

EVALUATION OF THE CADEC SUPPLEMENTARY FEEDING PROGRAMME

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Prepared by

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TABLE OF CONTENTS

LIST OF TABLES

ACKNOWLEDGEMENT

ACRONYMS LIST

1.0 INTRODUCTION

1.1 TERMS OF REFERENCE

2.0 LITERATURE REVIEW

3.0 METHODOLOGY

3.1 STUDY LIMITATIONS

4.0 DATA PRESENTATION, ANALYSIS AND OBSERVATIONS

4.1 FINDINGS FROM THE QUESTIONNAIRE – QUANTITATIVE
ANALYSIS

4.2 FINDINGS FROM THE FOCUS GROUP DISCUSSIONS – QUALITATIVE
ANALYSIS

4.3 CONCLUSION AND WAY FORWARD

5.0 RECOMMENDATIONS

5.1 APPENDICES

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ACRONYMS

CADEC	Catholic Development Commission
CCJP	Catholic Commission for Justice Peace
FAO	Food Agriculture Organization
MT	Metric Tones
NGO	Non Governmental Organization
RUDO	Rural Unity Development Organization
SAWINET	Southern Africa Water Information Network
SFP	Supplementary Feeding Programme
UNDAF	United Nations Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund.
WHO	World Health Organization
MOHCW	Ministry of Health and Child Welfare
VCW	Village Community Worker
VHW	Village Health Worker
ZACH	Zimbabwe Allied Church Hospitals
MUAC	Mid Upper Arm Circumstances

Introduction

The Catholic Development Commission (CADEC) is a community development organization of the Catholic Church, involved in community-based projects. Due to severe drought and food shortage in Zimbabwe, the CADECs have had to start implementing emergency supplementary feeding programmes, which are targeting children (under five years, primary school ages), pregnant and breast-feeding women

This report presents findings of the evaluation of the CADEC SFP in 10 districts namely: Masvingo, Nyanga, Matobo, Bulawayo, Bulilimangwe, Rushinga, Makonde, Gweru, Binga, Chirumanzu and Tsholotsho.

The eight evaluation objectives were:

- To assess the impact of the Supplementary feeding programme in terms of
 - the nutritional status of the under fives.
 - Attendance rates achieved at feeding points and schools
 - % coverage achieved.
 - Start date vis a vis planned start date
- To assess whether the CADEC SFP was implemented according to the standards set in the Implementation Guidelines with regard to warehousing, hygiene at feeding points, community participation, rations measurement etc.
- To assess the appropriateness of the systems and structures put in place (human resources, logistical resources, technical resources, management structures, information management systems etc)
- To assess the nutrition monitoring system adopted by CADEC from the MOH&CW's perspective.
- To establish the extent to which CADEC networked and co-ordinated with other stakeholders.
- To assess the impact of the SFP on other Development Programmes.
- To assess the level of support of the programme from the CADEC management and board.
- To make recommendations regarding all of the above and in addition to recommend a preparedness strategy for CADEC's in case of future emergencies.

Methodology

A literature review was extensively undertaken and gaps in information arising from the review were validated during the field research. The review of the secondary data sources was an on-going activity through out the evaluation exercise. Particular attention was paid to the programme routine reports, from the various districts and dioceses.

Primary data was collected through Participatory Rural Appraisal techniques (PRA) focus group discussions and in depth interviews with key stakeholders. A discussion guideline questionnaire was administered to the adults and heads of institutions like schools clinics and programme staff. The Focus Group discussions at schools included the school Head, Teacher in charge of the feeding programme and two other teachers. The clinic group comprised of the Sister in Charge, Nurse and Environmental Health Technician.

Historical analysis with health practitioners and nutritionists was carried out.

Major Findings

The major findings and issues, which emerged from the evaluation, are summarized below:

The date of receipt of the food aid in the districts varied from as early as March 2002 to as late as April 2003.

The key beneficiary assessors were mentioned as clinics, CADEC, field officers, health staff, nutritionists, Monitors (and/or community/clinic), nurses as well as teachers.

Assessment tools included “implementing guidelines”, monitoring forms, health cards, scales and school registers.

Over 75% of all the respondents in the focus group discussions consider the feeding programme to be a success. They rate it as “very successful”.

An increase in the number of beneficiaries was mentioned. School attendance was either improving or had increased. Other measures of success mentioned by the respondents include improved health as well as better performance at school.

Challenges facing the feeding programme: These include transport problems/fuel problems, theft, improper records, logistics (erratic supplies, distance, bad roads, utensils), scarcity of product as well as political interference and targeting.

Of the organizations providing food aid, CADEC was mentioned frequently followed by Government and other organizations.

According to the survey, households in the last three months have resorted to various coping strategies ranging from cutting down on the number of meals, borrowing, and vegetables including wild fruits.

Targeting of the food programme was largely by age group – with a focus on the under 5s/under weights including pregnant and lactating mothers.

To overcome the challenges, the communities proffered the following solutions: improving the quality and variety of the foodstuff, community training, improving security, stockpiling fuel, feeding at home and holding regular meetings/workshops for knowledge building.

Recommendations

The programme was largely rated a success but with large scope for improvement.

The solutions offered by communities lie in sharing of responsibilities: providing incentives to people behind the programme such as nurses and teachers, increasing both the quantity and quality of the foodstuffs, expanding the target to include the sick and elderly and infrastructure repair.

This may provide a platform to widen the net of community and donor participation as well as Government involvement given their varied competences and capabilities/resource endowment.

The specific recommendations are enunciated below:

1. The SFP management needs to hold a stakeholder meeting with all those institutions to be involved in the implementation of the programme (especially the teachers and nurses) and community leaders so that they appreciate the additional tasks and agree on how to cope with the additional tasks. This will map out areas of possible collaboration. The stakeholder meeting needs to take place prior to commencement of the programmes. This gives a sense of ownership to all stakeholders. Presently there is a lot of disagreement amongst the clinic staff and some teaching staff regarding the extra work involving the SFP.
2. Since there is a food deficit gap it is proposed that the SFP programme continues until next harvest 2004 and make provisions for the school holidays. The programme is to include orphans and patients with terminally ill diseases e.g. HIV/AIDS.
3. The logistics department needs to be capacity built to effectively manage the transport and delivery of food on time. This includes the improvement of the procurement process (of fuel and food). It is important to note that some of the food went to waste due to poor logistics i.e. rotting or getting stolen. The local suppliers must be encouraged to assist in the transportation of food to the key feeding points.
4. Standardised training for food committees to be carried out regularly so as to update the participants on latest development of the programme so as to avoid losses, curb thefts and favouritism. It is further proposed that the maximum number of beneficiaries at a feeding point be pegged at thirty people. This will lead to efficient and effective management at the feeding point including hygiene conditions.
5. Clear communication and reporting lines should be developed for instance on the issue forms there should be a place to allow for comment on the condition of the food, how many spoilt bags and when the food is likely to run out.
6. All breast-feeding mothers and pregnant women should feed at a central place and not take rations home, as this causes problems since it was found to be difficult for one person to eat whilst the rest of the family members are working. This defeats the purpose of the exercise.

7. The SFP management should come up with clear human resource policy on recruitment and carry out training for the staff in the following:
 - ❑ Report writing
 - ❑ Logistics.
 - ❑ Management
 - ❑ Public Relations
 - ❑ Water and sanitation
 - ❑ HIV/AIDS awareness
 - ❑ Board roles and responsibilities including areas of conflict.
8. From September 2003 there should be a deliberate effort to move from relief programme to more developmental interventions towards recovery, which includes (distribution of seed packs and other farm inputs). This will pave a way for the SFP programme in dioceses and districts to come up with an exit plan.
9. The SFP management needs to come up with a policy on disaster preparedness and assign or recruit a person responsible for planning on the disaster humanitarian relief interventions.

1.0 INTRODUCTION

The programme started in 2001 at a small scale in Binga implemented by CCJP Binga and CADEC Bulawayo including in Matobo, Bulawayo peri –urban Tsholotsho and Bulililamangwe. This was up to March 2002. In January 2002 Programme commenced in Lower Guruwe and was completed in September 2002.

The first Planning meeting for the present programme together with partners was in July 2002. The pilot programme commenced September 2003. In order to take up full district and widen the scope after the pilot stage to the following districts:

- Chinhoyi
- Rushinga
- Nyanga
- Binga
- Bulililamangwe
- Tsholotsho

The target population was to feed 532 000 beneficiaries. This figure was realised by November 2002.

The programme is due to end in April 2003 hence the need for this evaluation exercise.

Scope and Purpose of the Evaluation

The primary purpose of evaluation is to assess the effectiveness, relevance and impact of the supplementary feeding programme, with the aim of identifying areas of weaknesses and strength and making recommendations on how the CADECs should respond in case of any future emergencies. The evaluation process involved travelling and visiting all the six dioceses involved.

1.1 Terms of Reference

Specific objectives of the evaluation

- To assess the impact of the Supplementary feeding programme in terms of
 - the nutritional status of the under fives.
 - Attendance rates achieved at feeding points and schools
 - % coverage achieved.
 - Start date vis a vis planned start date
- To assess whether the CADEC SFP was implemented according to the standards set in the implementation Guidelines with regard to warehousing, hygiene at feeding points, community participation, rations measurement etc.
- To assess the appropriateness of the systems and structures put in place (human resources, logistical resources, technical resources, management structures, information management systems etc).
- To assess the nutrition monitoring system adopted by CADEC from the MOH&CW's perspective.
- To establish the extent to which CADEC networked and co-ordinated with other stakeholders.
- To assess the impact of the SFP on other Development Programmes.

- To assess the level of support of the programme from the CADEC management and board.
- To make recommendations regarding all of the above and in addition to recommend a preparedness strategy for CADEC's in case of future emergencies.

Presentation of the Report

The report is presented in three parts made up of five short chapters. The first part of the report focuses on understanding the food deficit and the vulnerable groups including the children. The second part of the report focuses on the findings, the strengths, successes, weaknesses and challenges of the existing programme. The final part of the report draws on first two parts to present some priority areas of actions as well as recommendations.

2.0 LITERATURE REVIEW

The Literature review analysis involved the review of CADEC's documents and records, which illustrate the inception of the programme and its progress. (Project proposal, reports, programme implementation guidelines minutes of meetings and correspondence pertaining to the programme.) The SFP aims at improving the nutritional status of the targeted population before the crop harvest of 2003 by providing supplementary food to the following groups:

- Under five year olds;
- Underweight under fives;
- Out of school youths
- Primary school children;
- Pregnant women;
- Breast feeding mothers;
- The Elderly and Destitute; and
- Patients in District and Mission Hospitals.

Zimbabwe is experiencing a third year of drought which has led to wide spread food insecurity. The current food shortages are compounded by the fact that the population is already suffering from chronic malnutrition and the impact of the HIV pandemic.

Over 75% of the population in Zimbabwe are living below the poverty datum line. Poor households are characterised by high numbers of dependents. The GDP has declined from 8.5% in 1996 to about 7% in 2002. Unemployment rate stands at about 70%. About 53% of households in communal areas have been affected by HIV/AIDS pandemic. The mortality rate in children and mothers has increased drastically. The increase is due to high rates of malnutrition, food deficiency and HIV/AIDS. The situation is worsened by the decline in the economic situation resulting in very poor standards of living with the inflation rate being estimated at 200%.

The issue of malnutrition and food insecurity is also being discussed by other stakeholders namely Ministry of Health and Child Welfare, Ministry of Public Service, Labour and Social Welfare together with WHO, UNDP, UNICEF and other like minded NGOs.

In order to assess the extent to which the 2002 humanitarian crisis had affected the level of nutritional status in Zimbabwe, the Ministry of Health and Child Welfare, UNICEF and WHO carried out an assessment of the nutritional status of children less than five years of age and their caregivers in May 2002. The assessment covered 30 districts (24 Rural Districts in 8 Provinces and 6 urban districts in the cities of Harare and Bulawayo.) The results of the survey showed that there was an overall deterioration of the nutritional status of both children and mothers including caregivers compared to the 1999 Zimbabwe Demographic and Health Survey (ZHDS).

The Ministry of Health and Child Welfare has recently completed coordinating and carrying out a National Survey on the health and nutritional status of children under the age of five years. January and February are regarded the peak period for malnutrition and food insecurity even in a normal year. The study is now at the data entry and report writing stage.

The scope of this study covered the following areas:

Harare, Chitungwiza, Bulawayo, new settlements, mines, communal areas, small towns and cities.

This study's findings can complement the CADEC supplementing feeding evaluation programme. It would therefore be ideal for the CADEC programme:

- To identify some synergy with other stakeholders.
- To pick out some mitigation strategies for comparison purposes and lessons learnt.
- To identify the infrastructure in place highlighting the local government structures which should give the framework of operation that is what structures are in place.

According to the Zimbabwe Emergency Food Security Assessment Report prepared by the Zimbabwe vulnerability assessment committee (ZIMVAC) of September 2002 there were 4,577,888 (33%) people requiring food aid in the period September to November 2002. It is estimated that a total of 6, 741,000 (49%) will need assistance by the end March 2003.

The Ministry of Labour and Social Welfare report to the donor meeting held in January 2003 at Takura House convened by UNDP, stated that the drought situation in Zimbabwe had resulted in severe food shortages. By end of the year 2002 a total of 685 784 MT of maize had been imported and it is estimated that a total of 716 957 MT will need to be imported by end of June 2003. The Ministry of Finance and Economic Development has so far disbursed approximately Z\$ 1.71 billion dollars which was transferred to Local Authorities for the Public Works Programmes (Food For Work).

3.0 METHODOLOGY

The evaluation was undertaken using a number of methods of data gathering. Interactive and participatory methods necessary for engaging all stakeholders were used.

Primary Data Source was collected through PRA techniques, in-depth interviews and the administration of a questionnaire/focus group discussion to adults, CADEC SFP staff, communities, committee members and councillors.

The objectives on stakeholders views was achieved using primary methods of data collection:

- Undertaking open ended or semi-structured interviews with key stakeholders such as:
- The coordinators, Monitors, community groups / individuals, Bishops, programme managers and CADEC Boards, Government Officials (Health, Education, Social Welfare), Local Authorities and other relevant stakeholders including CAFOD Food Aid team.
- SWOT analysis with CADEC team to identify strengths, areas of weakness, opportunities and threats.
- Stakeholder analysis with CADEC Teams to identify the major stakeholders
- Focus groups discussions were carried out with community groups, local leadership and staff to clarify and illustrate key issues, as well as come out with relevant issues.
- In-depth interviews were carried out with specific stakeholders to verify information and also to get specific insights into the SFP Monitors, programme managers, store keepers and nurses.

The focus group discussions lasted for one hour whilst the in-depth interviews lasted for up to 45 minutes.

Secondary data was collected from CADEC's, UNICEF, Ministry of Health and Child Welfare, Ministry of Education and Culture and Ministry of Public Service, Labour and Social Welfare.

Interviews with the stakeholders included:

- Identifying the main stakeholders and what their expectations were;
- Identifying the involvement of stakeholders in the CADECs supplementary feeding programme;
- Identifying major activities of CADEC's supplementing feeding programme;
- Highlighting the major challenges/constraints, weakness of the supplementary feeding programme;
- Identifying the main strengths; and
- Deciding on how the situation can be reviewed and improved;

Questionnaire

The Questionnaire tool was used as a guide for collection of data which could be expressed in statistical, tables and graphs. The questionnaire formed the basis for the guidelines in the focus group discussions and in-depth interviews.

In-depth Interviews

In-depth interviews normally are not structured as questionnaires. The in-depth interview allows for a discussion on one on one basis where one expects to get accurate information about respondent's attitude to the programme. The tool was extremely useful in identifying the strengths, weaknesses of the programme and also picking out lessons learnt and areas of discontent.

Observation

This was also very useful as the team just looked and listened carefully to what was going on. This tool is crucial since it helped answer some of the questions about the nature of the group dynamics, gender e.t.c. This allowed the researcher to make judgement on some of the subtle issues.

On average 18 to 20 focus group discussions were held in each district. The groups comprised of 8 – 10 people most of them were women and included the cooks, supervisors, beneficiaries and community leaders.

3.1 Study Limitations

The shortage of fuel was a major constraint and a lot of time was wasted in diesel and petrol queues. The SFP feeding points are far away from each other and the terrain was not very good. The time spent in the feeding point area was limited.

The team at times would arrive at the dioceses on time and only leave the diocese offices at mid –day due to transport fuel and logistical as well as managerial problems.

4.0 DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 The Questionnaire was administered to adults; heads of institutions, key stakeholders and CADEC staff below are the findings (Quantitative analysis):

Organizations providing food Aid in the Districts



The response to which organization is providing food aid, CADEC, was mentioned frequently. This was trailed by a combination of Government and other organizations. The impact of the latter group of Government and other organizations appear somewhat minimal according to the respondents in this survey.

Beneficiary targeting



Targeting was largely by age group – with a focus on the under 5s/underweights including pregnant and lactating mothers. This featured prominently. Some respondents also noted that it depends on the programme and others followed set guidelines. If the guidelines spelt unequivocally the target groups, then going by the responses it appears the procedures were largely being fulfilled to the letter. The data is tabulated below. Similarities in responses were noted which largely converge on targeting based on age/weight. The myriad of responses only reflected the open-ended ness of the question. This is expected in qualitative questions, which may invoke a qualitative response. Usually, a response such “all children” may require further probing for a break down by age group most of whom may well fall within the intended group. Failure of which would be reminiscent of or reflect poor targeting.

Assessment tools



A plethora of tools was being employed in assessment. The data show that the response “implementing guidelines” appears prominently. The other responses worthy of mention include monitoring forms, health cards, scales and school registers. Prior understanding of the tools in question enriches the responses. According to the data, this is an area where streamlining of the tools would be necessary for effective programme/project implementation and importantly for monitoring.

Success of the feeding programme

Over 75% of all the respondents consider the feeding programme to be a success rating it as “very successful”.

Reduction of malnutrition

Success was also measured through an indicator such as reduction in malnutrition. Over 82% of the respondents mentioned that they observed improvements/gains in weight among the beneficiaries. This is important for impact assessment as this looks at the outcomes as opposed to just the inputs.

School attendance

Over 80% of the entire respondents feel school attendance has either improved or increased. This is also a good indicator for impact assessment and evaluation.

Other measures of success

Other measures of success mentioned by the respondents include improved health and lactation as well as better performance at school.

4,2 FINDINGS AND ANALYSIS OF THE FOCUS GROUP DISCUSSIONS AND IN –DEPTH INTERVIEWS WITH KEY INFORMANTS.

Please note that the success, opportunities, weaknesses and challenges including the way forward are the views of the communities consulted and not the research team.

4.2.1 CADEC SFP EVALUATION CHINHOYI DISTRICT

The CADEC SFP in Makonde District aims at improving the nutritional status of the targeted groups before the crop harvest of 2003 by providing supplementary food to the following populations:

- Under five years olds – 34 605
- Primary school children – 26 387
- Pregnant women – 1 749
- Breast feeding mothers – 4 237
- Elderly and destitute and
- Patients in District and Mission Hospitals.

Makonde District is divided into six land use types namely:

- Rural areas, Small-scale farming, Commercial farming, mines and Chinhoyi urban area.

The Food Situation

Agricultural activities were reduced due to less rainfall and most of the planted seed was reported to have been affected by the drought and erratic rainfall. The late planted crops due to the rainfall in February and March 2003 Cyclone Japheth has improved the crop status.

The CADEC SFP's success and opportunities:

The Programme is going on well people are happy with the programme

- Children are gaining weight
- They are energetic and attendance at schools has improved
- Lactating and pregnant mothers are being fed and food is delivered on time.

Weaknesses and challenges of the SFP include:

- The power struggle of the Urban versus Rural Committees has resulted in more resources going to the urban sector.
- Ministry of Health and Education staff feel overworked and that this programme is an additional burden. The emphasis here is that the feeding programme is carried out under any other duties and the staff performance is evaluated on key result areas. The feeling is that the SFP is not a key result area.
- Limited capacity of some of the staff members, including the programme management.

The Way forward

The people interviewed proposed the following:

1. The need for training committees on how to work with other committee members, monitoring and keeping records at the warehouse on the movement of food.
2. Sick people and adults also need to be included in the SFP.
3. Permanent structures/multipurpose structures with water and toilets need to be constructed.
4. Nutrition Training needs to be introduced within the introductory workshops for the various food committees.
5. Standardisation of feeding programme and have uniform allocation of food.
6. Integrate agriculture. Recovery in time Irrigation Projects and nutrition gardens.
7. Programme should not end abruptly it should be gradual following assessments results and communication of lessons learnt.
8. Utilise electronic media to inform the community on when the food is being distributed at the feeding points. The radio is one example, which most people listen to and important development messages can be communicated.
9. Stakeholders meetings to be held more often in order to share lessons and challenges.
10. The programme to continue in 14 – 18 in Mhangura and Alaska.
11. The communities proposed more cooperation with other community development organizations like Riders for Health . This community development organisation is involved in assisting the community repair transport vehicles in the health sector.

4.2.2 CADEC SFP EVALUATION NYANGA DISTRICT

There are 30 wards and 28 clinics participating in the SFP.

The SFP targeted the following:

- Under five year olds – 22802
- Primary school children;
- Pregnant women - 31423
- Breast feeding mothers – 2280
- Out of school children; and 4560
- Destitute and the elderly.

The food situation in Nyanga by end of 2002 was not good. There were no significant food stocks from the harvests. The food crisis is still being experienced. The food for work programme has not been active since late last year. CONCERN was involved in the general feeding programme targeting up to five members of the household. Each member received 10 kg maize, 750 mls cooking oil, 2 kgs beans and 1 kg porridge. However the programme has limitations in the selection criteria used. GMB programme was erratic.

Most feeding points highlighted the issue that the teachers at the school felt that the SFP was extra work for them on top of their usual work. The nearest protected well which was the main source of water was too far from the school. The mothers assigned to cook the porridge often came late and this inconvenienced the children who were hungry.

The feeding point at Hanga village was discontinued after being opened for only two months due to the fact that the volunteers at the feeding point committees failed to turn up to prepare the food. In Madondo village ward No. 18 the communities were not trained but given manuals to read and use. This caused confusion and frustration to all the stakeholders. The

women with children benefiting from the programme took turns to prepare the porridge. They were expected to bring the pots and utensils to be used at the feeding point. If the person does not have the mentioned utensils she often delayed in coming to work since she had to borrow from friend and relatives. Since most of the time the cooking of the porridge was done at someone's premises the women felt rushed since the owner wanted to also utilise the facilities to prepare the family meals.

The feeding point at Machinga Village Orphanage does not only target children under five years but also has children well over 13 years old. This is due to the fact that they deal with mentally handicapped children as well.

The success and opportunities of the SFP include the following:

1. The beneficiaries are happy and grateful for the porridge, mealie-meal and beans
2. Children have started gaining weight and some have gained weight.
3. Attendance at school is very good (porridge is an incentive).
4. Committees have been trained except for a few who still need training
5. Children have strength and can engage in sports.
6. Concentration span of children has improved and even performance in some schools.

The challenges and weaknesses include the following:

1. Allowance for Monitors do not include lunch and transport. This tends to affect the programme negatively. There is no incentive to travel out of the offices or to move to the various feeding points to check on the quality of delivery of the SFP.
2. Children population at irrigation schemes are not always targeted hence the danger of being missed out the SFP.
3. The activities and policies about lactating mothers and children being given dry rations to cook at home needs to be revisited. It is not feasible to feed only one member of the family within the household. Hence the intra household conflicts and this defeats the objective of the SFP.
4. The quantity of food is sometimes inefficient to cover the numbers of the beneficiaries. Hence the porridge is diluted with water so as to feed every one. This affects the nutritional value of the food.
5. The frequency of food distribution needs to improve and have regular days which the community is aware of. Sometimes the food arrives at the storage places and the distribution is done many days later. This disrupts the communities planning capacity and participation in the implementation of SFP at all levels.
6. Adults who are ill or participating in the implementation of the programme have not been targeted hence the danger of stealing of the food. Hence the need for them to be considered in this programme
 - the cooks; and
 - the rest of the family

8. Cleanliness needs to be a priority in some feeding points i.e.

- Storage
- Cooking place

- The cooks

9. Training for members especially in the areas -

- Preparation and demonstration of the food.
- Have enough utensils.
- Proper Storage.
- Ordering or requesting for food on time.
- Concern in distributing food: -
 - People are not happy with criteria used – how people are chosen; some needy people are being left out.
 - The councillors are too powerful and at times very selfish.
 - The quantities are unrealistic.
 - The distances sometimes are too far from the homesteads and hence difficult for the communities to bring firewood.
 - Some mothers tasked with preparing the porridge have no prior training and use an instruction sheet that is not well photocopied.

10. The programme experienced administrative problems from the start, which almost derailed the whole programme. As a result a new manager was recruited and the logistician was relieved of his duties. This threatened the smooth running of the programme. The situation is only normalising but still needs to be assessed.

Proposed way forward

1. CADEC needs to plan well in advance and start feeding early in the year.
2. There is a need for CADEC to liaise and link up with other organizations involved in feeding schemes so that there are no gaps or duplication of services.
3. Communities need to be quite clear of their roles and this includes other stakeholders such as nurses, teachers so that they do not see the programme as an extra load. Incentives for VCW need to be developed or proposed.
4. Training of feeding point committee members needs to be enhanced.
5. Monitoring should be carried out extensively to identify:
 - Those not interested – those incompatible with the SFP and CADEC to continue feeding the targeted groups.

4.2.3 CADEC SFP EVALUATION MASVINGO DISTRICT

The CADEC SFP commenced on October 14, 2002. The main purpose was to prevent a decline in nutritional status of the most vulnerable population in Masvingo. As at 21 March 2003 there were 801 feeding points, 132 schools and 40 hospitals and clinics participating. The following have benefited from the programme:

- i. Under five year old children – 33 320
- ii. Under weight children - 308
- iii. School children – 55 654
- iv. Out of school Youths – 473
- v. Destitute and Elderly – 1 700
- vi. Breast feeding mothers – 1 603
- vii. Pregnant women – 1 288

The Monitors have the task of visiting all the feeding points in their area. At the warehouses they were to observe the following:

- 1. Fumigation schedules
- 2. Security systems and storage and utilization of the food.

The programme is expected to phase out on May 31, 2003. There was also nutrition support and a nutritionist with the assistance of CAFOD visited the programme feeding points early March 2003. Some of the observations made by the nutritionist include:

- 1. In some areas children were not feeding and the mothers were concentrating on gold panning,
- 2. Some households were busy harvesting maize
- 3. No weighing of children and
- 4. There was no toilet facilities at some feeding points.

Successes of the CADEC SFP

- 1. The programme was generally very successful and reached most targeted Primary schools.
- 2. More mothers brought their under fives children to feeding points.
- 3. Nutritional status of children has improved
- 4. School attendance since inception of the programme has improved

Challenges and weaknesses of the SFP include:

- 1. The delivery of the food is erratic and needs to be improved.
- 2. The policy on the storage of empty bags not clear. Some communities are unable to access food since they are not in a position to produce the empty bags of the previous food allocated to them. The presentation and storage of the empty bags needs to be explained to the people who are administering the SFP at the initial stages of the implementation cycle.
- 3. The management of the food and storage is not efficient. The store food ends up becoming stale due to poor storage procedures.
- 4. Too much paper work and fuel shortages.
- 5. The SFP sometimes disrupts classes at schools during the preparation and distribution of the food.

Proposals on the way forward

- 1. The food for pregnant women programme should continue

2. Induction of new staff and introduction of training programmes to staff and key stakeholders
3. Master Cards to be used to assess nutritional status by clinics.
4. To continue assisting the orphans
5. There is need for diverse sources of funding so as to ensure continuity
6. The community to be encouraged to participate irrespective of their denominations
7. Some of the feeding points be converted into pre-schools
8. The need to embark on development projects
9. The selection of beneficiaries to include other variables and not to use age groups only.
10. Where there is electricity there is need to use electric appliances
11. The disaster preparedness programme started very late hence in the future there is need to have some assistance over and above AREX reports to plan the interventions early.

4.2.4 CADEC SFP EVALUATION RUSHINGA DISTRICT

There are different activities being carried out in Rushinga District. Gold panning is the most practiced by age groups from 12 to 60 years. The western part of the District received better rains and farming activities are going on. The 2002 –2003 season is not very encouraging. It is forecasted that the harvest will not last three months. Christian care was involved in the general feeding and targeted household members and provided 10 kgs mealie meal, cooking oil, soya beans and porridge per capita. The GMB programme was erratic.

The CADEC SFP was introduced to prevent the decline of nutritional status of the population of Rushinga. The populations covered in the programme include:

- i. Under fives – 15 973
- ii. Primary School Children – 18 688
- iii. Pregnant women – 1 597
- iv. Lactating mothers – 3 195
- v. Elderly and destitute and
- vi. Patients in district and mission hospitals.

Successes of the SFP

The programme has been very successful:

1. Children are gaining weight
2. Increase in school enrolment and attendance
3. Children actively participating in sporting activities
4. Reduction of malnutrition
5. Increase in milk production for lactating mothers
6. The presence of the nutritionist has helped in the successful implementation of the programme.
7. The warehouse in this area is a model that could be emulated in other districts.

Challenges / Weaknesses of the SFP

1. Education and Health staff feel that they are overworked especially during the distribution days.
2. Fuel shortages.
3. Communication strategies need further discussion.
4. Recruitment process not transparent.

Proposed Way Forward

1. The SFP to continue in certain areas (Wards 1 –6, 15 – 19) in the other wards the programme can stop especially in wards (17 – 14)
2. The participatory assessment by the key stake holders to be carried out and completed by July 2003
3. Prepare to recommence the programme in September according to the findings
4. Recruitment process needs to be more professional. A clear and transparent process needs to be outlined including who does the recruitment and how it is to be done. CADEC SFP management especially the board members need to be trained on how the recruitment process is presented in the Human Resource policy their roles and avoid conflict of interest. There is need to have a human resource policy which gives a clear guideline on how recruitment of staff is to be carried out.
5. Training for Monitors including defensive driving.
6. Training of communities including explaining the value of the nutrimeal porridge, hygiene and the measurements.
7. There is need to encourage coordination between stakeholders.
8. Transparency is needed in the disposal of condemned food and the Monitors have to be involved.
9. Dry rations distribution should also include soap.
10. Follow up mechanisms for under weights need to be developed.
11. The weighing gadgets for the children need to be increased.

4.2.5 CADEC SFP EVALUATION BULILIMAMANGWE DISTRICT

Target group currently receiving food aid under CADEC includes:

1. Under five year olds	23 850 children
2. Primary school children	43 500 children
3. Pregnant mothers	2 000
4. Breast feeding mothers	4 500
5. out of school children	3 200
6. Destitute and elderly people	2 710

Current Food Situation

Bulilimamngwe like most districts in Matebeleland, is experiencing severe food shortages as a result of the failed rains in the 2002 agricultural season. The worst affected areas lie in the

southern part of the district where livestock has perished due to lack of grazing pastures and drinking water. In the northern parts some families are surviving on melons and limited harvests of sorghum and millet.

World Vision is currently distributing drought food relief aid to eligible households. The maximum a household receives is 60 kgs of maize meal or grain per month, 2 litres of cooking oil and 2 kgs of sugar beans. Households with more than 7 head of cattle or with children working are not eligible for the food aid.

The Grain Marketing Board (GMB) grain supplies are very erratic and cover very few people. It was reported that GMB distributed grain late last year. The same goes for the Public Works programme where people work for 15 days in a month and are paid cash. Many have not yet received their remuneration for the days worked. It was further reported that there are some worrying reports that food aid from World Vision will be reduced soon. If this is true there will be a huge food deficit and the gap will need to be filled by government and the donors participating in the food aid programmes. World Vision has a supplementary feeding programme in wards 5 –10. The rest of the wards in the district including the schools are catered for by CADEC. Help Age Zimbabwe is providing food aid on a small scale in the western area around Makhulela.

The successes of the SFP

1. The staff compliment based in Plumtree includes: Field officer, 21 Monitors and Warehouse staff.
2. Big and safe warehouse in Plumtree.
3. 1 truck and trailer (13 tonnes) in good condition including a pick up truck.
4. Mothers have been trained are able to prepare good porridge for their children at schools and feeding points.
5. Weight gains have been achieved for the malnourished under fives and school going children.
6. Nutrition figures indicate that the under nourished make up for about 6 –8%. Things could have been worse without the SFP.
7. The attendances at pre-schools and schools have improved.
8. Nutritional status of pregnant mothers has improved resulting in fewer complications at birth.
9. Major disaster has been averted people are hungry but not starving to death.
10. Management of the food in the food aid programme is in the hands of the communities after receiving training from CADEC.
11. The SFP provided bicycles to the Monitors as part of the capacity building of the community and to ensure frequent visits to the feeding points
12. The programme is managed in a sustainable way.

Weaknesses and Challenges of the CADEC SFP

1. The food stocks run out and there is a delay in replenishing them.
2. Some mothers and other community members are not keen to come and prepare the porridge for the children.
3. Some members of the communities are demanding cash payment when requested to assist the off loading of the trucks hence slowing down deliveries.

4. Some of the community members selected to manage the programme are not ready to carry out their functions this leads to conflicts.
5. Minimal involvement of Traditional leaders in the Cadec SFP.
6. The cooking facilities are not very conducive they are open and no shelters built.
7. The CADEC SFP is seen as an additional workload to the clinics, hospital staff and school staff.
8. The CADEC Monitors are not considered as part of the system hence the monitoring of the programme is complicated by the lack of community ownership and the staff at the institutions.
9. The attendance figures at feeding points are not consistent.
10. The daily attendance registers are not able to accommodate more than 40 children in a day.
11. The weighing of the children not done every month.
12. The children come to the feeding points at different times and hence it is difficult to decide on the amount of porridge to prepare.
13. Very little coordination with other departments and donors including other NGOs.
14. The type of bicycles provided to the Monitors is not suitable for the terrain.
15. Some of the food expired in the warehouse hence it was not suitable for human consumption.

The community interviewed did not propose a way forward.

4.2.6 CADEC SFP MATOBO DISTRICT

Food Situation

This is a much smaller programme compared to Plumtree. Besides feeding the original target group, secondary school children around St Joseph Mission are also receiving porridge. The farmers in the area (region 4 and 5) normally grow sorghum and millet. This particular season they failed to harvest anything and food is very scarce. The communities reported that World Vision originally distributed 60 kgs of mealie meal or grain, 2 litres of cooking oil and 2 kgs of sugar beans to each household every month. This has since been slashed to 30 kgs of mealie meal only. The government food aid programme is rated very low since GMB is not bringing in any meaningful quantities of grain for distribution. The last food delivery was made end of 2002. The public works programme stopped in 2002 and people are still waiting to be paid.

CADEC SFP Successes and opportunities

1. Averted major disasters no one has died of starvation.
2. Malnourished children under five years is 10% this figure could have been higher if SFP was not in place.
3. Pregnant women are now coming to register early to deliver in hospitals. The Apostolic faith members are also coming to register.
4. Pregnant women with complications can be diagnosed early and a mitigation plan to correct the situation implemented.
5. The nutritional meal provided is well balanced.

6. Mothers and other members of the community have been trained in how to prepare porridge.
7. The SFP has also encouraged community participation and ownership of the programme.
8. The feeding of children at schools including secondary pupils will enhance learning and improve the results.
9. There are few school dropouts and the attendance figures have increased.

CADEC SFP Weaknesses and Challenges

1. No consideration for additional staff at the clinics and hospitals hence the existing staff is overstretched.
2. Poor supplies of food to the area.
3. No clear information as to when the next food deliveries will be made.
4. Poor communication between the Monitors and the communities.
5. The distances covered by the Monitors are large and the older people have difficulty in cycling these long distances.
6. The Bulawayo office not responding quickly to food delivery gaps.
7. There was no feeding during the school holidays because the provision provided to each household were used up by the first week of the holidays by the whole household.
8. The food pilfering at the storage places i.e. at schools is also rampant.
9. There are no proper shelters constructed for cooking hence the cooking of the food is done in the open.

The community interviewed did not propose a way forward.

4.2.7 CADEC SFP BINGA DISTRICT

Food Situation in Binga

Binga district falls in natural regions 3, 4 and 5. Erratic rains were experienced in the just ended rainy season. Maize in the Lusulu area was partially affected because of the late planting. Millet and sorghum are currently being harvested, however the indigenous sorghum variety being a late maturity type may be affected by the cold season.

Crop estimates stand as follows:

1. Maize – 4 bags per hecter per household
2. Sorghum – 3 bags per hecter per household
3. Cotton – 300 kgs per hecter per household.

Factors affecting yields include the weather, Que lea birds, wild life especially elephants and common pests.

It is estimated that the food levels will last for about 45 days hence it is anticipated that there will be food shortages.

Organizations currently providing Food Aid

Besides CADEC SFP the other major players in food distribution is Save the Children U.K. At some point last year breaks in food distribution were experienced due to political problems. This was a temporary break and food distribution resumed currently over 124 000 people are receiving food aid from Save the Children U.K. The package includes 10 kgs of maize meal or grain, 2 kgs of sugar beans and 750 mls of cooking oil every month. The Adventist Development and Relief Agency (ADRA) is giving food aid to three wards only. The Grain Marketing Board maize distribution has improved and more people are accessing food although there are still transport problems to transport to the villagers. The CADEC had to provide Z\$ 500 000.00 for transporting the maize grain. The Communities view the GMB programme as being very erratic and failing to meet their grain needs. The food for work programme people have worked but have still not been paid their remuneration this has discouraged participation in the programme.

Programme successes and opportunities

1. Increased attendance at schools.
2. The school dropouts have also rejoined the school programme hence you find 15 year olds in grade five and other lower grades.
3. The recruitment drive to recruit qualified teachers is picking up. Currently of the 1026 teachers only 210 are qualified.
4. Secondary students are also being fed.
5. The number of malnourished children has reduced to about 10%.
6. Reduced complicated birth deliveries.
7. There is a good working relationship between CADEC staff, hospital staff, education staff and the communities.
8. Job creation.
9. Food supplies are adequate and there is no transport problem since the CADEC programme has managed to procure fuel.

CADEC SFP Weaknesses and Challenges

1. 26 Monitors were dismissed and this left only 6 Monitors to cover the whole district.
2. Shortages of staff at hospitals and clinic lead to work overload.
3. Limited storeroom facilities.
4. Over supply of food and the food end up expiring and getting spoilt.
5. The teachers who have become the Monitors do not have adequate transport.
6. The mothers preparing the porridge for the children prepare too much hence the parents also end up feeding themselves.
7. Inconsistencies in quantity of food delivered to the various feeding points.
8. Hospital staff due to shortage of staff and the ad hoc food deliveries the patients in the hospitals are requested to assist off loading the food.
9. There are no toilets and shelters for cooking at most feeding points.
10. Filling issue forms is very cumbersome especially with the limited staffing situation.

The community interviewed did not propose a way forward.

4.2.8 CADEC SFP TSOLOTSHO DISTRICT

Current Food Situation in the District

Tsholotho is in Matebeleland North and falls under natural region 4 and 5. The communities are mainly involved in livestock rearing and growing small grains such as pearl millet and sorghum. The past farming season maize seed was in abundance but is a great risk in the area. The NGOs managed to distribute small grains seed on a very small scale. The persistent dry spell, which began end of November up to January 2003 wiped up the early-planted crops. This has resulted in limited food security. The harvest is estimated to last only 30 days. Livestock is in a bad state due to the limited water supply.

Food Aid

At the moment ORAP a local NGO is providing food aid to households in the district. Not everyone is benefiting since those people in gainful employment and with more than five herds of cattle are excluded. ORAP is providing 50kgs of maize meal, 2 kgs of beans, 2 litres of cooking oil and 5 kgs of nutrimeal per household.

The Government Public Works programme has since stopped and the GMB supplies have dried up due to corruption. To illustrate how difficult it is to buy food one man at Mbambangamandla pre-school said “now we have more money in our pockets but no food to buy”.

Success and opportunities of SFP

1. The CADEC SFP has averted a major disaster.
2. They're very few cases of severely malnourished children.
3. The children have recorded weight gain.
4. The attendance ratios and figures at school have increased.
5. Mothers and the rest of the communities are keen to prepare the porridge for the feeding points and have also taken up the running of the programme.
6. Self regulating systems have been introduced by the communities for example use of rosters for cooking, built shelters for cooking. There are food committees.
7. The Monitors have been supplied with bicycles and a pick up van for transport.

Challenges and weaknesses

1. Many feeding points still require better facilities and equipment for cooking including cooking pots.
2. Whenever there is a drought relief distribution the mothers go to the queues and fail to turn up to cook for the children.
3. The CADEC SFP had added more work to the staff at clinics and the schools.
4. The bicycles distributed to Monitors are not suitable for the terrain.
5. It is difficult to account for the food given at schools and clinics and the element of theft cannot be ruled out.

6. Reports of spoilt nutrimeal and food are very common due to poor storage facilities.
7. Transport constraints and shortages of fuel diesel and petrol.

The community interviewed did not propose a way forward.

4.2.9 CADEC SFP BULAWAYO PERI-URBAN

Food Situation

The peri-urban communities around Bulawayo are mainly elderly people some pensioned and do not have formal employment. They practice subsistence farming and vegetable gardening. The plots are small and there is a shortage of drought power so they end up depending on hiring tractors for tillage. The elderly are also looking after orphans.

There are a few retail shops many travel to the nearby townships of Bulawayo for their provisions. The recent hikes in transport fares to about Z\$ 1 200 from Methodist village to Bulawayo will cut off this link. The rains also failed around Bulawayo. As a coping strategy many are seeking part time employment at irrigation schemes.

Who is giving Food Aid

Government programmes are non- existent and GMB last distributed food in December 2002. The public works programme also ended in March 2003 where villages were paid Z\$ 100.00 a day. This amount is inadequate to purchase any food hence most people are not keen to participate in the programme. The villages were given an opportunity to purchase 10 kgs of maize meal at Z\$ 250.00. This seems to have been a once off position.

CADEC SFP is providing 10 kgs of maize meal and 2 kgs beans to elderly people above 60 years. At the St Peters feeding point only 40 x 10 kgs packets are provided every month. These provisions are inadequate for the large communities.

Successes and opportunities of the SFP

1. Children look very healthy the porridge prepared is nutritious.
2. School attendance rates at pre-school and primary schools have gone up.
3. The under five year olds have also gained weight and deaths have been averted.
4. Active learning is now taking place.
5. Children are now able to participate in sporting activities.

Challenges / Weaknesses

1. The food is prepared in the open with no shelters.
2. Some children miss out on the feeding programme when the mothers go to work on their gardens or as part-time workers.
3. Some mothers fail to participate in the food preparation.
4. Firewood or fuel for cooking is a major problem.
5. T.B. cases also come to the feeding points and this is a threat for those children and adults not affected.

6. Pregnant women are not receiving their rations since the only clinic to accommodate their needs is in Pumula suburb. The mobile clinic due to fuel problems is failing to come once a month.
7. Children are not being weighed monthly since the mobile clinic is not coming regularly.

The community interviewed did not propose a way forward.

4.2.10 GWERU DIOCESE

The supplementary feeding programme commenced in Gweru at the beginning of 2002. Twenty-five primary schools with an enrolment of 6 343 pupils had started the supplementary feeding under the AIDs programme. During this phase pupils were selected from orphaned and poor families. The schools were provided with maize, sugar beans and cooking oil. As the drought situation deteriorated coupled with serious shortages of basic commodities, maize grain, cooking oil, milk hence more schools appealed to CADEC for supplementary feeding. Through arrangements with the local Government CADEC Gweru was authorized to procure three tonnes of maize grain from GMB every month.

Unfortunately due to the critical shortage of maize grain, this facility was discontinued only after operating for a couple of months. Resources were mobilized from Caritas Switzerland and this enabled supplementary feeding to take off on a larger scale. By November 2002, supplementary feeding started in Chilimanzi, Tokwe Resettlement and Gweru urban high-density suburbs. Chilimanzi district has 54 schools, Gweru urban 15 schools, 4 mission primary schools and pre-schools outside Gweru Diocese. Caritas provided 650 tonnes of corn soya blend porridge mix through CAFOD. Besides porridge, 17 tonnes of powdered milk were also received. To effectively implement the programme, a Pick –up truck was purchased to augment the existing fleet.

Targeting

The SFP targeted primary schools, under five years children and the terminally ill.

AREA	No. OF SCHOOL PUPILS	No. OF UNDER FIVES
Gweru Urban	3184	5614
Chiundura's Gambiza	1317	-
Chilimanzi and Tokwe	17731	6364

Since this was a disaster intervention, no selection tools like Mid Upper Arm Circumference (MUAC) measurement, height and weight charts were used. Instead total population figures were used.

Storage and Security

The main storage point was established in Gweru town, where all consignments are delivered. The warehouses are being leased for U.S. \$ 100 per month. The CADEC is currently constructing premises. There are three sub-storage points, one at Holy cross, the other at St. Joseph's and the third at Oregon in Tokwe. Fawcett and Screen Security have

been contracted to guard the storage facilities and to date there have not been in break ins recorded.

The major part of the SFP is established at schools. The school administration and school development committee have organized duty rosters on implementation and community participation. The parent's programmes continued with minimal supervision from teachers. However during the school holidays very few schools were reported to be implementing the SFP during the holidays.

Monitoring

During the month of December 2002 CADEC embarked on a monitoring process to ensure proper running of the SFP. At its inception the programme suffered lack of capacity especially the inadequate human resources. In January 2003, two drivers and two field officers were recruited. Four community-based Monitors were engaged in March 2003. The project manager left the organisation soon after being hired.

The locally based Monitors use public transport since they do not have bicycles or motorcycles. This severely limits accessibility of the feeding points for monitoring particularly in Tokwe where the under fives programme is situated in the villages. The roads are not good hence there are no buses plying routes into the villages. All mothers interviewed indicated that they had been trained in the correct measurements in the preparation of the porridge but failed to follow the instructions due to the fact that they had many children to feed and needed the porridge to stretch. An indication for close monitoring. There were no registers marked every day. The register would augment the daily usage forms and enhance statistics. Hygiene standards and stock audits can also be verified during monitoring.

Cooperation and Coordination with other Stake holders

In Gweru the other players include Care International, Christian Care, Oxfam, Ministry of Health and Child Welfare and ZACH operate vertical programmes. Some efforts to meet and create a common ground have been made with limited effect. There is room for more joint planning, cooperation and increase capacities through the various synergies. There are situations witnessed where there were no beneficiaries at some feeding points because another donor was distributing for such uncoordinated relief activities lead to wastages, confusion and competition.

Transport

Transport constraints including fuel shortages were noted as major concerns. The present fleet was inadequate and there was need to acquire a bigger car, which could accommodate a bigger team and also carry the food consignment.

Successes and opportunities of the SFP

1. Schools attendance had increased since the programme started.
2. Some children are travelling long distances on empty stomachs going to school the porridge is nutritious and helps their growth.

3. Establishing village based feeding points enables children to attend pre-school and they can be weighed and immunized. The sick ones are screened and referred to health centres. Eight home based centres mainly at mission hospitals are established throughout the diocese. 1 231 patients and 30 603 orphans are currently getting assistance that ranges from baby formula for 600 orphans, school fees, and building fees. Gweru CADEC assists charitable institutions like the soup kitchen, Mudavanhu, Zimcare Trust, Batanai Old peoples home, Jairos Jiri Naran centre, operation Street – kids and Blue hills.

Challenges and weaknesses

Generally, beneficiaries are appreciating the programme. The concerns include limited human resources, absence of field managers, limited Monitors and lack of training of field staff.

The feeding points particularly in Chilimanzi District are situated at schools. During the school holidays the feeding points visited were not operating. This disadvantaged the under fives and lactating mothers. The storage of the food bags in the warehouses where you found bags sitting on the floor and leaning on the wall. The inventory system of first in first out is not being adhered to. The stock control cards were incomplete.

The feeding points did not have pot racks and rubbish pits. The storerooms were not swept regularly.

3.3 CONCLUSION – OBSERVATIONS AND PROPOSED WAY FORWARD

1. In all the 10 Districts visited it is clear that there is food insecurity. In some cases the food available will only last for 45 days. The food deficit situation for the whole country is not clear. Those people who will manage to harvest have to return the grain and money borrowed. These will result in smaller quantities of grain going to GMB. This clearly demonstrates that the food deficits will exist and the need to continue the SFP. It would be a grave mistake to suddenly stop the programme this will reverse all the gains made and have serious consequences on food security countrywide.
2. Fuel supplies constraint is causing disruptions in food supply.
3. The other vulnerable groups who were not previously targeted have also benefited from the programme. This includes the example of the secondary school children the T.B cases other patients to mention a few.
4. Some pupils walk about 30 to 35 kms to and from school every day. The porridge provided at the school assist to promote active learning and reduce hunger.
5. The orphans group of children needs special attention and advice to the grandmothers and relatives taking care them.
6. There have been cases of theft of the nutrimeal especially by those people who prepare the porridge for the children. The GMB food distribution excluded civil servants since they are gainfully employed but since the maize grain was not available in the shops and hence helped themselves to the food. The newly recruited teachers in Binga for example had not received their salaries for three months and also needed to survive and they were not in the targeted group of beneficiaries but were tasked with the distribution of the food at the schools. This situation was also experienced at the hospitals and clinics staff and patients.

7. The daily usage forms indicate that children do not come to feeding points daily and some children with sick mothers or mothers who have visited other villages for other reasons are not benefiting from the SFP.
8. Whenever there is drought relief food distribution the mothers prefer to queue and wait for food instead of taking the children to the feeding point. They have other family members to consider.
9. During the rainy season since the cooking and preparation of the food is done in the open no feeding takes place.
10. The Monitors need to discuss with the communities openly to try and find solutions to the issues raised.
11. The local leadership and other stakeholders need to create fora where these issues can be discussed and solutions quickly reached. The feeding programme needs to be understood by every body and involve the Environmental health technicians, village health workers, the teachers, other professionals and key stakeholders. This will improve the coordination of the whole programme.
12. In discussions with the communities including the mothers the weighing of the children takes place at local clinics or in the villages. It was discovered that not all the children come to the baby clinics. It is expensive for mothers to travel to the baby clinic only. The fuel problems are also restricting the health staff to field mobile clinics hence the VHWs need to be trained including some mothers at feeding points to take weights every month and then send the information to the hospitals.
13. The food distribution is erratic and some nutrimeal has already expired and food also gets spoilt due to poor storage. There is lack of quality control and spoilt biscuits and other food not fit for human consumption.
14. The Bicycles distributed are not fit for the terrain there is a need to look for a stronger type like the “diki wheel”. This is a peri machine that does not need breaks and the wheels are much thicker and can be used on sandy soil.
15. This is an opportune time to start planning for long-term solution.
16. The programme managers had varied competencies, with some needing a lot of support in basic management skills such as time management, monitoring and supervision skills. It is therefore important that if the programme is to continue some capacity building needs to be done. The managers’ competencies need to be assessed by respective coordinators. The areas include programme management and human resources management.

5.0 RECOMMENDATIONS

The programme was largely rated a success but with large scope for improvement.

The solutions offered by communities lie in sharing of responsibilities: providing incentives to people behind the programme such as nurses, increasing both the quantity and quality of the foodstuffs, expanding the target to include the sick and elderly and infrastructure repair.

This may provide a platform to widen the net of community and donor participation as well as Government involvement given their varied competences and capabilities/resource endowment.

The specific recommendations are enunciated below:

1. The SFP management needs to hold a stakeholder meeting with all those institutions to be involved in the implementation of the programme (especially the teachers and nurses) and community leaders so that they appreciate the additional tasks and agree on how to cope with the additional tasks. This will map out areas of possible collaboration.
2. Since there is a food deficit gap it is proposed that the SFP programme continues until next harvest 2004 and make provisions for the school holidays. The programme to include orphans and patients with terminally ill diseases e.g. HIV/AIDS.
3. The logistics department needs to be capacity built to effectively manage the transport and delivery of food on time. This includes the improvement of the procurement process (of fuel and food). The local suppliers need to be encouraged to assist in the transportation of food to the key feeding points. The local millers need to appreciate their role in the processing of the mealie meal.
4. Standardised training for food committees is carried out regularly so as to update the participants on latest development of the programme so as to avoid losses, curb thefts and favouritism. It is further proposed that the maximum number of beneficiaries at a feeding point be pegged at thirty people. This will lead to efficient and effective management at the feeding point including hygiene conditions.
5. Clear communication and reporting lines should be developed for instance on the issue forms there should be a place to allow for comment on the condition of the food, how many spoilt bags and when the food is likely to run out.
6. All breast-feeding mothers and pregnant women should feed at a central place and not take rations home.
7. The SFP management should come up with clear human resource policy on recruitment and carry out training for the staff in the following:
 - Report writing
 - Logistics
 - Management
 - Public Relations
 - Water and sanitation
 - HIV/AIDS awareness.
8. From September 2003 there should be a deliberate effort to move from relief programme to more developmental interventions towards recovery, which includes (distribution of seed packs and other farm inputs). This will pave a way for the SFP programme in dioceses and districts to come up with an exit plan.
9. The SFP management needs to come up with a policy on disaster preparedness and assign or recruit a person responsible for planning on the disaster humanitarian relief interventions.

10. The ZACH programme operating at Holly cross mission is implementing the Ministry health and Child Welfare nutrition monitoring systems. CADEC can learn how to use these tools from staff at Holly cross.

APENDIX 1

Nutrimeal Porridge Meal 25kg

Manufactured by Makonde Industries Msasa

Nutritional Information

Nutrients	Content per 100gm
Carbohydrates	
Proteins	14.0gm
Fats	5.9gm
Fibre	4.0gm
Moister	7.0gm
Energy	400k Cal
Micro nutrients after cooking	Content per 100gm
Vitamin A	250 RE
Vitamin B1 (Thiamine)	0.35mg
Vitamin B2 (Riboflavin)	0.40mg
Vitamin B6 (Pyridoxine)	0.50mg
Vitamin B12	0.20mcg
Macin	4.50mg
Folic Acid	50.0mcg
Iron	2.80mg
Zinc	3.00mg

Directions of cooking on the bag

Corn Soya Blend Porridge Mix 25kg (SA)

Ingredients – Maize Meal, Soya Meal, Sugar, Vitamins and Minerals.

Nutritional values per 100gm dry Product

Nutrients	Content
Protein	14%
Moister	Max 10%
Fat	Min 5%
Fibre	Max 5%
Energy	350kJ/100gm
Micro nutrients after cooking	Content per 100gm
Vitamin A	16841.0
Roblalin	0.446mg
Thione	0.128mg
Niacin	4.8mg
Folate	60mcg
Vitamin C	48mg
Vitamin B12	1.2mg
Iron ++	5mg as ferrous Sulphate
Calcium ++	100mg calcium carbonate
Zinc ++	5mg as Zinc sulphate

(Instructions on bag)

APENDIX 3

List of Individuals and groups interviewed:

- | | |
|---------------------------------------|-----------------------------------|
| 1. Alfred Ndlovu | Field Officer CADEC Office |
| 2. Sister Moyo | Sister in charge Empandeni Clinic |
| 3. 7 Mothers | Sizanani Magangeni Pre-school |
| 4. Mr. Ncube | Councillor Ward 1 |
| 5. Ambrose B. Moyo | Monitor Ward 1 |
| 6. 11 Participants | WATERSHED FARM Ward 29 |
| 7. S. Nyathi Nutrition Assistant | PLUMTREE district Hospital |
| 8. District Education Officer | |
| 9. District Administrator | |
| 10. Tutor Masiyephambili pre-school | Ward 1 |
| 11. 11 Participants | Dombodema Resettlement scheme |
| 12. Mr. Luthe Chief Executive Officer | Rural District Council Plumtree |
| 13. Mrs Noreen Gumbo | CAFOD |
| 14. Mr. Charles Kupara | Project Manager CADEC SFP Makonde |
| 15. E. Mushongahende | Monitor CADEC |

- | | | |
|---|---------------------|--|
| 16. R. Hunda | Monitor | CADEC |
| 17. J. Kumugumbwe | Monitor | CADEC |
| 18. P. Ngwaru | Monitor | CADEC |
| 19. G. Suruvai | Monito | CADEC |
| 20. Mapfumo | Vicar | Gweru |
| 21. Mugadzi | Bishop | Gweru |
| 22. Weir | Priest | Holly Cross |
| 23. Sister Mukaro | Sister in Charge | Gokomere |
| 24. Mudyembwa | Coordinator | CADEC |
| 25. Mr. Ndlovu | Monitor | CADEC |
| 26. Hospital Administration and Nurse in Charge | ST. Joseph Hospital | |
| 27. 9 Mothers | NTOMBOLITSHENA | Pre-School |
| 28. 12 respondents | Kukhanya | Pre-school |
| 29. 7 respondents | Mtsuli | Ward 9 |
| 30. Headmaster St. Joseph Primary school | | |
| 31. 1. Mrs E. Mabhena | Nutritionist | Binga Hospital |
| 32. Mr. M. Siazemba | Teacher | Msenapango primary School |
| 33. Mr. J. Dube | | Ministry of Education, Sport and Culture |
| 34. Mrs E. Manyewa | E.C.E.C Trainer | Ministry of Education Sport and Culture |
| 35. Mr. C. Dube | | Ministry of Education Sport and Culture |
-
- | | | |
|----------------------------|-------------------------------|----------------------|
| 36. Mr. P. Ndlovu | District Administrator | Binga |
| 37. Chief Sikalenge | Skalenge Ward | Binga |
| 38. M. Musaka | Kalamende | Pre-school |
| 39. Sister S.C. Dube | Sianzundu R.H. Centre | Sianzundu Ward |
| 40. 22 mothers | Kalamende feeding point | Skalenge ward |
| 41. S. Ndlovu | District AIDS Coordinator | Binga |
| 42. E. Mughande | E.O. Health | Binga |
| 43. Sister Madondo | Administrator | Karyangwe hospital |
| 44. Mr. F. Tshuma | AREX | Binga |
| 45. Mr. S. Dube | programme manager | CADEC Binga |
| 46. Fr. C. Kardzis | Coordinator | Cadec |
| 47. Rodger Field officer | | CADEC |
| 48. 8 pregnant women | Kariyangwe Mission | Hospital |
| 49. Save the children U.K. | | Binga |
| 50. Z. Dube | Field Officer | CADEC Office |
| 51. Mr. Nkwane | Monitor | CADEC Office |
| 52. Mr. Ndlovu | Monitor | CADEC Office |
| 53. Fr. Alex | Incharge | Tsholotsho Mission |
| 54. 14 respondents | Manzimahie feeding Point | Ward 13 |
| 55. 25 respondents | Mlizani Pre School | Ward 13 |
| 56. 23 Respondents | Mbanbangamandla Feeding Point | Ward 13 |
| 57. 30 Respondents | ZAMA Feeding Point | Ward 12 |
| 58. 16 Respondents | Simanje 2 Feeding Point | Ward 12 |
| 59. Mrs R. Tshuma | Nursing Assistant | Bubude Clinic |
| 60. Mrs E. Katurudze | Nutritionist | Tsholotsho Hospital |
| 61. Mrs S. Sibanda | Community Sister | Tsholotsho Hospital. |
| 62. 12 respondents | Hyde park primary school | Methodist village |
| 63. 6 respondents | Sihlibulingqondo Pre-school | St peters. |

64. Mrs. Ndlovu Sighola
65. Perpetua Sanda - Acting Logistician and Bookkeeper in Nyanga
66. Mr. Chabata – Sister in Charge Fombe Clinic
67. Mrs Nyahanana – Food Committee
67. Juliana Mautsa – “ “
68. Mai Chibanda – “ “
69. Mavis Nyabasa – “ “
70. Rusina Mugabe - Monitor Nyamuka Hall
71. Mazibada – Nurse Aid Nyanga
72. T.C. Sayamandwe – Caretaker
73. Mrs. Mapfumo – Deputy School Head Mhaninga Village
74. Mrs Chidembo – Vice Teacher in Charge
75. Mrs Chaire – Dombo Primary School
76. Mr. Mukhango – Monitor
77. Alexander mazai – Monitor
78. F. Chimbasha – Mupurisa wa Sabhuku

Please note that some of the people who participated in the focus group discussions their names were not captured since they were representing certain groups.

.....
.....

- Q22) Has your household had to
- Borrow food Yes/No
 - Purchase food Yes/No
 - Get food from relatives Yes/No

SECTION 5: CADEC SUPPLEMENTARY FEEDING PROGRAMME

Q23) When did you start the SFP?

.....

Q24) How are beneficiaries targeted?

.....

Q25) Who assesses the beneficiaries?

Q26) What assessment tools do you use for inclusion into the feeding scheme?

.....

Q27) In your feeding programme, how many beneficiaries fall in the following age groups?

<input type="text"/>	0 -5 years
<input type="text"/>	6 –10 years
<input type="text"/>	10 –15 years
<input type="text"/>	15 –20 years
<input type="text"/>	20 and above

Q28) How successful has the feeding programme been?.....

Q29) How do you measure your success?

- a) Number of beneficiaries
- b) Reduction of malnutrition
- c) School attendance
- d) Others specify

Q30) What has been the challenges of the feeding programme.....
.....
.....

Q31) How can these challenges be overcome
.....
.....

Q32) Identify other players who are involved in work similar to yours in your area?
.....
.....

Q33) How much do you work with them?
1) Never 2) Sometimes 3) Always

Q34) How would you rate your relationship with other stakeholders?
1) Very Strong 2) Satisfactory 3) Could be improved
Explain
.....
.....

Q35) Who has received support and how? e.g. food for work?.....
.....

Q36) How would you rate for the support currently being provided by local government?
1) Very Strong 2) Satisfactory 3) Could be improved
Explain
.....

Q37) Are there any loopholes? If any specify

-
- Q38) Suggest ways in which your working relationships with the other stakeholders could be strengthened?
-
-
- Q39) What lessons has CADEC learnt from your experience with SFP?
-
-
- Q40) Briefly outline areas where the programme could be improved?
-
- Q41) Briefly outline how the feeding points were initiated from the point of view of: warehousing, hygiene of feeding points community participation and ration measurement?
-
-
- Q42) With regard to the SFP comment on the following?
- a) Human resources
-
- b) Logistical resources
-
- c) Technical resources.....
-
- d) Management structure.....
-
- e) Information Management

.....
Q43) What nutrition monitoring system do you use?.....

.....