various methodologies outlined above as well as engaging the various key stakeholders in the field. All the clinic sites and the hospital were visited by the consultant. The consultant also managed to visit some of the garden project sites where the PLWHAs are implementing their nutrition projects as well as poultry projects.

A balanced approach was adopted by the consultant as he tried to get information on both the PLWHAs and their projects. Project information was also necessary as it gave vital information on how the project was concluded after the mid term evaluation as well as its impact that has a bearing on the post recovery strategy. All these visits were done in the company of one of the Field Monitors and the LDS Monitoring and Evaluation Officer. Their presence enabled the consultant to quickly triangulate his findings as well as seek clarification on grey areas. The terms of reference were concise and the questions contained therein formed the evaluation tools as each question needed to be answered through the evaluation process.

It is also very important to note that the evaluation was carried out two months after project completion. Some of the key staff that participated in the project had relocated to other projects and could not be interviewed. The support groups for PLWHAs could not be easily mobilised and some of their projects had started to decline. These factors militated against gaining as much accurate information on the project as possible. Some learning opportunities were therefore missed by this late evaluation.

2. EVALUATION FINDINGS

This evaluation, like the previous end of term evaluation conducted in 2009, was carried out in accordance with the SPHERE Standards, especially Common Standard 6: Evaluation which states that, "There is a systematic and impartial examination of humanitarian action, intended to draw lessons to improve practice and policy to enhance accountability"[1]. All the key indicators to this minimum standard were consistently and systematically applied. The scope of Work in the Terms of Reference provided a useful guideline in answering the key aspects of the evaluation.

Care was taken to ensure that each and every question as raised in the Terms of Reference was answered. The findings, conclusions and recommendations are aimed at giving feedback to the project so as to better serve the PLWHAs and continually improve the planning and implementation strategies of LDS.

2.1 SECTION A

This section of the report seeks to examine if linkages between the logical framework and the objectives were sufficiently defined and assess the success of the food aid project interventions against the objectives delineated in the HEKS-EPER Food Aid Project Proposal. Below are the findings that the consultant reached after employing the methodologies outlined in the summary section.

[1] SPHERE Handbook, 2004 Edition, p39

2.1.1 Were the interventions focussed on the needs of beneficiaries?

The overall objective of the project was to alleviate immediate hunger and mitigate against the effects of food insecurity and HIV/AIDS for PLWHAs in the district through the provision of food aid. The specific objective for the PLWHA component was to improve the nutritional status of 2,625 PLWHAs in Gwanda south by June 2010.

The intervention for the PLWHA was focused on the needs of the beneficiaries. The PLWHAs were the most affected group of people who faced malnutrition as a result of their HIV status. The majority of PLWHAs are household heads but are also unemployed and hence fail to provide for themselves and their families. The project supported them as individuals though the family at large benefited by their being healthy. Those who are household heads were able to perform some tasks after gaining strength from the CSB that they received.

The WHO standard that was used to select them seemed to be the most effective manner of identifying the most vulnerable groups in society as it hinged on clinical data. The introduction of the project and the subsequent provision of Corn Soya Blend (CSB) was timely and enabled the PLWHAs to gain weight, enhance drug compliance and increase their visits to the clinic regularly as some of them had started to default. Under the project each patient received 10 Kg of CSB per month for a period of six months. CSB formed the backbone of the lives of the PLWHAs as it enabled them to take their drugs and also do other chores that they had stopped doing prior to the project due to lack of strength. Some had been bed ridden after bouts of opportunistic infections.

The other spin offs that came out of the project were that the nursing staff were able to monitor patients on a regular basis as they made frequent visits to the clinic. The burden of looking for and providing food for the PLWHAs by the community was reduced. There was a marked increase for people visiting the clinic for voluntary counselling and testing (VCT). The project was unable to unravel the full extent of HIV and AIDS within the province. The Consultant was unable to collect information from all clinics on the number of people who visited all clinics for VCT and those that got tested. However, below is the example of Manama hospital.

Figure 1: - Manama Hospital, VCT Statistics

Month	Total Tested	Total Positive
March	79	34
April	62	32
May	84	31
June	53	17
July	91	39
August	107	46
TOTALS	**476**	**199**

Despite the numerous successes the project had, it was also criticised by some for leaving out some members of the community who suffer from chronic illnesses such as diabetes, tuberculosis, high blood pressure and asthma. The community felt that these people should have benefited from the programme. Thus the unexpected impact was that the project created expectations that all the terminally ill could benefit from it.

2.1.2 Was the project implemented as planned in the logical framework?

There was compliance in as far as implementing the project according to the Logical Framework. The project proposal that Consultant read as part of their literature review revealed that the majority of aspects of the project were adequately complied with. Where there were changes, these were discussed with the Heks Eper Zimbabwe Country representative. It must be pointed out however, that the project was due to start in January but food distribution only started in March 2010.

LDS must be commended for taking into account the recommendations that were made in the 2009 Evaluation Report especially the need to have a project Inception Workshop. This workshop brought all the stakeholders together and clearly outlined the project objectives, selection criteria, roles and responsibilities of all stakeholders, Sphere project, Do No Harm, Code of conduct and IASC standards. This process left all the stakeholders aware of their roles and how they affected the project. When the project was eventually started, everyone knew what was expected of them and they adhered to what they had learned. Though the project started late, all the components of the project such as distributions and deliveries were done as scheduled. None of the beneficiaries and stakeholders had complaints concerning the manner in which the project was implemented and planned.

2.1.3 Were the planned activities delivered on time/as planned?

The project proposal does not have specific time frames when certain activities were to be carried out. It is therefore difficult to conclusively say that the planned activities were delivered on time as planned. The challenge has to do more with the manner in which the proposal was drafted as opposed to the actual implementation itself. It must also be acknowledged that the food distribution only started in March instead of January 2010. Procurement challenges of CSB led to this delay. The other delay was experienced in June due to the fact that LDS had not procured fuel on time leading to delays in the June distributions. Other activities such as distributing CSB to PLWHAs was a monthly activity and was carried out efficiently every month with the exception of June 2010. There were isolated challenges when some PLWHAs would not collect their CSB on time but these were not significant enough to warrant attention.

As raised in the previous evaluation, the logical framework activities should meet the SMART criteria - specific, measurable, attainable, realistic and time bound. There are some activities that need to be done prior to the actual feeding process itself such as training, collection of information on PLWHAs from clinics and activities to be done after the selection process. These should be time bound as they are not routine activities but rather once off. It must be noted that the replacement of beneficiaries on the beneficiary list is an ongoing activity as some are replaced due to death, transfer or absenteeism. SMART objectives will guide the project team, LDS and stakeholders in being focused on when specific activities must be undertaken.

Sticking to time lines is also important in that certain information becomes irrelevant when not collected on time. The mid term evaluation and end of project evaluation were implemented late. Some of the projects that were doing well could not be properly assessed because the participants could not be located at the time of the evaluation. Moreover the dry period had severely affected the majority of the nutrition gardens such that they appear not to be doing well.

Clinic staff attributed the better implementation of this project to the fact that they were trained in Sphere standards and were able to implement them in their day to day work on this project.

2.1.4 Were the project objectives achieved?

The project objectives were met to a great extent. It is important to include statistical figures to clearly illustrate this finding. The nutritional status of PLWHAs improved drastically. There is a very strong link between opportunistic infections and deaths. The information on deaths from all the clinics during the project period indicates that the project made a real difference in the lives of PLWHAs.

Table 1 below show that there was a marked decrease in deaths during the project period. It was almost static during the peak period of the project.

Table 1: - PLWHAs Death Rate (Mar - Aug)

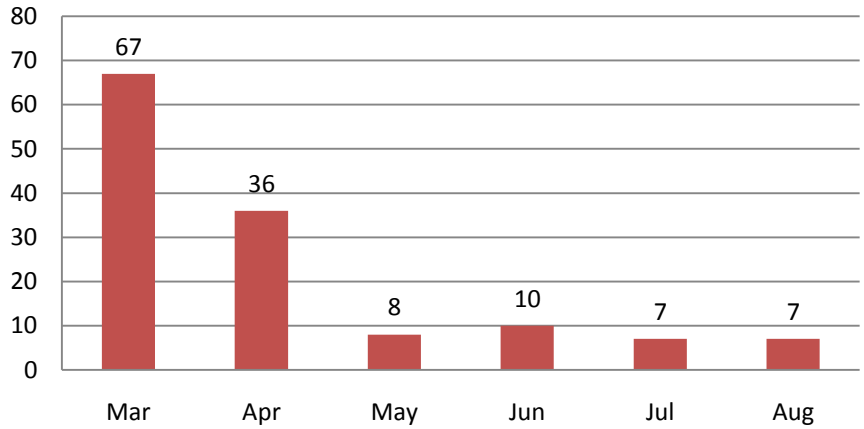

Table 2 to 12 illustrate the weight gain that the PLWHAs experienced during the project period. Please note that when going through these figures, it must be taken into account that PLWHAs also have long standing infections that they might succumb to and that CSB is not a death proof for PLWHAs.

Table 2: - Manama Hospital Weight Gain/Loss (KGs)

OIC Number	Sex	Age	March	April	May	June	July	August
B1392	F	35	62.9	63	63	64	63	65
B872	F	52	64.7	63	66	65	65	67
B1379	M	37	63	63.5	64.5	64	64	65
B625	F	46	50.5	48	49	49	46	47
B1686	M	37	14.5	14	14.5	15	15	15

Table 3: - Nhwali RHC Weight Gain/Loss (KGs)

OIC Number	Sex	Age	March	April	May	June	July	August
B1385	F	51	61	60	61	60	60	63
1046	M	42	60	59	60	62	59	60
B00630	M	5	14	13	13	14	13.5	12
2806	F	3	10	14	12	13	14	14.5
B2441	F	41	53	54.5	58	58.5	59	59

Table 4: - Buvuma RHC Weight Gain/Loss (KGs)

OIC Number	Sex	Age	March	April	May	June	July	August
B977	M	7	9.5	9.5	10	10.5	10.7	12
B2508	F	59	41	42.5	44	43	45	43
B1839	F	7	15	14	15	19	15	14
B947	F	13	21	23.5	24	21	24	24
B1182	M	40	62	64	67	66	65	65

Table 5: - Ntalale RHC Weight Gain/Loss (KGs)

OIC Number	Sex	Age	March	April	May	June	July	August
1282	M	47	52	52,5	51	52	-	52
B3802	F	60	50	50	52	52	-	54
B716F	F	35	50	55	55	56	56	59
3993M	F	46	59	59	57	57	61	59
B942	M	12	30	31	30	33	39	39

Table 6: - Sengezane RHC Weight Gain/Loss (KGs)

OIC Number	Sex	Age	March	April	May	June	July	August
4949	M	69	63	59	60	61	60	59
00036	F	22	50	51	50	52	54	571
0781	M	42	60	60	60	61	62	63
011817	F	7	22	22,5	24	-	24	26
4947	F	58	-	54	58	59	60	64

Table 7: - Garanyemba RHC Weight Gain/Loss (KGs)

OIC Number	Sex	Age	March	April	May	June	July	August
4035	F	45	51	51,5	52	56	54	56
1496	M	17	52	44	54,5	56	57	57
422	F	12	17,4	20	21	23	24	28
3216	M	26	52	47	49	50	53	56
212	F	54	-	55	55,5	56	44	48

Table 8: - Mapate RHC Weight Gain/Loss (KGs)

OIC Number	Sex	Age	March	April	May	June	July	August
B1489	F	38	55	57	56	50	56	58
B583	F	43	57	58	58	48	49	49
B429	F	48	51	54	50	50	54	54
B1417	F	12	33	32	34	33	35	34
B1000	F	42	68	70	68	68	70	68

Table 9: - Mashaba RHC Weight Gain/Loss (KGs)

OIC Number	Sex	Age	March	April	May	June	July	August
B1392	M	58	60	61	64	65	60	65
B1072	M	48	60	59	61	61.5	64	64
1076	F	27	65	67	65	66	68	68
2177	F	50	51	54	51	53	53	55
167	F	53	83	83.5	81	82.3	80	80

Table 10: - Kafusi RHC Weight Gain/Loss (KGs)

OIC Number	Sex	Age	March	April	May	June	July	August
809	F	45	70	72	73	71	70	-
B646	F	49	64.7	66.5	69.5	69	69	69
B1451	F	33	62.1	60	61.8	62	63	64
B1179	F	47	65.8	66	66.2	67	70	70
B652	F	70	57.5	57.5	58.9	58.8	60	57

Table 11: - Gungwe RHC Weight Gain/Loss (KGs)

OIC Number	Sex	Age	March	April	May	June	July	August
2124	M	26	65	65	65	67	65	66
B1492	M	55	52	53	55	55	53	54
B1470	F	58	62	60	63	62	62	63
429	M	40	47	48	50	52	52	53
B2918	M	14	25	25	27	27	26	27

Table 12: - Selonga RHC Weight Gain/Loss (KGs)

OIC Number	Sex	Age	March	April	May	June	July	August
00162	M	38	63	65	64,3	62	62	64
B1891	F	2	10	11	10,4	10	11,4	15
00163	M	79	56	57	58	61	57	57,8
00156	F	7	18	18	18	18	18,4	20
4212	F	42	58	59	60	62	59,3	61

The Consultant had focus group discussions with PLWHA and many of them gave testimonies that they had recovered having been on the brink of death. They attributed their survival to the intake of CSB which enabled them to take their medication regularly. Below are some of the testimonies that have been captured by LDS that indicate the effects of CSB.

Story 1

"My brother you should have seen me the state I was in when I first come for testing, I was thin, weak and critically ill. After testing HIV positive I was recommended to take ARVs but it was difficult taking on empty stomach, the medication caused some stomach upset. I'm grateful CSB porridge came our way. I'm now strong, able to take on my drugs without fear and l have also gained strength to do work."

Story 2

"Me and my grandchildren were almost dying of hunger, before the arrival of CSB porridge. It was extremely difficult for me to give my grand children ARVs on empty stomachs especially when they were going to school. CSB came as a blessing from the above, now we look healthy and physically strong. Thanks to Heks Eper and LDS."

The above stories indicate that the CSB has had a positive effect on PLWHAs.

Targeted people benefited from that programme throughout the programme. Only 2 deaths recorded. There used to be 15 or 16 deaths per month but were reduced. After project closure only one death. Nutrition related deaths were eliminated.

Post recovery strategy objective was achieved to a low degree. This was not cast properly in the project plan right from the onset as there was no budget allocated to this activity. It was not clear to monitors and LDS on how it was to be supported and implemented.

2.1.5 Was LDS doing the right things in terms of how the project was planned and managed?

There was a drastic improvement in the manner in which the programme was planned and managed. The project was monitored by three LDS Monitors. The Field Monitors had motorcycles that they used to make monitoring visits and also follow-ups of PLWHAs who would not have collected their rations. The following points can be observed from the manner in which the project was planned and managed: -

i. *Warehousing*: - This was done well. All Stock from the main warehouse in Gwanda was accounted for. Delivery notes and clinic receipts proved that the food was transported in the right quantity and quality.

ii. *Implementation*: - this was late as the project was affected by procurement issues which delayed implementation. Other planned activities were also similarly delayed such as mid term and end term project evaluation.

iii. *SPHERE Standards and Do No Harm Approaches:* - The Field Monitor had working knowledge of Sphere and Do No Harm approaches. These were applied on the project. It was heart warming to find that some of the nursing staff are now well acquainted with the Sphere handbook.

iv. *Staff Training and Support*: - The project was adequately supported by the Area Coordinator and the Emergency Officer who made regular field visits. Some of the visits of the Emergency Officer coincided with those of Heks Eper. The Heks Eper country coordinator also made scheduled visits to the field and had briefing meetings with LDS staff. The reports indicated that the majority of her comments were addressed.

v. *Selection Criteria*: - The criteria for selecting beneficiaries was very clear and eliminated all forms of cheating and misrepresentations. It was based on clinical data and tests. The Opportunistic Infections numbers given to those people on the WHO stage 3 and 4 and also on ART ensured proper beneficiary selection.

vi. *Warehousing at Clinics*: - unlike the previous intervention where all the Clinics had problems of rodents that destroyed some bags, it was not the case under this intervention. A total of 48 bags were destroyed by rodents and the majority of these were at the main warehouse in Gwanda. Of all the clinics, the only clinic that had problems with food storage was Ntalale. However, the termites that affected the storeroom did not damage the food as it was placed on pallets. The problem took too long to be addressed. In future LDS should address such issues with urgency. The sensitisation of PLWHAs to collect their food on time greatly contributed to less bags remaining in the clinic storerooms. During the day, staff would open the doors for aeration. The number of bags that were destroyed by rats was very minimal.

vii. *Commodity Accounting*: - All the CSB bags distributed were accounted for. However, one officer experienced challenges in documentation. Some distribution lists were not properly filled in though the final tally did not indicate how the unsigned for food was distributed. Some registers have no beneficiaries' signatures and quantities giving the

impression that the food was not disbursed. However, the final tally at the clinics under his jurisdiction did not reveal the anomaly.

viii. *Reporting*: - The reports written over the project period did reflected the actual project implementation and provided valuable feedback on how the project was progressing. The facts on the ground were reported in an open and transparent fashion. The mid term evaluation also revealed that there was proper food accounting and both clinic staff and beneficiaries confirmed that the project was well on course and properly planned. Documentation, especially food accounting, from clinic level right up to the warehouse level was properly reported on and accounted for.

ix. *Stakeholder Participation*: - The involvement of all key stakeholders from the onset made it possible for LDS to receive their support and collaboration throughout the project period.

x. *Monitoring*: - Visits to clinics were made by various LDS team members. There is still need to pay more particular attention to documents and their accuracy, though the situation has drastically improved. There is great need to analyse the information collected.

xi. *Comparative Analysis*: - Nearly all respondents spoken to during the course of the evaluation pointed out that the just ended project was better planned and managed than its predecessor.

2.1.6 What real difference did the activities make to the beneficiaries?

Real difference was made in the lives of the PLWHA. Table 2 to 12 above clearly indicate that there was weight gain and also Table 1 indicates a drastic reduction in the death rate amongst PLWHAs. Before the programme, most of the PLWHA were malnourished and continued to deteriorate. They also had low intake of drugs and were not keeping their regular visits to Clinics. They also experienced stigma and discrimination. The introduction of the project brought the following real differences: -

- ✓ The majority of PLWHA who were benefiting from the project gained weight over the project period.

- ✓ The improved health status of PLWHA resulted in more people going for voluntary counselling and testing. Clinic staff reported huge turnouts of clients at VCT centres. Figure 1 above for Manama hospital indicates the number of clients undergoing VCT during the project period.

- ✓ There was a marked reduction in opportunistic infections amongst the PLWHAs. This was a very strong indicator that the project achieved its objectives. The project was able to bring to light the point that there is a strong link between nutrition and opportunistic infections. When PLWHAs are malnourished they are more susceptible to opportunistic infections. It was reported that even improved in their physical appearance.

- ✓ The PLWHAs had drastically improved their health status that they were able to engage in various projects such as nutrition gardens, poultry and goat rearing. The nutrition gardens were well supported in that the PLWHAs were able to fetch water from distances as far as 5 km to water their gardens.

- ✓ The project made it easier for the majority of community members to accept people who are infected with HIV/AIDS. In the past, PLWHAs could not talk about their status in the company of other community members but under this project they were able to openly disclose their status and discuss issues pertaining to HIV/AIDS.

- ✓ PLWHAs reported regularly for treatment at Clinics when they turned up to collect their rations. The rate of patients who failed to turn up and collect their drugs was drastically reduced. There were also reports of PLWHAs migrating to neighbouring countries looking for sustenance. The figures of such individuals also came down as they began to look forward to collect their monthly rations.

- ✓ There was more systematic intake of ARVs by PLWHA. The ARVs are very strong drugs that cannot be taken on an empty stomach. CSB, the missing link before the project, filled this gap.

- ✓ PLWHAs survived mainly on CSB as they had not harvested anything from their field. CSB began the main source of food for them.

- ✓ There has been a better appreciation of CSB as therapeutic feeding for PLWHAs as compared to food for the whole family. Instances of sharing food amongst the PLWHA families were reduced.

- ✓ The nurse-client relationship improved drastically. The more frequent visits they made to the clinic either to see the doctor or collect their monthly ration brought them more into contact with each other resulting in better understanding of each other. Nurses pointed out that this made their work a lot easier.

2.1.7 What would have happened if the project was not implemented?

The following is what would have happened had the project not been implemented: -

- ✓ The shortage of food in Gwanda meant that the majority of PLWHAs are malnourished. This trend would have continued. The Body Mass index of patients would have been seriously affected due to malnutrition.

- ✓ Some would have died as a result. The death rate as depicted in Table 1 PLWHAs Death Rate (Mar-Aug) 2010 indicates that in the initial stages of the project there were many deaths. The death rate was as high as 67 in the month of March and it is very likely that the death rate would have continued. This indicates what would have happened if the project would not have been implemented. Some clinics did not record any deaths during the project period indicating the effectiveness of the project.

- ✓ Opportunistic infections would also have increased had the programme not been implemented.

- ✓ Drug intake which had been diminished because of poor diet would have continued. As mentioned, ARVs are strong drugs that require regular food intake. The nutritional status of PLWHA would have been affected. One of the most significant stories highlighted above shows that some PLWHAs had stopped taking drugs because of the intense pain they felt after taking them on an empty stomach.

- ✓ Some PLWHA had lost hope and had abandoned the treatment programme and they would have died at home.

- ✓ Psychosocial support for PLWHA provided by HBCG would also have stopped as they were sufferers themselves.

- ✓ The project period witnessed peak periods of people coming for VCT. This would not have happened had they not been given support. Disclosure of status would also have suffered had this intervention not been implemented.

- ✓ Most of the HBCG are also PLWHAs and their work had been hampered by poor health. Had they not received support through the CSB, their work would have suffered tremendously.

- ✓ Some elderly people who live on their own would have died without anyone knowing.

- ✓ There was a low uptake of support groups in the district. There were very few support groups for PLWHAs within the district but this was all changed by the project. The need for PLWHAs to start income generating projects ensured that support groups were formed.

- ✓ The proximity of the district to neighbouring countries such as South Africa and Botswana resulted in the majority of PLWHAs making frequent trips to those countries in search of sustenance. Had this intervention not been carried out the trend would have continued or even escalated.

2.1.8 What evidence is there to attribute the changes in the situation of beneficiaries to LDS?

There is evidence to attribute the changes in the situation of beneficiaries to LDS. The clinical evidence is there to prove the changes. Table 1 - 12 above indicate the random gain weight in all the patients that were receiving CSB. There is also reduced death rate. The various activities that were being done under the self help projects are also an indication that the PLWHAs had gains strength from the project.

The Field Monitors utilised the project cameras that were purchased for the project to record most significant change stories and record project activities. Pictures have been taken where PLWHA participated in the Look and Learn visits to other project sites being implemented by PLWHAs.

The community, stakeholders and PLWHAs themselves greatly appreciated the project. The fact that they gained weight is a major indicator that the changes can be attributed to LDS. The low death rate during the project period is not a coincidence but rather a positive situation brought about by the project.

The fact that the PLWHAs also formed support groups and started their own income generating projects is evidence that these changes can be attributed to LDS.

The death rate was low during the project period. This can also be attributed to LDS because there was no other donor who was reaching out to this specific group of people in the district during the project period. There was also no significant change in the economy to explain this reduction in death rate amongst the PLWHAs.

The team work that was witnessed amongst the clinic staff can also be attributed to LDS. The clinic staff was given a monthly allowance which they had to share. They were able to plan and coordinate their activities as a team. The clinic staff also organised off-loaders or did the offloading themselves as a team. All this could not have been possible without teamwork and cooperation. LDS can be credited for initiating and fostering this teamwork amongst clinic staff.

2.1.9 Does LDS have a system or process for measuring the impact of its activities? Assess the appropriateness of impact indicators used.

Project monitoring took place at three levels – project monitors, LDS and Heks-Eper. Each of these tracks has managed to give vital input and feedback for the improvement of the project. Timely interventions have also been made as a result of such monitoring initiatives. Moreover, monitoring has also kept the donor, Heks-Eper, with a hands-on approach and in touch with the beneficiaries on the ground.

- ✓ **Project Monitors**: - Project Monitors were in regular contact with the beneficiaries and clinic staff in the field. Each office had a specific number of clinics they were responsible for. This method ensured that the clinics were well supported. In addition each Project Monitor has a motorcycle that they use for mobility and making any follow-ups in the field. All nurses indicated that the Project Monitors made regular visits to their clinics and also in the field making a follow-up on PLWHAs. The availability of monitoring tools such as the Monitoring Forms, Monthly Reports and Digital Cameras all enable the Project Monitors to collect data and write reports concerning the project. Motorcycles have come in handy in that the Project Monitors also keep in regular touch with the Gwanda office on a weekly basis. The beneficiary registers are pre-printed and no longer handwritten as was in the previous phase. This has changed the complexion of the project for the better.

- ✓ **LDS Monitoring**: - Senior LDS staff (Area Coordinator and Emergency Officer) also made regular field visits to support and supervise the project monitors. Their field visits kept them in contact with clinic staff and beneficiaries giving them an opportunity to hear first hand the impact of the project on the ground. The Area Coordinator made regular visits and all clinic sites and the hospital have attested to being visited by the Area Coordinator regularly. The Emergency and Special Projects Officer also made planned visits to the field and made more than six such visits, either accompanying visitors or on his own. All visits made by the Area Coordinator and Emergency and Special Projects Officer culminated in a meeting with the Project Monitors and Warehouse Clerk.

- ✓ **Heks-Eper Country Coordinator**: - Julian Manjengwa, the Heks Eper Zimbabwe country representative also made scheduled visits to LDS and visited the clinics and hospital sites. The project beneficiaries on the ground were able to recall who was funding the project and also the country representative of the donor as Juliana Manjengwa. Both beneficiaries and staff expressed such a pragmatic approach by a donor organisation to see for itself the beneficiaries and where their funds were being expended. Field Reports have been produced by the Heks-Eper Country Coordinator as action points for LDS. These have been useful in that some necessary adjustments to the project have been made after such visits. For example, it was after such a visit that it was agreed to reduce the monitoring visits and also to cancel the planned monthly visit by an external consultant who was to provide technical support to the project. In place of these activities, the funds were channelled towards a mid term evaluation seeing that there were profound improvements in the implementation and monitoring of the project.

  The visits by the Heks Eper Country Coordinator are very important, especially for projects that are being implemented through partners. They also serve to motivate partner staff and ensure that corrective action is taken immediately thereby optimising resources available. The hands on approach employed by Heks Eper in this regard kept LDS focused on all aspects of project implementation.

- ✓ There were also various tools that were designed by LDS for measuring the impact of its activities. Some of the tools include distribution registers, monitoring visits reports, weekly feedback meetings, statistics of deaths amongst the PLWHAs.

2.1.10 Was LDS economic in converting inputs into outputs? Could the same results have been achieved in another better or cheaper way (doing things right).

LDS was economic in converting inputs into outputs. This conclusion was reached at after taking into account the number of personnel that they had on the ground as well as the managerial support that they provided to the project. The Area Coordinator who is based in Gwanda had regular contact with the Field Monitors. The Emergency and Special Projects officer also made regular visits to the field. Commodities were purchased in bulk thereby bringing down the price of CSB.

Areas that needed redress in the previous evaluation were addressed in a very economic manner. For example, PLWHAs spent time in the previous project sharing the CSB because of the way in which it was packaged. Under the just ended project, CSB was packaged in 10 Kg bags making it easier to store and distribute to PLWHAs. Beneficiaries spent less time collection food. The Field Monitors also spent less time distributing and it was easier to account for that food.

As mentioned above, the fact that the CSB was given to the most vulnerable group and that the selection criteria was very clear and could not be manipulated is a clear indicator that LDS was economic in converting inputs into outputs. The level of losses either to damage by rain and rodents was very minimal. This was a huge improvement from the situation in the previous project.

A learning point could be on the manner in which the post recovery activities were implemented. This aspect of the project should have been strongly linked to the CSB distributed to PLWHAs. The linkage was not very clear as the PLWHAs were encouraged to start such projects separately and not specifically during distribution periods, especially during pre distribution address when issues pertaining to the project were highlighted. The funds that were provided for in the budget for exchange visits were utilised for such purposes as a number of exchange visits were carried out.

Another learning point could be the timing of the project. The project was implemented at a time when the general population were not most vulnerable, it did not cover the worst periods of the year when people are most vulnerable. It ended when the worst periods started. In future, projects of this nature should be structured to cover most vulnerable periods of the year when food stocks are at their lowest given the nature of communities that highly depend on each other. It must also be acknowledged that for such highly vulnerable groups there is there is never an appropriate time to intervene as they are always vulnerable to one thing or the other.

2.1.11 Incentives

LDS introduced various forms of incentives to retain the interest and cooperation of clinic staff. The incentives were monetary for all the clinic staff at each clinic and for a selected few nursing staff who directly participated on the project in the case of Manama Hospital. Each clinic was given USD60/month. The challenge of offloading CSB from the delivery trucks was also countered by introducing cash for off-loaders. These incentives managed to keep the nurses motivated and they exerted themselves positively on the project.

2.2 SECTION B

2.2.1 Did LDS establish and maintain functional relationships with relevant and strategic stakeholders?

LDS did indeed establish and maintain functional relationships with relevant and strategic stakeholders to a great extent. There are a few stakeholders whom LDS could work with in the Gwanda district. The relationships that LDS had were in some cases entirely dependent on LDS as some partners had nothing to lose in the relationship. The Project Inception Workshop brought together key stakeholders whom LDS worked with on the project. These included government ministries such as MOHCW. At district level, LDS attended district coordination meetings hosted by the District Administrator (DA). These meetings are attended by various government departments and all key stakeholders in the district.

The district has witnessed a dwindling in the number of NGOs operating there over the year. This could be attributed to the global financial crisis which also affected a number of international donors. World Vision International implemented the Outpatient Therapeutic Feeding programme targeting breastfeeding mothers and children under the age of five. There was limited interaction between WVI and LDS. In fact at one clinic in Sengezane, LDS did not incorporate lactating mothers on its programme on the understanding that they were benefiting from the WVI programme. However, the WVI programme terminated much earlier than the LDS programme thereby placing those mothers and their babies at risk.

There has been close collaboration between Thusanang and LDS. The idea of actually having some nutrition gardens and other income generating projects for PLWHAs originated with Thusanang. Thusanang works through HBCG and therefore collaborated with LDS on the formation of these groups.

Other functional relationships that were maintained by LDS with relevant stakeholders were with the clinic staff. The clinic staff worked with HBCG and support groups in their respective villages and wards. This health network enabled the project to be smoothly implemented and also simplified the sharing of information concerning the beneficiaries.

The other critical relationships that were maintained by LDS was with the ward level structures which includes the Chief, Headman and Councillors. These traditional and political structures enabled support to be given to the post recovery projects that the PLWHAs initiated in their respective areas. For example, PLWHAs were given land to situate their gardening projects near water sources and in some instances the chiefs gave their permission for the PLWHAs to use specific boreholes for watering their gardens. These traditional and political structures also appealed for members of the community to get tested and support the project implemented by LDS.

2.2.2 Assess the level of coordination between LDS's stakeholders. Are there any areas of potential conflict or duplication?

The evaluation process revealed that there has been evidence of coordination of activities between LDS's stakeholders. The various AIDS service organisations and the Home Based Care Givers (under Thusanang) played a role in providing information on the PLWHAs. These assisted with verifications as well as informing the clinic staff on who was able or unable to collect their rations from the clinic as well as deaths of PLWHAs. The Home Based Care Givers also played a crucial role in the formulation of income generating projects.

The National AIDS Council also collaborated with LDS in the district. They assisted with the collection of OI numbers for PLWHAs. At times they collaborated with the Field Monitors and made joint visits to clinics. This enabled Field Monitors to spend more time with the PLWHAs and clinic staff as part of project monitoring and support to PLWHAs.

One case of duplication or conflict was on the area of behaviour change, a project which was being implemented by World Vision in some wards of Gwanda. World Vision provided food to some beneficiaries who could also have been covered by LDS. In addition, both organisations were working with the infected and affected people in the district but did not collaborate effectively. There was no sharing of information and knowledge between the two organisations.

Another low level case of duplication occurred at Sengezane where World Vision implemented a project for under five's, pregnant and lactating mothers infected with HIV and AIDS. The people benefiting under World Vision were excluded from benefiting under the LDS project so as to avoid double dipping. However, the World Vision project ended much sooner, only two months after LDS started implementing their own project. This resulted in some vulnerable people not benefiting for the majority of months the LDS project was running as they could not be added to the beneficiary list. Had better collaboration and coordination taken place, this situation could have been avoided.

2.2.3 Does LDS have sufficient scope for the sustenance of its operations?

There are several challenges that prevents LDS from having the scope to sustain its operations. The financial cost of the food requirements for PLHWAs are very high and as an organisation LDS cannot sustain them using their own resources. On the other hand, the PLWHAs themselves cannot afford to buy the CSB even if it was made available on the local market because of high levels of poverty.

The post recovery project activities meant for PLWHAs cannot be sustained without an initial capital injection. Very few PLWHAs could afford to start meaningful projects and they lacked initial capital. For example, nearly all the garden projects visited by the consultants as part of the evaluation process did not have fencing. Goats have a tendency of breaking into the gardens and destroying all their produce. Some also do not have funds to purchase seeds, garden implements, etc. Those doing poultry projects have been affected by outbreak of diseases and shortage of poultry feeds. There is high mortality rate of chickens threatening their viability. The numbers of people involved in these projects are too high when the investment is too small to be meaningfully shared by all members if they implement as a group but distributing the profits to individuals.

2.2.4 To what extent was information from the operations used for project modification and or development?

Some of the clinic staff raised the issue that they received their incentives late. The same also applied to the funds that were earmarked for off-loaders. These two issues were raised with LDS staff and the driver concerned but did not receive urgent redress.

However, there were also positive aspects when information from the operations was used for project modification and development. Field Monitors suggested that LDS conduct Look and Learn visits to other projects being implemented by PLWHAs. This was done.

The field visits by the Heks Eper Country Coordinator resulted in a number of changes being made to the project. For example after being satisfied that LDS was on the right track - the

frequency of their field visits were reduced. Secondly, the planned technical backstopping by an external consultant was also cancelled.

2.2.5 Did the project undergo major changes since inception and what influenced these changes?

The project did not undergo major changes since inception. The only issue that could be mentioned is that there were delays to the planned implementation dates caused by delays in procuring the project commodities. This resulted in the project duration starting in March 2010 and completing in August 2010.

2.2.6 Assess the efficacy of information flow between field and Head Office.

There had been radical improvements in as far as information flow between field and head office is concerned. The employment of three Field Monitors greatly assisted in implementation on the ground. The sub office in Gwanda can be considered as the Head office since the Field Monitors report primarily to the Area Coordinator. The only communication between the Field Monitors and Head Office is largely administrative on issues such as salaries and benefits. The information flow is such that the Field Communicators communicate with the Area Coordinator (line manager) who in turn communicates with the Programmes Manager in Harare. The Programmes Manager then communicates with the Director.

There had been smooth information flow between the Gwanda (sub office) and the Head Office. The areas are linked by email, telephone as well as road network. The availability of motorcycles enabled the Field Monitors to visit the Gwanda office regularly or on a weekly basis. Monday morning meetings had been held regularly and these provided a forum for communication and sharing information at the three levels (field, Gwanda office and Head Office). Minutes of meetings are written and circulated to Head Office.

The Gwanda office also utilised the vehicle allocated to the Area Coordinator for field visits. This made it easier for Field Monitors to organise the Look and Learn Visits for PLWHAs.

2.2.7 Review the degree of identity of HEKS-EPER and the LDS to the target population.

LDS is the largest NGO operating in the Gwanda south district. Therefore, LDS is readily known and recognised by the presence of Field Monitors and other LDS programme staff in the area. LDS has also been present in the Gwanda district for more than 20 years and is therefore part of the community. This physical presence in the field has enabled the beneficiaries to readily recognise and know LDS personnel, assets and projects. For example, the community knows LDS vehicles even if those vehicles are not marked.

In a bid to increase the visibility of LDS and Heks Eper in the field, LDS purchased the following materials (see Table 13 below). The IEC material was distributed in all 10 RHCs and Manama Hospital. Both clinic staff and PLWHAs were given this IEC Material. The material was inscribed with both the names of Heks Eper and LDS. Some of the PLWHAs and Clinic staff were still wearing clothing items such as T-Shirts and Hats during the evaluation process.

Each Clinic had a banner bearing the name of Heks Eper, LDS and the project being funded. These banners are easily seen at each clinic. Some of these banners are still visibly displayed in some of the clinics at the time of the evaluation. 3 Rural Health Centres did not have banners. What the Field Monitors resorted to doing was to carry one banner from one clinic to the other only for those that did not have their own banners.

Table 13: - IEC Materials Purchased and Distributed

Material	Quantity
T-Shirts	50
Banners	8
Hats	100
Pens	1,600
Rulers	300

It must be pointed out that IEC material was distributed to all 11 project sites. One of the methods employed by Field Monitors when distributing IEC materials was to ask PLWHAs some questions on HIV/AIDS issues. Those who got the answers correct were given prizes of Rulers, Pens and other IEC materials.

2.3 SECTION C

To assess the strengths and weaknesses of the methods and procedures espoused by the LDS in the implementation of the project in the 5 wards.

2.3.1 Which are the post recovery activities that were implemented by LDS?

LDS as an organisation carried out a number of activities as part of its post recovery strategies. In the project proposal LDS had planned to carry out a baseline survey or a feasibility study. Point 3.8 of the project proposal under the title Exit strategy and follow up perspectives, states that "LDS will undertake a feasibility study which will include look and learn visits and training workshops especially on skills, gaps that would have been identified by PLWHAs". The feasibility study was not a deliberate exercise but rather a general exercise which was part of the 'Look and Learn visits'. There is no report to indicate that such a feasibility study was carried out.

The methodology that was employed however was that Field Monitors encouraged the PLWHAs in their areas of operation to think of any income generating projects that can be funded. This was in view of the fact that the programme was going to come to an end and therefore the PLWHAs needed to have something to fall back on after the project period. The encouragement and sensitisation carried out by LDS to PLWHAs was the activity implemented as part of the post recovery strategy. The PLWHAs identified a number of projects that they could carry out in their respective areas and formed groups. Some groups were already in existence. Below are tables indicating the number of groups, activities identified and implemented, gender composition of each group and the areas in which the project was being implemented.

Table 14: - Manama RHC Self help Projects

Project Name	No of Members		Total	Area of Concentration
	M	F		
Siyabalandela	2	12	14	Gardening
Siceluncedo	8	11	19	Gardening and Poultry
Silokuthula	3	5	8	Poultry
Bambanani	-	7	7	Gardening
Asizigcineni	3	5	8	Goat keeping
Siceluncedo	-	10	10	Poultry
Tathuho	1	5	6	Poultry
Sizolwethu A	4	15	19	Poultry
Sizolwethu B	1	4	5	Gardening
Vukuzenzele	3	15	18	Poultry
Siyazama	2	8	10	Gardening and poultry
All in One	1	4	5	Goat keeping and Gardening

Table 15: - Buvuma RHC Self help Projects

Project Name	No of Members		Total	Area of Concentration
	M	F		
Zihlobo	4	16	20	Poultry
Siyazama	6	6	12	Poultry
Sizimisele B	1	10	11	Gardening
Hlanganani	4	6	10	Gardening
Esandleni Senkosi	3	14	17	Goat keeping and Brick moulding
Vukuzenzele	2	6	8	Gardening
Kulungile	5	7	12	Gardening
Sisonke	2	8	10	Poultry

Siyanqoba 1	3	7	10	Gardening
Batanai	4	12	16	Gardening
Takalani	4	21	24	Nutritional garden

Table 16: - Nhwali RHC Self help Projects

Project name	No of Members		Total	Area of Concentration
	M	F		
Kotamai	4	6	10	Gardening
Rituseng	3	2	5	Carpentry

Table 17: - Gungwe RHC Self help Projects

Project name	No of Members		Total	Area of Concentration
	M	F		
Vuka Uma Ulele	4	6	10	Poultry
Nkosimayibongwe	3	7	10	Poultry
Buphilo	4	10	14	Goat rearing
Reteng	4	8	12	Poultry
Zamanjalo	4	10	14	Poultry
Bambanani	4	6	10	Poultry

Table 18: - Mashaba RHC Self help Projects

Project name	No of Members		Total	Area of Concentration
	M	F		
Sizanani	5	7	12	Poultry
Zenzeleni			34	Poultry
Vukuzenzele	4	8	12	Nutrition garden
Sizanani	5	5	10	Poultry
Qhubekani	4	6	10	Poultry
Siyaphambili	4	9	13	Poultry and guinea fowls
Sizanani	4	3	7	Poultry
Sithuthukile	2	11	13	Poultry
Vusumuzi	0	12	12	Goat rearing

Table 19: - Kafusi RHC Self help Projects

Project name	No of Members		Total	Area of Concentration
	M	F		
Vukuzenzele	6	14	20	Poultry and Nutrition garden
Maqube	4	6	10	Nutrition garden
Masiyephambili	6	8	14	Poultry
Zamanjalo	4	5	9	Nutrition garden and Poultry
Siyaphambili	4	7	11	Poultry
Vukuzenzele	5	6	11	Poultry
Vukuzenzele	5	5	10	Nutrition garden and Poultry
Tuto ivelile	5	9	14	Nutrition garden and Poultry

Table 20: - Mapate RHC Self help Projects

Project name	No of Members		Total	Area of Concentration
	M	F		
Qhubekani	2	6	8	Nutrition garden and Poultry
Kopano	6	9	15	Nutrition garden and Poultry
Lerako	5	6	11	Nutrition garden and Poultry

Hlalayenza	1	6	7	Nutrition garden and Poultry
Salakutshelwa	2	8	10	Nutrition garden and Poultry
Siyaphambili	4	7	11	Nutrition garden
Bambanani	2	7	9	Poultry
Zenzele	2	3	5	Poultry and Gardening

Table 21: - Garanyemba RHC Self help Projects

Project name	No of Members		Total	Area of Concentration
	M	F		
Siyaphambili	7	13	20	Gardening
Impilo Entsha	12	20	32	Gardening

Table 22: - Sengezane RHC Self help Projects

Project name	No of Members		Total	Area of Concentration
	M	F		
Bambanani Gardening	5	12	17	Gardening
Sengezane Gardening	3	7	10	Gardening

Table 23: - Ntalale RHC Self help Projects

Project name	No of Members		Total	Area of Concentration
	M	F		
Siyaphambili	9	21	30	Gardening
Siyaphila Support Group	5	11	16	Poultry and goat keeping
Tswaranang Garden	0	8	8	Gardening
Siyaphambili Project	4	8	12	Goat rearing

Table 24: - Selonga RHC Self help Projects

Project name	No of Members		Total	Area of Concentration
	M	F		
Vezubuhle	5	9	14	Gardening
Vezubuhle	1	11	12	Goat rearing
Siyabalandela Garden	3	10	13	Gardening
Siyavuma	2	16	18	Gardening
Bakhona Abaphilayo	4	8	12	Gardening
Batsuhile Garden(Dombo)	2	7	10	Gardening
Khayalami Project	3	2	5	Gardening
Silima Project(village 3)	0	8	8	Gardening
Tswaranang Garden(village 2)	5	8	13	Gardening

As part of its post recovery strategy, LDS initiated a number of exchange visits between various groups. To this end, 3 'Look and Learn Visits' were conducted. These visits had 5 representatives from each centre. As the title of the visits suggests, these visits were meant to enable various group members to learn from each other by observing what their colleagues were doing. The tables above therefore clearly shows the effect of the Look and Learn visits as each distribution centre had some groups formed and various projects started.

The major areas of focus are Nutrition Gardens, Poultry Projects and Goat Rearing. These projects are small scale in nature. The whole objective was for PLWHAs to benefit directly from the projects by either consuming the produce or selling and then sharing the profits. It must be pointed out that the dynamics surrounding group formations, membership, structure, profitability,

etc are issues that the PLWHAs were not closely advised on. Some groups are too large and the gardens too small making them a futile exercise.

2.3.2 What scope exists for post recovery activities?

The initiation of the post recovery projects plays an important part in their sustainability. The whole idea of empowering beneficiaries was indeed noble but faced challenges at several levels. The problem that the majority of them faced was the lack of initial or start-up capital. This has seen little input into making the projects viable. The scope for recovery therefore must be judged according to a number of issues as observed during the evaluation: -

i. **Initial Capital**: - Most of the groups started by making personal contributions to the project of their choice. Some contributed one chicken each (poultry project), one goat (for the goat rearing project). Not all members were able to meet this requirement automatically leaving out some of the PLWHAs out of these groups.

ii. **Membership**: - The membership to these groups was and is still open. A single group can have as many as 30 members or more. In the majority of cases there is no balance between capital assets and members. For example, there can be more members than the number of chickens or goats meaning that the profit margin is really insignificant. The same applies to the gardening projects where the area under cultivation is too small to benefit all the members either through consumption or selling of produce.

iii. **Training**: - The communities were motivated to start something after being encouraged by LDS. They received no form of training whatsoever from LDS. The lack of technical expertise has seriously affected some of the projects, though in combination with other factors.

iv. **Communal Ownership of Resources**: - There is no communal ownership of assets in these projects. For example, in most gardening projects, the situation is that of a collection of small vegetable garden beds. The only thing in common is that they have a place where they go to and practice a project of their choice. There is no linkage to what they are doing as a group. Each individual has a vegetable bed of their own where they grow what they prefer and do whatever they want with it.

v. **Lack of Basic Implements**:- The majority of PLWHAs are people of very little means and have been impoverished by the disease. For those doing gardening projects they do not have basic implements such as hoes, wheelbarrows, fence, seeds, fertiliser, pesticides, buckets, etc. This has severely hampered their work. For those doing poultry projects they also lack fowl run construction materials such as fence, roofing material, drinking troughs and vaccinations. There appears to be a disease outbreak that is killing the PLWHAs chickens and they have no vaccinations against any form of disease. Moreover, as alluded to above, there are more members than the number of chickens for the project.

vi. **Poor linkage with other community projects**: - The idea of having a specific PLWHA projects is noble but the lack of a baseline survey by LDS means that there is little knowledge of what other community members are doing. There is high risk of duplication and competition for communal resources in communities as a result of this initiative. For example, there are very few water sources in the district. Some boreholes are strictly linked to specific projects and groups and cannot share their water with PLWHAs garden projects. It must be appreciated that PLWHAs are still members of the community and

there must be a strategy to link them to existing projects or incorporate other community members as long as the projects are viable.

vii. **Market**: - Whatever project that the PLWHAs come up with, there is need to ensure that a proper market research is done to avoid producing goods that would not find any buyers. There are very people in formal employment who can afford to purchase their produce. The few civil servants like nurses and teachers might end up setting a ceiling on their prices given the limited cash that they handle themselves.

viii. **Project Management**: - It was observed that the majority of PLWHAs interviewed have no knowledge on project planning and management or basic business skills. It is imperative that they are exposed to critical issues such as start your own business or running small business ventures.

There exists scope for some projects that are popular within the community to be supported. The community is keen on food for work (FFW) projects though these must be properly managed and supported, learning from the previous projects. PLWHAs could be encouraged to embark on small scale projects for personal sustenance. These projects need to fit and be well supported by the local economy. Some of the projects that fall in this category include shoe repairing, carpentry, sewing and welding. The local support structures include the various civil servants resident in those communities who require such services. The presence of electricity at growth points makes it possible to embark on welding projects. Carpentry projects can be started and carpenters can easily repair benches for the various schools in the district which are said to be in a sorry state. Whatever project that can be implemented as part of the post recovery period should be based on careful analysis of the market, ability of the PLWHAs themselves to carry out such projects, enabling environment and external support required to start such projects.

2.3.3 Are there any functional community based structures that may take responsibility for recovery projects?

The lack of a feasibility study to ascertain the existence of functional community based structures has been a challenge. However, it must be noted that not all PLWHAs self help projects were initiated by LDS. The most successful PLWHAs projects were already in existence before the current intervention by LDS. This is an indication that the community and even PLWHAs have community based structures that may take responsibility for post recovery projects.

In every community there also exist projects that are community based and some are formed along religious lines. These projects have been doing well and could be utilised for recovery projects. The Government departments such as Veterinary and AGRITEX have offered training to many groups in the community free of charge. There is need to really ascertain the groups that exist and their areas of specialisation. In one area, Sengezane, the clinic staff also plays an important role in providing functional community based structures that may take responsibility for recovery projects. For instance the nursing staff sits in the Ward Health Meeting where critical issues concerning the ward are discussed. The committee is also capable of accessing free government services such as information and training which really benefits the community. The Ward Health Committee members include school headmasters, chiefs, councillor, clinic staff, government departmental heads, kraal heads and village health community workers.

It must also be borne in mind that PLWHAs comprise of diverse groups of people including people found in all important community structures such as kraal and village heads. These people can participate both as community leaders and PLWHAs in whatever post recovery programmes that can be mooted.

2.4 SECTION D

This section is relevant in providing LDS and HEKS-EPER with a learning opportunity by offering valuable insight and issues for consideration in relation to future approach.

2.4.1 What are the project's major strengths (identifying lessons learnt, best practices and any successful approaches that may be used for other projects).

The project major strengths were: -

- ✓ The PLWHA project identified the most vulnerable group of people in the five wards who really needed assistance. The use of WHO standards was transparent and fair for everyone.

- ✓ HIV/AIDS issues were brought to the fore through an upsurge in the VCT of people who hoped to benefit from the project.

- ✓ The project managed to halt the high death rate amongst PLWHAs. The enhanced nutritional support to PLWHA greatly improved their health and drug intake which had gone low because of malnutrition. The weight gain is also an indicator that the project really indeed made a difference in the lives of PLWHAs.

- ✓ The relationship that now exists between LDS and the government departments, especially the Ministry of Health and Child Welfare is very strong. Nursing staff played a critical role in the successful implementation of the project.

- ✓ The self help projects concept introduced by LDS has made people aware of the need to be self reliant and not always depend on food handouts. The foundation laid down by this initiative will provide a good basis for post recovery activities.

- ✓ The project was better planned and implemented than its predecessor. All recommendations made were taken on board. Nursing staff who played a critical role in the project were also very happy with the incentives that they received. The y attested to the fact that the project made their work much easier and that their clients were in better health as a result of the project.

2.4.2 What are the project's shortcomings?

The following are the project's major shortcomings: -

- ✓ Whilst documentation had greatly improved, there was one officer who struggled in completing their distribution registers.

- ✓ There is need to timely deal with issues. For example, the Ntalale storeroom was affected by termites for the whole duration of the project yet nothing was done during the project period.

- ✓ The project start date was delayed by three months.

- ✓ Some deliveries to clinics were made after normal working hours. This made it difficult for nursing staff to mobilise people to offload the trucks.

- ✓ The post recovery activities were not properly planned and implemented. These activities had no supporting budget line making it difficult to implement and understand what really needed to be done.

- ✓ The post recovery phase of the project should have been carefully planned for by having a small budget line to cover for the initial set up of PLWHAs income generating projects. .

2.4.3 On the basis of the findings, which are the main elements that need to be particularly taken into consideration in the future?

The main elements that need to be particularly taken into consideration in the future are: -

i. Income generating projects for PLWHA should be supported financially so as to give them a good start.

ii. Monitoring and evaluation should be a continuous process.

iii. There is need to analyse data collected with the view to understand the project impact.

2.4.4 What are the major conditions that need to be fulfilled in future?

i. Due to staff turnover at clinic level, there is need to expose clinic staff to development tools such as Sphere Project, Code of Conduct, Do No Harm, Monitoring and Evaluation of food aid projects, etc. Another important tool that could be introduced to enable measuring the impact of projects is the Good Enough Guide.

ii. Project Inception Workshops are critical in creating a solid basis for understanding, collaboration and coordination.

iii. Sufficient manpower should be recruited to ensure sufficient coverage of the geographical area.

2.4.6. How should LDS ensure sustainability of the project?

- ✓ PLHWAs should be equipped with skills and start-up capital to enable them to undertake income generating activities. It might even be necessary to purchase the implements required than give them cash for start up.

2.4.7 What lessons, best practices and any successful approaches that may be used for other projects have been observed in this partnership?

i. The approach of forging strong partnership with a relevant strategic stakeholder like the MOHCW ensures that targeted and effective interventions are made.

ii. There is a strong relationship between malnutrition and HIV/AIDS related deaths.

iii. Programmes targeting PLWHAs should be based on clinical data which emphasise issues of accountability and transparency.

iv. Incentives play a major role in ensuring support by key stakeholders even if they are small. Incentives can both be monetary or non monetary such as hats, T-shirts, etc.

v. Projects targeting the most vulnerable groups should also cover the period when communities are most vulnerable. In that case they would act as proper safety nets as opposed to implementing them when there is relative food security.

4. CONCLUSION

The project implemented by LDS from March to August 2010 achieved far better results than its predecessor project. The project was properly planned and managed. The impact measuring tools such as the BMI used under the project indicate that the PLWHAs benefited immensely. There were low cases of deaths during the project period indicating that the project did made a difference in the lives of the PLWHAs. The rate of Opportunistic Infections drastically declined over the project period without any other outside intervention except the project. This was yet another indicator that the CSB indeed made a difference to the PLWHAs.

The mid term evaluation was not carried out on time and the end term project evaluation was also delayed. Had these key activities been carried out as scheduled, more positives would have been identified. As indicated earlier on, some of the key project members had been reassigned and not all PLWHAs groups could be interviewed. Some nursing staff were on leave and also the evaluation was carried out at the height of the dry season meaning that there was now little activity taking place in the post recovery projects.

There was unanimity in the comments made by all respondents and also by the consultant that the project was a tremendous success. LDS should be commended for successfully implementing this project. It should only propel itself to the next level and guard against complacency.

ANNEX 1: - Terms of Reference

1. BACKGROUND

Gwanda district is one of the seven districts that make up Matabeleland South province. It hosts the capital of the province which lies on the 126 km peg along Bulawayo - Beitbridge highway. The district has a population of about 139'600 of which 23'837 are PLWHAs. There are 34 administrative wards of which 10 are urban and 24 are rural. The Lutheran Development Service (LDS) operates in 10 wards namely ward 11, 12, 13, 14, 15, 16, 17, 18, 19 and 24. It also happens to be the largest district in the province with the majority of its population in transit, putting it at risk of STIs and HIV/AIDS because of its proximity to South Africa and Botswana.

Gwanda South boarders South Africa to the South and Botswana to the West. The population of Gwanda South is largely a mobile population and most of the productive population of the district have crossed into these neighbouring countries in search of employment... This mobility, together with the formal and informal mining activities that are rampant in the district predispose a large percentage of the active population to STI's and HIV and AIDS. As a result the district has a high HIV prevalence rate of 17.1% with 15%-25% (4'302) of the PLWHA on ARVs and 3576-5959 in need of ARVs.

The 2008/9 Agricultural season had enough rainfall in other parts of the country; however Gwanda South received erratic rains. As a consequence of the erratic rains combined with lack of timely inputs such as seeds and fertilizers, deteriorating infrastructure, most of the maize crop failed. Small grains (sorghum and millet) on the other hand did very well but unfortunately some of the grains were destroyed by quelea birds before they were harvested. About three quarters of the entire small grain crop was destroyed and this scenario left about 90 % of the population food insecure. The few people that managed to harvest something got supplies that would last them for 3 to 5 months (May to September). The situation was compounded by the unprofitable grain process offered by the grain Marketing Board. As a result the current food situation remained dire especially for people living with HIV/AIDS and other vulnerable groups like orphans, aged, widows and widowers.

Very few people survive on the income they get from livestock sales which is however usually not enough to cover basic monthly household needs, because the market prices for livestock are subdued. A combination of the above factors has led to a general humanitarian crisis in Gwanda South. This has culminated to a need for relief to alleviate the general nutritional deficits experienced by PLWHAs in Gwanda South.

It is against the above background that HEKS/EPER and LDS entered into a second phase of partnership which sought to provide supplementary feeding to PLWHAs to enable them to continue taking their medication and to improve their nutritional status.

The Lutheran Development Service (LDS) is the development arm of the Evangelical Lutheran Church in Zimbabwe (ELCZ). It is registered as an NGO with the Ministry of Public Service, Labour and Social Welfare under the Private Voluntary Organisations Act as PVO: 1/2003. The overall goal of the LDS is ***"to contribute to alleviating poverty and suffering of rural communities and promoting sustainable development through participatory approaches".*** This it does through implementation of an Integrated Rural Development Project (IRDP) in six of the drier south and south – eastern districts of Zimbabwe, namely Chivi, Mwenezi, Gwanda, Beitbridge, Zvishavane and Mberengwa and special projects covering a range of issues like food relief, agricultural recovery, climate change, water and sanitation.

Hilfswerk der Evangelischen Kirchen Schweiz (HEKS) - Entraide Protestante Suisse (EPER), commonly known and abbreviated as HEKS-EPER, acts on behalf of the protestant churches of Switzerland. At international level, its mandate is: "development cooperation in Africa, Asia and Latin America", "collaboration with churches and reconstruction aid in Europe", and "emergency aid". In Switzerland, the mandate includes: "refugee aid", "aid for the underprivileged" and "public relations work". HEKS-EPER provides humanitarian aid following natural disasters and during or after armed conflicts, with a view to achieving an immediate and sustained improvement in the lives and circumstances of the people affected. As a relatively small aid organization in the wider international context, HEKS-EPER can only satisfy the demands for professionalism and quality if it sets clear priorities in its humanitarian aid. In pursuance of its mandate, HEKS-EPER provided support for humanitarian aid to the Lutheran Development Service's activities in Gwanda District.

2. PURPOSE OF THE EVALUATION

This is the end of a second phase of HEKS/EPER support to PLWHAs supplementary feeding in Gwanda district. Both parties seek to carry out an evaluation that will assess the results achieved and the lessons learnt. This evaluation will build onto the findings of the mid term evaluation that was conducted between June 27th and July 7th 2010. Findings of this evaluation will be used to inform long term interventions in the HEKS/EPER and LDS partnership.

3. OBJECTIVES OF THE EVALUATION

More specifically the end-of term project evaluation aims at;

A. Taking stock and assessing the degree to which agreed overall goal and objectives have been achieved; thus appraising LDS's completed activities in alleviating immediate hunger and mitigating against the effects of food insecurity and HIV and AIDS for PLWHAs through the provision of food aid in Gwanda District's wards 11, 12, 15, 18 and 20.

B. Identifying systemic weaknesses and strength in the design and implementation approaches which should be avoided in the future or promoted.

C. Assessing the extent to which the LDS used the project implementation period to formulate a structured post recovery strategy.

D. On the basis of the findings to formulate precise and concrete recommendations for LDS and HEKS-EPER.

4. THE SCOPE OF TASKS

The Evaluation Consultant shall undertake the following tasks (but not limited to):

In relation to A;

Examine if linkages between the logical framework and the objectives were sufficiently defined and assess the success of the food Aid project interventions against the objectives delineated in the HEKS-EPER food Aid Project Proposal.

- Were the interventions focussed on the needs of beneficiaries?
- Was the project implemented as planned in the logical framework?
- Were the planned activities delivered on time/as planned?
- Were the project objectives achieved?

- Was the LDS doing the right things in terms of how the project was planned and managed?
- What real difference did the activities make to the beneficiaries?
- What would have happened if the project was not implemented?
- What evidence is there to attribute the changes in the situation of beneficiaries to the project?
- Does the LDS have a system/process for measuring the impact of its activities? Assess the appropriateness of impact indicators used.
- Was the LDS economic in converting inputs into outputs? Could the same results have been achieved in another better or cheaper way (doing things right)?

In relation to B:

- Did the LDS establish and maintain functional relationships with relevant and strategic stakeholders?
- Assess the level of coordination between the LDS's stakeholders. Are there any areas of potential conflict or duplication?
- Does the LDS have sufficient scope for the sustenance of its operations?
- To what extent was information from the operations used for project modification and or development?
- Did the project undergo major changes since inception and what influenced these changes?
- Assess the efficacy of information flow between field and Head Office.
- Review the degree of identity of HEKS-EPER and the LDS to the target population.

In relation to C

Assessing the extent to which the LDS used the project implementation period to formulate a structured post recovery strategy.

- Which are the post recovery activities that were implemented by LDS?
- What scope exists for post recovery activities?
- Are there any functional community based structures that may take responsibility for recovery projects?

In relation to D

In providing the LDS and HEKS-EPER with a learning opportunity by offering valuable insight and issues for consideration in relation to future approach;

- What are the project's major strengths (identifying lessons learnt, best practices and any successful approaches that may be used for other projects)?
- What are the project's shortcomings?
- On the basis of the findings, which are the main elements that need to be particularly taken into consideration during the planning of the next phase of the project?
- What are the major conditions that need to be fulfilled if the next phase is to be successful?
- How should the LDS ensure sustainability of the project?
- What lessons, best practices and any successful approaches that may be used for other projects have been observed in this partnership?

5. METHODOLOGY

While the consultant is at liberty to outline the methodology, the following are key aspects of this evaluation process. It is imperative that the evaluation exercise employ consultative and participative methods in all its stages. The detail of procedure and work plan will be worked out t by the consultant in consultation with persons appointed by the LDS and also in liaison with the HEKS-EPER Coordinator for the Zimbabwe Program. However, it is important to ensure that the following steps are included in the work plan:

- discussion on the terms of reference among the LDS as well as HEKS-EPER Coordinator and consultant;
- developing and agreeing on a work plan which includes methodology and time table (as provided in the TOR);
- studying documents related to the projects (project proposals, contract, communications, reports and minutes, etc.);
- field visit in the 5 wards in Gwanda after consultations with the two partners
- consultative meetings with participating beneficiaries, other development agencies, government departments, local authority and other stakeholders
- bilateral consultations with the LDS to be elaborated by the LDS
- bilateral consultation with the HEKS-EPER Coordinator;
- bilateral (telephonic) consultation with HEKS-EPER Manager for Southern Africa Programme in Lausanne Switzerland;
- analysis of the collected data and drawing of conclusions:
- compiling of a preliminary evaluation report and sending it out prior to the presentation:
- presentation and discussion of the report in Gwanda
- amendment (if necessary) and submission of the final report.

6. WORK PLAN

The evaluation period will consist of a total of 10 working days for the whole assignment as follows; 1 day preparation, 7 days field work including interviews at various levels, 2 days report writing including presentation of draft report and consolidation of comments.

The evaluation should commence on Monday 1st November 2010 whereupon a draft report will be circulated to the LDS and HEKS EPER a day prior to the presentation at LDS Jahunda offices in Gwanda. Seven working days after presentation will be provided for incorporation of comments for the final report.

DATES	**ACTIVITY**	**NO OF DAYS**
	Preparation literature review and development of tools	1
	Interviews incl. Travel	7
	Report Writing and presentation on Thursday 10th November 2010 at Jahunda	2
	Total	**10**

In view of the above, consultant is expected to present a work plan that contains

a) A time/plan schedule with the scope of tasks

b) Anticipated constraints and assumptions for the achievements of objectives for this Terms of Reference,

7. REPORTING

The consultant will elaborate an End Term Evaluation report in English and the report should be structured as follows: -

Cover page

- Title of the evaluation report
- Period of the evaluation mission,
- Name of the evaluator

D1. Table of contents

D2. Evaluation summary (5 pages maximum)

- Implementing organisation's name,
- Purpose of the project evaluated ,
- Country of implementation,
- Aim and length of the evaluation
- Method used: documents analyzed, visits realized, timetable of meetings, etc.
- Principal findings and recommendations, including "lessons learned".

D3. Report main body

The main body of the report must be structured in accordance with the Scope of Work

D4. Annexes

- Terms of references,
- Documents consulted,
- List of people interviews and sites visited,
- Abbreviations,
- Map of the operation areas
- Other relevant documents.

8. FEES

A daily professional fee of **450 USD** exclusive of travel costs, accommodation and food will be paid. Fifty (50%) of the total fee will be paid upon signing of the contract and within 14 days of commencement of the assignment while the balance will be paid upon the submission of the final report. The total amounts to **USD 4500**.

9. REQUIRED CONSULTANT

The consultant should have a thorough knowledge of the project. He should exhibit thorough knowledge and experience and understanding of the development and humanitarian sector environment, HIV/AIDS and Gender. S(he) should have a proven background in evaluating development programmes in Zimbabwe. Furthermore, the contracted consultant will have insights into the SPHERE standards, organisational development and programme implementation experience from both the field and managerial ends of large-scale and multi-faceted programmes. A willingness to travel extensively and to meet with all stakeholders is required. The consultant should be fluent in both written and spoken English, to a level sufficient to produce a report acceptable to donors, and which will allow them to converse directly. Knowledge of local languages will be an added advantage.

ANNEX 2
Literature Reviewed

1. Heks Eper – LDS PLWHA Supplementary Feeding Programme; Project Proposal
2. Terms of Reference; End of term evaluation of the project; January - June 2010
3. Lutheran Development Service; Monthly Report March 2010
4. Lutheran Development Service; Monthly Report April 2010
5. Lutheran Development Service; Monthly Report May 2010
6. Lutheran Development Service; Monthly Report June 2010
7. Lutheran Development Service; Monthly Report July 2010
8. Draft End of Term Report; March – August 2010
9. LDS; CSB PLWHA Therapeutic Feeding; Look and Learn Visits by PLWHAs
10. LDS; CSB PLWHA Therapeutic Feeding; Mid Term Review Workshop Report at RHC Level
11. LDS; Mid Term Evaluation; PLWHA Supplementary Feeding Gwanda South; 27 June - 7 July 2010
12. LDS; Heks Eper PLWHAs Supplementary Feeding; Schedule for Review Workshops and look and Learn Visits
13. June Classification Graph
14. The SPHERE Project Handbook, 2004 Edition
15. Do No Harm Project; the 'Do No Harm' Framework for Analyzing the Impact of Assistance on Conflict.
16. File HE/10/03 Signed Beneficiary Lists
17. File HE/10/04 Inputs/Records/Purchases
18. File HE/10/03 Signed Beneficiary Lists

ANNEX 3

List of People Interviewed and Sites Visited

Name and Surname	Sex	Category	Site	Date
1. Irene Dube	F	PCN	Manama Hospital	03 November 2010
2. Sister Hove	F	PCN	Manama Hospital	03 November 2010
3. Lindiwe Dube	F	PCN	Manama Hospital	03 November 2010
4. Mugero	F	PCN	Manama Hospital	03 November 2010
5. Saneliso Makurane	F		Thusanang	03 November 2010
6. Sibikwaphi Ndhlovu	M	PLWHA	Manama Hospital	03 November 2010
7. Mariana Dale	F	PLWHA	Manama Hospital	03 November 2010
8. Siyemephi Nyathi	F	PCN	Mapate Clinic	03 November 2010
9. Dorothy Dube	F	PLWHA	Mapate - Kopano Poultry Project	03 November 2010
10. Patrick Ndou	F	PLWHA	Mapate - Kopano Poultry Project	03 November 2010
11. T. Mangwangwa	F	PCN	Kafusi RHC	03 November 2010
12. M. Mpofu	F	PCN	Kafusi RHC	03 November 2010
13. S. Ngulube	F	Nurse Aide	Kafusi RHC	03 November 2010
14. Sinikiwe Ndhlovu	F	PCN	Gungwe RHC	03 November 2010
15. Ranganai Govere	F	PCN	Gungwe RHC	03 November 2010
16. Lerato Sebata	F	EHT	Gungwe RHC	03 November 2010
17. Zanele Ncube	F	PCN	Gungwe RHC	03 November 2010
18. Queen Sebata	F	Nurse Aide	Mashaba RHC	03 November 2010
19. Sikhumbuzo Nkala	F	PCN	Mashaba RHC	03 November 2010
20. Keratile Ndebele	F	SCN	Mashaba RHC	03 November 2010
21. Pabulelo Tlou	F	PCN	Hwali RHC	04 November 2010
22. Percy Khumalo	F	PCN	Buvuma RHC	04 November 2010
23. Nobuhle Moyo	F	Nurse Aide	Buvuma RHC	04 November 2010
24. Dorica Ndou	F	PVC	Selonga RHC	04 November 2010
25. Thokozile Mgutshini	F	Nurse Aide	Selonga RHC	04 November 2010
26. Medium Mbedzi	F	PCN	Sengezane	04 November 2010
27. Lucy Dhewa	F	Nurse Aide	Sengezane	04 November 2010
28. Sitembile Jafali	F	PCN	Sengezane	04 November 2010
29. Shadreck Moyo	F	SRN	Sengezane	04 November 2010
30. Isaac Sebata	M	Field Monitor		05 November 2010
31. Maxwell Zitha	M	PLWHA Chairman	Gungwe Clinic	05 November 2010
32. Manka Ncube	F	PLWHA	Gungwe Clinic	05 November 2010
33. Nothando Moyo	F	PLWHA	Gungwe Clinic	05 November 2010
34. Sakelene Ncube	F	PLWHA	Gungwe Clinic	05 November 2010
35. Enesi Sibanda	F	PLWHA	Gungwe Clinic	05 November 2010
36. Tsephiso Nyathi	F	PLWHA	Gungwe Clinic	05 November 2010

37. Miriam Ncube	F	PLWHA	Gungwe Clinic	05 November 2010
38. Pretty Tlou	F	PLWHA	Gungwe Clinic	05 November 2010
39. Maureen Chitanga	F	PCN	Garanyemba RHC	05 November 2010
40. Zwelihle Khumalo	F	PCN	Garanyemba RHC	05 November 2010
41. Mugadziri Shoko	M	PCN	Ntalale RHC	05 November 2010
42. Promise Dube	M	Field Monitor	LDS Gwanda	06 November 2010
43. Zodwa Magidhi	F	Warehouse Clerk	LDS Gwanda	06 November 2010

ANNEX 4
Abbreviations/Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AREX	Agricultural Research and Extension Services
ARV	Anti Retroviral Drugs
ART	Anti Retroviral Therapy
BMI	Body Mass Index
CSB	Corn Soya Blend
DMO	District Medical Officer
DNH	Do No Harm
DNO	District Nursing Officer
EO	Emergency Officer
HBC	Home Based Care
HBCG	Home based Care Giver
HIV	Human Immunodeficiency Virus
HO	Head Office
IGP	Income Generating Projects
LDS	Lutheran Development Services
M & E	Monitoring and Evaluation
MoHCW	Ministry of Health and Child Welfare
MUAC	Mid Upper Arm Circumference
NGO	Non Governmental Organisation
OIC	Opportunistic Infection Clinic
PLWHA	People Living with HIV and AIDS
VCT	Voluntary Counselling and Testing
VHW	Village Health Worker
WHO	World Health Organisation
WVI	World Vision International
ZIMVAC	Zimbabwe Vulnerability Assessment

ANNEX 5
Map of the Operation Areas