URBAN FOOD SECURITY & RESILIENCE BUILDING PILOT PROJECT











POST DISTRIBUTION MONITORING REPORT **NORTON URBAN DOMAIN**



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1.0 Executive summary

CARE International in Zimbabwe is implementing a WFP led Urban Food Security and Resilience Building Pilot Programme funded by SRAC and United Nations-Central Emergency Response Fund (UN-CERF). The overall Project goal is to ensure that food security in targeted urban domains in Zimbabwe is maintained or improved in the face of shocks and stresses with improved coping strategies. The programme had a reach of 30000 beneficiaries in Norton Urban, with the 19000 supported by FCDO and 11000 by CERF. In June 2021 a reprofiling exercise was conducted which saw some beneficiaries graduating from the programme and the caseload reducing to 23588 beneficiaries. During the August disbursement a total of 1100 individuals were supported by CERF whilst 12 588 individuals were supported by SRAC. A 97% redemption success was achieved with a total of 23 288 (12 358 females and 10 930 male) during the August disbursement. This report is based on a sample of 384 individuals from the 4071 households that managed to redeem their vouchers. The Urban Food Security and Resilience Building Pilot CVA is distributing E-voucher of US\$12/person assisted. A total of 384 households out of 4071 beneficiaries were interviewed virtually using household structured questionnaire administered by data collectors using Kobo Collect. In addition, two Focus Group Discussions were conducted together with men and women separately. The PDM survey collected key food security indicators which include food consumption, dietary diversity, consumption coping, livelihoods coping and expenditure patterns. Below is a summary of the findings:

- 73.2% of the respondents afforded at least 3 meals a day in the month of September 2021, an increase from the 64.1% reported in the August 2021.
- 63 % of women within the reproductive age had access to dairy products whilst 54% had also access to other protein containing foods such as meat and beans. 89% of the surveyed women had access to green vegetables, fruits, and other vitamin A rich foods.
- The survey data indicates that most beneficiary households (97%) are in the acceptable category and for the month there was no household in the poor food consumption category.
- for the month of August, the reduced coping strategy index was 4.59 which is an improvement
 from the previous month which was 10.7. Negative coping strategies to meet basic food needs
 amongst people assisted are now limited which can be attributed to the E- voucher.
- From the survey it was found that the major source of food for the beneficiary households was WFP/CARE E-voucher (98.2%).
- Most households largely rely on the cash assistance from WFP/CARE Urban Food and Resilience Building Security project, as confirmed by 98% of the respondents during the survey. Most of their other livelihood options remained adversely affected by the numerous restrictions that were put in place because the COVID-19 pandemic.

- (99 %) of the respondents were aware of the entitlement value whilst only 1% of the respondents was not aware of the entitlement value.
- . From the survey 96% indicated that the amount that was credited in their SCOPE cards was equivalent to their entitlement.
- Project participants noted during the survey that they heavily rely on the Bulk text for information with regards to distributions as confirmed by 96% of the respondents in the month of August disbursement whilst in July bulk messaging was recorded to be 87%.
- Findings from the FGDs conducted with both men and women highlighted that the participants
 felt that the contracted retailers were not adequate to serve the project participants
 sufficiently.
- Findings from the study indicated that 99% of the respondents mentioned that they were satisfied with the timing of the distribution.
- On commodity availability the FGD participants indicated that a variety of commodities were readily available mostly at N. Richards. However, the challenge they faced was that some of the commodities were said not to be in the system and the project participants were forced to take the commodities they do not wish to take. Maize grain and small grains were also available at local informal markets like Katanga.
- In accessing markets, the FGDs indicated that to cover for transport costs expenses the people assisted got into groups and purchase their commodities in bulk and hire transport to ferry their commodities.

1.1 Specific Objectives:

- 1. To determine the efficacy of e voucher and its process in relation to addressing the food needs of the community.
- 2. To assess if the people assisted received the anticipated amount of the voucher assistance and their perception on the transfer modality/delivery mechanism.
- 3. To determine how the cash has been utilized by the beneficiaries and assess the immediate impact of e voucher on the households' food access.
- 4. To assess the overall accountability of the Cash and Voucher Assistance distribution process to the beneficiaries and other key stakeholders.
- 5. Identify shortcomings in the cash distribution process and provide recommendations for future cash distribution with improvements.
- 6. To measure beneficiary satisfaction on the overall cash intervention and improve the future quality of related intervention.

2.0 Methodology

A Post-Distribution Monitoring (PDM) exercise was conducted for the August 2021 distribution cycle as part of program feedback and learning. A sample size of 384 households was randomly selected from a total of 4071 assisted HH with 95% confidence level and 0.05% margin of error. The interviews

were conducted virtually to ensure minimal interaction with households as stipulated by the COVID-19 standard operational procedures and guidelines.

TABLE 1: SAMPLE SIZE FOR THE QUANTITATIVE DATA (N=384)

Population	Sample	Sample representation
4071	384	9.43%

Household Interviews and weekly markets monitoring were used for collecting data for this PDM assessment. A household level survey was conducted using structured questionnaire which was developed for this purpose. The data was collected using digital application called Kobo collect, a mobile based data collection and analysis application. In addition to this, a sentinel household survey was conducted to 20 HH. The assessment was conducted through door-to-door interviews to the sampled households.

2.1 Household demographics

From the survey data the majority of the HHH were female (58.3%) whilst 41.7% of the respondents were male. Similarly, 69% of the respondents were female an indication that female had access to cell phones considering that the interviews were conducted through the phone.

2.2 Key Findings & Comparative Analysis

2.2.1 Household Meal frequency

TABLE 2: MEAL FREQUENCY

Number of meals taken	Frequency	Percent
1	1	0.3
2	90	23.4
3	281	73.2
Above 3	12	3.2
Total	384	100.0

As shown on the table 2 above, 73.2% of the respondents afforded at least 3 meals a day in the month of September 2021 an increase from the 64.1% reported in the August 2021 report, whilst 23.4% could afford 2 meals a day and 3.2% could afford more than 3 meals per day. The increase in the number of meals consumed can be attributed to the household's access to the WFP/CARE E-voucher.

2.2 Minimum Dietary Diversity for Women (15-49 years)

Dietary diversity as a measure of household food access and food consumption can be triangulated with other food-related information to contribute towards providing a holistic picture of the food and nutrition security status in a community or across a broader area. The standard dietary diversity for

women should range from 0-9. Data obtained from the PDM for August 2021 illustrated that the Minimum Dietary Diversity for Women was 7.

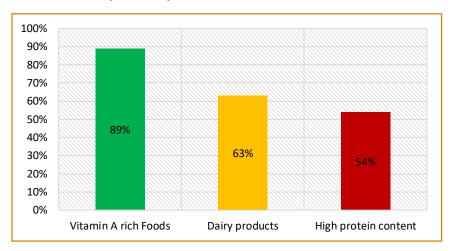


FIGURE 1: WOMEN'S ACCESS TO HIGHER NUTRITION CONTENT FOODS

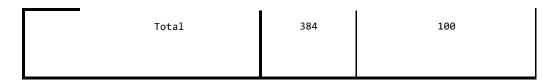
As illustrated in figure 3, women's access to nutritious food is still restricted. It is presented that 63 % of women within the reproductive age had access to dairy products whilst 54% had also access to other protein containing foods such as meat and beans. 89% of the surveyed women had access to dark green vegetables, fruits, and other vitamin A rich foods. The people assisted under the UFSRBP program within the Norton domain have been able to have a nutritious diet because of the introduction of the e-voucher modality which has enhanced dietary diversity for the supported households and its flexibility depending on the household preferences. Most households have greatly improved in terms of prioritising a nutritious and healthy diets especially for the reproductive age group.

2.3 Food Consumption Score

The FCS aggregates household-level data on the diversity and frequency of food groups consumed over the previous seven days, which is then weighted according to the relative nutritional value of the consumed food groups. For instance, food groups containing nutritionally dense foods, such as animal products, are given greater weight than those containing less nutritionally dense foods, such as tubers. Based on this score, a household's food consumption can be further classified into one of three categories: poor, borderline, or acceptable. FCS considers not only dietary diversity and food frequency but also the relative nutritional importance of different food groups. The food consumption score is a proxy indicator of household caloric availability. The survey data indicates that most beneficiary households (97%) are in the acceptable category and for the month there was no household in the poor food consumption category. Table 3 below indicates the findings from the survey

TABLE 3: FOOD CONSUMPTION CATEGORIES

		Frequency	Percent
	Borderline	12	3%
Valid	Acceptable	372	97%
	Poor	0	0%



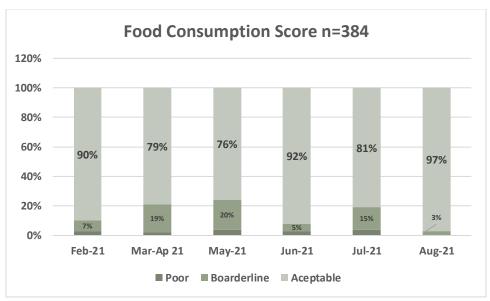


FIGURE 2: FOOD CONSUMPTION FOR HOUSEHOLD ASSISTED

FIGURE 2: FOOD CONSUMPTION SCORES FOR SAMPLE POPULATION (N=384)

In the month of August there has been a great improvement on the food consumption for the beneficiary households where no household was recorded to be in the poor category whilst 97% of the sampled households were in the acceptable category. Figure 2 gives an illustration of the food consumption over the months. The increase from the 81% recorded in the month of July disbursement can be attributed to beneficiary households access to the E- voucher that has allowed households to buy nutritionally dense foods. In as much as in July 2021 the sampled households had access to the E-voucher the households were anticipating graduating from the CVA project. As such the households were trying to save and ending up using coping strategies to ensure they will have food that lasts even beyond the project or graduation. May and July had the highest ratio of households recorded in the poor food consumption category.

2.4 Household Coping Strategies

TABLE 4: REDUCED COPING STRATEGY INDEX FOR THE POPULATION (N=384)

Coping Strategies	Frequency Average	Universal Severity Weight	Weighted Score = Frequency x Weight
Limit portion size at mealtimes	0.21	l	0.21
Reduce number of meals eaten per day	0.32	l	0.32
Borrow food or rely on help from friends or relatives	0.07	2	0.14
Rely on less expensive or less preferred foods	0.32	I	0.32
Reduce adult consumption so children can eat?	1.20	3	3.6
Total Reduced CSI			4.59

As illustrated in table 4, the RCSI for the month of August disbursement 2021 was 4.59 which is an improvement from the previous month which was 10.7. The E- voucher has improved food security for the interviewed households as they were not using less measures to manage food shortages and this clearly indicates that the project has been able to ensure that the targeted population have access to food and other basic needs. The most common used standards for measuring coping strategy index on food security programming have the highest score at 56 and in this case the score was far below the maximum. The project participants are using less severe coping strategies against food insecurity. The findings indicate that relying on less preferred or less preferred foods was the commonly used measure by the interviewed households to manage food shortages as seen on the table 4 above where an average of 1.20 was recorded for the sampled households. The cash assistance provided reduced the risks of household getting involved in negative coping strategies to survive during the month.

2.5 Household Income and Food Sources

From the survey it was found that the major source of food for the beneficiary households was WFP/CARE E-voucher (98.2%). The Urban social assistance has been the major source of food and there has been efforts to ensure that the households are food secure even beyond the project through the pilot resilience building project. Fig 3 gives an illustration of the HH major sources of food. There has been a sudden change from the July disbursement where (48%) of the interviewed people assisted for the July cycle indicated that casual labour was their major source of food where households conduct casual labour activities in nearby plots. Besides WFP/CARE E-voucher casual labour also contribute to the food source for the households in the domain. From the Focus Group discussions conducted the respondents indicated that casual labour is also a major source of food. The participants indicated that they are nearby farms within the Domain where the communities provide casual labour. They however indicated that the payments only cater for immediate food needs and as soon as they get paid after a day's work, they can

only purchase food to cover just I meal/ a day's meal. The participants in the FGDs were current beneficiaries and they expressed concern over the graduated beneficiaries as they indicated that their rate of participating in casual work in nearby farms has increased.

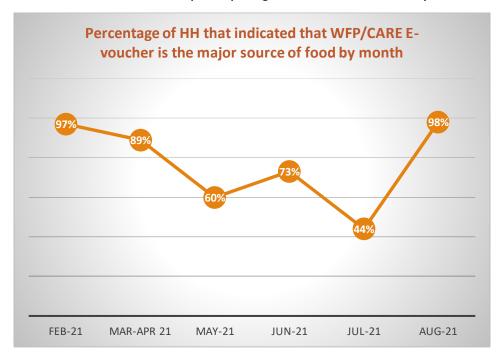


FIGURE 3: HOUSEHOLD MAIN SOURCES OF FOOD AND INCOME

Livelihood options for many beneficiary households are yet to recover as the economy is struggling with the increased shocks posed by the COVID-19 pandemic, deepening economic crisis and poverty. Most households largely rely on the cash assistance from WFP/CARE Urban Food and Resilience Building Security project, as confirmed by 98% of the respondents during the survey. Most of their other livelihood options remained adversely affected by the numerous restrictions that were put in place in light of the COVID-19 pandemic. The PDM survey also noted that from February 2021 to current month the percentage of households that reported that their major source of food was above 50% except for the month of July 2021 which recorded 44%. The month of July 2021 marked graduation of almost 33% of the project participants after a reprofiling process was conducted in June 2021. In the month of August 2021, there were around 30% new recipients and their major source of food as indicated in fig 4 was reported to be WFP/CARE E-voucher. Findings from the FGDs indicate that there is need to promote resilience for the households are participating in Cash voucher assistance (CVA) so that there are food secure even beyond the project without having to rely heavily on CVA.

3.0 Knowledge and efficiency

Table 5: Knowledge on the value of the entitlement per registered household member

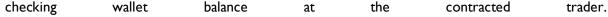
Response		Frequency	Percent	Valid Percent	
	No	4	1	1	

Yes	es 3	380	99	99
Tot	otal 3	384 10	00.0	100.0

The PDM survey for the month of August revealed that majority (99 %) of the respondents were aware of the entitlement value whilst only 1% of the respondents were not aware of the entitlement value. The current entitlement value of USD12 per registered household member is transferred via the electronic voucher for the household food purchases. From the survey 96% indicated that the amount that was credited in their SCOPE cards was equivalent to their entitlement. Households that highlighted that their entitlement was not equal to what they were supposed to receive highlighted that it was due to some household members being omitted whilst only a few indicated that they were not sure why their entitlement matched their household size. A total of 98% of project participants did not face any challenges in redeeming their vouchers. However, the 2% that indicated they faced challenges highlighted long ques at their preferred retailers. Over the FGDs conducted the participants highlighted that they prefer other contracted retailers over the others because of their favourable exchange rate and having all the needed commodities under one roof. The mentioned retailers include N. Richards, Emily Chikwira, Mathew and Gains though they mentioned Gains Cash and Carry during redemption period did not have some basic commodities like washing powder and sugar.

3.1 Communication and feedback

Bulk messaging remains the highly used form of notification on whether the vouchers have been credited. Project participants noted during the survey that they heavily rely on the Bulk text for information with regards to distributions as confirmed by 96% of the respondents in the month of August disbursement whilst in July bulk messaging was recorded to be 87%. It was noted that the current communication platform is efficient in terms of alerting the beneficiaries on the disbursements as the interviewed households highlighted that the communication was effective, and they managed to get access to their entitlements. Despite some of the beneficiaries not having mobile phones they rely on information from neighbours to get the notification. At least 2% of respondents confirmed getting the information from neighbours or family member whilst 1% confirmed that they got to know by



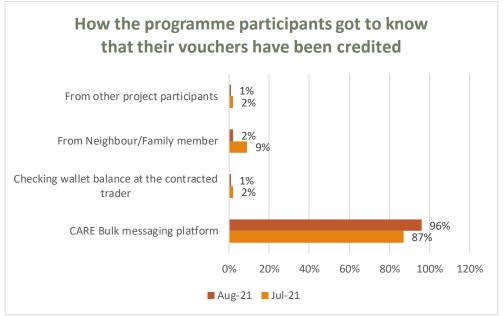


FIGURE 4 NOTIFICATION PLATFORMS TO ALERT BENEFICIARIES ABOUT THE DISBURSEMENTS

3.2 Access and Market Behaviour

A total of 11 retailers were contracted to serve project participants under the electronic voucher transfer modality in Norton Urban. Initially the contracted retailers and one dropped out. Project participants can freely choose between the contracted retailers to redeem their electronic vouchers for food items. Findings from the FGDs conducted with both men and women highlighted that the participants felt that the contracted retailers were not adequate to serve the project participants sufficiently. They highlighted that they felt safe as they do their redemptions however if there is too much pressure despite measures in place to ensure that they are safe from COVID-19 people end up not adhering.

Project participants noted that the prices were clearly displayed and the differed from retailer to retailers they display in either USD or ZWL. Their preference of other retailers over others was based on retailers who stocked a wide variety of commodities. The most preferred retailers included N Richards Balman sores, Gains Cash and Carry, Matthew Musainganwa and Emily Chikwira. However, the respondents noted that during the August disbursement Gains Cash and carry did not have basic commodities like washing powder and sugar. It was noted that the prices of commodities were varied between those purchasing with WFP voucher cards and those with hard cash being served with better exchange rates.

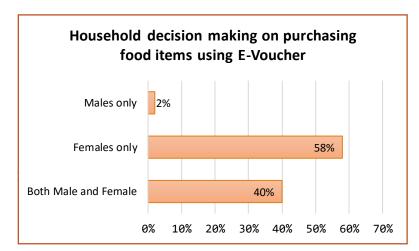
From the interviewed respondents 80% indicated that they were aware of all the contracted E-voucher retailers in the Domain. Of these 65% of the respondents were satisfied and felt that the contracted retailers were enough to support the programme whilst 35% were not. They cited too much pressure during redemption time at their preferred retailers hence taking longer to be served. On commodity

availability the FGD participants indicated that a variety of commodities were readily available mostly at N. Richards. However, the challenge they faced was that some of the commodities were said not to be in the system and the project participants were forced to take the commodities they do not wish to take. Maize grain and small grains were also available at local informal markets like Katanga.

In accessing markets, the FGDs indicated that to cover for transport costs expenses the people assisted got into groups and purchase their commodities in bulk and hire transport to ferry their commodities. The participants indicated that these groups have been however distributed as some of the households are no longer in the programme. The groups that were formed drew communities together and were able to work together so as to minimize costs related to transport.

3.3 Gender and Protection

FIGURE 5: HOUSEHOLD DECISION MAKING REGARDING E-VOUCHER UTILIZATION

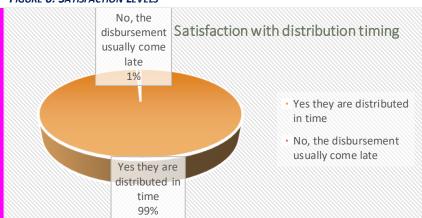


Decision making regarding the utilization of the E- voucher from the survey depicts that female dominate in making decisions. From the survey 58% respondents indicated that female decision whilst indicated that joint decision making is done (Figure 5). Women do a lot of decision making on household food decisions as most men will be out for other household income

generating activities. Men also acknowledged that women are chief decision makers especially on food issues whilst their role will be to look for other sources of household income and food. The study also revealed that 95% of the participants did not experience Gender Based Violence over the past 30 days because of the CVA. The result can be attributed to community sensitization that is being conducted through GAFPs whilst 5% highlighted that they experienced GBV, a decrease from the previous month were 23% indicated having faced some gender-based violence, noted that they experienced Gender Based Violence. From the FGDs the participants also noted that they were cases of GBV but they were dealt with and there is still need to sensitize communities as some of the perpetrators have such behaviours even without the project.

3.4 Satisfaction levels

FIGURE 6: SATISFACTION LEVELS



Findings from the study

indicated that 99% of the respondents mentioned that they were satisfied with the timing of the distribution, and 1% of the respondents indicated that the disbursements usually come late (figure 6). Additionally, 99% of the interviewees indicated that they were satisfied with the redemption process during the last disbursement whilst 1% were very satisfied. No challenges were faced during purchases and all beneficiaries received their entitlements. It was also mentioned that the transfer value maintained its USD equivalence during the period which was an advantage to all beneficiaries as it cushioned them against inflationary and exchange rate risks. However, the participants indicated that the value needs to be reviewed as it no longer adequate to purchase a food basket they were able to access around the same time last year.

From the findings the people assisted indicated that they were satisfied with the modality in placed which is E- voucher. FGDs conducted with both men and women had indications that the E- voucher offered security and also enabled households to focus on food needs as it confines households to purchase of basic commodities.

3.5 Feedback and Accountability Mechanisms

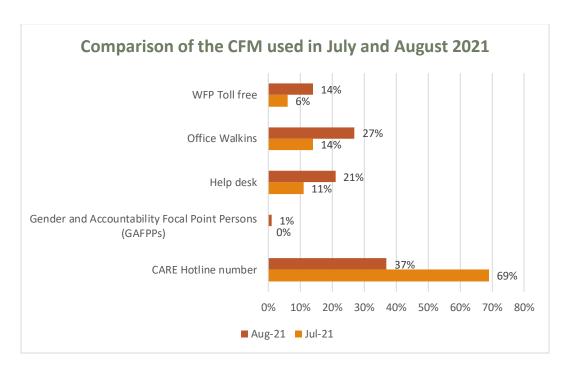


FIGURE 7: MOST PREFERRED FEEDBACK AND ACCOUNTABILITY MECHANISM AND THE FEEDBACK MECHANISM USED

The survey sought to establish the most preferred feedback and complaints mechanism and results indicate that CARE hotline remains the most preferred. 37% of the interviewed programme participants prefer the CARE hotline number which was followed by office walk ins (27%) and the use of the Help desk (21%) and the WFP Tool free (14%). Compared with the findings from the previous month only 1% indicated preference of using GAFPPs. (Figure 7) The use of GAFPPs was not preferred by the interviewed participants in July . The CARE hotline was the most preferred as the programme participants are certain of getting their feedback or response within the shortest period time at any given time whilst walk ins and the use of the Help desk followed to be the next preferred option as response is given immediately as compared to use of community GAFPPs who might need to consult with project staff. The participants noted that the availability of different CFM in place enable them to relay their feedback and complaints freely even the most sensitive ones. There indicated that they were satisfied with the available CFM platforms in place for the project.

4.0 Recommendations

- Market monitoring during redemptions market particularly on contracted retailers so as to track price changes and commodity availability should be a continuous process.
- Increasing community knowledge and awareness on transformative resilience elements much as nutrition, protection (specifically sexual and Sexual & GBV), and WASH.
- CARE to continue partnering with MoHCC on COVID-19 awareness and with the Victim Friendly Unit (VFU), MoHCC and the Department of Social Development in carrying out Sensitization Trainings on Gender and Protection issues.

- There is need to continuously sensitize the beneficiaries on zero tolerance to GBV and also on informing them on the established referral pathways.
- The project should also try and engage other retailers in the domain to ease pressure during disbursement times and increase the number of contracted retailers.

5.0 Conclusion

The PDM survey revealed that the Urban Food Security and Resilience Building project has managed to reduce the food insecurity level within recipient households in the Domain. Food has been the major priority need for many households as the nation is grappling with the effects of macroeconomic instability and the recent COVID-19 pandemic that have affected the informally employed households mostly. There has been a noticeable access to a variety of nutritious foods among this reproductive group which is an encouraging nutritional indicator towards fighting malnutrition and stunting. It also imperative to note that the coping strategy index against food insecurity on beneficiary households is on the positive side which is an indicator for fairly stable food security situation within the domain. There has been no negative coping strategies employed against food insecurity as beneficiary households have been utilising the received cash assistance to purchase food commodities. There is still a gap in terms of inclusive decision making between men and women at household level. Cases of GBV have been recorded over the past months and as a measure to reduce the cases there is need to print flyers that sensitize communities on zero tolerance and referral pathways in case one is faced with such. Generally, the cash assistance has proved to be very successful. The programme has managed to significantly improved household food security among the beneficiary population. It has also improved business performance particularly for the contracted retailers.