



## **Food Security and Improvements in Livelihoods (FOSIL) Project**

### **Final Evaluation**

**Prepared by**

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## **ACKNOWLEDGEMENT**

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## EXECUTIVE SUMMARY OF FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

### Project Goal and Objectives

The report presents findings of the End of the Project Evaluation for the Livelihood and Food Security Project (FOSIL), which was conducted in June 2011. Data collection aimed at capturing both qualitative and quantitative output and process indicators. Accordingly, data collection approaches involved both quantitative and qualitative techniques and included document and literature reviews, sample household surveys using a questionnaire, key informant interviews and focus group discussions. While the survey questionnaire was administered to a random sample of households, focus group interviews were directed at specific groups of individuals, including beneficiary household members and project staff. Deliberate effort was made to include individuals not participating in project activities for responding to the survey questionnaire. Inclusion of individuals not participating in project activities provided a control group, which would be compared to those participating in project activities, thus confirming that changes are attributable to project activities.

**Project Relevance** refers to the appropriateness of project interventions in relation to the priorities of the recipient country. Accordingly the FOSIL Project looked at relevance as meeting the "...needs and constraints of the target country (ies) or region". The interventions carried out by the FOSIL Project are clearly relevant to Zimbabwe's general development, but more so to the country's poverty reduction strategy as outlined in the Poverty Reduction Strategy Document for the Government of Zimbabwe (PRSD). The FOSIL Project aimed at increasing the income and food security of households in Chivi, Bikita, Masvingo, Zaka, Mwenezi and Mberengwa Districts, thus specifically contributing to the income and food poverty aspects, which are some of the elements in the PRSD. Masvingo and Mberengwa rank highly among the income and food insecure districts in Zimbabwe and it is therefore befitting that FOSIL operated and targeted the districts, thus making the project even more relevant to the local district levels. In addition, improved and sustainable access to year-round water sources gave birth to year round gardening activities and diverse, affordable, and appropriate agricultural inputs, combined with participation in savings schemes, small scale economic activities, improved management structures for indigenous resources and preventative health education, have been reported by beneficiaries as the results that have empowered these vulnerable communities to independently harness and mobilize their own resources to sustainably improve livelihoods. As underscored by some beneficiaries in one of the songs, "**VeCARE *mapinza njere mumba medu matigonera, hapana chamatora, hapana chandamupa, mapinza njere mumba medu matigonera***" (**CARE you have armed us with knowledge, you have not taken anything from us, we have not given you anything, you have given us knowledge you have done well**) (**Tapepuka garden beneficiaries, Bikita**).

In addition, the fact that FOSIL has targeted vulnerable households, who by definition are the poor households whose livelihoods depend very much on rural enterprises, especially the female-headed households, further increases the relevance of the project at household level. Interventions of the FOSIL are geared towards rural enterprises, thus making the interventions relevant in improving the livelihood of the target households. This relevance of the intervention to the livelihood of community members has been attested by the fact that members and non-members alike have subscribed to the issues promoted by the project very fast, as exemplified by the widespread adoption of concept of homestead and community gardens with some parallel garden schemes in areas of operation such as Njeremoto and Jekesa Pfungwa in Ward 21 of Mberengwa. Respondents from focus group discussions indicated that they and other community members had since embraced the farming technology and techniques from the FOSIL gardens in their own homestead gardens as they had seen the benefits accruing from the use of such technology. A 14 year old single orphan had this to say, *“tine kamwe kagadheni kedu kurwizi kwatava kurima tichitevedzera marimire atinoita muno mugadheni, ikoko kune mvura yakakwana asi tinodyirwa nemombe sezvo kusina kunyatsoshosheka”* (We have another small homestead garden at the river where we have since started growing our crops taking a cue from what we are doing in the garden, out there, there is sufficient water, the only blemish is that it is not well fenced as a result cattle get in and we suffer losses, 14 year old male, Hama maoko garden, Zaka). Self-expansion of garden schemes by individuals outside the project villages is an indication that the activities advocated by the project seem to address the felt need of households in the area.

**Project Efficiency** concerns itself with whether or not resources are used in a cost-effective manner, implying that the results (outputs) are commensurate with the investments (inputs) in terms of human, physical, financial and other resources. Data for an unbiased assessment of project’s efficiency include the fact that all the gardens targeted for establishment were done with more than 95% of these being functional at the time of the survey. More data for assessment in this regard might not be wholly available. However, our gratification that the resources were used efficiently stems from the fact that the project objectives and goals were met and achieved and therefore the resources are being used cost-effectively. Given persistent food and income insecurity in the area, improving the income and food security to the targeted 44,592 households has definitely been a big achievement that must have been a product of cost-effective activities.

**Project Sustainability:** Sustainability of projects is an essential consideration for long-term benefits of projects to project beneficiaries as well as to communities in general. It gauges the long-term durability of interventions and their impact. Sustainability is a multifaceted concept and would at minimum entail institutional, environmental, financial, appropriateness of the interventions, and gender equality/women empowerment aspects. In the case of the FOSIL

Project and other cases as well sustainability is used in a functional sense to refer to meeting basic needs over time, e.g., throughout the seasons, years and generations. On the other hand, it is also used in a more structural sense to refer to maintaining the means of meeting basic needs, e.g., assets, resources for production, social networks, etc. Findings indicate that the project is sustainable from a number of considerations. Institutional sustainability is assured by the fact that there is a whole component of capacity development, which is actively involved in building the capacity of local institutions that take responsibility for supporting households' initiatives of improving the income and food security of households in the project area. This is attested by the fact that CARE has worked along with other government arms such as AGRITEX that has seen these playing a pivotal role in farmer training and supervision. As given by one of the beneficiaries, ***"Tinotenda CARE neveAgritex vanoramba vachiti panga njere kuti tibudise zvamuri kuona izvi nhasi"*** (***We thank CARE along with Agritex that continues to capacity build us to produce what you see today, Tazvida Garden, Chairperson, Mrs Musasa***). Along with the individuals being strengthened so that they function as expected are series of trainings, which include gender issues and HIV/AIDS which have been undertaken to look at the long term sustenance of the institutions by being gender balanced and therefore incorporating both genders in a balanced manner so as to assure gender balanced institutions and therefore stability of the institutions.

Financially, the project has built individuals' capacity to save based on community savings mobilization. Savings mobilization is one of the cheapest forms of financial capital. It also builds confidence in local populations and communities, which further strengthens the local institutions that see themselves as being able to take charge of their development activities. At the time of the evaluation, focus group discussions revealed that there is a growing amount of financial capital being generated in the community saving groups and communities were already enjoying the benefits of established savings clubs. Such endeavours are a reflection of the growth of confidence in financial mobilization among members of the local communities, which has been achieved, and when perpetuated would go a long way in addressing some issues related to financial capital. In addition, financial sustainability has been inbuilt in the linkage activities from the FOSIL Project, which embraces gardening and savings. Getting used to this culture of contributing towards activities that benefit communities/households is useful in future acceptance coming up with self-help income generation services. Since the savings principle, the gardening livelihood activity, the training, and all the activities are built on the principle of being local-based, the likelihood that the income and food security activities will be undertaken in the project area without donor support or after withdrawal of donor support is high.

Participants from across the garden sites indicated that they had seen and experienced enough of the benefits of the garden farming adventures and in a true measure of satisfaction vowed

that never will they allow themselves to slide back into the groove of poverty. ***“Takadzidza kuti kurima ikoku kwemagarden ibusiness, ndipo pava nekurarama kwedu. Handiti munoona kuti kwakatsva sei muno, vamwe havana kana kumbwana bagwe rekugocha asi isu muno tadya nezhizha tine zvififiti zingaita three to five zvakamira kubva mumaize plant yedu yemugarden muno”, (33 year old male, Kuchakanya garden, Masvingo). (We learnt that farming in the garden is a big business that is the source of our livelihood now, this place has been overly drought stricken this year, others have not tasted any maize cob this season but for us garden participants we have between three to five 50 kgs standing from our maize plant from this garden).***

Furthermore at Kuchakanya Garden site, there is construction of three tanks and irrigation troughs, a measure the chairperson said was enough resolve to demonstrate that the project was not going to fold even after the exit of the CARE FOSIL project. He also pointed out that they had since expanded their garden space and were working towards acquiring fencing materials for the area they had expanded into.

**Project Effectiveness** assesses the likelihood of the project in achieving its targets in terms of the defined objectives and a comparison of output against purpose. The achievements registered by the FOSIL Project at the time of the End of Project Evaluation point to the fact that the project is effective in achieving its targets. Specific targets in the four areas of project intervention, the establishment of functional and sustainable community management structures in place at each project activity site, that households increase sustainable, environmentally conscientious agricultural production and non-timber forestry activities, that individuals increase diversity of reliable income sources and that individuals improve health and nutrition promoting behaviours indicate that the project been effective. The number of households reporting fully meeting basic needs at the end of the project evaluation stands at from 73.2% for beneficiaries against 23.7% for non beneficiaries for food, 71.8% for health against 28.2%, 72.3% for education against 27.7%. 72.1% of the beneficiaries reported meeting their clothing needs against 28.2% non beneficiaries. The uptake of interventions derived from the project lays a strong claim that the project has been effective with multiplier effect most likely to see even more households taking up the initiative.

Furthermore, the number of households reporting having stocks of grain or cereal left from their own harvest when this final evaluation study was conducted had dramatically increased to 68.5% when compared to the same period in late 2008 (the 2008 growing season) at the baseline stage. Sixty-three percent said that their 2007/2008 harvest had only lasted them for between one and three months; 13% said that they had had no harvest or it had lasted them for less than one month. Eighty-five percent of households had run out of cereals in their home completely for spells during the past 12 months.

Furthermore, when compared to baseline stage forty-seven percent of respondents had access to produce from a garden over the past twelve months; 48% of these had had access for the entire 12 month period. At the time the survey was conducted in December 2008, 72% of households had home-grown vegetables in stock.

While the end of Project survey determined that over 90% of the non-project participants depended on farming for their income, the same study found out that project had diversified their income with 65% reporting that they realised money from their garden produce, 56% from savings club (ISALs) which is a positive achievement by the project. Also those participating in ISAL had managed to purchase more assets compared to non-beneficiaries.

*Project impact* refers to fundamental and sustainable changes in the human well-being of target populations, reflecting the satisfaction of basic needs. Basic needs include adequate nutrition, good health; favourable habitat (shelter, sanitation, water and immediate environment), life skills, and safety. To qualify as project impacts, changes in these basic needs should be observable at household level, and be attributable to project interventions. Because of the time needed to attain household level impacts, they may be difficult to identify within the lifetime of a project. Project impact indicators are usually associated with the final goal level in a project's logical framework.

***Ownership and acquisition of assets*** is a reflection of economic security. Compared to the baseline stage of the project where households reported owning an average of 1.4 head of cattle, 0.2 donkeys, 1.5 sheep or goats and 3.3 chickens, at the end of project evaluation 43,2% households reported owning cattle and 9.4% purchased more, 10.3% owning donkeys, 46.4% own sheep/goats and 71.2% now own poultry. As attested by one beneficiary, ***“Ndakakwanisawo kutenga mbudzi nehuku uye ndakaendeswa mwana kuchikoro” (36 year old, female Chapeta garden). (I have also been able to buy a goat and some chickens; in addition, I have sent my kid to school).*** This is reflective of the project efficiency.

***Health seeking behaviour*** is a measure of empowerment as it demonstrates knowledge which is power. Compared to the obtaining situation at baseline where only 53% of respondents reported that they washed their hands before preparing food and only 55% had soap in their households at the time the baseline survey was conducted, at the end of project evaluation, 97.5% reported that they washed their hands before preparing food and that % had soap in their households at the time the end of project survey was conducted.

***Dietary diversity*** is key in assessing food adequacy. Measured against non-project participants, it was established that those FOSIL beneficiary project participants had a lot of food available on their tables. As reflected in focus group discussions, ***“madyiro edu asiyana neavo vasiri mugadheni, tinodya zvinotipa utano, zvinovaka muviri” (50 year old female, Tapepuka***

*garden). (The way we eat (number and quality of meals) is from those who do not own gardens; we eat food that makes us healthy, food that builds our bodies).*

### ***Lessons Learnt***

- An integrated approach, where beneficiaries draw complementary benefits from different interventions, brings maximum benefits to poor and vulnerable households;
- A beneficiary selection process that involves community participation is more acceptable to the stakeholders and communities;
- A clear exit strategy that is communicated to all stakeholders is essential in fostering sustainability and community preparedness to withdrawal of external support;
- Taking on board implementing partners to implement activities outside their traditional areas of focus requires intensive capacity building and monitoring to achieve real results;
- Programme implementation under a difficult socio-economic and political environment requires flexibility and decentralisation of decision making to enable implementing partners to quickly adjust to changing circumstances;
- A robust M&E system is essential to monitor programme implementation and to inform programme direction;
- Meaningful impact occurs when programme inputs and activities are not thinly spread on the ground;
- Programme impact, ownership and sustainability can be achieved through stakeholder involvement and participation in programme activities at all levels;
- Interventions linked to economic activity that bring income to households are likely to be sustainable in the medium and long-term;
- There is need for a study to determine the existing local community social safety nets and to explore ways of strengthening such local initiatives to enhance long-term sustainability of the initiatives.

### **Progress towards Goal**

The overall goal of the programme was to enhance and improve the livelihood security of 16,380 vulnerable households affected by HIV/AIDS, drought and economic crises in Masvingo

and Midlands Provinces of Zimbabwe. Despite the fact that the programme was implemented under a difficult environment characterised by recurrent droughts, economic meltdown and political instability, the interventions did achieve the overall effect of mitigating the impacts of poverty. Without interventions such as Community and Homestead garden establishments, Savings and Lending and installation of deep wells on sites among other activities, the external shocks on the beneficiaries would have had a much greater negative impact on the livelihoods of the targeted beneficiaries. Dignity was restored through these programmes as summed up by one of the beneficiaries that ***“Nekuda kwemagadheni atakaunzirwa neCARE, tava kuonekwawo sevanhu, panhamo tinoendesa muriwo, zvinova zvasimudzira chose maonerwo edu muno munharaunda”*** (Because of the gardens brought to us through CARE, our social standing has improved greatly as we help with vegetables at every funeral in our surrounding, this has helped the way we are viewed in our locality, female, 36, Tazvida garden, Masvingo). Food security was improved so was the asset base. The participatory ethos of the programme enhanced community participation in managing own resources and in mobilising resources needed for the implementation of the different components of the programme. It also defined a new thinking, that from the local resources, communities can prosper. Therefore to a greater extent, FOSIL contributed well towards its overall goal.

### **Progress towards purpose**

The purpose of the programme was to ensure that 98,280 beneficiaries in 16,380 vulnerable households have improved and more sustainable food, nutrition, economic, environmental, and social network security. To that end FOSIL surpassed the overall target through the different interventions. There is overwhelming evidence that those beneficiaries reached by the programme have had their capacities strengthened, for example by adoption of community gardens as a new livelihood strategy as well resulting in increased productivity. Participation in Savings and Lending as well as Health and Gender issues has exposed beneficiaries to training programmes that enhance their livelihoods patterns. FOSIL, it thus can be concluded that commendable strides have been released the FOSIL Project leading to the conclusion that the project has attained its purpose.

### **Recommendations**

- Implementing partners should be oriented on the inter-relatedness of the different components of an integrated livelihoods programme so that some activities are not given priority at the expense of other equally important activities;
- There is need to develop a clear exit strategy that is well communicated to the stakeholders and beneficiaries right from the beginning of the implementation process;

- To ensure that M&E systems are effective especially for Implementing Partners (IP), a supportive budget needs to be put in place to ensure all planned monitoring activities are carried out;
- For more visible impact, there is need to focus on fewer wards and put more resources in each ward rather than spreading too thinly on the ground;
- There is need for a clear involvement strategy of stakeholders, especially at district level, to enhance strategic partnerships as well as sustainability of interventions;
- As a livelihoods programme and to enhance sustainability, where possible, FOSIL could link its interventions to closely related activities that generate food and income for the beneficiaries such as fish breeding.

## **1.0 Introduction**

### **1.1 CARE International in Zimbabwe**

CARE International began working in Zimbabwe in 1992 in response to Southern Africa's severe regional drought. After establishing a drought mitigation program, it began longer-term development programs that address the underlying causes of livelihood insecurity. Its mandate is to reduce poverty and suffering through the implementation of innovative projects which involve the beneficiary population in design, implementation and evaluation. It mainly targets the economically and socially disadvantaged people like women, children, the elderly, the chronically ill, and the disabled. At the end of the decade, the humanitarian response to Zimbabwe's crisis faced the challenge of transitioning from a focus on emergency activities towards those supporting long-term sustainable development. CARE is well-positioned to be part of this effort.

CARE is currently operational in provinces of Masvingo, Midlands, and Matabeleland South, provinces located in the central and southern areas of the country. Its activities fall into three main categories. Under the first, Agriculture and Natural Resources (ANR), CARE strives to increase the food security and income of poor farming families through ecologically sound agriculture and natural resource management. It trains farmers in conservation agriculture techniques, promotes cultivation of more drought tolerant small grains and tuber crops, and promotes sustainable harvesting and use of forest products. It also has activities in the area of livestock rearing and gardening.

CARE has an integrated programming approach made up of three key components: food security, livelihoods promotion and social protection. Its interventions are aimed at protecting and promoting sustainable livelihoods, ensuring food security, creating and building on existing social safety nets, and consolidating disaster prevention. This combination of activities addresses current acute needs while also addressing underlying vulnerabilities. It is intended to boost people's productive capacities and assets so that they are better placed to mitigate shocks, cope with them when they occur, and recover from them as quickly as possible.

Current CARE projects include the Protracted Relief Project (PRP), Food Security and Improvement of Livelihoods project (FOSIL), the Joint Initiatives, Kufuma Ishungu (KI), PRIZE, Vulnerable Group Feeding (VGF), WASH, and ECHO food security programming. CARE International in Zimbabwe works in collaboration with private and public local partners in the domains of economic development, nutrition and food security and HIV and AIDS mitigation. The second category of CARE's activities is Small Economic Activity Development (SEAD), or the

support of internal savings and lending groups. The groups are mainly focused on helping to support the incomes of rural women. CARE distributes food aid to households to help them cope with food security crises brought on by either climatic or economic instability. The assistance is targeted to vulnerable groups, some of it administered through food-for-assets programs. Other activities CARE engages in are: water and sanitation projects, including rehabilitation of small dams for irrigating gardens and watering livestock and construction of latrines; home-based care to the chronically ill; and support of orphans and other vulnerable children. HIV and AIDS and gender are mainstreamed across activities.

The operations in Zimbabwe have been instrumental in developing household livelihood recovery and protection initiatives, human resource expertise, implementation, management and monitoring tools and field partnerships for the implementation of household livelihood programming in most highly disadvantaged and AIDS affected regions of Zimbabwe for over ten years.

The FOSIL project aimed to reduce extreme poverty in Zimbabwe by preventing destitution and protecting and promoting the livelihoods of the poorest and most vulnerable households. The following interventions are being implemented under FOSIL:

- Small livestock production and distribution
- Agric-inputs distribution
- Environmentally effective farming methods. This includes conservation farming.
- Community gardens. This includes establishment and promotion of community gardens.
- Home based care. This includes provision of education, food, medicals and hygiene articles.
- Water and sanitation involves installation of new water points and rehabilitation of boreholes.
- Non-timber forest products involve processing and marketing of non-timber forest products.

These interventions are intended to boost people's protective capacities and assets so that they are better placed to mitigate shocks, cope with them when they occur, and recover from them as quickly as possible.

## 1.2 Background

Based primarily on the collection and analysis of quantitative data, this assessment survey is intended to inform CARE's effort to expand and consolidate its livelihood protection, rehabilitation and promotion activities, in Masvingo, Midlands and Matabeleland South provinces. Since the onset of severe drought conditions in 2002, Zimbabwe has been experiencing a large-scale humanitarian crisis caused by food insecurity, chronic poverty and increasing vulnerability. The combined impact of common problems such as erratic rainfall, HIV/AIDS, and soil depletion has only served to exacerbate on-going structural issues including a chaotic land reform process, hyper-inflation, widespread unemployment, and detrimental economic policies. As a result, household food production has fallen well short of consumption needs. In response, CARE has provided both food aid and agricultural inputs to communities in ten different districts of the country. Over the past three years, CARE has also trained farmers in improved agricultural techniques, promoted cultivation of drought tolerant crops and provided community home based care to the chronically ill. At the same time, CARE Zimbabwe has implemented a number of water and sanitation projects including the construction of small dams, repairing bore holes and constructing latrines.

Nonetheless, the recurrence of drought in 2007 threatened to further erode the food security of vulnerable households, particularly in the southern and eastern regions of the country where CARE operates. While donors have funded relatively high levels of food aid in Zimbabwe in recent years, many are concerned that the growing number of beneficiaries in rural parts of the country is creating a disincentive for production, promoting dependency, and undermining traditional support mechanisms, all while shielding the government from its ultimate responsibility for the crisis.

Prior to the crisis, Zimbabwe was frequently referred to as the breadbasket of southern Africa, producing abundant quantities of maize and other staples for export. The year 2000 marked the beginning of often-violent land seizures that contributed to the inability of the agricultural sector to produce enough food for the country's population. Zimbabwe became a net importer of food; due to foreign exchange shortages, it was unable to import sufficient food stocks to meet domestic requirements. The crisis and subsequent deepened poverty and food insecurity have had negative consequences for the health of the Zimbabwean population, exacerbating existing vulnerabilities. Throughout the decade, the country experienced chronic shortages of key agricultural inputs. Government-imposed price controls restrained production and marketing of vital food items like maize meal. Exacerbating the situation were the unrelenting droughts that continue to characterize Masvingo and Midlands Provinces.

This assessment provides a range of quantitative data for measuring the impact of the FOSIL Project and CARE International in Zimbabwe can use it to plan its future projects and strategize in response to current food and livelihood security trends in Zimbabwe with particular reference to its areas of operation.

## **2.0 Project Background and Introduction**

Zimbabwe is currently suffering from the effects of a severe economic decline. Droughts, erratic/heavy rainfall, combined with the continued economic decline have dealt a heavy blow to both urban and rural communities in various parts of the country. The size of the Zimbabwean economy has been declining since 1997. Consequently, net job losses have been experienced every year. Critical shortages of foreign currency, fuel and some basic commodities including foodstuffs, as well as hyper-inflation, have characterized the economy.

The HIV and AIDS epidemic continues to have a negative impact on the population in both rural and urban areas, despite a reduction in HIV infection rates dropping from 26% to 14% between 1997 and 2009 (UNAIDS 2011). Nationally, the socio-economic impact of HIV/AIDS includes an estimated 1.6 million orphans across the country and reduced resilience to hazards and economic shocks prevalent among the population (UNICEF 2010).

At the household level, the result is increased numbers of households struggling to be food secure. Crop production is poor in many areas mainly due to erratic rains; households struggle to find and afford agricultural inputs; and incomes are squeezed by inflation, unemployment and restrictions on the informal sector. At the macro-level, the economic problems and policies seriously constrain the ability of the government and the private sector to import and ensure an adequate food supply on the market, and to provide social protection and safety nets to the population.

Given the need for a timely response to the relentless droughts that characterise Masvingo and Midlands Provinces, there was need to collect information that is very specific and in a short period to evaluate the impact (positive or negative) of interventions under FOSIL Project. To respond to the drought situation, the assessments this year were modified to effect a more rapid collection, analysis and dissemination of findings for use by Government and its partners. The instruments were refined to collect food security and nutrition information at livelihood zone level, as this will facilitate better targeting of interventions.

### ***2.1 Objectives of the Evaluation Assessment Survey***

The main objectives of this evaluation report are to analyze the data to provide insight into:

The impact of FOSIL which has been part of the Agricultural and Natural Resources (ANR), programme, including the impact of;

- food security, livelihoods promotion and social protection;
- household participation in the project;
- The current livelihood security status of households;
- How households' livelihood security status has changed over time;
- Ascertain the sustainability of the project initiative;
- To measure stakeholder participation, achieve a better understanding of how communities evolve over time, and inform program management in order to maximize the impact of assistance and;
- To formulate recommendations on short comings of the project for future programming.

The report is organized as follows. First the methodology is described, including that used for data collection and data analysis. Following, an analysis of the current livelihood security situation of households and its recent evolution is presented. Next, the impact of CARE's interventions is evaluated. The final section presents the revised and updated log frame for FOSIL programming as an intervention.

## **2.2 Methodology of the study**

### **2.2.1 Sampling Strategy and Process**

The evaluation methodology was a multi-pronged approach in compiling an understanding of the FOSIL Project implemented by CARE International in Zimbabwe in Masvingo and Midlands Provinces. Firstly, literature on the FOSIL Project was studied, reviewed and analysed. This included narrative and project progress reports from implementing partners and project staff as well as beneficiaries. Data was collected using a combination of closed interviews, focus group discussions and survey questionnaires with beneficiaries and closed interviews with implementing partners. In addition, the evaluation drew on the periodic project progress reports submitted by the project team. The consultant conducted interviews with implementing partners SAFIRE and stakeholders such as the Rural District authorities in the implementing areas. A set of closed ended questions were posed to the implementing partner(s) and stakeholders with the aim of gauging: i) project impact; ii) the sustainability of the project; iii) assessing the extent to which the project has contributed to improving the livelihood of the targeted beneficiaries, protecting and empowering the targeted beneficiaries, and to highlight both positive and negative externalities emerging from the project. Site visits

were conducted to assess the delivery of the program objectives. The probability proportional to size sampling concept was used to select sample sizes from participating wards. This method is appropriate when a population is showing heterogeneous characteristics which can be stratified.

### **2.2.2 Data Collection**

Data was collected through administering questionnaires to heads of households in sampled villages. A team of enumerators recruited by CARE International in Zimbabwe in the respective districts conducted the household interviews. The information sought apart from questionnaires, was collected using an in-depth interview schedule, key informant interviews and Focus Group Discussions (FGDs). Triangulation allows for the verification and confirmation of all the information generated from different categories and individual respondents.

The questionnaire was pre-coded. The sampling strategy included a two-stage cluster sampling procedure in order to ensure a random sample of all participating households in the six districts where CARE was operating. Sample villages were selected using probability proportional to size (PPS) technique. In each village, households were selected at randomly from a list provided by the village head.

The survey was conducted in May of 2011 and covered all 6 districts in which FOSIL was implemented. Within each district, the wards were selected from CARE operational areas. A cluster design approach using random sample selection was employed to select households from all the wards in 6 districts.

### **2.2.3 Data Entry and Cleaning**

CARE Zimbabwe managed the data entry process. The data were directly entered into a SPSS database. Food consumption, expenditure, and asset data collected in household surveys are invariably subject to a host of potential errors, including household reporting errors, enumerator recording errors, and data entry errors. The raw data from this survey were subject to a thorough cleaning so as to avoid any influence of major errors on, food consumption score, per-capita household income, and asset ownership. These variables are also used in the principal component analysis to cluster socioeconomic categories.

Data cleaning required three stages. First, the variables were cleaned manually by examination for outliers at both ends of the distribution separately. Detected outlying unit values of particular data for that specific observation were set to missing. Then the missing values were replaced by the median values.

#### **2.2.4 Data analysis**

Throughout the report descriptive analysis is undertaken in which summary statistics of variables (e.g., mean, percentage) are compared across districts and over time. Where appropriate, t-tests are used to test for the statistical significance of differences in means and proportions across groups of households. In order to evaluate the impact of FOSIL, focus is placed on its impact on measurable outcomes representing the well-being of households that are key to CARE objectives: food security and livelihood security. To deepen understanding of the impact on livelihood security, three other livelihood components are examined as well. These are health security, education security and income security. Analysis is undertaken using SPSS Version 13.0 and Microsoft Office Excel.

## **3.0 FINDINGS AND DISCUSSION**

### **3.1 Overview**

The findings presented emanate from both qualitative and quantitative data that were collected during the End of Project Evaluation. While qualitative information is geared more towards assessing the project implementation processes, quantitative information serves more in assessing realization of quantitative outputs. This does not imply that processes have no bearing on quantitative outputs. Indeed, it is the qualitative information on the processes that gives explanation to the outputs and which points to whether or not the final goal is likely to be achieved under the circumstances. Presentation of quantitative findings, which relate to output achievements, is structured along the three project components: food security, livelihoods promotion and capacity development. Since the processes for conducting project activities under all the three components involve one approach called the linkage mechanism, presentation of results under the process aspects is not by components. It is however to note that all the three components are related and both the processes and activities contribute to the achievements jointly. Separation of achievements is therefore for easiness of presentation and should not be interpreted as associating the achievement to single factors. The analysis and discussion centres on whether or not the processes under the component are sustainable, effective, efficient, relevant, and likely to bring impact to the target population. Additionally, the discussion would highlight lessons learnt and recommendation for project activities in subsequent years.

## 1.0 Household Participation in CARE AND OTHER NGOs

### 1.1 Time series Analysis of Beneficiary Participation in FOSIL interventions

Intervention	2007	2008	2009	2010	2011
	-----Percentages-----				
Conservation Farming & Seed Multiplication 2007	11.55%	17.01%	28.31%	30.63%	27.18%
Homestead & Community Garden	13.81%	22.10%	43.94%	47.96%	42.37%
Sweet Potatoes	4.90%	9.04%	24.73%	25.30%	21.16%
Small Livestock	0.63%	1.13%	3.33%	4.96%	8.22%
Rehabilitation of water points	1.82%	3.70%	12.55%	14.56%	8.98%
Construction of toilets	1.88%	3.77%	8.73%	13.25%	8.98%
WATSAN capacity building and knowledge	1.57%	3.45%	7.34%	9.92%	5.96%
CHBC	2.89%	4.52%	5.59%	7.41%	5.02%
Health education and capacity building	6.28%	10.55%	13.50%	16.82%	16.64%
ANR advocacy and capacity building	3.83%	6.84%	9.10%	10.17%	8.35%

**Table 1: Time series Analysis of Beneficiary Participation in (ANR) FOSIL Projects**

Figure 4, shows participation of beneficiaries in CARE projects since 2007 and the trend shown revealed that between 2008 and 2010, there was a significant increase in number of beneficiaries with homestead & community gardens recording the highest. It can also be noted that significant number of beneficiaries participated in Conservation Farming & Seed Multiplication as well as in Health education and capacity building and Sweet Potatoes. It is possible that many of these households also participated in other types of interventions within or beyond ANR. The FOSIL project includes the following interventions.

- Community and Homestead Gardens
- Improved Farming Practice
- Seed Production and Storage
- Agric Inputs Distribution
- Harvesting of Natural Resources
- Sweet Potatoes
- Agro forestry

The targeted feeding includes “food for work”, “school feeding”, and CHBC. “SEAD and targeted intervention” includes households participating in either of the Small Economic Activity Development (SEAD) interventions (Internal Savings and Lending, and AGENT) and any of the targeted feeding interventions. There were 310 households in this group (4.5%), ISAL groups were not included as beneficiaries. “Other multiple interventions” include the rest of the households who have been participating in more than one CARE project intervention—gardens, improved farming practices, harvesting of natural resources and agro forestry, dam rehabilitation, water and sanitation... but not in any of the above mentioned categories. There are 846 households in this category.

Table 2 contains four categories of participation in relief and development projects. Households that are participating exclusively in CARE projects belong to the first category that is labelled as “only CARE project”. There are 432 households (27.1%) in this group. The second category of households is “only NGO project”. Households that have been participating in NGO activities other than CARE’s fall under this category (7.0%). The next category of households is “both CARE and NGO project” in which all of the households that participate in both CARE projects and in other NGO project belong (60.0%). The final category of households includes all of the households that neither participate in CARE projects nor in NGO projects (6.0%).

**Table 2: Participation in relief and Development projects**

<b>Participation</b>	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
Only CARE project	432	27.1	27.1	27.1
Only NGO project	122	7.0	7.0	43.1
Both CARE and NGO project	956	60.0	60.0	94.1
Do not participate	93	6.0	6.0	100
<b>Total</b>	<b>1593</b>	<b>100</b>	<b>100</b>	

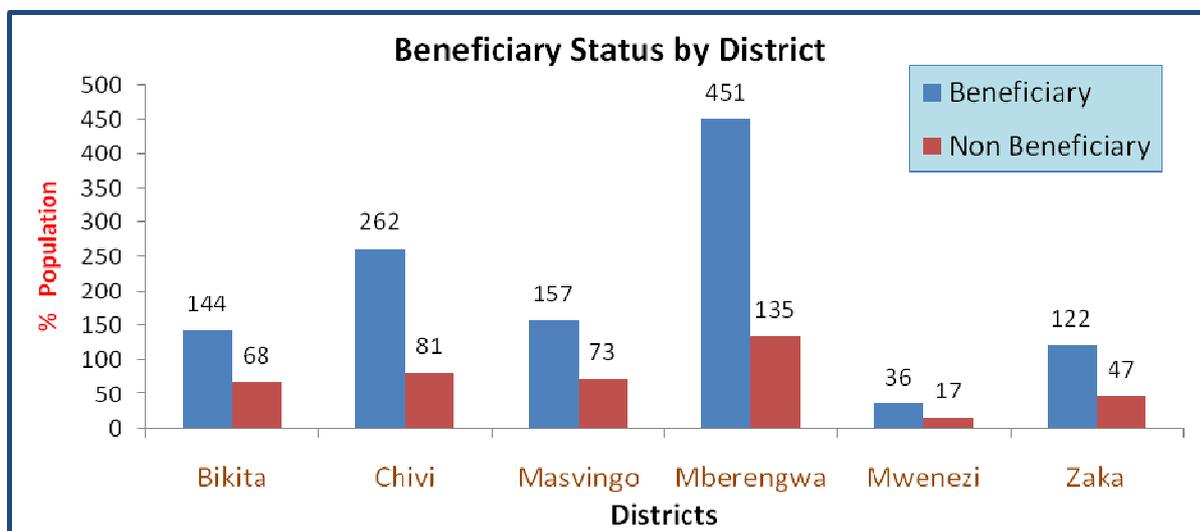
## 2.0 House Demographics

### 2.1 Demographics

The mean age of household heads is 48 years while the median media age is 47 years with N = 1,593 (Table 3 below). The age distribution is slightly skewed toward older heads of household with a Std. Dev. = 14.902 which much far away from the mean. Half of all household heads are forty-eight years of age and above. Female household heads tend to be older (median age 49 years) compared to their male counterparts (median age 47years), however there is no difference in mean age between the sex of household heads.

Mean	48.45
Median	47.00
Std. Deviation	14.902
Minimum	10
Maximum	100

**Table 3: Age of Household Head**

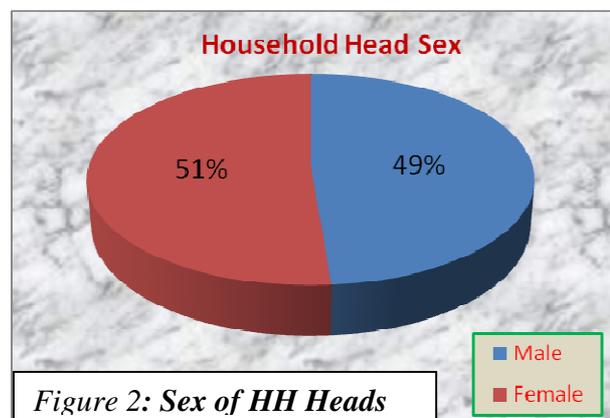


**Figure 1: Beneficiary selection**

The survey had a proportionally distributive population in the sample as shown by the almost equal number of beneficiaries and non-beneficiaries (Figure 2) though Mwenezi district had a slightly skewed or unequal sample size.

## 2.2 Household Heads Distribution

Household headship was surveyed. Figure 2 shows that, more than half of the households surveyed are headed by females (51%). This is in tandem with objectives of the project where vulnerable households (mostly women) were



**Figure 2: Sex of HH Heads**

targeted for the intervention. This also points to the relevance of project. Approximately 46 percent of the total household heads are married while 27.6 percent of the household heads are widowed before disaggregating by district. CARE tries to target female headed households and households headed by a widow in its project interventions. The population distribution by marital status shows that Mberengwa district has the highest number of married individuals who participated in the survey followed by Chivi. Divorced and separated individuals are few across all surveyed areas.

### 2.3 Household Headship

Household demographic characteristics reveal the vulnerability of the household. This part will discuss such characteristics as household headship and orphan hood.

The percentage of households that are headed by females was found to be 51 % with Chivi recording the highest number and Mberengwa recording the least (Table 4). The rising trend in the percent of female headed households may be one reason that household size is declining. Given the greater vulnerability of female-headed households compared to male-headed households due to women’s limited access to employment, land and other productive assets relative to men, the trend is worrisome. On average, female household heads tend to be slightly older than their male counterparts. The percentage of almost 50% in all districts is a sign that the HIV and AIDS is taking its toll and this has strong significant effect on the livelihood security of all these households as can be seen by the an average population (42.96%) of the households with less than 15 years of age. At 46.1%, Mwenezi has the highest percentage of population less than 15 years followed by Masvingo (44.4%), Mberengwa (43.3%) and Bikita (43.2%). The above statistics reveal the level of burden as very high across all CARE’s operational area.

District	Mean age of household members	Percent of population less than 15 years of age	Percent of population over 65 years (elderly)	Percent of children who are orphans	Percent of households caring for an orphan	Percent of households headed by a female
<b>Bikita</b>	24.0	43.2	4.9	38.9	49.8	35.8
<b>Chivi</b>	25.2	37.0	5.1	38.0	50.0	36.4
<b>Masvingo</b>	23.0	44.4	4.8	38.6	51.3	36.1
<b>Mwenezi</b>	21.2	46.1	2.8	33.0	41.4	29.6
<b>Zaka</b>	23.1	44.0	4.6	33.7	50.0	33.2
<b>All</b>	<b>23.1</b>	<b>42.96</b>	<b>4.44</b>	<b>34.7</b>	<b>47.74</b>	<b>51.00</b>

**Table 4: Household demographic characteristics by district (average)**

## 2.4 Orphan hood

On average, 47.74% of surveyed households care for an orphan with Masvingo (51.3%) and both Chivi and Mwenezi (50%). Statistics from disaggregated data reveal that the percentage of children who are orphans is very high in CARE’s operational area; with an average of 2 children living in a single parent household. Most of these children are orphans because their father and not their mother, has died. The finding that death of a child’s father is more common than death of a child’s mother is consistent with data on the gender breakdown of widow-household heads. A large percentage of the sampled households live in a family of average 3 persons, a mean of 5 elderly headed and 65 years plus combined. The survey revealed that an average 2 households were headed by disabled persons. The average household caring for a chronically ill is caring for 3 individuals.

	Chronically ill HHH	Child Headed	Elderly Headed	65 yrs and over	Disabled HHH	Single parent	Chronically ill hh member	Disabled hh member
N	1593	1593	1593	1593	1593	1593	1593	1593
Mean	2.10	0.03	3.24	1.96	2.49	1.89	2.55	3.07
Std. Deviation	36.294	0.169	50.34	36.13	43.93	36.05	43.928	50.472
			2	1	1	0		

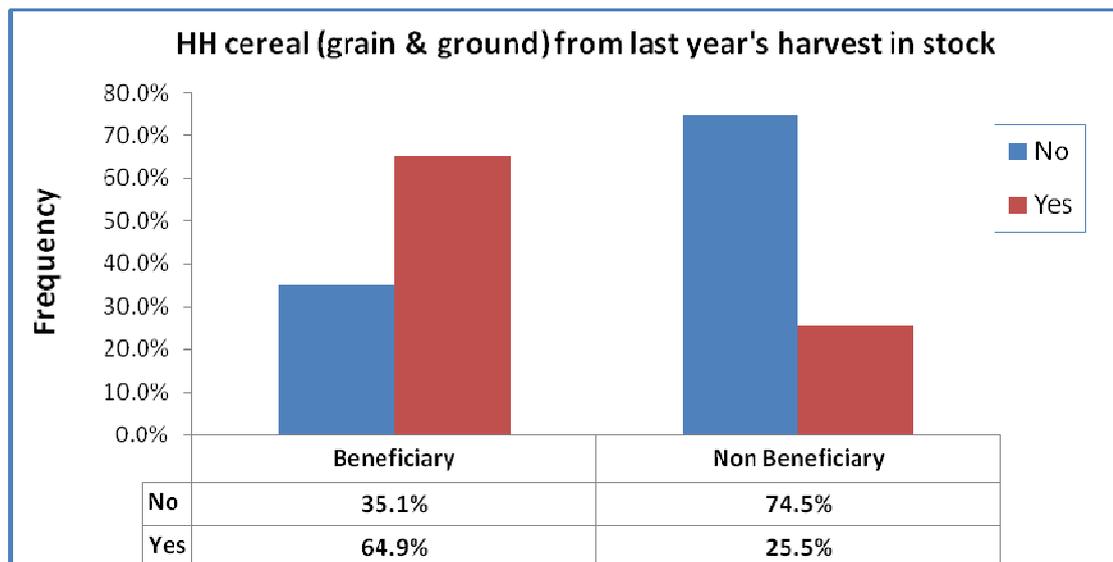
**Table 5: General Household Statistics**

## 3.0 House Food Sources and Stocks

**Table 6: Does HH have cereal (grain & ground) from last year's harvest in stock now?**

District	No	Yes	Total
<b>Bikita</b>	90.5%	9.5%	100.0%
<b>Chivi</b>	93.2%	6.8%	100.0%
<b>Masvingo</b>	91.7%	8.3%	100.0%
<b>Mberengwa</b>	88.2%	11.8%	100.0%
<b>Mwenezi</b>	98.1%	1.9%	100.0%
<b>Zaka</b>	79.2%	20.8%	100.0%
<b>Total</b>	<b>90.2%</b>	<b>9.8%</b>	<b>100.0%</b>

All the districts reported acute cereal shortages. This is reflected by the perennial drought that has hit Zimbabwe hard. The evaluation further explored cereal availability at house hold level. An estimated 58 kgs of cereal was reportedly consumed by the entire household in a month. More beneficiaries (64.9%) than non beneficiaries (25.5%) reported having grain in stock from last year. This gives credence to the impact the project has had on the population.



**Figure 3: HH's remaining cereal (grain & ground) from last year's harvest by beneficiary status.**

### 3.1 Household Food Consumption

Months	Beneficiary	Non Beneficiary
0	4.3%	4.7
1	7.3%	1
2	17.2%	2.9
3	25.3%	11.3
4	6.3%	33.7
5	7.0%	0.5
6	1.7%	5.7
7	6.3%	1.8
8	5.5%	1.8
9	4.7%	1.3

<b>10</b>	8.7%	10.6
<b>11</b>	3.4%	23.7
<b>12</b>	6.3%	1
<b>Total</b>	<b>100%</b>	<b>100%</b>

**Table 7: How many months in the past 12 months were you without (grain & ground) which were produced by own hh? :**

Households that reported that their produce did not last 12 months were asked how many months they were without cereal or grain. From the results given more beneficiary house holds were with out cereal or grain for months ranging between 2 and 3 while more non beneficiaries reported having no cereal or grain for longer periods of between 10 and 11 months.

### **3.2 Source of Protein Rich Food in the House hold**

During the period Dec 2010 to March 2011 respondents were asked what the most important sources of meat, eggs or legumes were. Households were ordered to rank their responses by order of importance of source. Of the respondents who answered that indeed they had stocks of protein rich food in the household, 65.6% revealed that the stocks were from their own harvest while 49.5% noted that they procured this from the local market. More beneficiary house holds (358) than non beneficiaries reported having protein rich food from own harvest. This in a big way demonstrates the impact of the FOSIL Project on the beneficiary population.

<b>Sources</b>	<b>Beneficiary Status</b>					
	<b>Beneficiary</b>		<b>Non Beneficiary</b>		<b>Total</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
<b>Own harvest</b>	358	30.9%	143	34.6%	501	<b>65.6%</b>
<b>Maricho</b>	329	28.4%	115	27.8%	445	<b>56.3%</b>
<b>Borrowed</b>	10	0.9%	3	0.7%	13	<b>1.6%</b>
<b>Gifts</b>	19	1.6%	13	3.1%	32	<b>4.8%</b>
<b>Free food aid</b>	95	8.2%	24	5.8%	119	<b>14.0%</b>
<b>HBC</b>	1	0.1%	0	0.0%	1	<b>0.1%</b>
<b>School feeding</b>	2	0.2%	0	0.0%	2	<b>0.2%</b>
<b>Food for work</b>	11	1.0%	6	1.5%	17	<b>2.4%</b>
<b>Purchased at GMB</b>	25	2.2%	14	3.4%	39	<b>5.6%</b>
<b>Purchased at local market</b>	306	26.4%	95	23.0%	401	<b>49.5%</b>
<b>Total</b>	<b>1157</b>	<b>100%</b>	<b>413</b>	<b>100%</b>	<b>1570</b>	<b>100%</b>

**Table 8: Source of Protein for Households**

#### **4.0 Access to basics needs**

Table 9 shows that overall, when comparing accessibility to basic needs like access to safe water, food, shelter, health facilities, education and clothing among beneficiaries and non-beneficiaries, the trend is that beneficiaries of the project rank highly in fully meeting their basic needs. The number of households reporting fully accessing safe water at the end of the project evaluation stands at 73.8% for beneficiaries against 66.2 % for non beneficiaries. Beneficiaries reporting fully accessing food stand at the end of the project stand at 75.5% while just 31.9% of non beneficiaries also reported fully meeting their needs. 73.5% of beneficiaries reported fully meeting their shelter needs while only 28.2% of non beneficiaries did the same. 77.8% of the beneficiaries also reported fully meeting their health needs against 31.4% for the non beneficiaries. 76.8% beneficiaries reported meeting their education needs against 27.7% for non beneficiaries. 71.2% beneficiaries reported meeting their clothing needs against 27.9% from the non beneficiaries. The uptake of interventions derived from the project lays a strong claim that the project has been effective with multiplier effect most likely to see even more households taking up the initiative.

**Table 9: Percentage Access to Basic Needs among Beneficiaries & Non Beneficiaries**

<b>Basic needs</b>	<b>Category</b>	<b>Beneficiary</b>	<b>Non Beneficiary</b>
% access to safe water	Fully met	73.8	66.2
	Unmet	26.2	33.8
% access to food	Fully met	75.5	31.9
	Unmet	24.5	68.1
% access to shelter	Fully met	73.5	28.2
	Unmet	26.5	71.8
% access to health facilities	Fully met	77.8	31.4
	Unmet	22.2	68.6
% access to education	Fully met	76.8	27.7
	Unmet	23.2	72.3
% access to clothing	Fully met	72.1	27.9
	Unmet	27.9	72.1

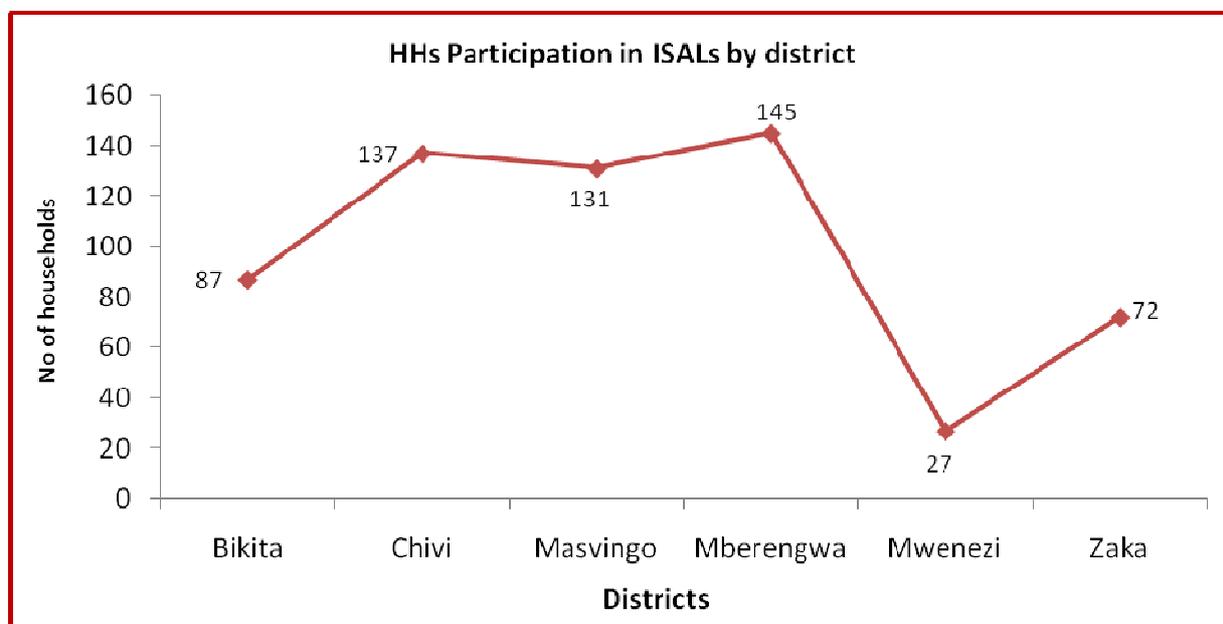
#### 4.1 Participation in Internal Savings and lending (ISAL)

	Beneficiary Status	
	Beneficiary	Non Beneficiary
No	28.5%	92.8%
Yes	71.5%	7.2%

**Table 10: Do you participate in ISALs**

Community members are encouraged to form internal savings and lending groups at all garden sites. This is done so as to improve income sources for the household and also making financial resources readily available for buying of inputs like seed packs for the whole garden. In this regard all the participating household are able to meet the garden contributions in terms of buying seed packs. Results from the evaluation demonstrate that more beneficiaries than non beneficiaries participate in Internal Savings and Lending.

## 4.2 Household Participation in IGAs by District

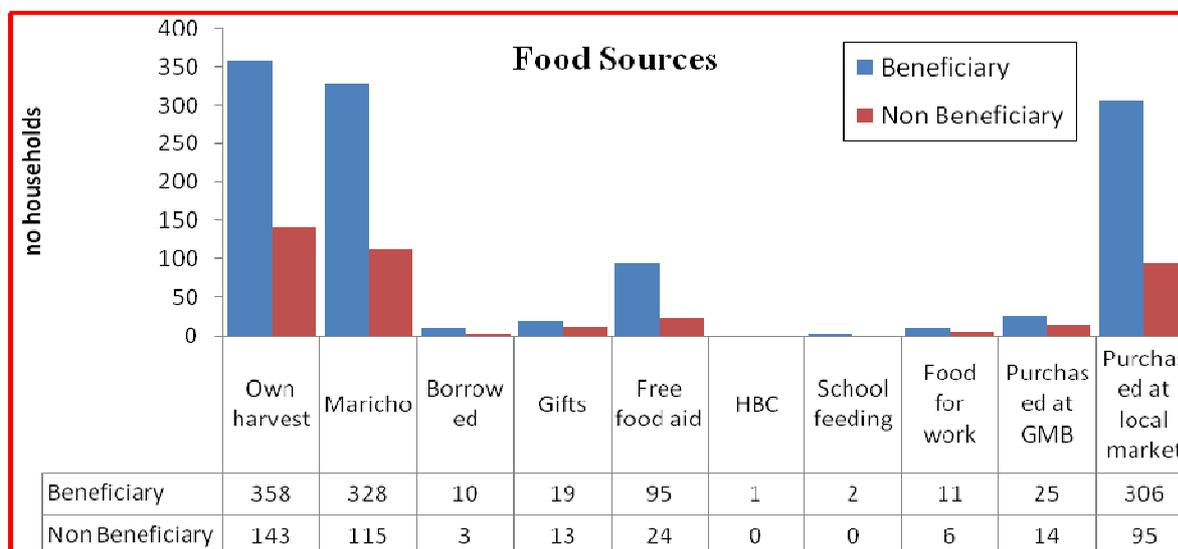


**Figure 4: Households participation in ISALs**

From the surveyed households, it was established that ISALs were more pronounced in Mberengwa and Chivi. Approximately an average of 2 members from each household is participating in ISAL with a Std. Deviation of 1.981, showing that the data is symmetrically skewed.

## 5.0 Food Consumption

### 5.1 Household Food Sources and Stocks



**Figure 6: Sources of cereal during lean period (Dec 2010 – March 11)**

Respondents' sources of food and stocks were tracked. Results indicate that for beneficiaries they resorted to own harvest (358 hhs), maricho (328 hhs and purchases from the local market (306 hhs)) while non beneficiaries mostly resorted to own harvest (143 hhs), maricho (115 hhs) and purchases (95 hhs). In the light of obtaining evidence from the project, Zimbabwe should continue to enhance household access to households by implementing projects designed to increase agricultural production. Given that multiple interventions appear to have a greater impact, CARE should encourage and enable participation in a range of integrated food security programs including home vegetable gardening.

The purpose of Figure 6, wanted to the measure vulnerability of households' participants in the survey (beneficiaries and non-beneficiaries) in as far as sourcing cereals during lean period (Dec 2011 – March 2011). This is the most critical period of the year as far as food shortages are concerned, more households (beneficiaries) mostly, reported own harvest, maricho and purchases from the local market respectively as the highest sources of cereal.

Period	Beneficiary Status	
	Beneficiary	Non Beneficiary
>1 month	4.5%	25.5%
2 to 4 months	0.2%	31.1%
5 to 7 months	14.3%	28.6%
8 to 10 months	70.2%	0.2%
11 to 13 months	8.5%	7.2%
14 to 16 months	1.5%	7.2%
17 + months	0.8%	0.2%

**Table 11: Food Provisioning and Food Adequacy**

Table 11 show that project beneficiaries had produced food which lasted much longer compared to non beneficiaries. Households were asked about their food provision ability which is essentially the number of months the cereal (grain & ground from last year's harvest (2010), the months the stocks lasted.

Food adequacy is defined as the number of months households have adequate food for all of its members from all sources. Most participants of FOSIL highlighted that their produce lasted between 8 and 10 months with most households not participating in FOSIL reporting that their produce lasted 2 to 7 months. It was also estimated that the entire household consumes an average of 60 - 80 ks per month of cereal. The households participating in single interventions had a food gap of 4.8 months while the participants of multiple CARE interventions suffer from 4.1 months of food gap. From the above findings, it can be concluded that an integrated approach, where beneficiaries draw complementary benefits from different interventions, brings maximum benefits to poor and vulnerable households.

## 5.2 Most important sources of cereal (Dec 2010 to March 2011)

	Beneficiary Status		Total
	Beneficiary	Non Beneficiary	
Own harvest	71.5%	28.5%	100.0%
Maricho	74.3%	26.0%	100.2%
Borrowed	76.9%	23.1%	100.0%
Gifts	59.4%	40.6%	100.0%
Free food aid	79.8%	20.2%	100.0%
HBC	100.0%	0.0%	100.0%
School feeding	100.0%	0.0%	100.0%
Food for work	64.7%	35.3%	100.0%
Purchased at GMB	64.1%	35.9%	100.0%
Purchased at local market	76.3%	23.7%	100.0%
<b>Total</b>	<b>76.7%</b>	<b>23.3%</b>	<b>100.0%</b>

**Table 12: Major Sources of Cereal during the Lean Period by beneficiary status**

	Bikita	Chivi	Masvingo	Mberengwa	Mwenezi	Zaka
Own harvest	48	81	143	155	15	59
Maricho	79	61	48	212	14	29
Borrowed	3	3	1	6	1	1
Gifts	3	7	2	14	0	6
Free food aid	14	38	9	9	12	37
HBC	0	0	0	0	0	1
School feeding	0	0	1	0	0	1
Food for work	1	8	1	5	1	1
Purchased at GMB	9	8	0	16	0	6
Purchased at local market	47	129	23	165	10	27
<b>Total</b>	<b>204</b>	<b>335</b>	<b>228</b>	<b>582</b>	<b>53</b>	<b>168</b>

**Table 13: Major Sources of Cereal during the Lean Period by district**

In response to the question about major sources of cereal in the past four months (lean period), the most common given responses include “maricho” –the practice of giving food in exchange

for labour at the household level (42.0%), “food from own harvest” (37.4%), “purchased from the local market” (36.8%) and “free food aid’ (30.0%). More households that participated in the CARE project (43.4%) than those that did not indicated that they relied from own harvest. Moreover, 14 percent of households reported that they purchase food from GMB and 6.9 percent of households depend on borrowing. Buying food from the local market (36.8%) and maricho are the two most commonly reported secondary sources of cereal food during the past 4 months.

The households that reported not participating in projects reported the highest proportion of households that depend on maricho (47.9%) to meet their cereal need during the lean period while the highest proportion of households that exclusively participate in NGO projects depend on own harvest (43.4%). Meanwhile the households that participate both in CARE and NGO projects reported the highest proportion of households that depend on own harvest (40.6%) to meet cereal need in the lean season followed by purchasing from local market (35.7%) and free food aid (35.6%). Non participant households mostly depend on maricho (42.0%) to meet cereal needs in the lean period followed by own harvest (37.4%), buying from local market (36.8%) and free food aid (30.0%). The households’ sources of cereal were tracked and the results are presented on the table below:-

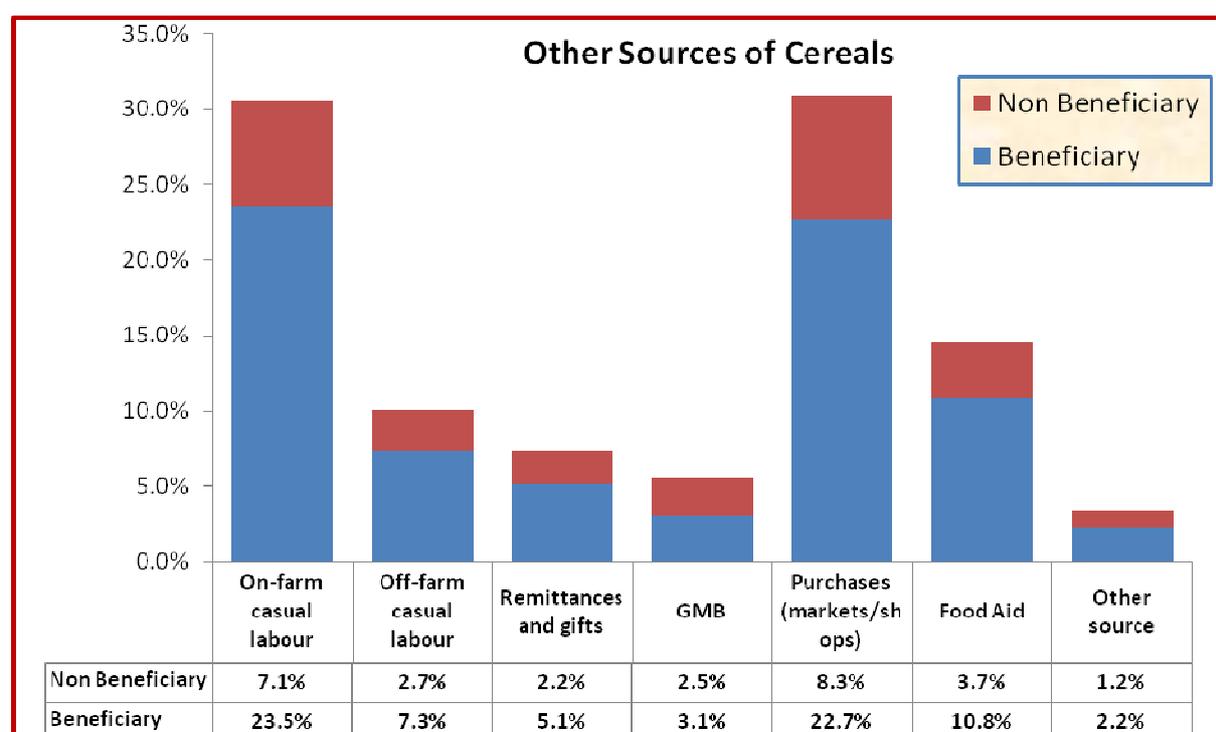
### 5.3 Supplementary Cereal Sources

Cereal Source	Which of these was the most important source?			
	Beneficiary Status	First rank	Second rank	Third rank
<b>On-farm casual labour</b>	Beneficiary	23.5%	10.4%	6.8%
	Non Beneficiary	7.1%	3.6%	2.3%
	<b>Total</b>	<b>30.6%</b>	<b>14.1%</b>	<b>9.1%</b>
<b>Off-farm casual labour</b>	Beneficiary	7.3%	16.4%	7.7%
	Non Beneficiary	2.7%	4.3%	2.8%
	<b>Total</b>	<b>10.0%</b>	<b>20.7%</b>	<b>10.5%</b>
<b>Remittances and gifts</b>	Beneficiary	5.1%	8.9%	13.6%
	Non Beneficiary	2.2%	3.1%	4.9%
	<b>Total</b>	<b>7.3%</b>	<b>12.1%</b>	<b>18.5%</b>
<b>GMB</b>	Beneficiary	3.1%	3.4%	2.3%
	Non Beneficiary	2.5%	1.9%	0.8%
	<b>Total</b>	<b>5.6%</b>	<b>5.3%</b>	<b>3.1%</b>
<b>Purchased from local markets/shops</b>	Beneficiary	22.7%	14.4%	6.8%
	Non Beneficiary	8.3%	4.8%	2.1%
	<b>Total</b>	<b>30.9%</b>	<b>19.1%</b>	<b>9.0%</b>
<b>Food Aid</b>	Beneficiary	10.8%	6.3%	7.0%
	Non Beneficiary	3.7%	2.1%	1.3%

Cereal Source	Which of these was the most important source?			
	Beneficiary Status	First rank	Second rank	Third rank
	<b>Total</b>		<b>14.5%</b>	<b>8.4%</b>
<b>Other source</b>	Beneficiary	2.2%	1.1%	1.8%
	Non Beneficiary	1.2%	0.4%	0.8%
	<b>Total</b>	<b>3.4%</b>	<b>1.5%</b>	<b>2.5%</b>

**Table 14: Other Sources of Cereal during the Past 12 Months**

### 5.4 Other Sources of Cereal



**Figure 7: Other Sources of Cereal during the past 12 Months**

Results presented in Figure 7 show that the highest quantity of food obtained in the past 12 months was from on-farm casual labour (80 kg). The second largest quantity of food was obtained from local markets (71.9kg). Although a large number of households also depend on off farm labour, remittances and gifts, other sources and purchasing from GMB for their cereal food needs throughout the year, contribution of these food sources to meet the overall food needs appears to be fairly limited.

Disaggregated data suggest that households participating in FOSIL reported the least proportion of households that primarily depend on on-farm casual labour (34.4%). Dependency on on-farm casual labour is highest among households participating in non beneficiary house holds (87.6%). It has also been established that households participating in multiple interventions recorded low numbers of households who turn to maricho for supplementary cereals. Data disaggregated by household participation in assistance projects shows that households participating exclusively in CARE projects reported the highest level of reliance on farm casual labour while households that exclusively participate in NGO projects depend on markets This indicates that CARE is targeting poorer households.

Selling of food is done normally after satisfying the individual family needs as it is preceded by utilisation. Thus house holds reporting accessing food were asked if they sold any of the products. Only 114 beneficiary households reported having sold cereal in the last twelve months against 45 non beneficiaries. From the results, it can be stated that utilisation one of the key pillars in food security is being adhered to by the surveyed households. This is in tandem with specific objective for the FOSIL Project that sought to see that 98,280 beneficiaries in 16,380 vulnerable households in the Bikita, Chivi, Masvingo, Mberengwa, Mwenezi, and Zaka Districts of Zimbabwe have improved and more sustainable food, nutrition.

**Table 15: Did your hh sell any cereal (grain or ground) in the past 12 months?**

Beneficiary Status	Did your hh sell any cereal (grain or ground) in the past 12 months?		Total
	No	Yes	
Beneficiary	1055	114	<b>1169</b>
Non Beneficiary	374	45	<b>419</b>
<b>Total</b>	<b>1429</b>	<b>159</b>	<b>1588</b>

**Table 16: Of the total amount of cereal/grain produced was more cereal sold or consumed by the hh**

Sources	Beneficiary Status	
	Beneficiary	Non Beneficiary
More consumed by hh	71.5%	44.8%
More sold	2.4%	15.8%
About equal amounts	10.2%	27.4%

sold/consumed		
Don't know	15.9%	11.8%
<b>Total</b>	<b>100%</b>	<b>100%</b>

More beneficiary house holds (71.5%) than non beneficiary house holds (44.8%) reported consuming cereal that they produced than selling.

### 5.5 Daily Food Consumption and Dietary Diversity

The respondents were asked how many meals the chronically ill, the adults and the children in their households had in the last 24 hours. The results are given in Table 18, 19 and 20 below. Discussions follow after presentations.

	How many meals did the ADULTS in your hh eat in the past 24 hours?						
Beneficiary Status	0	1	2	3	4	5	Total
Beneficiary	4	68	464	576	43	4	1157
Non Beneficiary	10	35	157	203	11	2	418
<b>Total</b>	<b>31</b>	<b>103</b>	<b>621</b>	<b>779</b>	<b>35</b>	<b>6</b>	<b>1575</b>

**Table 17: How many meals did the ADULTS in your hh eat in the past 24 hours?**

	How many meals did the chronically ill in your hh eat in the past 24 hours?							
	0	1	2	3	4	5	6	Total
Beneficiary	20	30	77	660	84	15	17	<b>884</b>
Non Beneficiary	177	12	27	65	30	8	0	<b>319</b>
<b>Total</b>	<b>679</b>	<b>42</b>	<b>104</b>	<b>224</b>	<b>114</b>	<b>23</b>	<b>17</b>	<b>1203</b>

**Table 18: How many meals did the chronically ill in your hh eat in the past 24 hours?**

	How many meals did the CHILDREN in your hh eat in the past 24 hours?							Total
	0	1	2	3	4	5	6	
Beneficiary	57	40	222	535	214	56	20	<b>1144</b>
Non Beneficiary	33	24	67	195	70	13	8	<b>410</b>
<b>Total</b>	<b>90</b>	<b>64</b>	<b>289</b>	<b>730</b>	<b>284</b>	<b>69</b>	<b>28</b>	<b>1554</b>

The statistics above indicate that most beneficiaries (adults, chronically ill and children) had managed to have two to three meals per day compared to the figures of non-beneficiaries. More children from the beneficiaries (214 hhs) were reported to have had at least 4 meals in the last 24 hours while the non beneficiaries indicated that most of the children had 3 meals. The FOSIL project did actually make households more food secure which was the main object of the project.

**Figure 19: Consumption of Food Group by Project Participation**

Type of Food	Beneficiary Status				Total
	Beneficiary		Non Beneficiary		
	N	%	N	%	
Sadza	1147	72.0%	404	25.4%	97.4%
Other cereals	352	22.1%	122	7.7%	29.8%
Cassava/Potato/Other tubers	524	32.9%	173	10.9%	43.8%
Sugar/Sugar products	894	56.1%	304	19.1%	75.2%
Legumes (beans, peas, groundnuts)	838	52.6%	280	17.6%	70.2%
Vegetables/Leaves (include wild)	968	60.8%	330	20.7%	81.5%
Bread	326	20.5%	147	9.2%	29.7%
Fish	302	19.0%	111	7.0%	25.9%
Cooking oil/Fat	917	57.6%	317	19.9%	77.5%
Milk	496	31.1%	181	11.4%	42.5%
Meat (include wild)	427	26.8%	134	8.4%	35.2%
Fruit (include wild)	669	42.0%	216	13.6%	55.6%
Eggs	299	18.8%	103	6.5%	25.2%
Mahewu	604	37.9%	203	12.7%	50.7%

Information on consumption was collected using a 24 hour recall period. Almost all households consumed cereal and tubers. Cereal and tuber crops include Sadza, cassava, potato, bread, and other cereals and tubers. Approximately 52.6% of households participating in FOSIL indicated that they ate legumes the previous day, 60.2 percent of households participating in the project ate vegetables compared to 20.7% with non-beneficiaries. In general, consumption of protein dense food is low. Approximately 26.8 percent of households participating in the FOSIL intervention consumed meat and/or fish and/or eggs and/or insects while 8.4 percent of non participants a similar proportion. Survey findings indicate the households participating in FOSIL project in consume more proteins. Consumption of vegetables is common in the sample households. Consumption of sadza ranges from a low of 25.4 percent (non participants) to a high of 72 percent (FOSIL).

Less than a third of all households consume fruits. The highest proportion of participants consuming fruits (42%) belongs to FOSIL while the least proportion of non-participant households consumes fruits (13.6%). Consumption of fruit depends on households' participation in project interventions ( $p < 0.001$ ). Only one in every 10 households consumes milk.

**Table 20: Food Consumption Score**

Food Consumption Score				
Project participation	Mean	Median	N	St. Deviation
Do not participate CARE project	6.5	6	98	3.1
Single Intervention	7.5	7	666	2.9
ANR	8.7	7.5	642	2.9
SEAD	8.3	8.1	87	3.1
Other multiple interventions	8.3	8.1	100	3.1
<b>Total</b>	<b>7.7</b>	<b>7.6</b>	<b>1593</b>	<b>16.4</b>

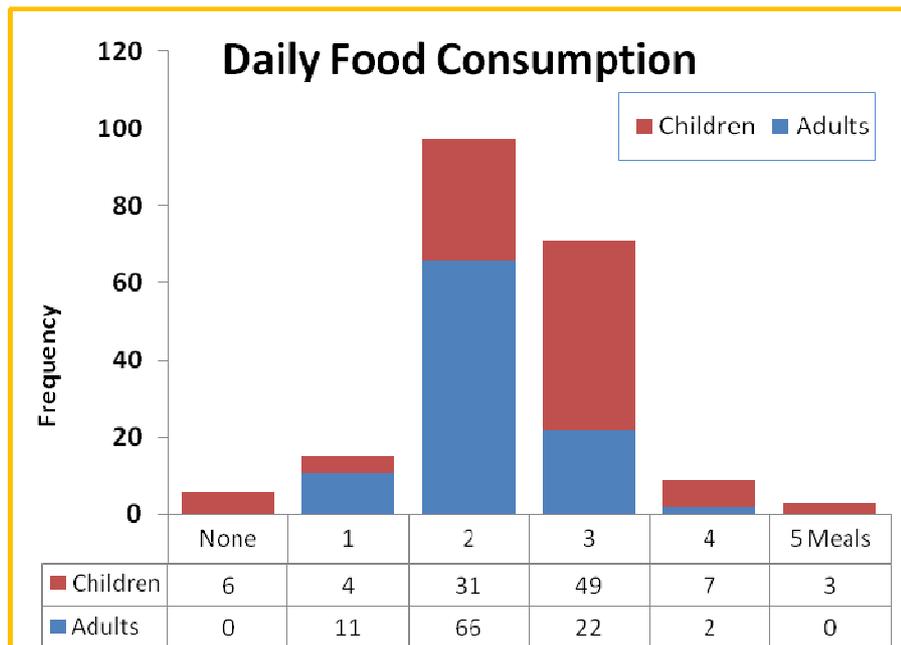
The Food Consumption Score (FCS) is a proxy for dietary diversity and dietary quality this included all the population (1593) in the sample (beneficiaries and non-beneficiaries). FCS was calculated to measure the diversity of food eaten by HH a day before the interview was carried. According to the agreed standards and model, FCS ranges from 0 (no food eaten) to 12(ate all varieties). The average FCS per HH was found to be 7.7 (Std Deviation = 16.4) which reflects that almost half of the HH are having a moderately varied diet. The FCS for households participating in FOSIL was found to be 8.7, reflecting significant changes in meeting dietary requirements for households participating in FOSIL project. Overall Mwenezi showed the

highest (72%) percentage of male household heads that had a large FCS, according to the data Masvingo recorded (75%) FCS for females' head of household. Statistical analysis shows some evidence that there is an association between FCS and the gender of HHH (with p value 0.001). This means that FCS varies in MHH and FHH. This gives credibility to CARE's targeting formula as dietary diversity for the family increases when females are in charge. Overall FCS seems to be higher in MHH than FHH.

The FCS is calculated based on the household's reported diet over a 24 hour period prior to the survey. Each food group is allocated a score based on its nutrient density. Animal proteins, milk and dairy products, and eggs in the diet receive the highest score of four. Vegetables and legumes receive a score of three; cereals and tubers receive a score of two, while sugar, oil and fat receive a score of 0.5.

**Figure 8: Number of meals eaten per day**

Figure 8 presents data on the number of meals eaten per day by adult and children. Approximately 11% of households reported that adults ate one meal per day while 65.9% of households reported that adult members ate two meals per day. Meanwhile 22.2% of households reported that adults had three

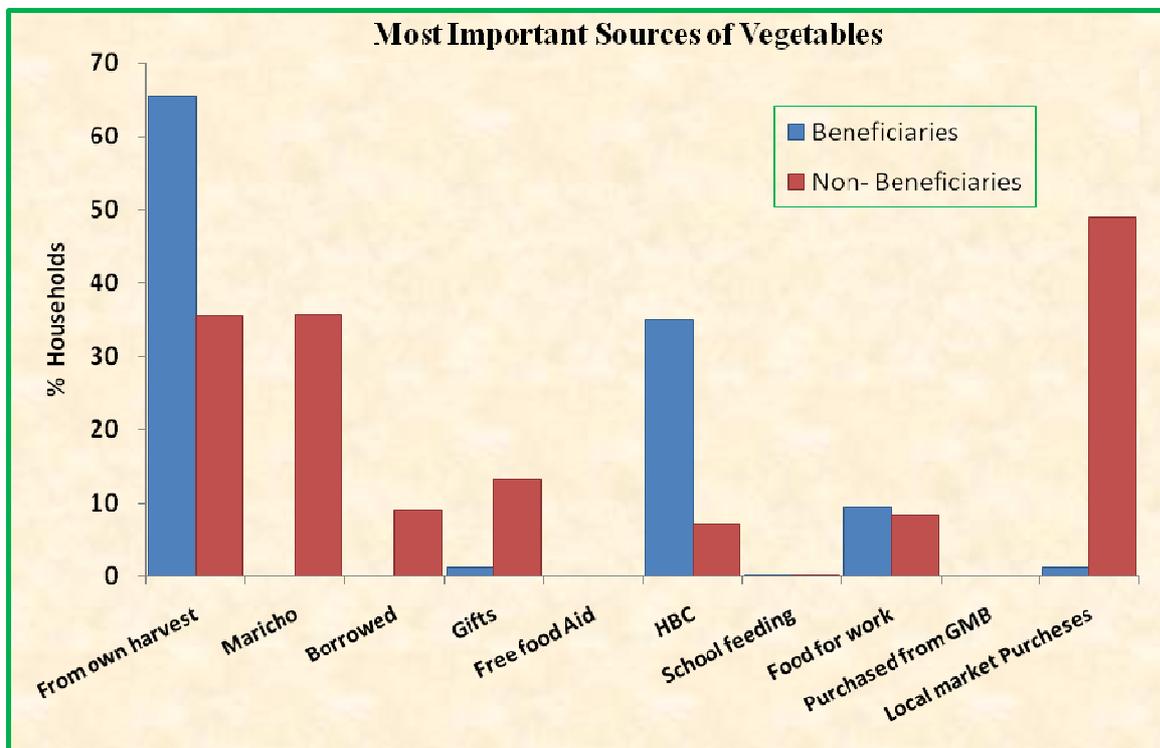


meals per day and 0.3% of households reported that adults ate four meals a day. Approximately six percent of households reported that children age below five years did not have any meal preceding the day of the survey. Approximately five percent of households reported that children had one meal, 31.2% reported two meals, 48.5% reported three meals, and 7.2% reported four meals and 2.7% of households reported to have five meals. Although there is a slight variation in number of meals eaten by adult members between the households

participating in single and multiple interventions, and between CARE projects and NGO projects, the difference is statistically insignificant at the ten percent level. However, results from focus group discussions indicate otherwise. As given by one of the beneficiaries in a focus group discussion, ***“madyiro edu asiyana neavo vasiri mugadheni, tinodya zvinotipa utano, zvinovaka muviri”*** (50 year old female, Tapepuka garden). ***(The way we eat (number and quality of meals) is from those who do not own gardens; we eat food that makes us healthy, food that builds our bodies).***

## 5.6 Sources of Vegetables

Survey participants were asked of their most important sources of vegetables. From the results, own harvest source has been the most identified source with over 65% of the beneficiary respondents indicating that they relied on this source. The non beneficiaries also indicated that they relied on the local market purchases which in this case could be the beneficiary gardens and other sources around them. It is critical to note that beneficiary respondents allude to the fact that they rely on their own produce, a fact that could be subscribed to project benefits.



**Figure 9: Most Important Source of Vegetables (Dec 2010 – 11)**

## 5.7 Fruits

### 5.7.1 Fruit Plantations

**Table 21: Does the household own a fruit orchard?**

Beneficiary Status	Does the household own a fruit orchard?		Total
	No	Yes	
Beneficiary	39.5%	60.5%	100.0%
Non Beneficiary	42.0%	58.0%	100.0%
Total	40.8%	59.2%	100.0%

Table 21 shows that 60.5% of the beneficiaries own fruit orchards while 58% of non beneficiaries do also. Availability of fruits is indicative of a house hold's attempt to providing a balanced diet.

### 5.7.2 Fruit sales

		Beneficiary Status	
		Beneficiary	Non Beneficiary
Did your hh sell any fruits in the past 12 months?	No	26.0%	58.0%
	Yes	74.0%	42.0%
	Total	100.0%	100.0%

**Table 22: Did your hh sell any fruits in the past 12 months?**

Respondents were asked if they had sold any fruits in the last 12 months. Project participants (72%) have sold a lot of fruits compared to non beneficiaries (28%). More beneficiary house holds than non beneficiaries appear to have conceptualised the importance of fruits to human diet.

### 5.7.3 Lean Period (without fruits)

**Table 23: Were there any periods in the past 12 months when your household ran out of fruits?**

	Beneficiary Status		Total
	Beneficiary	Non Beneficiary	
<b>No</b>	70.6%	29.4%	100.0%
<b>Yes</b>	29.4%	71.6%	100.0%
<b>Total</b>	100.0%	100.0%	

Indications from the results above suggest that 70.6% of the beneficiaries against 29.4% reported that they did not run out of fruits in the 12 months period. The above results demonstrate the impact the FOSIL Project has had on the beneficiaries.

## 5.8 Meat and Eggs

### 5.8.1 Presence of Protein Rich Food in the Household

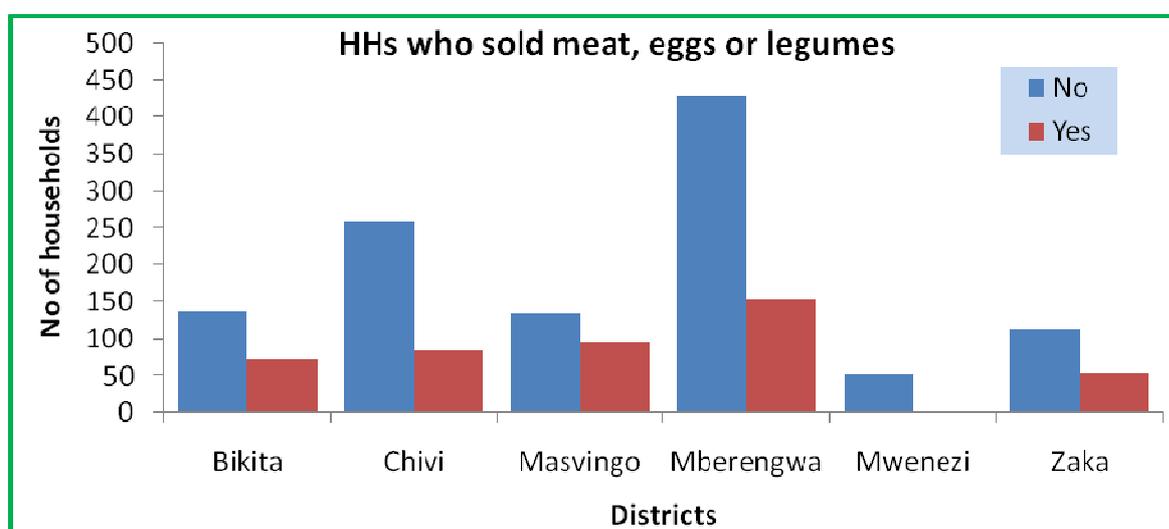
Status	Meat, Eggs or Legumes grown by the hhs in stock		
	No	Yes	Total
Beneficiary	202	970	1171
Non Beneficiary	78	343	421
<b>Total</b>	<b>280</b>	<b>1313</b>	<b>1592</b>

**Table 24: Household Stocks (meat, eggs or legumes)**

Eggs, meat and legume products are an important source of protein. The existence of such protein dense food is a testimony to the fact that the family attempts to incorporate a balanced diet in its daily meals. The study sought to establish if families had protein rich food in stock in their houses. More project beneficiaries (970 households) than non beneficiaries (343 households) reported having meat, eggs or legumes in stock at the time of the survey grown by the family.

### 5.8.2 Households revealing that they sold meat, eggs or legumes in the past 12 months.

Only 28.6% of participating beneficiaries reported having sold meat, eggs or legumes in the last twelve months. From the statistics given below, more households in Mberengwa than other districts reported selling the protein rich food in the last twelve months. Compared from the households reporting having the protein rich food in stock, it can be stated that utilisation one of the key pillars in food security is being adhered to by the surveyed households.



**Figure 12: Distribution of meat, eggs or legumes sold by households by district**

### 5.8.3 Utilization of Protein Rich Food by Households

Households that reported producing protein rich food were asked if their house hold sold or consumed more of the produced food in the last twelve months. Table 8 shows that 69.3% of beneficiaries utilized more proteins compared to 24.5% of non-beneficiaries during the same period.

Beneficiary Status	More consumed by hh	More sold	About equal amounts sold/consumed	Don't know	Total
Beneficiary	69.3%	11.4%	17.5%	1.8%	100%
Non Beneficiary	24.5%	21.1%	40.4%	14.0%	100%
Total	93.8%	2.5%	1.2%	2.5%	100.0%

**Table 25: Of the total amount of meat, eggs or legumes produced, was more sold or consumed by the hh?**

## 6.0 Coping Strategies

Table 26 presents a list of strategies that households employed during the month preceding the survey to cope with food insecurity. The most commonly employed coping strategies include:

- ◆ Limiting portion sizes at meal time
- ◆ Reducing the number of meals
- ◆ Borrowing food or relying on others
- ◆ Relying on cheaper or less preferred foods
- ◆ Reducing adult consumption to provide for children

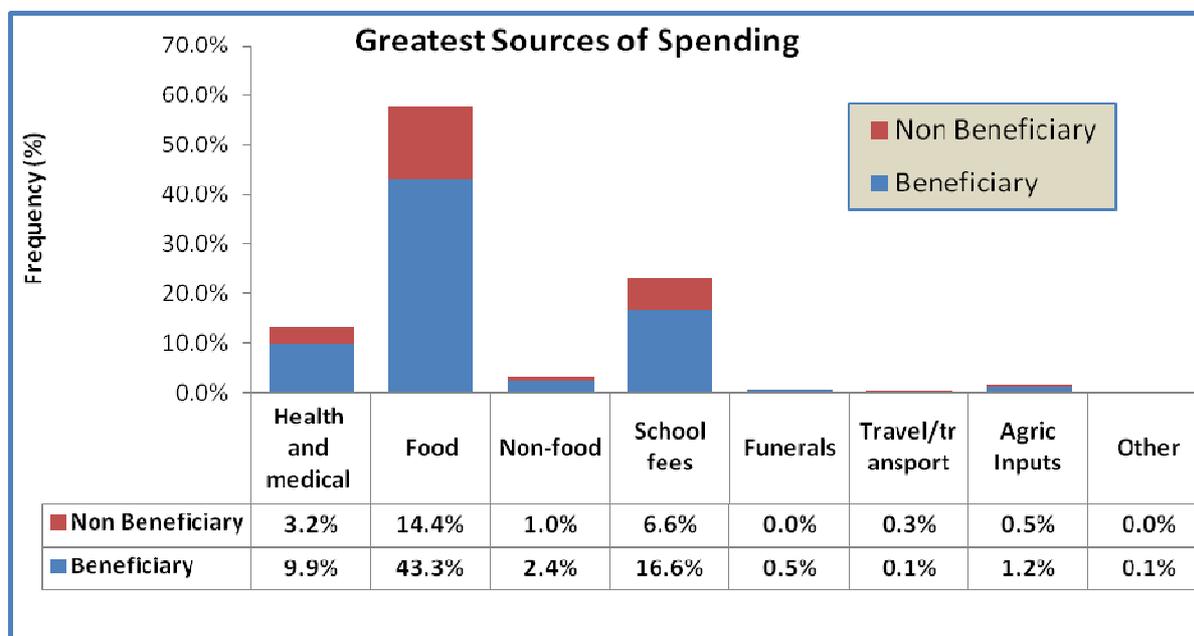
Coping strategies	% Household Coping Strategies				
	Almost everyday	Pretty often (3-6 days / week)	Once in a while(1-2 days/week)	Seldom (< 1day/week)	Never
Limit portion size at mealtimes	22.7	12.1	17.1	8.9	38
Reduce number of meals	17.6	16.1	20.2	9.9	35.3

Coping strategies	% Household Coping Strategies				
	Almost everyday	Pretty often (3-6 days / week)	Once in a while(1-2 days/week)	Seldom (< 1day/week)	Never
Skip entire day without eating	5.9	6.8	8.9	12.1	65.2
Borrow food or rely on others	4.6	10.1	17.8	16.8	49.2
Rely on cheap or less preferred foods	13.6	12.4	20.2	14.9	37.8
Purchase/Borrow food on credit	4.6	10.1	17.1	17.8	16.8
Gather unusual types or amounts of wild food/hunt	5.5	7.1	12	12.4	61.1
Send household members to ate at relatives or neighbours	4.6	6.7	17.5	16.6	53.4
Reduce adult consumption so children can eat	8.3	9	15.1	14.7	51.5
Rely on casual labour for food	7.3	10.6	19.1	15.3	45.4

**Table 26: Household Coping Strategies in the Past 30 Days**

The coping strategies cited above and commonly employed by sample households are strategies that can adversely affect nutritional security. There has also been a decline in food access since 2006, primarily due to the recurrent drought and other structural problems. Participation in the CARE program does appear to have a positive impact on access to food. For example, those households participating in multiple project interventions have increased access to food and consume food of higher quality (more protein and more fruits).

## 7.0 Income & Expenditure



**Figure 13: Percent of cash expenditures spent on various categories during the past 4 months**

Figure 13 looks at the changes over time that has taken place in the importance of the various types of expenditures in last 4 months at household level. Food and agriculture expenditures (23.4% and 24.2% respectively) took up a great deal of households' expenditures, but the percent of households reporting it as a major expenditure category were low, presumably because such a high proportion of households were receiving food aid in those months. For agriculture inputs it could mean that they were those who were not benefiting from FOSIL and PRP II agriculture free inputs. The percentage of households reporting that education (14.2%) was a major expenditure could be those non-beneficiaries who were not benefiting from BEAM.

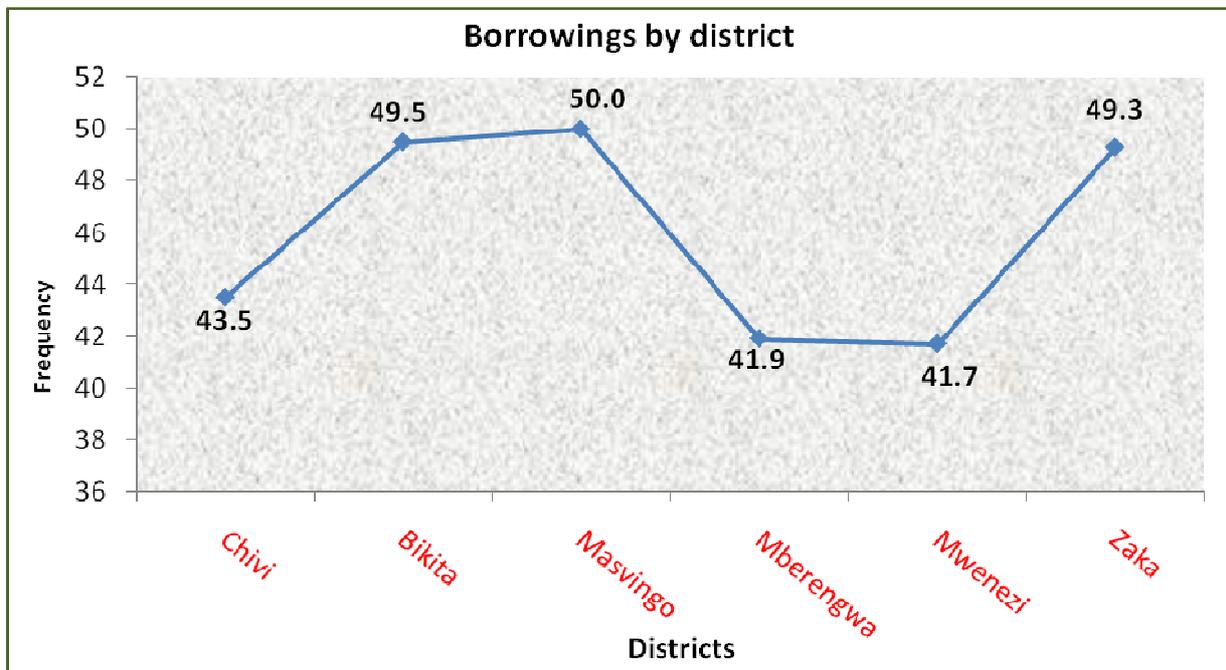
## 8.0 Borrowing

The combination of limited cash income earning opportunities and recurring household expenses often leads to increasing levels of debt. As seen in Figure 14, almost 50% of households in CARE's operational area had borrowed money in the four months prior to the 2011 FOSIL end of project assessment survey, indicating a high degree of financial stress. This

cash was not being used for investment, but to meet immediate needs. The most common reasons given for borrowings were to purchase agriculture inputs, food and to pay for educational and health expenses as the major reasons. The percentage of households borrowing was highest by far in Masvingo (50%). It was lowest by in Mberengwa and Mwenezi (41.9% & 41.7% respectively). Female-headed households were slightly more likely to borrow than male-headed households.

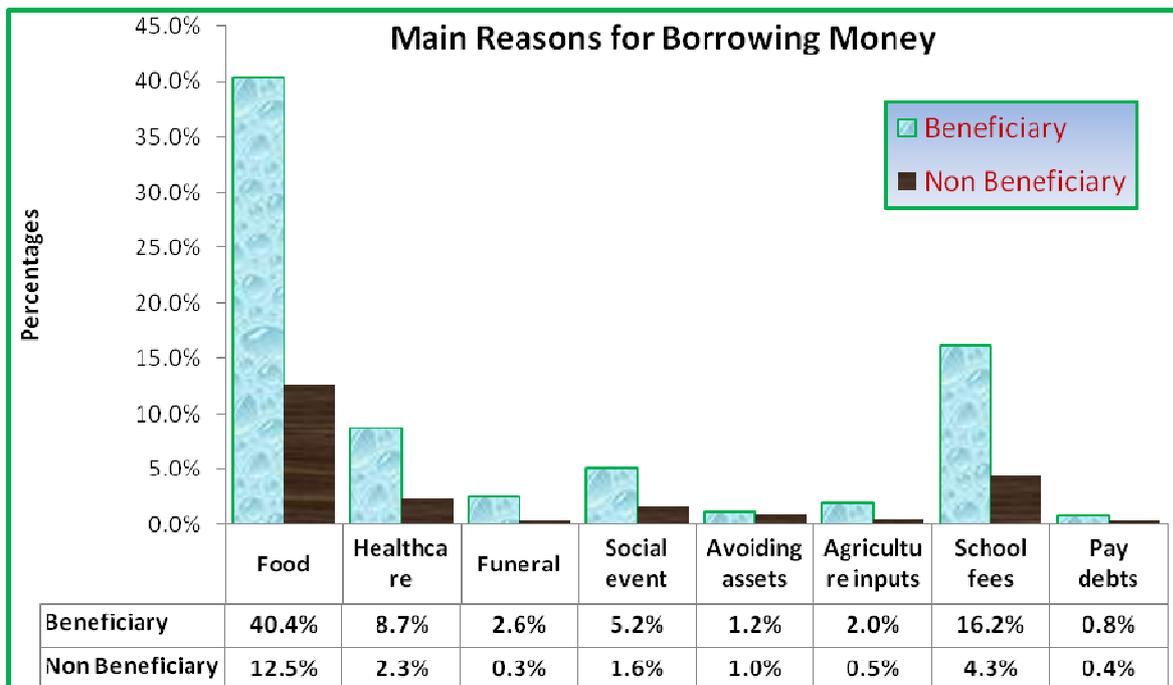
Participants were asked why they borrowed the money they borrowed. Several reasons were advanced. The reasons for borrowing were tracked and the results are summarised in Table 32, below.

**Figure 14: Percent of households borrowing money in past four months (2011), by district**



**Figure 14: During the past 4 months did you or any member of your hh borrow money?**

Results presented in Figure 14 suggest that the loans are primarily for consumption purposes. Approximately 49.8 percent of households borrowed to buy food, 32.1 percent of households borrow to pay school fees, 15.8 percent of households borrow to meet health care expenses, and 9.4 percent of households borrow to pay for social events. A relatively small proportion of households borrow to pay funeral cost (5.3%), to avoid selling assets (3.6%), to pay debt (3.5%), to buy agricultural inputs (1.7%) and for other expenses (1.1%). A greater proportion of households that do not participate in development projects (72.7%) borrow to buy food compared to the households that do participate in development interventions (ranges from 34 % to 48.3%) while a larger proportion of participating households borrow to pay school fees (32.0% to 34.7%) than non participating households (17.7%). It should be noted that education still remains out of reach for many individuals as demonstrated by the number of households that borrowed to pay fees. Meanwhile 17.2 percent of non participating households borrow to



meet healthcare needs.

**Figure 15: Reason for Borrowing by Participation**

Borrowing in the past four months ranges from a low of 26.6% among households participating in FOSIL and was highest among non CARE project participants about 62%. Households participating in single intervention recorded a high of 43.3% while households participating in other multiple interventions borrowed slightly less at 31.6%. Overall about half of the households borrowed in the past four months. Limited borrowing is an indication of near financial independence and the fact that participants from the FOSIL projects reported limited borrowing could be attributed to the fact that the project has equipped the participants to such an extent that they can break even or better in the obtaining economic environment.

The majority of the borrowing households depend on friends and relatives for loan. The importance of CARE's secure and managed savings and lending (Mukando) methods is reflected in Table 12, which shows a steady rise of the community banking initiative from 8.7% in 2007 to 44.3% in 2011. The bank has remained a small player in advancing the lending initiative to the general populace. Disaggregated data indicate that households participating in multiple interventions also borrow from the savings group source.

Sources	YEARS				
	2007	2008	2009	2010	2011
<b>Friend/Relative</b>	86.5	85.2	82.7	63.2	46.3
<b>Money lender</b>	0.9	0.9	1.1	0.8	9.8
<b>Savings Group</b>	8.7	18.0	22.4	35.3	44.3
<b>Microfinance</b>	0.7	1.1	0.7	2.3	1.3
<b>Bank</b>	0.3	0.2	0.1	0.2	0.2
<b>Burial Society</b>	0.1	2.7	1	5.4	4.2
<b>Neighbour/Friend</b>	--	0.2	13.9	24	15

**Table 28: Sources of money**

## 8.1 Reasons of borrowing

	Beneficiary Status	
	Beneficiary	Non Beneficiary
Food	7.1%	23.7%
Healthcare	8.0%	21.0%
Funeral	0.5%	9.4%
Social event	6.0%	14.0%
Avoiding selling assets	0.3%	3.8%
Agriculture inputs	0.8%	7.8%
School fees	76.3%	12%
Pay debts	1.0%	8.3%
Total	100%	100%

**Table 29: If you borrowed the money what were the 3 main reasons you borrowed the money**

The respondents were asked what their major reason for borrowing was. The statistics from Table 29 show that more beneficiary house holds reportedly borrowed money to finance education while more non beneficiary house holds borrowed money to buy food. This finding is consistent with the objective of the project as it sought to economically improve the welfare of the people.

## 9.0 Livestock and Assets

### 9.1 Household Assets

Table 30 reports on the ownership, purchase and sale of assets among households in CARE's operational area, giving another view of the economic situation of households. Productive assets (including livestock) are essential components of a household livelihood strategy. Among productive assets, the most commonly owned agricultural implements are ploughs (49% of households) and wheelbarrows (47%). The most commonly owned livestock are small animals: poultry, followed by sheep and goats. Just over 40% of households own cattle. Data from the survey indicate that more beneficiary households (39%) than non beneficiaries (1.0%) bought a plough in the period under review. 43.2% of beneficiaries against 23.2% of non beneficiaries reportedly own cattle with 9.4% of these buying the assets in the period under review. It could be concluded that while proceeds from the project cannot be wholly attributed to acquisition of the above assets, meeting other family needs from project activities could open and release funds previously spent on meeting the basic needs. As given by one beneficiary, *"Mari yandaisitengesa chikafu ndiyo yandakasevha kuti nditenge chimhuru chiri pamukova pangu"* Money previously used to acquire food is what I have saved to buy this little calf that is in my kraal today (female, 42, Tapepuka garden)

**Table 30: Percent of households owning, purchasing and selling selected assets in the previous year (2010)**

Beneficiaries				Non Beneficiaries			
	Own	Purchase	Sell		Own	Purchase	Sell
<b>Productive assets</b>				<b>Productive assets</b>			
<b>Agricultural implements (% of hhs)</b>				<b>Agricultural implements (% of hhs)</b>			
Plough	54.2	39.0	0.2	Plough	48.8	1.0	0.9
Oxcart	16.3	12.0	0.1	Oxcart	21.8	0.5	0.1
Wheelbarrow	42.6	20.8	0.2	Wheelbarrow	32.6	0.4	0.2
Hoe/Badza	24.1	31.4	0.2	Hoe/Badza	38.6	0.1	0.2
<b>Livestock</b>				<b>Livestock</b>			
Cattle	43.2	9.4	0.7	Cattle	23.2	1.4	3.7
Donkey	10.3	0.2	0.3	Donkey	10.3	0.2	0.2
Sheep/Goat	46.4	1.5	4.3	Sheep/Goat	43.4	1.0	7.3
Poultry	71.2	2.0	7.9	Poultry	56.7	1.8	9.0
<b>Assets for consumption (% of hhs)</b>				<b>Assets for consumption (% of hhs)</b>			
Bicycle	16.4	0.4	0.2	Bicycle	14.4	0.5	0.2
Radio/TV	32.6	1.3	0.3	Radio/TV	16.6	1.0	0.3

Beneficiaries				Non Beneficiaries			
	Own	Purchase	Sell		Own	Purchase	Sell
Car/motorbike	0.6	0.0	0.0	Car/motorbike	0.1	0.0	0.0
Cell phone	3.1	0.0	0.0	Cell phone	2.1	0.0	0.0
Furniture	9.7	0.0	0.1	Furniture	4.7	0.0	0.0

The mean per capita value of household assets is a key indicator of household wealth. Disaggregated data from the survey shows that households participating in development projects report a greater per capita value of assets than non-participants. The value of assets increases for households that participate in both CARE and NGO projects. The relationship between development project participation and per capita value of household assets is significant at 95% confidence level, this computation clearly showed a positive correlation between participation and non-participation. Beneficiaries participating in FOSIL, because of their level of production are able to purchase more assets compared with other participants.

**Table 31: Reason for selling cattle**

Reason	Beneficiary Status	
	Beneficiary	Non Beneficiary
<b>No longer needed</b>	11.00%	6.70%
<b>Pay daily expenses</b>	15.00%	27.00%
<b>Buy food</b>	7.80%	34.00%
<b>Pay debt</b>	13.00%	2.20%
<b>Pay medical expenses</b>	6.70%	3.30%
<b>Other emergency</b>	6.00%	8.00%
<b>Pay social event</b>	1.40%	8.60%
<b>Pay funeral</b>	7.00%	6.00%
<b>Pay school fees</b>	32.00%	4.10%
<b>Total</b>	100%	100%

Statistics from Table 31, show that more beneficiary house holds (32%) sold their cattle to finance education compared to (34%) non-beneficiaries house holds who sold cattle to buy food. While 13% of the beneficiaries sold their livestock to pay debt, 27% of the non beneficiaries sold their livestock to pay daily expenses. Other expenses were evenly distributed.

## 10.0 Land Use

### 10.1 Agricultural production

Agriculture is the main source of livelihood for the large majority of households in CARE's operational area. In this section a detailed description of the context in which households produce food and cash crops is given, including their ownership and use of land, and the types and amounts of crops they produce.

### 10.2 Land ownership and use

Table 36 reports on households' access to arable land and the amount of the land they have access to that is actually cultivated. Essentially all households in rural areas have access to at least some arable land. On average, Chivi reported the highest arable land available at 4.4 acres followed by Mwenezi.

**Table 32. Land ownership, size of land owned and percent of land cultivated (2010), by district**

District/Area	% of HH with access to arable land	Arable land per HH (acres)	% HH with uncultivated land (acres)	Cultivated land per HH (acres)	% arable land cultivated
Chivi	99.6	4.4	1.4	3.4	79.9
Bikita	99.4	3.4	0.8	2.9	84.8
Masvingo	99.8	3.2	0.0	2.4	78.5
Mberengwa	99.8	3.9	1.4	2.7	74.9
Mwenezi	99.3	4.3	0.5	3.1	76.5
Zaka	97.8	2.1	0.8	1.5	74.2
<b>All</b>	<b>96.4</b>	<b>3.5</b>	<b>0.9</b>	<b>2.6</b>	<b>79.1</b>

The average amount of arable land per household in rural areas ranges from only 2.1 acres in Zaka to four or more in Chivi and Mwenezi. With respect to the amount of arable cultivated, overall, less than one percent of households did not cultivate *any* of their arable land. For the entire sample, a full 79% of arable land was cultivated, with the average household cultivating 2.6 acres. The percent of arable land cultivated was relatively low in Zaka (74.2%) and Mberengwa (74.9%). Figure 36 shows that in the six districts there was a trend of declining cultivation of arable land between during the years. In Masvingo and Mwenezi there has been little change in the percent of land cultivated. In Bikita, there has been an increase over the

three years, suggesting that households in this district did not experience the negative effects of the crisis as strongly as the others.

The percentage of households citing “lack of labour” as a reason for leaving land uncultivated has increased steadily since, rising to nearly one-third of households by 2010. Lack of draught power continues to be a problem as well. As revealed in the assessment, lack of seeds on the market was a serious problem for farmers in 2009, as it has been since the beginning of the crisis in 2007. The opening of the economy and removal of restrictions on trade and prices, agricultural inputs like seeds and fertilizer were more readily available on the market in Zimbabwe in 2010 than in previous years. Consistent with this nation-wide change, the data shows significantly fewer households reporting unavailability of these inputs on the market as a reason for not cultivating arable land. As households’ economic situations have improved, we also find a sharp drop in the proportion of households reporting that they did not have enough money to buy inputs.

### Agriculture Production

Project participation		Maize Area planted	Sorghum Area planted	Millet Area planted	Rapoko Area planted	Groundnuts Area planted	Cotton Area planted
		------(in acres)-----					
Do not participate in CARE project	Mean	1.5	0.2	0.1	0.1	0.5	0.1
	Std. Dev	-1.3	-0.5	-0.4	-0.3	-0.8	-0.7
Single intervention	Mean	1.4	0.2	0.1	0.1	0.5	0.1
	Std. Dev	-1.1	-0.5	-0.5	-0.3	-0.6	-0.4
ANR	Mean	1.7	0.2	0.1	0.1	0.6	0.1
	Std. Dev	-1.2	-0.7	-0.5	-0.4	-0.7	-0.6
SEAD	Mean	1.6	0.2	0.1	0.1	0.5	0.1
	Std. Dev	-1.1	-0.6	-0.9	-0.3	-0.6	-0.4
Other multiple interventions	Mean	1.6	0.2	0.2	0.1	0.6	0.1
	Std. Dev	-1.2	-0.5	-0.6	-0.3	-0.7	-0.8
<b>Total</b>	<b>Mean</b>	<b>1.7</b>	<b>0.2</b>	<b>0.1</b>	<b>0.1</b>	<b>0.5</b>	<b>0.1</b>
	<b>Std. Dev</b>	<b>-1.2</b>	<b>-0.6</b>	<b>-0.5</b>	<b>-0.3</b>	<b>-0.7</b>	<b>-0.6</b>

**Table 33: Area Planted in this Season by Crop**

The results show that across all comparison groups, the greatest area of land is devoted to maize cultivation (1.7 acres) followed by ground nuts (0.5 acre), sorghum (0.2 acre), millet, cotton and rapoko (0.1 acre). ANR and targeted feeding participants devoted the largest area to

maize production (1.7 acre) while households that do not participate in any intervention and participants of single intervention devoted the least area to maize (1.4 acre) a difference that looks small but the mean values are significant ( $p < 0.001$ ) at 99% confidence level of significance.

### 10.3 Cultivation of Land

As shown in Figure 9 approximately 54 percent of CARE participants left land uncultivated this year that is normally cultivated while 44.3 percent of households that do not participate in any NGO projects did the same. This is consistent with the harsh drought spell that hit the provinces. This is also consistent with project targeting criteria that provide assistance to vulnerable households without sufficient inputs, labour, and draught power to cultivate available land. Disaggregated data show that households participating in multiple interventions reported the largest proportion of households that left land uncultivated this year compared to the households that participate in SEAD and targeted feeding (49.5%) and ANR (TF) (55.5%).

**Table 33: Land left Uncultivated that normally cultivated**

	Beneficiary Status					Total
		Beneficiary		Non Beneficiary		
		N	%	N	%	
This year did you lease land uncultivated that is normally cultivated?	No	518	36.7	217	15.4	735
	Yes	522	36.9	156	11.0	678
	Total	1040	100	373	100	1413

**Figure 16: Percent of households growing major field crops, by year**

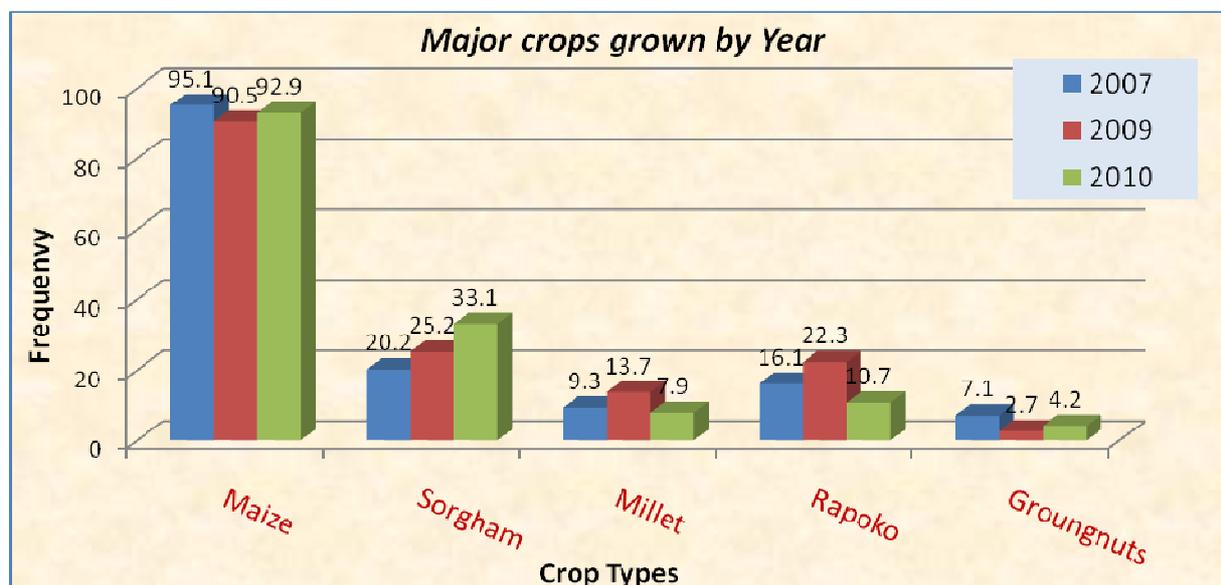


Table 38 provides information about the percentage of all farming households that planted the major field crops during the 2009/2010 cropping season by district. Maize and sorghum are the major dominating crops as they are cropped using conservation farming (CF) techniques based on improved farming methods and they are mostly supported by CARE projects with households participating in PRP and FOSIL being supported with agriculture inputs. Maize is the most widespread crop, with over three-quarters of farming households growing also on non-CF. The percentage of farming households growing CF maize varies greatly by district: Masvingo Rural had the highest at near 70 percent of farming households. Less than ten percent of households in Mberengwa and Mwenezi districts grew maize using CF techniques.

#### 10.4 Access to Food

**Table 34: Availability of cereal from the previous harvest**

	District							Total
	Bikita	Chivi	Masvingo	Mberengwa	Mwenezi	Zaka		
Does HH have cereal (grain & ground) from last	No	98.4%	95.3%	88.2%	97.4%	91.9%	96.2%	<b>93.5%</b>
	Yes	1.6%	4.7%	11.8%	2.6%	8.1%	3.8%	<b>6.5%</b>

		District						
		Bikita	Chivi	Masvingo	Mberengwa	Mwenezi	Zaka	<b>Total</b>
year's								
harvest in	Total	100%	100%	100%	100%	100%	100%	<b>100%</b>
stock now?								

Over 90% of the households did not have grain from the last season, and only 6.5% had some grain from last season. Communities need to be educated on different ways of agriculture so that they have grain right through the year. They also need to be taught and be involved in different conservation food methods so that they have the food right through the year.

Table 40 gives an overall picture of the production of different crops. The table shows that on average 2.1 bags (105 kg) of maize was harvested while 1.4 bags of maize (70 kg) is yet to be harvested. Similarly 1.4 bags of groundnut (70 kg) was harvested before this survey while approximately 0.4 bags (28 kg) is yet to be harvested at the time of this survey. Results suggest that most of the harvest is for consumption. Only a small proportion of the harvest is planned to be sold.

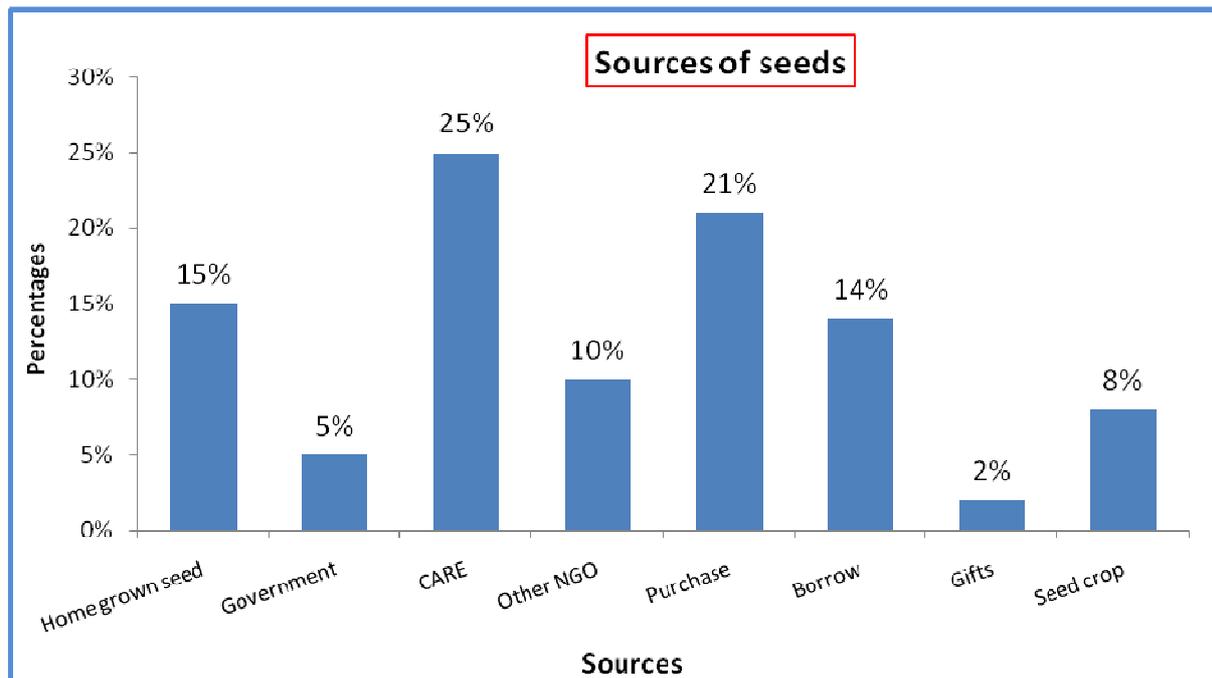
**Table 35: Production Statistics by Crop**

Production statistics		Selected crops					
		Maize	Sorghum	Millet	Rapoko	Groundnut	Cotton
Quantity harvested (# of 50 kg bags)	Mean	2.1	0.1	0.1	0.1	1.4	0.1
	Std. dev	4.6	1.2	0.6	0.7	3.4	1.0
Quantity yet to harvest (# 50 kg bags)	Mean	1.4	0.2	0.1	0.1	0.4	0.4
	Std. dev	3.8	1.2	0.8	0.9	1.7	13.9
Quantity expect to sell (# 50 kg bags)	Mean	0.2	0.0	0.0	0.0	0.1	0.4
	Std. dev	2.1	0.7	0.2	0.3	0.9	13.9

Households participating in multiple interventions achieved the highest ground nut yield (248 kg/acre) while households participating in single interventions reported the lowest yield (198 kg/acre). Those households that participate exclusively in CARE projects performed better in maize production (155 kg/acre) compared to all other households while non participants

reported the lowest yield. Households that participate both in CARE and NGO interventions reported the highest groundnut yield (242.3 kg/acre) while non participants reported the lowest yield (223 kg/acre).

### 10.5 Supplementary Cereal Sources



**Figure 17: Seeds Sources**

The most common source of seeds reported was CARE (25%) and purchases (21%). The second most common source of seed for maize growers, groundnuts, sorghum is home grown seed (15%). Approximately 14 percent of all households use seed from borrowings these only apply to small grains. Households that participate in CARE and NGO projects also get seed from CARE and NGOs. Among the CARE participants, a greater proportion of ANR and targeted feeding participants receive seed from CARE as one would expect while about 15 percent of households that do not participate in any intervention receive get seeds from government, gifts or seed crop.

Households participating in multiple CARE interventions reported the highest proportion of households with year-round access to water sources for gardening (68.5%), followed by FOSIL participants (58.8%) as they have access to project small dams or boreholes. While the lowest proportion of households reported to have year-round access to irrigation sources is the non-

participants (40.9%). Higher percentage (more 50%) had managed to irrigate their gardens, 25% reported vlei gardens, 20% had both and 5% reported none.

Disaggregated data suggest that households that exclusively participate in CARE projects and the households that participate in CARE and other NGO projects have greater access to year-round access to irrigation for home gardening (56.7% and 55.7% respectively) compared to the households that exclusively participate in other NGO projects (43.4%).

		District						Total
		Zaka	Mberengwa	Bikita	Chivi	Mwenezi	Masvingo	
Does the HH have access to water for gardening all year?	<b>No</b>	49.5%	30.0%	36.0%	30.6%	54.7%	36.2%	<b>40.5%</b>
	<b>Yes</b>	50.5%	70.0%	64.0%	69.4%	45.3%	63.8%	<b>59.5%</b>
	<b>Total</b>	100%	100%	100%	100%	100%	100%	<b>100%</b>

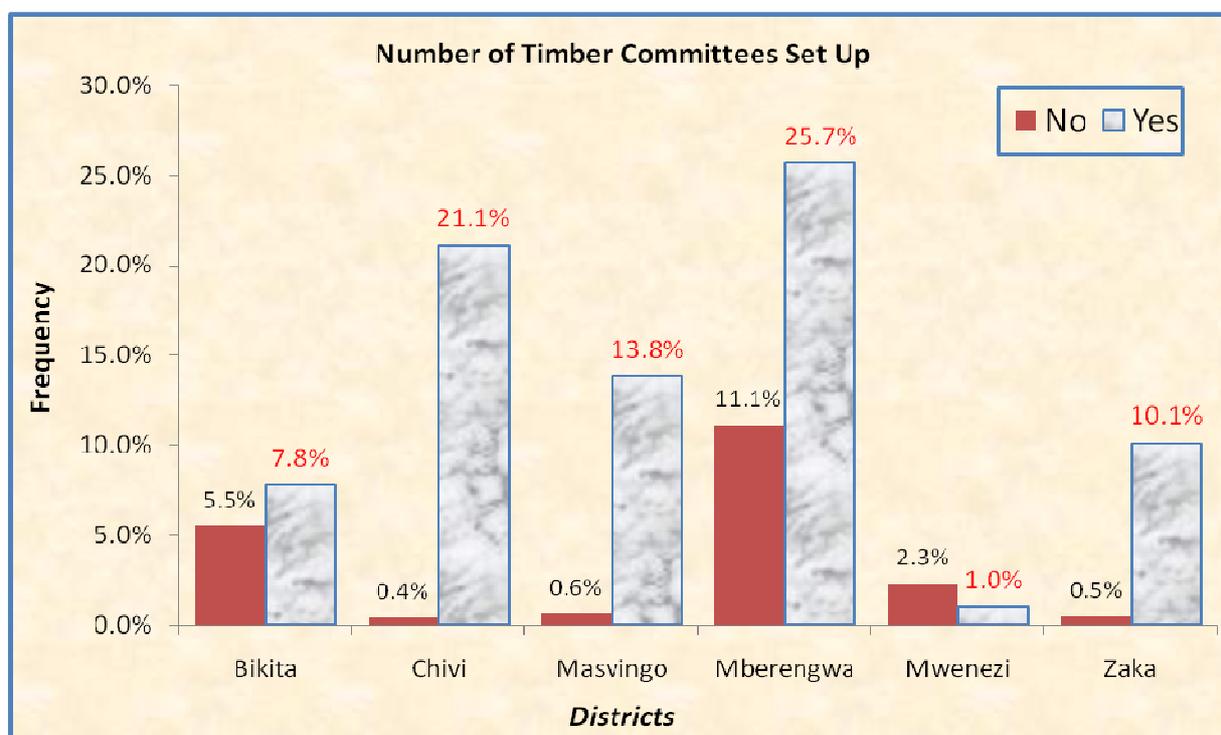
**Table 35: Household access to water for gardening all year round**

The survey revealed that more than half (59.5%) of the respondents have access to water for gardening all year. This is encouraging and people should be encouraged to practice gardening right through so that they have enough to eat with their families. The other 40.5% do not have access to water all year. This is disturbing because it means that they do not have vegetables and the households can face malnutrition. Children who are from hungry families end up being vulnerable to all sorts of things like child labour, prostitution and even street vending and staying on Growth Points looking for food. Households in this category should be empowered with water conservation strategies so that they can have water for the greater part of the year.

## 11.0 Non-Timber Forestry Products

Agro Forestry is being implemented at all gardens with the technical expertise being provided by ICRAF. Communities are assisted with trees for fodder, improving soil fertility, live fencing and fruit trees from ICRAF. The majority of garden participants are involved in activities like watering and weeding trees or biomass demo plots, this explains the high percentages recorded for sites like Gwitima and Kushinga are as a result of high community participation in the project whereas low percentages at sites like Denge are as a result of low community participation such that the activity is more aligned with those in the committees.

### 11.1 Formation of Non-Timber Forest and Natural Resource Management



**Figure 18: Knowledge of committees formed to manage use of communal lands, firewood & non-timber forestry produce.**

In all the surveyed area, respondents confirmed the existence of committees that manage the use of natural resources. The existence and availability of the committees across all the districts, which was one key area that FOSIL sought to bring in the participants is an indication that the general populace has taken an active role in the management and preservation of the natural resources. Respondents from Mberengwa and Chivi appear more conversant with the work of the committees.

## 11.2 Households benefiting to Non-Timber collection

Did you collect non-timber during the previous month?		Responses		
		No	Yes	Total
<b>Bikita</b>	N	206	6	212
	Average	19.71	1.72	13.32
<b>Chivi</b>	N	206	135	343
	Average	20.63	28.03	21.55
<b>Masvingo</b>	N	106	124	230
	Average	10.42	25.73	14.45
<b>Mberengwa</b>	N	424	162	586
	Average	40.25	32.43	36.81
<b>Mwenezi</b>	N	38	14	53
	Average	3.88	2.93	3.27
<b>Zaka</b>	N	101	68	169
	Average	5.11	8.16	10.62
<b>Total</b>	N	1044	548	1593
	Total	61.5	30.0	100

**Table 36: No of household members who collected any non-timber forest products from the area in the past month by district**

Mberengwa (32.43%) reported the highest number of households that collected non timber products in the previous month followed by Masvingo (25.73%). The low figures are attributed to the harsh climatic conditions that were experienced in the respective areas. However, in Focus Group Discussions, project participants demonstrated that they had acquired knowledge on adding value on these locally available products and that in good years, they formed a dependable source of food as demonstrated to them by project implementers.

## **12.0 Community Management Structures**

### **12.1 Committee or groups, savings and loans clubs, other clubs or co-operatives in this community**

	Do you belong to any committee, or group, savings and loans clubs, other clubs or cooperatives in this community		
Beneficiary Status	No	Yes	Total
Beneficiary	24.1%	75.9%	100.0%
Non Beneficiary	62.2%	37.8%	100.0%

**Table 37: Do you belong to any committee, or group, savings and loans clubs, other clubs or cooperatives in this community**

The above question together with items presented in Table 44-46 are discussed below. Based on the evaluation undertaken and on sampled garden visits, at all the visited gardens sites, more beneficiary respondents indicated that they belonged to a committee, or a group. During the period under review, communities reported forming democratically elected garden management committees making the total number of functional garden management committees at 130. At all the garden sites visited, committees formed had at least 75% women representation.

Further still at all sites visited; CARE had trained community management structures which were available and operational at the garden sites. The trainings conducted covered such aspects as; (1) Leadership - the leadership trainings covered topics on the roles and responsibilities of project committee members, types and styles of leadership, qualities of good and bad leaders. (2) Record keeping – this training covered on the importance and types of records which should be kept at the project site. (3) Conflict resolution – types of conflicts in the context of various community projects were discussed; the methods and means of resolving them were also highlighted. (4) Garden constitution development – all project members actively participated in the development of garden constitutions, communities prepared tailor

made bylaws governing the project implementation, and exchange visits were facilitated for project members to appreciate practically the importance and roles of effective use of constitutions in community projects. Refresher trainings on leadership, record keeping and conflict resolution were conducted at 104 sites formerly trained during the previous reporting period.

The evaluation sought to establish if annual general elections had been held at all the visited site areas. At all but two sites, annual general elections were reportedly held with community management structures established. These elections were monitored and facilitated by local Agritex extension workers and the local leaders.

Beneficiary Status	Is there an executive committee		Total
	No	Yes	
Beneficiary	152	731	883
Non Beneficiary	76	161	237
Total	228	892	1120

**Table 38: Is there an executive committee**

Beneficiary Status	Does group/club have a constitution?				Total
	No		Yes		
	N	%	N	%	
Beneficiary	148	16.9%	730	83.1%	878
Non Beneficiary	79	33.5%	157	66.5%	236
Total	227	20.4%	887	79.6%	1114

**Table 39: Does group/club have a constitution?**

Beneficiary Status	Does the number or percentage of women who belong to group meet the requirement under the rules or constitution of the group?				Total
	No		Yes		
	N	%	N	%	
Beneficiary	731	62.4%	441	37.6%	1172
Non Beneficiary	327	77.9%	93	22.1%	420
Total	1058	66.5%	534	33.5%	1592

## 13.0 Social Support & Participation in Community Safety nets

### 13.1 Household Vulnerability

Households were asked “what type of social support did you rely on from other households or institutions in the past 12 months”? Table 6 shows that the most common form of support received by households were agriculture inputs (69.9%) for beneficiaries compared to 18.9% for non, draught power (62.6), cereal (58.3%), groceries (53.7%), ploughs 43.2%. A greater proportion of households participating in FOSIL and households participating in multiple interventions receive draught power support.

Social support	Beneficiary Status		
	Beneficiaries	Non-Beneficiaries	Total
Agri. Inputs	69.90%	18.90%	44.40%
Cereal/maize meal	58.30%	23.40%	40.85%
Clinic/hospital expenses	7.20%	6.60%	6.90%
Clothing	38.20%	13.00%	25.60%
Draught power	62.60%	47.30%	54.95%
Funeral support	13.20%	14.10%	13.65%
Groceries	53.70%	31.20%	42.45%
Labour for farming	16.90%	13.70%	15.30%
Loan for cash	24.20%	22.30%	23.25%
School fees	9.30%	8.90%	9.10%
Hoes and other small farm tools	21.60%	11.60%	16.60%
Plough	43.20%	32.70%	37.95%

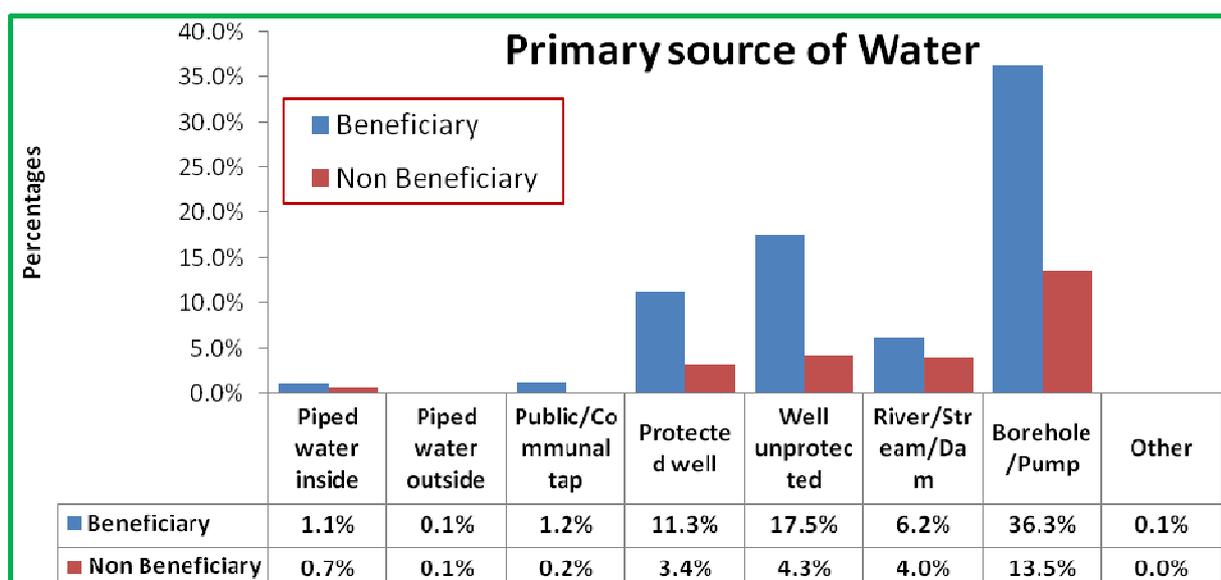
*Table 40: Social Support and Participation in Community Safety Nets*

## 14.0 Water, Sanitation and Household Health

Over 50 percent of households sampled lacked access to a potable water source (piped, tap & borehole pump). Fourteen percent of households get water from rivers, streams and dams, and another 26.8 percent of households, gets water from unprotected wells. The largest proportion of households that participate both in CARE projects and other NGO projects have access to safe water sources (piped, tap & borehole pump) (at 48.5%) while the non participant households have the least access (32.4%). Meanwhile 41.3 percent of FOSIL participants have access to potable water while 47.9 percent of households participating in NGO projects have access to potable water sources.

Among households that participate in multiple interventions, however, nearly half (44.9%) rely primarily on a borehole or pump; a higher proportion of households relative to other project participant categories. Overall, the most common source of water for household consumption is a borehole or pump (37.4%). Only 5.9 percent of families have access to piped water (inside, outside, or communal). Across the entire sample, plastic containers with lids are by far the containers most commonly used to fetch and store water (67.2% of households). Plastic containers without lids and metal containers without lids are also common (30.9% and 19.2%, respectively).

**Figure 18: Primary Source of Water for Household Consumption by Participation in Assistance Project**



Average water use per person per day was found to be significantly lower among the sample households. Standard average water use for drinking, cooking and personal hygiene in any household is at least 15 litres per person per day. Overall, only 23 percent of households use the minimum requirement of water. A greater proportion of beneficiary participants use minimum requirement of water compared to the households that do not participate in projects.

**Table 41: % Distribution of containers used to fetch water by Households**

		District						Total
		Zaka	Mberengwa	Bikita	Chivi	Mwenezi	Masvingo	
What are the Containers used to fetch water for Drinking & Cooking from this source?	Plastic container with lid	76.2%	60.2%	69.3%	75.9%	66.3%	66.7%	<b>69.1%</b>
	Plastic container without lid	12.4%	21.7%	16.8%	14.9%	26.5%	11.7%	<b>17.3%</b>
	Metal with lid	1.0%	4.8%	3.8%	4.6%	1.2%	7.2%	<b>3.8%</b>
	Metal container without lid	5.7%	12.0%	8.7%	4.6%	5.0%	13.4%	<b>8.2%</b>
	Other container with lid	4.8%	1.2%	1.0%	0.0%	1.2%	1.0%	<b>1.5%</b>
	Total	100%	100%	100%	100%	100%	100%	<b>100%</b>

The majority of households (69.7%) use containers with lids to fetch their water and this is hygienic enough. Water is generally stored in containers with lids and this keeps it suitable for drinking and cooking purposes. Safe drinking water is a right to everyone and this prevents a lot of diseases like cholera and dysentery.

#### **14.1 Latrines and Hand washing**

The survey collected data on hand washing behaviours among project participants and non participants. While nearly all respondents (99.0%) reported hand washing prior to eating, just over three-quarters (77.9%) wash hands before preparing food. A total of 83.5 percent wash their hands after using the toilet. The relationship between when household members wash

their hands and project participation is not statistically significant (with the exception of ‘after toilet’  $p < .05$ ). Nearly two-thirds of the sample has soap in the household (61.1%). Possession of soap does not depend on project participant status ( $p < .05$ ). This is however in tandem with reports given by participants during focus group discussions. As noted by one beneficiary, *“Utsanana tanga tisingazivi, kugeza uchimuka takadzidza muno mugadheni. Ruzivo rwezvirwere tavawo narwo” (We did not know anything about hygiene, washing as one wakes up we were taught in the garden project. We have knowledge about diseases now)* (female, 47, Tapepuka.)

When do you wash your hands?	Response		
	No	Yes	Total
	-----Percentages-----		
Before eating	0.5	97.0	97.5
Before food preparation	4.9	76.4	81.3
When coming from the toilet	1.5	89.3	90.8

**Table 42: Occasion for Washing Hands**

Households were asked if they had soap in stock at the time of the survey. Over half of the sample households (56.2%) do have possess some kind of soap to wash their hands after visiting the latrine while one-quarter (24.6%) of the households do not have access to soap, a situation which may expose people to some contagious/water borne diseases which more than half did not know.

**Table 43: Percentage Distribution by Type of Latrine Households use**

Type of Latrine	District						Total
	Zaka	Mberengwa	Bikita	Chivi	Mwenezi	Masvingo	
No latrine available	74.5%	35.4%	43.7%	45.3%	37.6%	56.8%	48.9%
Single Blair latrine with hand washing facility	5.6%	28.0%	26.8%	14.0%	28.2%	3.6%	16.1%
Single Blair latrine, no hand washing	17.0%	15.9%	16.5%	24.4%	17.6%	18.0%	18.2%
Double Blair latrine with hand washing facility	0.0%	9.8%	8.7%	2.3%	4.7%	1.8%	4.6%
Double Blair latrine, no hand washing	2.8%	6.1%	3.5%	2.3%	2.4%	5.4%	3.8%
Other latrine	1.2%	4.9%	2.0%	11.6%	9.4%	14.4%	8.1%

<b>Total</b>	100%	100%	100%	100%	100%	100%	100%
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Over fifty percent (51.1%) of the households covered in the assessment survey, used safe sanitation facilities compared to 48.9% who do not used any kind of toilet facility at all. This shows that sanitation facilities being used are not adequate hence calls for a re-look at this area. This finding shows that most households still dispose their excreta in the bush. Most households who could have once owned a Blair toilet could not afford to build another one without external assistance once the old one fills up.

**Table 44: What type of latrine does your household use?**

	Beneficiary	Non Beneficiary	Total
No latrine available	37.10%	11.80%	48.90%
Single blair latrine with hand washing facility	12.20%	3.90%	16.10%
Single blair no hand washing	11.90%	6.30%	18.20%
Double blair latrine with handwashing facility	3.40%	1.20%	4.60%
Double blair without hand washing	1.50%	2.30%	3.80%
Other latrine	7.50%	0.60%	8.10%

## 15.0 Malaria

### 15.1 Knowledge about Malaria and Other Diseases

Overall, over three-quarters of all households sampled experienced illness within the last 60 days (76.4%, N=1,593). Diarrhoea is the most commonly listed illness (28.8%), followed by malaria (19.1%). High levels of diarrhoea are related to unprotected water sources and poor access to latrines. Over half of the sample households (56.2%) do not have access to a latrine. To address the problem of diarrhoea, CARE should continue to support the construction of tube wells and sanitation facilities. Campaigns can be started to increase community awareness regarding the importance of achieving 100 percent sanitation coverage.

The wide-spread occurrence of malaria is partially related to the limited number of bed nets available to families. To combat malaria, a strong effort is needed to increase household access to bed nets. 60% of the sampled housed new most of the causes of malaria but most of those household did not have mosquito nets with 78% saying none of their household members slept

under any mosquito nets the previous night. Most children under 5 years and pregnant women slept without using these nets as they were not available save for few (8%) who might have been supplied these by other NGOs. 65% reported that mosquito nets in the area although most household said they doing nothing in their households to prevent malaria

## 16.0 HIV/AIDS

### 16.1 Knowledge, attitudes and practices concerning HIV and AIDS

CARE's operational area had showed more people, especially youth, engage in transactional sex for food and money, the incidence of new HIV infections and sexually transmitted diseases is likely to increase. Continuing education, prevention and care of the HIV and AIDS affected is thus essential as households begin to recover from the crisis.

**Table 45: Knowledge of HIV/AIDS among Survey participants**

Knowledge of HIV/AIDS	Male	Female	All
<b>Can someone contract HIV/AIDS</b>	-----Percentages-----		
Yes	51.6	48.8	50.2
No	39.2	40.1	39.7
Don't Know	9.2	11.3	10.3
<b>Modes of transmission of HIV</b>			
Touching infected person (kissing)	24.8	24.1	24.5
Shaking Hands	10.1	16.2	13.2
Unprotected sexual relations	44.1	46.5	45.3
Blood transfusion	29.6	29.4	29.5
Sharing needles and syringes	53.6	54.7	54.2
Mosquito bites	10.1	13.4	11.8
Supernatural means	9.4	4.6	7.0
Sexual intercourse	59.9	62.5	61.2
Mother to Child	15.9	16.4	16.2
Mother to baby while breastfeeding	12.4	10.2	11.3
<b>Prevention of HIV transmission</b>			
Abstain from sex	53.5	56.2	54.9
Use condoms	87.5	84.8	86.2
Limit sex to one partner/stay faithful to one	56.5	65.4	61.0
Limit number of sexual partners	72.8	82.5	77.7
Avoid sex with prostitutes	44.1	46.5	45.3
Avoid sex with persons who have many partners	56.5	65.4	61.0
Avoid sex with homosexuals	75.8	86.5	81.2
Avoid sex with persons who inject drugs	29.3	28.1	28.7
Avoid blood transfusions	24.8	24.1	24.5
Avoid injections	15.4	16.4	15.9
Using new razor and needles	44.1	46.5	45.3

Knowledge of HIV/AIDS	Male	Female	All
Avoid kissing	44.1	46.5	45.3
Avoid mosquito bites	29.6	29.4	29.5
Seek protection from a traditional healer	10.3	4.3	7.3

Table 45 illustrates respondents' knowledge of HIV transmission. A large number of respondents (61%) know that the virus can be transmitted through unprotected sexual intercourse. A high percentage of respondents' (54.2%) also know that sharing needles/syringes is another mode of transmission. About 64 percent of the respondents cite blood transfusions as a mode of transmission. A relatively small percentage (16.2%) of households cites mother-to-child transmission during birth but only 11.3 percent of respondents cite mother-to-child transmission through breastfeeding.

CARE and its partners have done a good job in building awareness of HIV and AIDS among program participants demonstrated by the generally high level of awareness of HIV/AIDS among participants in both CARE and other NGO interventions. Table 45 above illustrates respondents' knowledge of how HIV infection can be avoided. Large percentages cite abstinence, condom use, and fidelity (83%, 82%, and 92% respectively) as means to prevent infection. High percentages of respondents cite avoiding sex with prostitutes and persons with many sexual partners as a means of prevention. More 85% reported about the knowledge on HIV by not using the healthy status of the persons and that HIV/AIDS cure yet to found therefore 87% of the respondents that there is need to employ extreme precaution since HIV/AIDS is difficult to manage.

## **17.0 Conclusion**

The FOSIL Project sought to ensure that 98,280 beneficiaries in 16,380 vulnerable households have improved and more sustainable food, nutrition, economic, environmental, and social network security. To that end FOSIL surpassed the overall target through the different interventions. There is overwhelming evidence that those beneficiaries reached by the programme have had their capacities strengthened, for example by adoption of community gardens as a new livelihood strategy as well resulting in increased productivity. Participation in Savings and Lending as well as Health and Gender issue has exposed beneficiaries to training programmes that enhance their livelihoods patterns. FOSIL, it thus can be concluded that it made commendable strides in the attainment of its purpose.

## **18.0 Recommendations**

CARE faces the challenge of aiding households in meeting immediate needs while also helping them improve their long-term livelihoods in a sustainable manner. The fact that households benefit more from CARE's program the more activities they are involved in suggests that CARE's integrated programming approach is working. CARE should continue to promote the participation of households in multiple interventions spanning across its intervention types (ANR, SEAD and TFA) and program components (food security, livelihoods promotion and social protection).

Based on the information gained from the analysis of the FOSIL assessment survey data, the following are specific recommendations in the areas of food security, health security, income security, and targeting.

- Increasing agricultural production, especially of food, must continue to be a key focus of CARE's activities.
- Implementing partners should be oriented on the inter-relatedness of the different components of an integrated livelihoods programme so that some activities are not given priority at the expense of other equally important activities;
- There is need to develop a clear exit strategy that is well communicated to the stakeholders and beneficiaries right from the beginning of the implementation process;

- To ensure that M&E systems are effective especially for Implementing Partners (IP), a supportive budget needs to be put in place to ensure all planned monitoring activities are carried out;
- CARE should seek ways of expanding the use of conservation farming practices among households.
- CARE should use market-based approaches to increasing access to seed, such as voucher schemes, only employing free distribution where it is needed.
- In order to improve dietary quality, CARE should continue to support vegetable gardening, place more emphasis on support of livestock production for home consumption, and include fruit cultivation in its portfolio of activities.
- CARE should consider expanding its programming to include a multi-activity health component or working with other NGOs to bring health-enhancing activities into its project area.
- CARE should address the need for greater access to potable water by supporting construction and rehabilitation of protected water sources; help to improve the health of households by providing materials and training for construction of sanitary toilet facilities, with an emphasis on construction of latrines with hand washing facilities; and include mosquito bed nets distribution in its programming.
- Food aid should not be free to avoid dependency syndrome but should continue to be provided to those vulnerable groups that are unable to obtain food on their own eggs the chronically ill, disabled, elderly and the child headed families. Otherwise, it should be used to expand CARE's food-for-work or food-for-assets programming so that it serves to reduce vulnerabilities in a sustainable manner.

## **19.0 Impact of FOSIL as project**

Participation in CARE's activities has increased over the years in all developmental projects. FOSIL was instrumental in the provision of food and income security through campaigns that centered on community and homestead gardens, water and sanitation, health, Internal Saving and Lending among other activities. The project has scored tremendous success as exemplified by the various testimonies contained in this write up.

Examination of the benefits that accrue from participation in multiple program components simultaneously has shown great results. Survey results indicate added benefits to households in multiple interventions. CARE's activities are without doubt helping households in its operational

area to improve their livelihoods through the means of bolstering their food and income security. Further, the more involved households are in CARE's activities—the greater the number of activities they participate in—the more they benefit.