

1 Executive Summary

A. The Evaluation

Evaluated Action: ECHO funded Operations in Zimbabwe in the Period 2002 and 2003 under the subsequent decisions have been evaluated:
ECHO/ZWE/210/2002/01000, ECHO/TPS/210/2002/16000,
ECHO/ZWE/210/2003/01000 and ECHO/TPS210/2003/12000
The value of nutrition and health component, Home Based Care projects included: out of € 38.3 Mio. of total financial value of ECHO support, so far € 19.1 Mio. (or 50 %) have been dedicated to health and nutrition related operations.

Focus of Report: Nutrition and Health operations under the a.m. decisions (present report to be seen as essential part of the overall evaluation of the a.m. decisions)

Dates of Evaluation: 15th February – 09th March 2004 (Field Mission Period)

Names of Evaluators: Dr. Veronika Scherbaum, Nutritionist
Dr. Alois Dörlemann, Medical Doctor

B. Purpose and Methodology

The evaluation team (one nutritionist, one medical doctor) collected both primary and secondary information and applied participatory methods to incorporate different views of beneficiaries and project staff members.

The methods consisted of the following:

- A desk study period in Brussels for introductory briefing, review of relevant documents and planning of the evaluation
- Introductory briefings at the RSO in Nairobi and at the Commission Services and ECHO country office in Harare
- Briefings with ECHO partners and staff of relevant national/international institutions
- Projects visited during the evaluation have been selected according to a number of criteria as pointed out in the briefing note submitted in Brussels.
- Participatory learning and action methods were applied at community level such as:
 - Participatory observation of activities
 - Trans-sectoral walks through project areas (e.g. schools, vegetable gardens)
 - Semi-structured interviews with project staff members
 - Focus group discussions with beneficiaries, mothers, school teachers and community members
- In order to increase the efficiency of the assessment within a very limited time frame the team members worked parallel in separate groups
- On-going triangulation of findings was carried out by the evaluation team members to cross-check information gained and to elaborate recommendations

- Debriefing session with ECHO partner organisations, ECHO country office staff members and the ECHO evaluation unit and the desk officer in Brussels

Projects have been visited in the following technical fields:

- Home Based Care
- Supplementary Feeding
- School Feeding
- Therapeutic feeding
- Logistics
- Co-ordination of Humanitarian Activities
- PMTCT (not funded by ECHO)

C. Main Conclusions

Relevance

C.1 The design of the health and nutrition programmes was mainly based on results of the VAC (Vulnerability Assessment Committee) assessments (2002, 2003) and on needs assessments carried out by staff of NGOs. The interventions planned in 2003 could not be based on the results of the National Nutrition Survey (February 2003) because it was released too late (at the end of 2003).

C.2 Because current nutrition and health related background information point to a comparatively higher vulnerability of children living in rural areas, the decision of ECHO to fund primarily beneficiaries living in rural areas has been appropriate to some extent.

C.3 Due to a rapidly declining economy, hyper-inflation, increasing unemployment and the consequences of HIV/AIDS, however, food security among poor people living in urban and peri-urban areas continues to be a major concern.

C.4 Looking at the data and information available on needs of the Zimbabwean population in 2002 and 2003, the areas for external support were well selected. However, after 2 years of mainly relief interventions, short-term support with longer term impact is needed in order to prevent Zimbabwean society from further social and economic deterioration.

Specific technical issues related to the ongoing projects in nutrition and health:

C.5 The planning matrixes (Logical Framework) of ECHO funded projects reflect still weaknesses of implementing partners in defining clear objectives and expected results as well as objectively verifiable indicators, which are necessary for the monitoring of project implementation. Not all ECHO partners used the opportunity to initiate an external evaluation of their projects.

C.6 Current coverage of Supplementary Feeding Programmes (SFPs) does not relate to the highest prevalence of malnutrition as it was predetermined in the majority of project proposals.