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EVALUATION REPORT

Evaluation of the ECHO
Operations in Zimbabwe
(2002 – 2003)

Synthesis Report

(Synthesis of the different Sector Reports
on ECHO Operations in Zimbabwe)

prepared on behalf of the:

European Commission
Humanitarian Aid Office (ECHO)

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List of Acronyms

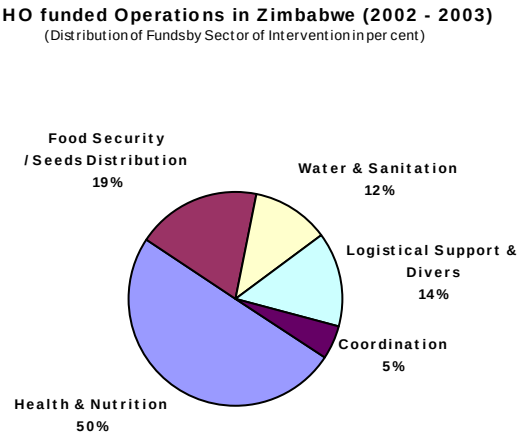
ART	Anti-Retroviral Therapy
CTC	Community based Therapeutic Care
DAC	Development Assistance Committee
€	Euro
EC	European Commission
ECHO	European Commission Humanitarian Aid Office
EDF	European Development Fund
EPI	Expanded Programme of Immunization
EU	European Union
GoZ	Government of Zimbabwe
HARP	Humanitarian Assistance and Recovery Programme
HBC	Home Based Care
HIV-AIDS	Human Immunodeficiency Virus – Acquired Immune Deficiency Syndrome
IDP	Internally Displaced People
LFM	Logical Framework Matrix
LFA	Logical Framework Approach
LRRD	Linking Relief, Rehabilitation and Development
MoE	Ministry of Education
MoH	Ministry of Health
MOHCW	Ministry of Health and Child Welfare
NGO	Non-Governmental Organisation
PMTCT	Prevention of Mother To Child Transmission of HIV
RSO	Regional Support Office (here: ECHO's support structure in Nairobi)
RRU	Relief and Rehabilitation Unit
TFU	Therapeutic Feeding Unit
UN	United Nations
UNAIDS	United Nations AIDS technical support unit
UNDP	United Nations Development Programme
UNICEF	United Nations Children Fund
US $	US-Dollar
VAC	Vulnerability Assessment Committee
WFP	World Food Programme
WHO	World Health Organisation
ZIM $	Zimbabwe Dollar (5,100 ZIM $ = 1 Euro, in the period of evaluation)

1 Executive Summary

A. The Evaluation

The following ECHO funded humanitarian operations in Zimbabwe in the period between 2002 and 2003, financed under the following subsequent decisions have been evaluated:

ECHO/ZWE/210/2002/01000, ECHO/TPS/210/2002/16000, ECHO/ZWE/210/2003/01000 and ECHO/TPS/210/2003/12000.



From € 38,262,192 of the total financial value of ECHO support in the reference period, the value of seeds distribution projects represents € 7,380,000 (19 %), the nutrition and health projects component, including Home Based Care projects has been supported with € 19,100,478 (50 %). Water and sanitation related projects accounted for € 4,480,000 (12 %) and € 5,112,089 (13 %) have been invested in logistical support and capacity building of ECHO partners and € 1,949,625 (6 %) have been spent on supporting the co-ordination of humanitarian aid activities in Zimbabwe. The remaining amounts of the total funding have supported single projects like livelihood watch, rehabilitation of a rural district hospital and cholera preparedness.

The following objectives, extracted from the Humanitarian Aid Decision ECHO/ZWE/ 210/2003/01000, have been defined for the ECHO funding of humanitarian operations in Zimbabwe:

Principal Objective:

“To improve humanitarian condition of vulnerable groups in Zimbabwe.”

Specific Objectives:

- Nutrition: to reduce malnutrition levels and to prevent malnutrition of children;
- Food Security: to improve food security for rural communities and communal farmers;
- Water and Sanitation: to improve water, sanitation and health conditions for rural communities;
- HIV/AIDS: to reduce HIV/AIDS mortality rates and to reduce growth of HIV/AIDS infection rates;

- Technical Assistance: to maintain a technical assistance capacity to assess needs, appraise project proposals, coordinate and monitor transparent and effective implementations of ECHO-financed operations.

Programme Components:

- School, supplementary and therapeutic feeding;
- Emergency agricultural inputs to communal farmers, including seeds, tools and fertilisers;
- Emergency rehabilitation of water and sanitation systems in rural communities;
- Mitigate the consequences of HIV/AIDS through enhanced prevention of mother to child transmission, HIV/AIDS awareness creation and nutritional, psychosocial, water and sanitation support to orphans and children-headed households;
- In order to maximise the impact of the humanitarian aid, the Commission will maintain an ECHO support office in Harare (Zimbabwe). This office will appraise project proposals, coordinate and monitor the implementation of humanitarian operations financed by the Commission. The office will provide technical assistance capacity and the necessary logistics for the achievement of its tasks. The support office may also be called upon to support ECHO financed operations in neighbouring countries.

Anticipated Results:

- Improved access to supplementary feeding by children in food insecure districts;
- Reduced malnutrition rates and under five mortality rates attributable to malnutrition;
- Improved knowledge on management of severe malnutrition by health workers;
- Reduced malnutrition rates among school children and improved school enrolment in selected districts;
- Improved food security conditions for rural communities due to the provision of agricultural inputs;
- Improved water, sanitation and health conditions in rural communities;
- Improved conditions for, and knowledge of, children-headed households;
- Transparent and effective monitoring of ECHO operations.

Focus of Report: This synthesis report points out the essential findings, conclusions and recommendations of the evaluation. Specific findings and recommendations are provided in the sector evaluation reports on Food Security, Nutrition and Health and Water & Sanitation operations. The synthesis report, like the sector reports, has to be seen as an essential part of the overall evaluation of the ECHO operations in Zimbabwe.

Dates of Evaluation: 01 February to 14 March 2004 (Field Mission Period)

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B. Purpose and Methodology

Strategic, managerial and operational recommendations for future operations in Zimbabwe have been elaborated, based on the assessment of the appropriateness and the effectiveness of

ECHO funded operations in the country since 2002. The DAC criteria, which include relevance, impact, effectiveness, efficiency and sustainability were applied for the evaluation.

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

The methods used consisted of the following:

- A desk study period in Brussels for an introductory briefing, the review of relevant documents and the planning of the evaluation;
- Introductory briefings at the ECHO Regional Support Office (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;
- Field visits to pre-selected projects;
- Use of participatory learning and action methods 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 simultaneously in separate groups;
- On-going triangulation of findings to cross-check information gained and to elaborate recommendations;
- Debriefing sessions with the ECHO partner organisations, members of the ECHO team in Harare and the ECHO Evaluation Sector and the ECHO desk for Zimbabwe in Brussels.

C. Main Findings and Conclusions

General Findings

The ECHO programme has been able to respond effectively to prevailing needs of the Zimbabwean population. Recent data[1] confirm the relevance of activity areas targeted by ECHO funding and give further orientation for the future geographical concentration of efforts. Although difficult to measure, ECHO funded activities have contributed to prevent further deterioration of the living conditions of large parts of the vulnerable population in rural areas.

The global acute malnutrition rates have even been reduced due to general food distribution, the supplementary feeding programme of children under five years of age and the school feeding programme. The recent National Nutrition Survey (2003) points out a higher vulnerability of children living in rural areas and supports retrospectively the decision of ECHO to primarily fund interventions for beneficiaries living in rural areas. 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. In addition, the report published in January 2004 on the vulnerability of urban populations in Zimbabwe gives evidence for the need to especially support the social sectors in urban settings.

[1] VAC – Vulnerability Assessment 2003, National Nutrition Survey 2003

The water and sanitation projects have improved the access of the population in selected rural districts to potable water. The HIV/AIDS pandemic has been addressed through two community Home Based Care projects, covering the population in selected districts.

Substantial logistical support to implementing partners and support to the set-up of a functional Relief and Rehabilitation Unit (RRU), each provided through separate ECHO funded projects, have considerably improved the performance of project implementation.

In time, ECHO has identified the need for technical, managerial and administrative assistance to effectively coordinate and monitor the implementation of ECHO operations. The ECHO support structure in Zimbabwe has been strengthened continuously and now consists of a team of 4 technical assistants (2 international and 2 national experts) as well as additional support staff. The project sheets are effectively used as monitoring tools in the communication and decision taking processes between ECHO Harare and Brussels. But regular evaluation of the implementation process and the technical issues at the end of a project is not yet institutionalised (lessons learned and knowledge management). ECHO partners do not contribute to the completion of project sheets and their experiences are therefore not systematically recorded and thus easily lost.

Co-ordination with other European Commission services and international donors is assured by regular meetings. Working groups for each sector of intervention have been installed, led each by an UN-organisation, in order to enhance the exchange of experience between implementing partners (lessons learned), to avoid overlapping activities, to assure the respect of quality standards and to harmonise technical approaches in projects with national guidelines for each sector.

Despite the political situation characterised by tensions between the Government of Zimbabwe and the donor community, ECHO partners and technical departments in the different ministries are able to collaborate. UN organisations (WFP, WHO, UNICEF, UNDP), supported by ECHO funding, play a crucial role in mediating between the different organisations and provide a development supplement to ECHO' humanitarian activities.

However, a number of specific deficiencies related to project concepts and implementation processes have been identified and some call for urgent corrective measures:

Despite the specific character of a "protracted" emergency in Zimbabwe, which calls for substantial development linked interventions (LRRD), the majority of projects still show a predominant emergency-relief character. Here a careful revision of the projects' conception towards development measures is advised in order to generate more sustainability of the ECHO funded operations (e.g. intensified training of local staff, support of existing local structures, etc.).

Some ECHO partners need technical assistance and support, especially in proposal development, planning and elaboration of coherent monitoring and evaluation systems. The project proposals and the planning process of the operations often showed significant weaknesses. Especially in hospital based therapeutic feeding units the high mortality rates are alarming and call for further identification of the underlying causes. The concentration on maize seeds distributions especially to farmers in agro-ecological zones IV. and V. is inappropriate. This needs to be considered for the next funding period.

Many partners did not consequently apply the Logical Framework Approach (the formulation of the objectives and the definition of verifiable indicators) and therefore, the later impact monitoring was likewise weak or hardly possible. Specific technical aspects of some project proposals have not been elaborated thoroughly, which has led in those cases to lower cost-effectiveness and to the adoption of inadequate technical approaches.

ECHO partners often demand more technical guidance from ECHO, either through direct feedback on the evaluation reports or technical studies, or on managerial and administrative issues.

It is still difficult to identify an overlap of activities or gaps in the geographical or technical coverage, as the RRU has not yet been able to provide a detailed overview on humanitarian interventions. The technical working groups are still not effectively contributing to the co-ordination of operations in the same sector and stakeholders from governmental structures are rarely involved in the co-ordination meetings.

D. Lessons Learned

As all implementing partners cooperate with local structures, be it private companies or local NGO's, capacity building of local staff is crucial for the success (in terms of efficiency and sustainability) of the ECHO support programme in Zimbabwe. Development of ownership by local partners and local staff is essential.[2]

The cost-effectiveness of projects (e.g. therapeutic feeding) could have been improved, if experienced experts (e.g. nutrition/health specialists/experts in health services management) had been consulted at an earlier stage.

The establishment of community committees for the co-ordination of all different feeding activities has remarkably improved community cohesion and the quality of the decision making process and shows the relevance of community participation in ECHO funded operations.

The specific character of the protracted crisis in Zimbabwe calls for more development oriented components in the interventions and the consideration of the LRRD aspects where possible (e.g. preparation of handing-over of projects to partners and other donors directly supporting development assistance projects).

The Government of Zimbabwe has developed a number of guidelines and roll-out plans for interventions in the health and nutrition sector (e.g. guidelines for nutritional surveillance, HIV/AIDS counselling, etc.) which are already taken into consideration by the ECHO funded operations – with a positive effect in terms of harmonisation of technical approaches.

As Zimbabwe is particularly hard-hit by the HIV/AIDS pandemic, HIV/AIDS related issues need more attention in project conception and proposal development in the future.

Too much emphasis on the visibility of ECHO funding, as identified in most of the projects visited, sometimes hinders the development of ownership of the local partner institutions and has therefore a negative impact on project results.

The internal learning process of ECHO draws similar conclusions as the present external evaluation mission in many areas. Many recommendations made by the evaluation team are already part of the recently adopted Humanitarian Aid Decision, summarised under chapter 3 of this report. From the evaluators point of view, the following aspects are specifically relevant and ought to be considered for future ECHO funded operations in Zimbabwe:

- Short term interventions with longer term impact (sustainability aspect);

[2] In TFP: targeting medical doctors to assure adequate medical care of severely malnourished children in paediatric wards and to improve the management and procedures of collaborating medical services (especially district hospitals)

- Coverage of food needs of vulnerable groups by general food distribution, supplementary food supply, nutritional education and training;
- Change of the type of seeds distributed to farmers according to the recommendations to be made for each of the agro-ecological zones
- Hospital-based therapeutic feeding during the initial phase followed by community-based treatment during the rehabilitation phase (to be tested in a pilot phase);
- Contribution to the prevention and treatment of HIV/AIDS;
- Improvement of access to water and sanitation through rehabilitation of existing water points and alternative technical measures;
- Quality maintenance of existing social services;
- Avoidance of parallel structures in the country;
- Combination of efforts through EDF and ECHO funds;
- Co-financing of measures with other international donors.

E. Recommendations

The following recommendations are mainly related to strategic issues derived from an overall view and often occurring recommendations from the evaluation sector reports on the ECHO operations in Zimbabwe. More specific, technical and operational recommendations are provided in the individual sector reports (Health & Nutrition, Food Security and Water & Sanitation).

General

Despite the present difficult relationship between the donor community and the Government of Zimbabwe, emphasis should be put on LRRD (Linking Relief, Rehabilitation and Development) as a cross-cutting issue of all ECHO funded operations. The common principal of 'to do no harm' means that parallel structures for project implementation should bee avoided and integrated approaches (using and supporting existing structures and services where possible) in the sense of LRRD are recommended.

Co-ordination

To be able to provide useful baseline data and information to ECHO, ECHO partners, other donors and governmental structures, the RRU needs further support. The UNDP, currently managing the RRU, has taken over a mediating role between the international donor community and the Government of Zimbabwe, and needs further support in coordinating the humanitarian aid activities in the country.

ECHO funding should be harmonised with existing development funding, especially with other EC financed programmes. Regular meetings and continuous exchange of information will help to improve this collaboration.

The existing sector working groups need political backing by donors and practical support. They could be an ideal platform for different ECHO partners to exchange experiences on similar projects and to harmonise and streamline technical approaches. To ensure the consideration of national sector policies and priorities in the development of project concepts, the UN organisations leading the groups can facilitate the communication with e.g. technical departments at ministerial level. In addition, the leading agency of each working group should be consulted routinely during the process of proposal development and monitoring and evaluation of ECHO funded projects. ECHO should insist on the leading agencies' role and the proactive contribution to the functioning of the working groups by all partners.

Continuous internal monitoring of project progress and evaluation (also external) should be integral part of all ECHO funded projects. The budgetary provisions exist and need to be used by ECHO partners more actively in future. The creation of an evaluation culture is essential for any organisational learning process.

ECHO Guidance

Many ECHO partners in the country need better guidance with regard to the development of project proposals. The ECHO office in Harare should manage the information exchange and provision process on the sectors and geographic regions where assistance is needed and should assist the partners while formulating the anticipated results and success indicators (by partly using external expertise, where needed). The latter can be seen as an investment in capacity building of implementing partner staff to improve the project proposal development, which should respect the Logical Framework Approach.

The ECHO team in Harare should be able to easily mobilise technical support either on a short-term basis or through intermittent assistance in relevant technical fields by pre-selected external consultants or the RSO in Nairobi. Another valuable source of expertise can be experienced national consultants.

Process Monitoring (Qualification)

The evaluation has revealed, that not all implementing partners have the necessary qualification for the implementation of the proposed activities. The weak institutional memory of some organisations, which are used to carry out mainly short term relief activities, is sometimes responsible for deficiencies in performance and rudimentary monitoring of project activities. Therefore, clear and realistic indicators and sources of verification have to be defined during the initial project phase.

Strategic Level

Aside the call for more development linked action (see above), mainstreaming of HIV/AIDS should be highlighted in all projects funded by ECHO. As HIV/AIDS represents one of the major causes of deterioration of the economical and social situation in Zimbabwe, ECHO funded operations should contribute to the national programme to fight the HIV/AIDS epidemic, where possible. There is already a national roll-out plan for the implementation of a large scale anti-retroviral treatment programme. In addition to the funding already foreseen by other EC services and other donors, ECHO could fund short-term interventions in the area of equipment (i.e. small scale investment in laboratory equipment for monitoring the anti-retroviral treatment) and training of local staff, in order to adequately support and to accelerate the implementation of the national plan.

Projects on the prevention of mother to child transmission of HIV should be promoted by ECHO, taking other, sustainable financial resources into consideration by consultation with other donors. TFP concepts should contain regular HIV-testing[3] and ARV treatment for children in need.

The sector reports Health & Nutrition and Water & Sanitation suggest to also consider the population in peri-urban and urban settlements as target groups for future aid provision. Preconditions for this possible extension are (a) to have available data at hand to prioritise

[3] The Centre for Disease Control (CDC, Atlanta/USA) is providing HIV test kits to all health institutions in the country that offer HIV testing according to the national policy

targeting and (b) to have implementing partners who could master the aid provision in urban environments.

Operational Level

Implementing partners as well as ECHO staff should take into account the detailed technical recommendations enumerated in the sector reports of the evaluation. The harmonisation of technical approaches in the different sectors is essential (e.g. unifying the training modules and facilitating exchange of experiences between implementing partners).

Creation or promotion of local ownership will help to improve the performance (efficiency and effectiveness) of projects. Too much emphasis on the visibility of funding sources should be avoided, as it carries the risk of reducing the sense of ownership at recipient level.

The external, international staff employed in ECHO operations should have good communication skills and working experience in the relevant technical field. This will improve the ability to delegate responsibility and motivate local staff to participate effectively in the project implementation.

Priorities for future ECHO Interventions by Sector

The following priorities for the implementation of future ECHO interventions are suggested by the evaluation team. Detailed recommendations in this respect are outlined in the different sector reports of the evaluation.

Food Security:

More emphasis to be put on short-term activities with longer term impact like livestock interventions, conservation farming, reduction of maize seeds and replacement by sorghum and millet in drier areas, distribution of fertilisers, training of farmers and strengthening of the supervisory system.

ECHO needs a well coordinated source of agricultural/food security intelligence for which FAO is the most suitable institution. Due to the closeness of FAO to the Government, the risk of possible politicisation of data must be recognised and their work closely monitored accordingly.

In order to assess agricultural proposals and to monitor the work, particularly of FAO (above), ECHO needs an extra technical assistant with good agricultural knowledge of Zimbabwe. Alternatively, ECHO should at least avail itself of a retainer contract with a reputable firm that can be called upon at pre-agreed notice, terms and rates. The latter modality/option is also valid for the other intervention sectors.

In recognition of the importance of livestock in mixed farming economies and in Matabeleland, the South and other drier areas of the country, proposals for livestock intervention should be sought by ECHO to present a more balanced food security intervention.

ECHO should encourage the adoption of Conservation Farming techniques currently being introduced by some of its partners in recognition of their higher potential yields, the shortage of draught power, the opportunities for earlier planting and the possibility to spread the cultivation workload over a longer (dry season) period (which is of benefit to manpower poor families).

In the forthcoming (2004/5) agricultural programme, ECHO should significantly reduce the distribution of maize seed and replace it with sorghum or even millet seed (in drier areas). At the same time, ECHO should make beneficiaries aware of its intention to cease maize seed distribution in 2005/6 while explaining its agronomic reasoning.

ECHO should continue to support its partners' cooperation with AREX extension workers who present an ideal training vehicle for the promotion of appropriate fertiliser application and other agricultural practices such as conservation farming.

Water and Sanitation:

Continuation of the rehabilitation of water points in the areas of major needs, always considering alternative approaches to provide access to (safe) water such as hand-dug wells, spring-gravity or rainwater collection systems where appropriate.

Nutrition and Health:

Continued support in the following areas:

- School feeding (primary schools);
- Supplementary feeding of children < 5 years;
- Therapeutic feeding at hospital level;
  Causes for the high mortality rates in TFPs and corrective measures should be identified as soon as possible. Involvement and training of medical doctors (training of trainers approach) as decision taking staff with managerial responsibility is crucial for the promotion of local ownership and good performance of TFPs. The training of medical doctors should be started with direct support from he MOHCW.

In addition it is recommended to consider the following activities for ECHO funding:

- Community based Therapeutic Care (CTC)
  (as this concept has its own advantages and shortcomings in different contexts, a pilot phase is recommended in rural and urban areas);

- Additional Public Health related activities (see sector report for details).

HIV/AIDS related activities:

PMTCT plus[4]:
Support to the Prevention of Mother to Child Transmission complemented by anti-retroviral treatment of mothers and their children when medically indicated and supplementary food supply for HIV+ mothers of infants.

Breastfeeding is associated with an additional risk of HIV transmission from mother to child as compared to non-breastfeeding. In untreated mothers who continue breastfeeding after the first year, the absolute risk

[4] PMTCT = Prevention of Mother to Child Transmission of HIV, now officially changed to the term 'Prevention of Parents to Child Transmission' of HIV = PPTCT. 'Plus' stands for long term ARV treatment for parents of HIV positive infants participating in PMTCT programmes and additional, supplementary food support to these parents, and their child after the first 6 month of age.

of transmission through breastfeeding is 10-20%. Exclusive breastfeeding during the first 4-6 months of life carries greater benefits than mixed feeding. To minimize HIV transmission risk, breastfeeding should be discontinued as soon as feasible, taking into account local circumstances and the risks of replacement feeding. During the transition period between exclusive breastfeeding and complete cessation of breastfeeding there are concerns about increased risk of HIV transmission with mixed feeding. To keep the period of transition as short as possible may reduce the risk. Shortening the transition period, however, may have negative nutritional and psychological consequences for the infant, and expose the mother to the risk of breast pathology (mastitis, breast milk stasis). When HIV-infected mothers chose not to breastfeed or stop breastfeeding a few months later, they should be provided with individual counselling and nutrition support for at least the first 2 years of the child's life to ensure adequate replacement feeding.

"Exclusive breastfeeding for 6 months followed by rapid weaning has been advocated as a measure to reduce postnatal transmission of HIV. Strategies to further reduce such transmission should be urgently developed. Antiretroviral prophylaxis of mother or infant through breastfeeding, calorie and micronutrient supplementation of the breastfeeding mother, and measures to reduce breast milk stasis and mastitis are some such strategies. Active and passive immunisation during breastfeeding is another approach…."[5]

HBC + emphasis on training on simple care

Home Based Care projects need to based on participation of communities and volunteer organisations existing in Zimbabwe in order to achieve acceptable coverage of affected household within the area to be covered. Experience of the past two years show that more emphasis should be put on training of care givers in basic care of AIDS patients.

Blood Safety (cold chain and test kits)

The support to the national blood transfusion programme is one measure to effectively fight the spread of HIV/AIDS. Given the existing logistical problems of the health sector, especially in health services in rural districts, ECHO funding could be of enormous benefit for the assurance of safe blood transfusion in these health structures.

Availability and accessibility of essential drugs (via NatPharm)

Visits of health services, discussions with health managers at district and central level as well as exchange with public health experts at national level and with health advisors of the EC delegation and other donors present in the country have shown the need for rapid support of the supply of essential drugs. The channel of distribution already in place seems to function well and receives already substantial long term financial and technical support from EC.

Training of health staff (Primary Care Nurses training programme)

The rapid deterioration of the health sector is even accelerated by the continuous loss of qualified staff which is due to the brain drain to other countries and HIV/AIDS, among other reasons. The EU is planning to

[5] Lancet Vol 3, December 2003

support this training programme of Primary Care Nurses and co-funding with ECHO would accelerate the implementation of this programme.

EPI (cold chain and vaccines)

Managers of all health facilities visited in the country announced either a non-functional cold chain or an irregular supply of vaccines or both. This observation by the expert team has been supported by the health advisors of the EC delegation and other donors and the heads of technical units of the MoHCW. The official data on vaccination coverage of infants are still surprisingly good, but seem to be unrealistic and may not be correct. Immediate support of the EPI is needed to prevent epidemics of measles, tetanus, etc. in the near future.

2 Context of the Humanitarian Situation in Zimbabwe

2.1 Historical Background

Some fifty years before the arrival of the British in the late nineteenth century, the Ndbele, an offshoot of the Zulus of Kwa-Zulu Natal, arrived in Matabeleland killing and driving out the existing population and demanding tribute of the Mashona, Manica and other peoples of modern day Zimbabwe.

British settlement of 'African' lands in what became Southern Rhodesia was institutionalised in the British Colonial Government's Land Apportionment Act which 'legalised' the removal of Africans[6] to less productive Tribal Trust Lands[7] and their replacement by white settlers for the purpose of commercial farming.

This injustice was not enacted with vigour until the end of the Second World War when British servicemen were rewarded with land at the cost of the eviction[8] of the African residents. The greatest injustice lay, however, in the fact that, as the black population burgeoned on the poorer soils of what later became known as the Communal lands, there was nowhere for them to expand. The result was 'local' over-population, over-exploitation of the natural resource base, reduced soil fertility and erosion enhanced by poor farming practices.

The Lancaster House Agreement of 1980, in which the British Government ceded sovereignty to a majority black government, included a notion of 'increasing citizen participation' in the economy which might have been translated into a degree of gradual return of lands to black farmers. This was enacted in a limited and inequitable manner until 2002 when a sudden 'fast-track' resettlement programme was instituted under the Government of Zimbabwe's Land Resettlement Act.

The programme enabled the removal of all but a few white occupants of commercial lands with their limited and sometimes inequitable replacement by black farmers[9]. The result has been the virtual cessation of commercial agricultural production in the country, a consequent significant national food deficit and economic chaos.

A national emergency was declared by the President in 2002 resulting in the intervention of the main humanitarian aid institutions including the United Nations (WFP, FAO, UNDP, UNAIDS etc), International Organisations (Red Cross etc) and international and local NGOs. Foreign powers, including the European Union, intervened with food and humanitarian aid but many, including the EU, placed restrictions on development aid because of alleged discrepancies in the democratic processes.

2.2 Humanitarian Crisis[10]

Due to the political evolution described above, Zimbabwe is in the middle of a protracted humanitarian crisis. The direct consequences of the land acquisitions have been a dramatic reduction in agricultural output as the entire commercial agricultural sector has been affected.

[6] From parts of the higher rainfall Agro-ecological Regions I, II and III as well as from ranching lands in the drier Regions IV and V.

[7] Some being pockets in Regions I, II and III but largely lying in Regions IV and V.

[8] With coercion - sometimes at gunpoint and followed by burning of their homes.

[9] Not all of whom had the technical know-how or capital to exploit the land.

[10] Chapter 2.2 Source: ECHO Terms of Reference of the Evaluation.

Cereal production during 1997-1998 was still around 2.5 million metric tonnes. In the 2002-2003 agricultural season, not more than 700,000 metric tonnes were produced. The outlook for 2003-2004 is not much better. With a cereal deficit of about 1.3 million metric tonnes, the country may only have enough food to feed its people for about five months and the United Nations estimates that 5.5 million of Zimbabwe's 12 million inhabitants will require food aid later this year.[11] Tobacco production, a traditional engine of foreign exchange earnings for the country, had dropped from 260,000 metric tonnes in 1998 to 174,000 metric tonnes in 2002, or a decline of 33 %.[12]

However, the short-term effects of land acquisition should not disguise the fact that Zimbabwe, as in many Southern African countries, has witnessed long-term agricultural decline, accompanied with steadily increasing poverty and thus vulnerability. Using 1989-1991 as the base period, the food production per capita index for Zimbabwe stood at 134 in 1962, peaked in 1974 at 157 and was down to 75 in 2002.[13] More than 80 % of the population is estimated to live below the poverty line.

On the humanitarian side, donors, UN Agencies and NGOs examined in December 2002 likely humanitarian challenges in 2003. Predictably, of the three scenario's (improvement, no change, and deterioration), accelerated decline was accepted as the most likely. Food security and malnutrition are set to worsen; there is minimal government capacity to import food, fuel and agricultural inputs. There is a sharp decline in the Government's capacity to pay for or deliver health, education and social services. Households have suffered serious depletion of their assets. Malnutrition and HIV/AIDS are causing mortality to rise. Malaria, cholera, diarrhoeal diseases, tuberculosis and sexually transmitted diseases are widespread afflictions. Adequate numbers of staff qualified to diagnose and treat them are not available. Systems providing clean water are in disrepair and water sanitation lacks sufficient attention and coverage.

HIV Rates by Province [1] (Women 15 – 49 years in Ante Natal Clinics)	
Mashonaland Central	19.1 %
Mashonaland East	34.7 %
Mashonaland West	25.6 %
Midlands	46.2 %
Masvingo	42.7 %
Manicaland	17.7 %
Matabeleland South	33.6 %
Matabeleland North	28.2%

Zimbabwe is particularly hard-hit by the HIV/AIDS pandemic, with the pandemic both the cause and the result of growing vulnerability. For the whole of Southern Africa, the pandemic is seen as the most fundamental underlying cause of the crisis affecting the region particularly considering that the pandemic has yet to peak.[14] The national average infection rate for Zimbabwe is 35 % (UNAIDS 2002, 24.6 % according to national survey 2003) with important variations by province.

Life expectancy at birth in Zimbabwe fell during the period 1978-1998 from 61 years to a mere 39 years.[15] Of all AIDS deaths in the world in 2001, one in six occurred in Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe.[16] There are an estimated 3,846 deaths due to AIDS in Zimbabwe alone, every week.[17] Zimbabwe counts over one million orphans, three quarters of whom have lost their parents to AIDS. This number is expected to increase to 1.3 million by 2005. More significant still is the fact that the majority of AIDS victims are women and girls. In Zimbabwe, the percentage of young women living with the disease is 40 % whereas only 15 % of young men are infected by the disease. Significant HIV infection levels among young women of child-bearing age will mean sharply increasing numbers of orphans, many of whom will themselves be HIV-positive.

11 Zimbabwe, Consolidated Inter-Agency Appeal, July 2003-June 2004, July 2003.
12 FAOSTAT.
13 FAOSTAT.
14 Mission Report, J. Morris, Special Envoy of the Secretary-General for Humanitarian Needs in Southern Africa, and S. Lewis, Special Envoy of the Secretary-General for HIV/AIDS in Africa, 10 February 2003.
15 Marcus Hacker, "The Economic Consequences of HIV/AIDS in Southern Africa", IMF Working Paper, February 2002.
16 Southern Africa – Consolidated Inter-Agency Appeals, Mid-Term Review 2003, February 2003.
17 UNAIDS, UNICEF, 2001.

Politically, the controversial March 2002 presidential elections continue to affect Zimbabwe. The country is therefore still suspended from the Commonwealth. The European Union and United States have imposed travel restrictions and sanctions, respectively. Domestically, the dialogue between the Government and the opposition is not quite dead, but not offering much promise of an early resolution either. Mass protests and intensified Government repression have increased in 2003. There were 58 politically motivated murders in 2002, 227 cases of abduction and 1,061 cases of torture.[18] Political violence and instability may increase further during 2003 owing to a succession battle within the ruling party.[19]

2.3 Economic Background

The country is suffering an unprecedented economic implosion. The value of exports of goods and services stood at US $ 3.1 billion in 1996. In 2001, it had fallen to US $ 2 billion. By the end of 2003, that value is expected to drop below US $ 1 billion, the first time in 50 years.[20] Economic contraction this year is estimated at 14 %-20 %. Zimbabwe's real GDP (at 1990 prices) is estimated to have declined by nearly 50 % between 1998 and the end of 2003 with inflation now running at an estimated 600 % and money supply expansion moving towards the 200 % figure[21]. Unemployment, estimated at 70 % in 2003 (a rather meaningless figure since it does not include 'hidden unemployment'[22]), now includes a real hard-core of newly unemployed and homeless farm workers (estimated at 400,000) as well as those dismissed by business closures and down-sizing.

Access to foreign exchange has been severely limited by a decline in export earnings[23] and foreign investment, and the suspension of balance of payments support and development project funding by international agencies and governments. This presents a particular problem for the need to import large quantities of food, fuel, medical drugs and spare parts.

The currency exchange rate, while reasonably stable at the time of the mission due to the introduction of forex auctions, is both erratic and anomalous. At the time of the mission, the **US$** to **Zim$** exchange stood at approximately 1 : 3,500 at auction, while the officially fixed rate stood at approximately 1 : 800 with 'street rates' sometimes wandering towards 1 : 4,000. Shortly before the mission, however, the situation had been one of 'street rates rising as high as 1 : 6,000.

For both local population and donors, the unstable exchange rate/monetary value situation leaves the planning of short term investment strategies with very little certainty.

18 Zimbabwe Human Rights NGO Forum, Political Violence Report, 16 January 2003.
19 ICG, Zimbabwe, Danger and Opportunity, 10 March 2003.
20 Zimbabwe Emergency Food Security Assessment Report, September 2002.
21 Through the printing of unsupported Reserve Bank 'bearer cheques'.

22 Workers doing 'half a job' or working full time on a job which gives very little economic return e.g. many farm family members.

23 Particularly from tobacco, gold and cotton.

3 Aid Decisions and Humanitarian Interventions

3.1 Aid Decisions in Favour of Zimbabwe

The ECHO funded operations in Zimbabwe are financed on the basis of the following, successive Humanitarian Aid Decisions:

Decision:	Title of the Decision:	Amount:	Date of Adoption:
ECHO/ZWE/210/2001/01000	Humanitarian assistance to the victims of cyclone Eileen.	€ 500,000	19 February 2001
ECHO/ZWE/210/2002/01000	Assistance to Vulnerable Groups in Zimbabwe.	€ 2,000,000	17 June 2002
ECHO/TPS/210/2002/16000	Humanitarian assistance to vulnerable populations of Southern Africa affected by food shortages and conflict.	€ 30,000,000	30 September 2002
ECHO/ZWE/210/2003/01000	Assistance to Vulnerable Groups in Zimbabwe	€ 13,000,000	12 May 2003
ECHO/TPS/210/2003/12000	Assistance to Vulnerable Groups in Southern Africa	€ 25,000,000	21 August 2003

Between 2002 and 2003 Zimbabwe has benefited from two regional Financing Decisions for Southern Africa with a total budget of € 22 million out of € 55 million in total. The objectives and expected results of these two funding Humanitarian AID Decisions are summarised in Annex VI.

Before these decisions, the Commission had funded significant quantities of food aid to Zimbabwe via WFP (€ 72 million) under the current Consolidated Appeal (CAP) and EuronAid (€ 8 million) for agricultural inputs.

The Commission suspended the Development Aid and budgetary support measures for Zimbabwe on 18 February 2002 and re-orientated the available financing towards direct support for the population, democratisation, respect for human rights and the rule of law.

The restructured EDF portfolio currently supports the social sectors health and education (€ 19 million in 2004). In particular the procurement of essential drugs and the national blood transfusion service are supported by the EDF. Emphasis is put on close co-ordination of all support measures financed through the Commission.

For the humanitarian intervention in the years 2004/2005 a Humanitarian Aid Decisions has been recently approved (13 April 2004) (ECHO/ZWE/BUD/2004/01000 – Assistance to Vulnerable Groups in Zimbabwe). The financial allocation will be € 15 million, the start date is 1st March 2004 and the duration will cover a period of 12 months.

3.2 Echo Funded Operations 2002 – 2003

To gain a better understanding of the scope of the ECHO funded humanitarian programme in Zimbabwe, the following table gives an overview on the priorities of the ECHO funding in 2002 and 2003 in terms of number of projects and funds spent by sector and sub-sector of activity.

Table 1: Budgets and percentages of the overall funding by sector:

Sector of Intervention	Sub-Sector	Number of Projects	Number of Partners	Contracted Amounts in EURO	% of Total*
Health & Nutrition	School Feeding	6	5	6,356,168	16.6 %
	Supplementary Feeding	5	5	3,270,098	8.6 %
	Therapeutic Feeding	5	3	3,503,000	9.2 %
	Home Based Care	3	3	5,143,810	13.4 %
	Hospital Rehabilitation	1	1	347,000	0.9 %
	Cholera Preparedness	1	1	480,402	1.3 %
	Sub-Total H&N	**21**	**18**	**19,100,478**	**49.9 %**
Food Security	Seed Distribution	8	6	7,380,000	19.3 %
Water & Sanitation		7	5	4,480,000	11.7 %
Livelihood Watch		1	1	240,000	0.6 %
Logistical Support		1	1	5,112,089	13.4 %
Programme Co-ordination		2	1	1,949,625	5.1 %
	Grand Total	**40**	**32**	**38,262,192**	**100.0 %**

* Percentages have been rounded

The following areas of support have been targeted by the ECHO funding in 2002 and 2003:

- Emergency food aid operations to vulnerable groups and support to logistical arrangements for general distribution;
- Tracking of emergency needs through nutritional monitoring and surveillance;
- Intervention in the water, sanitation, and medical sectors, including HIV/AIDS related interventions, such as Home Based Care and support to orphans and other children directly affected by HIV/AIDS;
- Emergency agricultural rehabilitation, including seeds, tools and other inputs;
- Assistance to humanitarian co-ordination efforts;
- Sustaining a technical assistance capacity to coordinate, assess needs, appraise project proposals, and monitor operations.

Comment on the proportional allocation of funds by sector:

Nearly 50 % of the overall humanitarian aid funded by ECHO in Zimbabwe has been allocated to the Health and Nutrition sector. School feeding and supplementary feeding of children under the age of 5 is able to achieve a high coverage of households. Therapeutic feeding projects are relatively costly because of the extensive care, which severely malnourished children need in the acute phase. Home Based Care projects need a lot of workforce. To be able to cover entire communities, the most efficient strategy seems to be the direct collaboration with existing

community based structures like the Zimbabwean Red Cross. Rehabilitation of health infrastructures as well as Cholera Preparedness have been specific and single interventions.

In the Food Security sector emphasis has been put on seed distribution by investing about 20 % of the overall available ECHO funding for Zimbabwe into this approach. As the sector report on Food Security has pointed out, future humanitarian aid funding should more strongly consider the distribution of fertiliser and tools and the training of farmers.

The rehabilitation and maintenance of water points has been supported with about 12 % of the overall ECHO funding in the country.

About 20 % have been invested in the improvement of the performance of ECHO partners, their logistical support and in the co-ordination of the humanitarian aid in Zimbabwe.

3.3 Recently Adopted Humanitarian Aid Decision

The recent Humanitarian Aid Decision ECHO/ZWE/BUD/2004/01000 (01.03.2004 – 28.02.2005) already contains some of the major recommendations made by the evaluation team, which reflects ECHO's internal, functioning learning process (e.g. continuation of school, supplementary and therapeutic feeding projects; inclusion of livestock rehabilitation, distribution of tools and fertilisers; continuation of the support to the water and sanitation sector; mitigation of the consequences of the HIV/AIDS epidemic, continuation of the support to the co-ordination of humanitarian aid in the country, provision of technical assistance to ECHO partners):

Principal objective:
"To save and preserve life and to provide assistance and relief to vulnerable groups in Zimbabwe"

Specific objectives:

1. to assist emergency food aid operations, support logistical arrangements for these operations and support emergency agricultural and livestock rehabilitation
2. to support emergency interventions in the water, sanitation and health sectors, including nutrition and HIV/AIDS mitigation
3. to assist humanitarian co-ordination efforts and assistance to Internally Displaced Persons
4. to maintain a technical assistance capacity in the field, to assess needs, appraise project proposals and to coordinate and monitor the implementation of proposals

Components:

Specific objective 1:
School, supplementary and therapeutic feeding, emergency agricultural inputs to communal farmers, including seeds, tools and fertilisers; rehabilitation of micro/small irrigation schemes and emergency livestock interventions.

Specific objective 2:
Emergency rehabilitation of water and sanitation systems in rural communities, including borehole and well rehabilitation and construction of new boreholes. Mitigation of the consequences of HIV/AIDS through enhanced prevention of mother to child transmission, HIV/AIDS awareness creation and nutritional, psychological, water and sanitation support to orphans and children-headed households.

Specific Objective 3:
Support to the Relief and Rehabilitation Unit (RRU) in the Office of the humanitarian Coordinator with enhanced mapping, geographic information capabilities and enhanced co-ordination capacity.

Specific objective 4:
In order to maximise the impact of the humanitarian aid, the Commission will maintain an ECHO support office in Harare (Zimbabwe). The office will provide technical assistance capacity and the necessary logistics for the achievement of its tasks.

Some important remarks for the conception of future projects under the a. m. decision, based on the findings of this evaluation:

- According to the very recently published Urban Vulnerability Assessment (January 2004) by the VAC, urban populations and populations living in resettlement areas should be considered more than in the past.

- As already stated above, the school, supplementary and therapeutic feeding projects are still relevant in Zimbabwe and should be continued in a slightly modified form (see sector report). In addition to the current hospital based therapeutic feeding concept, emphasis should be put on community based therapeutic feeding in order to improve the flexibility of emergency responses to severe malnutrition and the coverage of these projects as well as community involvement in prevention and recovery from severe malnutrition.

- Emergency agricultural inputs should prioritise livestock interventions, conservation farming, reduction of maize seeds and replacement by sorghum and millet in drier areas, tools and fertilisers at the expense of seeds.

- Mitigation of the consequences of HIV/AIDS would need, in addition to the proposed areas of activities, support to HIV positive parents of newborns in the context of PMTCT projects. This support should include anti-retroviral treatment and additional food supply, especially for the breast feeding mother and for the child as replacement food after six months of exclusive breastfeeding.

- In order to help slow down the deterioration of social services in the country, ECHO should add the following areas of support: training of health personnel, procurement of essential medical drugs, revitalisation of the expanded programme of immunization (EPI) and blood safety.

4 Evaluative Questions

During the briefing session for the present evaluation, the evaluation team together with the ECHO desk for Zimbabwe have formulated core evaluative questions (see Annex I) to be answered at programme level. Judgement criteria and indicators by evaluative question provide the framework for the response to these questions. The following chapter provides answers to the evaluative questions based on the findings and results of the different sector assessments and the overall view on ECHO´s humanitarian programme in Zimbabwe.

4.1 Adequacy of ECHO´s Financing and Sector Orientation

Evaluative Question: "Is the current sector orientation of ECHO´s financing adequate in view of the prevailing humanitarian needs in Zimbabwe?"

Summary Findings:

- In the beginning of the ECHO intervention in 2002, the information basis on needs and priorities in terms of geographical distribution of beneficiaries, etc. was inadequate;

- Recently issued studies show that the concentration of ECHO on rural areas (2002 – 2003) and the basic partition of funds by sector and priority field were well selected;

- Today, having more reliable data at hand (e.g. Vulnerability Assessment 2003, Nutritional Survey 2003, Urban Areas Food Security and Vulnerability Assessment-

January 2004, information available at RRU level, etc.), the future ECHO operations can be planned with even more precise targeting;

- Although the information basis has been significantly improved, also due to the ECHO funding of the Relief and Rehabilitation Unit (RRU), further efforts have to be put on the improvement of the humanitarian aid information and co-ordination system;

- As far as could be assessed during the evaluation exercise, the basic humanitarian co-ordination efforts amongst international donors in Zimbabwe (e. g. sector working groups headed by UN Organisations, ECHO Zimbabwe Co-ordination efforts, etc.) contributed significantly to the correct orientation of the programme activities.

- However, as pointed out above, there is evidence for immediate and continuous technical support in addition to the contribution already provided by the RSO.

The scenario in 2002 gave evidence of the need for emergency food aid and intervention in the nutrition and health sector including activities for improving the access to potable water. According to the results of a situational analysis realised by a team of ECHO experts, relevant intervention areas had been identified in 2002. Pre-selected implementing partners elaborated project proposals accordingly. After about two years of intervention in Zimbabwe, available data suggests, that the ECHO funding has effectively contributed to preventing the deterioration of the nutritional status of the population, especially of children.

As in any other emergency situation, where implementation of short-term relief projects is delegated to international NGO's and UN-Organisations, co-ordination has a high priority. Building capacity of implementing partners in the specific emergency situation in Zimbabwe has been an extremely valuable initiative by ECHO and contributed to improving the performance of ECHO partners right from the start. In 2003 it became obvious, that ECHO should provide additional technical and administrative assistance to the country programme in order to further improve the performance and timeliness of ECHO partners in the areas of needs identification, proposal development, planning, monitoring and reporting. The actual support office structure has been set up in Harare.

It is ECHO's strategy to mainly rely on it's partners' professional expertise in regard to proposal development and implementation issues. The ECHO Regional Support Office (RSO) in Nairobi has provided technical support on request by the ECHO team in Harare. However their recommendations and technical judgements were not always fully taken into consideration. More technical support should have been demanded and more importance should have been given by the ECHO team in Harare to the elaboration and implementation of specific, relevant and integrated technical approaches to improve the technical conception and the performance of the projects.

Today, there are several guiding documents and survey reports available, on vulnerability of the population:

- Consolidated Inter-Agency Appeal (July 2003 - June 2004);
- Donor co-ordination and UNDP/RRU information provision;
- Humanitarian Assistance and Recovery Programme (HARP) (A programme proposal prepared by Zimbabwe United Nations Country Team Inter-Agency Task Force, December 2001;
- VAC assessments in rural areas (2002, 2003);
- Urban Areas Food Security and Vulnerability Assessment, January 2004;
- UNICEF/MOH - National Nutrition Survey (2003).

The support to the RRU within the Humanitarian Coordinator's office (UNDP) provided by ECHO in 2002 and 2003 has been used to set-up an information system, which is now starting to produce more reliable and useful information for all humanitarian actors in Zimbabwe.

The distribution of funds by sector appears to still be relevant. However ECHO funded operations should be better harmonised with development oriented programmes of other donors (other EC services, USAID, DFID,…). More emphasis should be put on the mainstreaming of HIV/AIDS in all projects funded by ECHO and additional HIV/AIDS components such as PMTCT plus. To prevent further rapid deterioration of the social services ECHO in co-funding with other commission services and donors should invest in the Expanded Programme of Immunization (EPI), in the procurement of essential drugs via NatPharm, in the Blood Safety and in the Capacity Building programme for primary care nurses.

4.2 Management and Monitoring

Evaluative Question: "Are the ECHO funded operations adequately managed and monitored?"

Summary Findings:

- Key-elements of professional project planning, implementation and monitoring are clearly stated objectives and realistically formulated verifiable indicators making the success (impact, efficiency and effectiveness) of the operation measurable;

- Those operations assessed during the evaluation exercise in Zimbabwe often showed significant weakness in the project proposal formulation. The use of the Logical Framework Approach was not consequently and properly carried out, with the result that impact measurement and systematic monitoring of project progress was often difficult and sometimes impossible;

- Furthermore, many partners are reluctant to use the available budget positions (available at partner request) for needs assessments, internal monitoring and internal evaluation. This is difficult to understand, because the right technical advice and assistance delivered in-time would have helped in general to reach better performance in terms of efficiency and effectiveness;

- Despite the above mentioned criticism, ECHO partners are in general well aware of the need for monitoring and implementation supervision and most partners carry out regular monitoring activities, but often not in a systematic way;

- The single most important factor for the success of the humanitarian operations is the quality of staff which is made available to the projects (in terms of quality of planning and management). Here, the evaluators criticise the high staff turnover and the sometimes limited qualification of the staff members of the partners;

- ECHO has already reacted to the above mentioned deficiencies and successively increased the staff base of the ECHO Harare office in order to assist the partners, to revise the project proposals and also to better monitor partner activities. This is to be seen as a relevant reaction to the problem, but will need to be combined with the availability of technical expertise in the target sectors (intermittent experts / use of the resource in the RSO or even as suggested by the Food Security expert, with additional employment of an Agricultural Expert) in future.

Setting up a country support structure is a challenging task. The present ECHO team in Harare is overcharged by the multitude of projects and implementing partners. The team members have extensive experience in project management. On request by the ECHO team in Harare, the RSO provides technical assistance in the relevant sectors. However, up to now, ECHO is not giving enough guidance to proposal development and to the monitoring and evaluation of projects.

Management and monitoring of projects is under the responsibility of ECHO partners. Nearly all partners met and projects visited during the field mission regularly report on the progress of their projects. However, the validity and reliability of data presented in these reports are not always assured. Each project proposal contains a budget line for internal or even external monitoring or evaluation. Not all implementing organisations use that opportunity for feedback on their procedures, technical approaches and performance. For example in the therapeutic feeding programmes some NGOs are failing to react adequately to the high mortality rate registered in the TFUs. Thus, immediate action is necessary to identify the causes of the high mortality rates and to develop corrective measures accordingly.

The technical project proposals are based on objectives, expected results and planned activities. The elaboration of the logframe (Logical Framework) summarising the basic concept of a project poses problems to some of the ECHO partners. Especially the definition of objectively verifiable indicators for measuring the efficiency and the effectiveness of the project and for monitoring and reporting has to be supported by additional technical expertise. Each progress report should be analysed and commented by the ECHO team in Harare, if necessary with support from the RSO or additional technical expertise. Exchange of reports among implementing partners working in the same field would contribute to the intra-agency learning process.

4.3 Cost-Effectiveness & Efficiency

Evaluative Question: “Are the ECHO funded operations cost-effective?”

4.3.1 Cost-Effectiveness

Due to the mentioned deficiencies in the planning process, impact assessment is quite difficult, as realistic success indicators are scarce. For other operations, the outputs/ or expected impact were not quantified (e. g. in the seed distribution programme the actual harvest). The question of the cost-effectiveness[24] of the ECHO funded programme can only be answered indirectly.

To assess cost-effectiveness, the targeting of aid, the efficiency and the relevance of technical approaches have to be looked at. Here the different sector evaluation reports come to the conclusion, that the majority of the ECHO funded operations in the different sectors can be called cost-effective. This, in spite of the fact that many deficiencies have been identified and additional technical inputs and sometimes other priority setting would have created better results (see sector reports).

Where they regard the unit cost analysis (e. g. cost per beneficiary per month, cost per beneficiary, cost per water point, etc.) the sector reports on Health & Nutrition and Water & Sanitation come to the conclusion that in most of the cases the unit costs are equal or lower than in comparable rural emergency programmes in other regions.

[24] Cost-effectiveness is understood as a broader concept than efficiency as it looks beyond how inputs were converted into outputs, to whether different outputs could have been produced which would have had a greater impact in achieving the project purpose (Definition OECD / DAC)

Furthermore, it can be confirmed that in none of the assessed individual operations excessive or highly disproportionate expenditures were discovered when comparing the budget provisions, the respective activities carried out or the project outputs.

Due to persisting weaknesses in the co-ordination of the humanitarian aid activities in Zimbabwe different technical approaches have been implemented by ECHO partners in the same sector. Sometimes an overemphasis has been put on training of community members in not really relevant issues (e. g. training on maintenance of water pumps, which do not need repair for the next 20 years; high knowledge of care givers on aspects of hygiene, but weaknesses in simple care and nutritional knowledge of adequate diets).

4.3.2 Efficiency

Looking at the efficiency of ECHO funded operations, outputs are put into relation with inputs, comparing possible alternative approaches to achieving the same output, to see whether the most efficient process has been used.

In general, it can be stated that the ECHO funded operations in Zimbabwe have been efficiently implemented, comparing unit costs and cost of operations per number of beneficiaries. But some specific deficiencies have been highlighted in the detailed sector reports, identifying the need for better co-ordination and more technical assistance in planning, monitoring and evaluation. Following the recommendations made in the sector reports, efficiency of future operations in Zimbabwe could be considerably improved. Sometimes alternative approaches could achieve comparable or even better results at lower costs.

The food security reports revealed that ECHO partners sourced their supplies at acceptable cost and quality, although there were cases of e. g. the wrong seed being delivered under the wrong seed variety name[25] and which had to be corrected by the suppliers with some element of coercion. Delays in delivery for timely planting were not at all a result of logistical delays but also a result of the ECHO funding calendar.

ECHO's partners working in the field of school feeding and supplementary feeding at community basis could largely achieve the proposed results within the given time frame. The only exception has been the therapeutic feeding projects, where the initially indicated number of beneficiaries had been considerably overestimated due to unrealistic judgement of the institutional and technical capacity of local health services (district hospitals). The costs per beneficiary registered by ECHO partners in Zimbabwe are even slightly lower than in other countries, where similar projects have been implemented.

The food costs for therapeutic feeding at hospital level are in the same range as the food costs for community based therapeutic care. The main difference of these two rather complementary technical approaches lies in the coverage of each approach in terms of number of beneficiaries reached and adherence to the treatment (reduction of defaulters). The community based therapeutic feeding takes the reality in households, especially in rural areas, into account. Similar arguments can be highlighted, comparing blanket wet feeding with take home rations, with the additional advantage of lower costs and better coverage of the dry feeding approach.

Considering the water and sanitation related activities, the sector report comes to the following main conclusions on efficiency:

[25] This is very disturbing to Zimbabwean farmers who manifest a high level of sophistication in their knowledge of seed varieties and fertilisers.

Most of the partner organisations could achieve the originally planned output of water collection points and latrines. With regard to the often over-estimated budgetary requirements, in some cases more than the initially planned results could be achieved with the financial resources allocated.

Some partner organisations have carried out very sophisticated de-centralised hygiene awareness trainings, including role-playing, theatre, songs, posters, distribution of soap and others. Other NGO's have implemented rather inadequate hygiene training with only rudimentary training contents and training means.

Taking the initially estimated number of beneficiaries into account, total investment costs per beneficiary vary between € 2.5 and € 14.3. The consultant has calculated costs between € 900 and € 9,000 for each water point. This is an acceptable per capita investment compared to other rural emergency projects of usually 10 to € 15.

Furthermore, the report notes that in some operations a higher input of qualified international staff would have helped to improve the quality of project results.

4.4 Utilisation of Resources

Evaluative Question: "Does the ECHO funded operation deliver the optimum added value from the provided resources, taking into account the prevailing situation in Zimbabwe?"

The a. m. question is the most complex one of the evaluative questions since the answer involves all aspects of ECHO´s humanitarian aid programme in Zimbabwe (conception of the country programme, the aid planning process, targeting of the aid, conception and implementation of operations and the entire management and monitoring framework put in place). Furthermore, it is difficult to provide an overall statement for all sectors of intervention, because it logically has to exclude many specific findings, strengths & deficiencies, and recommendations. The evaluation team therefore concentrated on answering the following core questions in this respect:

- Reliable needs assessments available (by sector) or conducted by the ECHO Partners / ECHO Co-ordination Office?
- Is there an overlaying coherent strategy for the aid provision?
- Co-ordination with other donor efforts effectively organised – taking into consideration the specific Zimbabwe context?
- Adequate integration of the ECHO aid provision in the international donors' community assistance – taking into consideration the specific Zimbabwe context?

The evaluation team has extensively studied the available literature on the humanitarian crisis in Zimbabwe, the available needs assessments and studies, the planning framework of ECHO, the documentation on the ECHO operations and has furthermore interviewed all key-actors in the aid provision process in Brussels, in Nairobi (RSO) and in Zimbabwe. Core findings of the evaluation with respect to the a. m. evaluative question regarding the utilisation of resources are the following:

- Reliable needs assessments were scarce in the beginning of ECHO operations in Zimbabwe, but the ECHO sector orientation proved correct in hindsight (considering the studies now available);

- ECHO recognised the deficiency in terms of information availability, humanitarian co-ordination and humanitarian operation management capacity (as the programme expanded) at an early stage and invested a significant amount of funds to overcome these deficiencies (e. g. ECHO office Zimbabwe, direct funding of the humanitarian co-ordination body RRU, funding of logistical support for ECHO partners and training for their staff);
- The basic co-ordination of interventions with international donors and other EC services in the country has been set-up, but needs further strengthening to be able to assure prevention of overlapping and basic priority setting of aid provision (organised in sector working groups headed by UN Organisations);
- The internal learning process of ECHO and the adaptation process of the activities based on the specific situation in Zimbabwe is functioning (e. g. formulation of the recently adapted humanitarian decision – which is confirmed to be adequate by the present evaluation assignment, when taking into account the additional technical recommendations);
- With respect to the individual operations, the general finding is that most of the operations evaluated are cost-effective (despite the fact that in some cases funds were not optimally invested in the field of Health and Nutrition and Food Security – see sector reports);
- Technical approaches in project implementation show a varying adequacy but have in general been considered good or acceptable (specific observations on strength and weaknesses by sector are described in the individual sector reports);
- More involvement of external expertise provided to partners and to the ECHO office in Zimbabwe at sector level (mainly for proposal drafting: Logical Framework Approach/ technical conception / monitoring and impact measurement concept) would have helped to improve generally the quality of implementation and would subsequently have increased the “added value” achieved;
- The emergency character of the ECHO funded projects (those evaluated) was predominant. This clearly limits the sustainability of the operations. Community participation in aid planning and local ownership creation was not seen as an important issue by most partners in the past operations.

Conclusion

Taking the above mentioned core findings into consideration, while respecting the limitations during the start of the ECHO programme in Zimbabwe (limited information on needs and priorities, limited management and supervision capacity while having to implement a multitude of different operations), the ECHO funded projects contributed significantly to mitigate the impact of the crisis for the most vulnerable amongst the rural population in Zimbabwe – as confirmed by the individual sector reports of the evaluation.

Now, having better information on needs and priorities at hand and having set-up a humanitarian co-ordination and information system (RRU) which starts to deliver more reliable information, ECHO needs to adapt its general approach in a flexible way to the actual situation in the country. LRRD issues are becoming even more important and the implementation of more rehabilitation and development linked measures in ECHO funded operations are important to generate sustainability and to maintain the access to basic services for the most vulnerable parts of the population.

Further Considerations

The selection of intervention areas by ECHO is in line with the identified needs of the population in the last two years. Due to the general food distribution and the feeding programmes the nutritional status of the population especially in the rural areas has not deteriorated as could have been expected given the prevailing economical situation in the country. The relevance of concentration on rural populations is proved by the recently published National Nutrition Survey (2003), showing that the malnutrition rates are still significantly higher in rural areas than in urban settings.

Instead of concentrating only on hospital based therapeutic feeding, the early integration of community based therapeutic feeding would have been more cost-effective because of improved access to therapeutic feeding services for the children in need, especially in rural areas.

Integration of HIV-related activities and more emphasis on local ownership (inclusion of medical doctors and local stakeholders in the therapeutic feeding programmes) would have helped to produce better results (lower mortality rates in TFUs).

The interventions in the water and sanitation sector have led to better access to potable water in the districts benefiting of the interventions, covering about 12 % of the rural population in Zimbabwe.

Also, after two years of operating in Zimbabwe, lessons learned indicate the necessity to adjust the technical approaches in each field of intervention. The necessary data on needs per district are available for most of the sectors. The implementing partners can now concentrate on those districts with the highest needs in terms of food security and nutrition, water and sanitation and AIDS. Urban vulnerability has not been addressed in the past. As the political situation is unlikely to change in the short run, rapid deterioration of the situation of urban population is likely. Thus, the urban population has now to be focused on, in addition to the support provided to the target groups in rural areas.

People living in the resettlement areas need support in all intervention areas already focused on by ECHO funding. As politicisation of ECHO support is even more of a risk in these zones, strong co-ordination at ECHO Harare level has to be assured.

The quality of social services in the country is rapidly deteriorating. Thus, recommended additional fields of intervention are the support to capacity building in health by supporting the training of ‘Primary Care Nurses’, the support to the essential drug procurement via NatPharm, the support to ‘blood safety’ and to the ‘Expanded Programme of Immunization’ (EPI).

As HIV/AIDS is one of the major threats to development in Zimbabwe, the support by ECHO to the fight against the epidemic is relevant and should even be intensified. It would make sense to invest more in the prevention of the ‘Mother To Child Transmission’ of HIV (PMTCT) and to combine this approach with the support of the ‘Anti-retroviral Therapy’ programme (ART) for parents and children in need and with food distribution to mothers and infants after cessation of breastfeeding (recommended 6 - 8 months after delivery, when the mother is HIV positive). ECHO funding could target the necessary equipment of district hospitals and the training of medical and paramedical staff. Other sources of funding could complement by funding the anti-retroviral drugs and drugs to treat opportunistic infections.

This complementary and coordinated approach has been discussed during the field visits and is appreciated by all partners involved (ECHO, EC-Delegation in Harare, other donor Agencies, the MOHCW and the implementing partners with professional experience in the technical field).

4.5 Cross Cutting Issues

Evaluative Question: "Do the ECHO funded projects respect the cross-cutting issues which are of major importance to the prevailing situation in Zimbabwe in the conception and implementation (e. g. LRRD, Gender, Children, IDPs, HIV/Aids, etc.)?

Due to the character and the evolvement of the crisis in Zimbabwe the most important cross cutting issues are LRRD, the HIV/AIDS context, Gender, the situation of children and children-headed households, IDPs (dismissed farm workers and their direct relatives) and the protection of human rights. ECHO recognises these priorities and the TOR of the evaluation assignment specifically request to assess how ECHO operations have taken these issues into account.

Linking Relief, Rehabilitation and Development (LRRD)

The impact of the prevailing humanitarian crisis in Zimbabwe has been effectively mitigated by the emergency aid provided by ECHO and other donors. To slow down further rapid deterioration of social services and poverty in Zimbabwe, rehabilitation and development oriented measures are needed and ECHO funding should support such project concepts, to the extent that this is consistent with the ECHO mandate. At present, ECHO does not give much guidance in proposal development and partners are often not aware of the importance ECHO puts on the link between relief, rehabilitation and development.

In the field of Health and Nutrition, current data from different needs assessments and nutrition surveys indicate that the time has come for more emphasis on preventive measures to face the needs in the field of nutrition and health of the most vulnerable population groups. The concepts of emergency interventions funded by ECHO have to be progressively influenced by national policies and should be coordinated with ongoing programmes of other donors and the technical units of governmental structures like the MOHCW or the MOE. Co-funding of development oriented projects, technically coordinated by sector working groups, would be the recommended approach.

The Water & Sanitation report also emphasises the introduction of development oriented elements in future project conception (e. g. support of existing local structures, hygiene awareness activities). Furthermore, a partial handing over of projects to partners / donors active in development assistance ought to be considered.

Gender

Comparable to other African societies, Zimbabwean women are responsible to respond to most of the daily needs of their families. Traditionally men are usually responsible for decision making in the community. In the Health and Nutrition operations assessed, there was in general no special effort of implementing partners to increase the participation of women in decision making processes. The head of community support groups was usually a man and even the organisation of women cooking the porridge of supplementary feeding programmes was supervised by a male community member. In addition, there was no analysis by the implementing partners of the impact of wet feeding programmes on the workload of women.

Women are targeted through assistance to female headed households by general food distribution and HBC activities. Traditionally, women have the role to care for their children and their husbands. Especially in HIV/AIDS affected households, women need more attention from the projects funded by ECHO, as men are culturally not obliged to care for their sick wives and children.

In the field of Water and Sanitation a positive impact of the ECHO funded projects could be seen, since the provision of drinking water with the help of hand pumps, rainwater collection facilities, spring-gravity systems or hand-dug wells has reduced the work load of women and children to collect water (their responsibility in the social life in Zimbabwe). Additionally, in many cases women are represented in water committees and sometimes also trained as pump mechanics.

Children

The general food distribution of ECHO operations is especially targeting children of very poor households, orphans and women and elderly people when head of a household. The list of beneficiaries is established by community members according to 15 different criteria. A specific dilemma relates to the inability of children to raise their individual concerns due to their frequent invisibility in community structures. School feeding projects have had a positive effect on school attendance rates in rural communities.

Although in most cases mentioned as specific target group of the interventions, children, handicapped, elderly and HIV/AIDS patients were usually not addressed in particular within the frame of the Water and Sanitation interventions. But the provision of drinking water to the entire benefiting populations does usually include vulnerable groups like children, handicapped, elderly and HIV/AIDS patients as well.

With the help of ECHO funds, rainwater collection systems, hand pumps and latrines were constructed at schools to address basic needs of children in particular. Addressing the vulnerability of children, handicapped, elderly and HIV/Aids patients, latrines were constructed at specific households as identified by the partner organisations. However, none of the 6 school feeding projects visited by the evaluation team had direct access to potable water.

IDPs and Displaced Farmers

Currently, “Internally Displaced People” are not necessarily a specific target group of ECHO funding. The approximate number of IDPs in Zimbabwe is not known at present. There are two Farm Workers Surveys realised so far by the Ministry of Public Service, Labour and Social Welfare (MoPSLSW), supported by the International Organisation for Migration (IOM) and several needs assessments executed by international NGOs concerning target groups like mine workers or former farm workers living in specific areas and having been employed by individual industrial firms or commercial farms. These assessments already describe an alarming situation of IDPs in terms of household income and access to food and social services.

There are probably three different groups of IDPs in Zimbabwe. Overlapping of these groups is possible:

I.) The first and probably the largest and easiest to assess group is the one of former farm workers cared for, in varying degrees, by the white farmers before the fast track implementation of the land reform started in July 2000. Estimates of about 450,000 former farm workers seem to be realistic. Including their direct relatives (dependents) we talk about 2,000,000 affected people in this group. According to the results of the survey of 2001, the percentage of non-Zimbabweans in the group of former farm workers (who would not be included in the resettlement programme of the GoZ) is difficult to identify.

According to the last farm workers survey realised from March to July 2001, and published in September 2001, most of the former farm workers preferred to stay in Zimbabwe and either to accept resettlement or to try to look for re-employment in the farming sector. Taking the recent data on the labour market in Zimbabwe into account (unemployment rates between 70 and 80%), the possibilities of those former farm workers successfully finding alternative employment, are extremely rare.

ICRC does the follow-up of vulnerable cases reported to them and offers support on the spot to those in need. There is sporadic reporting, that recently resettled farmers are increasingly chased off the lands where they have settled.

II.) Economic migrants form the second group. At the moment it is not possible to estimate their number because the data situation is poor. They are probably in peri-urban areas seeking opportunities to obtain a minimum income. But peri-urban and urban areas already have a high level of poverty and coping strategies of people are not very effective.

III.) The third group is formed by about 1 to 2 Million people who are semi-permanently in South Africa or other neighbouring countries.

In mid 2002, OCHA has provided an IDP advisor to Zimbabwe. Because of political differences with the GoZ, the communication between the GoZ and the donor community on IDPs had been suspended and the IDP issue is blocked since November 2002.

Access by international staff to resettlement and former commercial farm areas is still limited. Reliable and comprehensive figures on prevailing needs in health and education, water and sanitation and food security are not yet available. ECHO is currently funding a school feeding project of one IP under a subcontract of a local NGO (FCTZ) in the commercial farming areas. In addition, vulnerable families (especially single parent households, orphans, and families who suffer from the consequences of the commercial land reform that has ended their employment) receive supplementary food rations on a monthly basis.

The extent to which IDPs are able to have access to humanitarian aid operations is unknown.

The magnitude and the actual situation/urgent needs of IDPs should be studied in detail. But such an assessment would need the support from the GoZ. Negotiations with the GoZ mediated by the Humanitarian Co-ordinator (UN) are necessary to clarify the magnitude and the quality of the IDP problem in the country.

HIV/AIDS

In a medium time frame, HIV/AIDS is the major threat to development of Zimbabwean society. In the country, the interplay between HIV/AIDS and other problems poses an additional challenge for both the affected communities and humanitarian agencies. This complex relationship and its effects on coping capacities necessitates further reflection and action by the humanitarian community in terms of the responses to the protracted crisis situation and also regarding the linkage between development aid and humanitarian assistance.

ECHO funded projects did not take into account the specific HIV/AIDS issue as would have been required.

As a cross-cutting issue HIV/AIDS should be integrated in all components of each project financed by ECHO. Even the projects with a closer focus on logistical aspects like food distribution and transport of food should include substantial information and education on HIV/AIDS for the beneficiaries and for the project staff. These activities should be orientated by the national guidelines to fight HIV/AIDS.

It has to be recognised, that HIV/AIDS is more than just a health issue. It involves every facet of life being it social, economic, food security and labour, training and education, etc. Therefore a stronger emphasis than hitherto on mainstreaming HIV/AIDS in humanitarian activities is needed. But it is also clear that HIV/AIDS needs longer-term commitment and demands a development approach. [26]

Beside the mainstreaming for HIV/AIDS the following technical approaches should be considered within future funding:

PMTCT plus:	Counselling and testing of pregnant women at ante-natal care services, inclusion of the husband, supplementary food rations (take home rations) for the pregnant, HIV+ women, treatment of both, mother and husband after delivery, replacement feeding for the infant from 6 month after delivery;
ARV in TFP:	In order to improve the response of children with AIDS to the therapeutic feeding, ARV treatment should be integrated into the TFP;
HBC:	Home Based Care services for chronically ill people should include training of care givers in administration of basic care. The initiative of HIV/AIDS support groups at community level should be strengthened.

Environment

The Water and Sanitation projects assessed did not take into consideration environmental effects of the operations (e. g. draw-down of water tables). These issues have also not been studied during the project planning, nor have these issues been monitored adequately during project implementation. The distribution of maize seeds in agro-ecological zones IV. and V. has contributed to soil erosion. Agricultural approaches, suitable to the specific climate, are required.

Protection of Human Rights

Advocacy regarding adequate nutrition as a human right is essential. Vulnerable groups like children, women and persons with disabilities should be particularly targeted by ECHO funded interventions. Several public meetings are necessary to maximise the transparency of the selection and registration processes.

[26] By “mainstreaming HIV/AIDS in ECHO funded activities” , is understood that when and where it is relevant and practically feasible, HIV/AIDS related activities should be taken into consideration fully and incorporated at each stage in the project management cycle, be it in the overall health, food, nutrition, or water and sanitation sectors supported by ECHO.

Channelling complaints and suggestions related to food-aid operations in Zimbabwe should be done in an independent and child friendly manner. Currently, much emphasis is put on monitoring activities to prevent the politicisation of food aid.

Visibility

Visibility of ECHO funding is present everywhere. In certain settings the emphasis on visibility expressed by stickers on each item financed by ECHO can be counterproductive: i. e. in public health facilities, where ownership of local staff is crucial for the continuity of services and the success of the programme. Some of the therapeutic feeding projects financed by ECHO are seen by the local staff as purely ECHO initiatives and the involvement of local staff is difficult to achieve. This attitude of local staff is partly caused by the division between 'hospital owned' and 'ECHO funded' items, and the inequality in salaries and working conditions for local, governmental staff and staff hired by ECHO partners.

Looking at the ECHO funded Water and Sanitation operations visited by the evaluator, water points had signboards mentioning the donor and the partner organisation. These signboards often contributed to the perception of the communities that the donors should also take care for future maintenance and repair of the facility, which clearly bears the risk to reduce the sustainability of the operation (e. g. missing ownership).

Conclusion on Cross Cutting Issues

The most important cross-cutting issues are addressed in the implementation of ECHO operation, but likewise often in a non-systematic and sometimes rudimentary way. This has several reasons, but the lack of understanding of their importance at partners level is the most predominant one. Here, a more intensified provision of information from ECHO towards the partners could stimulate more attention for the most important cross-cutting issues (for each sector of intervention) at partners level.

The mentioned negative effects of the visibility issue have to be considered during planning of future projects. Much emphasis has to be put on the introduction of aspects related to LRRD and an integrated approach in all operations. In addition, the importance of HIV/AID issues is relevant to all ECHO funded operations in Zimbabwe (see health & nutrition report).

4.6 Needs and Involvement of Communities

Evaluative Question: "To which extent do ECHO funded operations address felt needs and do they involve the communities in the target regions in the aid planning and implementation process?"

Community participation in aid planning is definitely important in a situation where it is advised to swift from emergency style operations towards more development orientated measures (stimulation of community ownership, creation of more sustainability, etc.).

The evaluation of past operations revealed that the approach of ECHO partners in assessing the needs prior to the elaboration of the project proposal varied considerably. Participation of targeted beneficiaries was in general not perceived as important.

This participatory approach will need more investment of the implementing partners prior to concluding contracts with ECHO. In line with the requirement of intensified needs assessments

and improved priority setting (e. g. in Water & Sanitation operations), ECHO partners should also be requested to more intensively involve communities in the aid planning process to increase community ownership and as a result the sustainability of the ECHO operations.

Due to the fact, that many of the ECHO funded operations in Zimbabwe are in their second funding period, the implementing partners should be able to effectively involve the communities in the aid planning, since initial relations have been built and the knowledge about operations environment and the structures involved (local stakeholders) is better then before the start of the first operation.

Annexes

Annex I: Framework of Evaluative Questions (guiding the synthesis)

Evaluative Questions

General Framework guiding the synthesis

Ref.	Evaluative Question	Judgement Criteria	Verifiable Indicators & Sources of Verification
1	Is the current sector orientation of ECHO´s financing adequate in view of the prevailing humanitarian needs in Zimbabwe?	Reliable needs assessments available (sector wise) or conducted by the ECHO Partners / ECHO Co-ordination Office? Is there an overlaying coherent strategy for the aid provision? Co-ordination with other donor efforts effectively organised – taking into consideration the specific Zimbabwe context? Adequate integration of the ECHO assistance provision in the international donors' community assistance – taking into consideration the specific Zimbabwe context?	Assessment of the available needs assessment and data by sector of ECHO intervention and others sectors & Evaluators professional assessment. Assessment of the local co-ordination structure and the existing system (e. g. UNDP) – Assessment of the ECHO Co-ordination Office efforts. Donors projects and programmes to be set-up by sector and degree of complementarity and coherence to be assessed.
2	Are the ECHO funded operations adequately managed and monitored?	Is a monitoring system mandatory to ECHO partners and are the project management procedures for the implementing partners of ECHO clearly formulated? Is a regularly monitoring system applied in the projects and are the information gathered in line with a pre-defined monitoring framework? Is the deployed partner staff and the staff of the ECHO co-ordination office sufficiently educated and instructed to technically and administratively master and manage the individual projects? Does a proper feed-back system for monitoring data received from the projects and from the ECHO exist?	FPA – ECHO Desk – Field Information – Operation Contracts Project Documentation revision, interviews with the partners, checks at ECHO desk level and at ECHO co-ordination office level. Project Proposals – Project Progress Reports and technical/professional assessment of the evaluators. ECHO Desk – Partner Interviews

Ref.	Evaluative Question	Judgement Criteria	Verifiable Indicators & Sources of Verification
3	Are the ECHO funded operations cost-effective?	Programme cost related to the specific objectives. Programme cost related to the impact. Comparison of the costs of the Zimbabwe projects with comparable approaches in different other regions and of other donors.	Project Documentation Studies on comparable project approaches External sources in each sector
4	Do the ECHO funded operations deliver the optimum added value to the provided resources, taking into account the prevailing situation in Zimbabwe?	Relevance of the operations in the light of the prevailing situation in Zimbabwe (priority setting)? Targeting of the individual projects correctly set (e. g. base line data on beneficiaries, criteria of vulnerability by group of beneficiaries, other criteria such as morbidity and mortality) Horizontal comparison of comparable projects (same sector, similar approach) on the basis of a unit cost approach. Efficiency of the different operations by sector?	Comparison of existing data and information of the needs with project proposals of partners. Proposals and Project Documentation & Professional assessment by the consultants Comparison with other comparable project approaches (country / regional / international)
5	Do the ECHO funded projects respect the cross cutting issues, which are of major importance to the prevailing situation in Zimbabwe in their conception and implementation (e. g. LRRD, Gender, Children, IDPs, HIV/AIDS etc.)?	ECHO partners competence in carrying out humanitarian operations and are the cross cutting issues properly addressed (in the Zimbabwe context and/or sector specific context).	Project Documents & Comparison with framework of cross cutting issues of major importance (by sector) to be set-up by the evaluators Professional appreciation of the evaluators
6	To which extent do ECHO funded operations address felt needs and do they involve the communities in the target regions in the aid planning and implementation process?	ECHO partners have the obligation to implement participatory needs assessments? Beneficiaries involved and consulted during the planning process of the ECHO operations?	FPA – ECHO Desk Project Proposals – Interviews with partners – Interviews with beneficiaries Project Proposals – Interviews with partners

Annex II: Terms of Reference

Annex III: Persons met and Schedule of the Mission (TL)

January 2004

Monday, 26	Travel to Brussels, ECHO briefing Paul Koulen, ECHO Desk Officer – Zimbabwe Montse Pantaleoni, ECHO Evaluation Sector Martine Vanackere, ECHO Evaluation Sector
Tuesday, 27	ECHO briefing, DG DEV briefing in Brussels Stephan Stenberg, Head of Unit, ECHO 1 Philippe Darmuzey. Head of Unit (Southern Africa) DG DEV Joan Pijuan-Canadell, DG DEV Desk Officer- Zimbabwe Val Flynn, ECHO Security
Wednesday, 28	AIDCO F5 briefing in Brussels Xavier Guillou, Desk Officer – Zimbabwe Jose Valente, AIDCO (health) Alain Sancerni, AIDCO (education)
Thursday, 29	ALNAP briefing in Brussels Tony Beck, ALNAP Consultant John Mitchell, ALNAP Coordinator Review of documents and presentation of the briefing note Beatrice Miège, ECHO NGO Sector Peter Billing, ECHO – Head of Strategic Planning Sector Hermann Spitz – ECHO 1
Friday, 30	Travel back to Germany

February 2004

Sunday, 15	Flight to Nairobi
Monday, 16	ECHO Nairobi briefing Johan Heffinck, ECHO Regional Support Office Coordinator Enric Freixa, ECHO RSO, Medical Coordinator
Tuesday, 17	Alessandro de Matteis, ECHO RSO, Food Security Adviser Enric Freixa, ECHO RSO, Medical Coordinator
Wednesday, 18	Flight Nairobi – Harare Beatriz Torres-Trejo, ECHO Harare support office secretary Clodagh O'Brien, EC Delegation, Charge d' Affaires Patrick Phipps, EC Delegation, Food Aid/Food Security
Thursday, 19	Festo Kavishe, UNICEF Representative Nicolina Kobali-Drysdale, UNICEF, Nutritionist Victor Angelo, UNDP and Humanitarian Aid Co-ordinator Vincent K. Lelai, RRU – Co-ordinator Ruth Butao Ayoade, RRU – Recovery Programme Officer George Olesh, RRU – Deputy Co-ordinator Kevin Farrell, WFP – Country Representative Diane Prioux De Baudimont, WFP - Logistical Support Project' Sophie Chotard, WFP – Monitoring & Nutrition Unit Dr. Mulugeta, WHO Dr. Drysdale, WHO Dr. Panganai Dhliwayo, WHO
Friday, 20	Karl Dehne, UNAIDS – Country Co-ordinator Mrs. Chanzi, MOHCW – Relief and Rehabilitation Unit Lizbeth Kallestrup, EC-Delegation, Health Advisor *Briefing meeting with representatives of ECHO partner organisations:* Vincent Lelai and Ruth Butao, RRU/UNDP Alberto Mendez, WFP

	Nikolina Drysdale and Ron Powels, UNICEF Peter Pichler, World Vision Emma Frame, JOHANNITER Camillo Risoli, CESVI Jochen Hertle, GAA Christopher Bowley, SCF Poul Brandrup, GOAL Paul Prinsen Geerlings, MEDAIR Christina de Nicolás Izquierdo, ACF B. Makunike and S. Maphosa, WHO Erik Peterson, DRC Shemeles Mekonnen, OXFAM
	Aadrian Sullivan, ECHO – Country office
Saturday, 21	Lars Peter Nissen, DRC Debriefing with John Wilding
Sunday, 23	Karine Coudert, CESVI

Project visits (field mission): Monday, 23 February to Tuesday 2 March

Date	Location and Activities
Monday, 23.02.2004	**Harare** ACF-Office Harare Hospital: TFU - discussion with responsible medical doctors and nurses, ward round, discussion with ACF staff Chitungwiza Hospital: TFU – discussion with responsible nursing staff, ward round, structured interview with individual care givers, discussion with ACF staff
	Meeting at Medair-Office in Harare **Mudzi** Visit of the Medair Field Office and store building
Tuesday, 24.02.2004	**Mudzi** Visit of 3 school feeding programmes supported by Medair (Macinda, Chindoko and Nyamukoho Primary School) Discussion with 3 teachers and community representatives Focus group discussions with 26 cooking women/mothers (in 3 groups), focus group discussions with about 90 school children (in 3 groups – boys and girls in separate groups) Discussion with Medair staff members
Wednesday, 25.02.2004	**Rusape** Goal Office and discussion on project organisation and management
	Visits of Under-five feeding projects and CSB stores Visit to a health Centre (holding point) Visit to a SFP at hospital level Visit to a SFP at community level Focus group discussions with about 18 cooking women/mothers and grandmothers Discussion with community representatives
	ACF: TFP Visit to the TFU at Rusape Hospital Ward round, Structured interviews with individual mothers/caregivers Discussion with ACF staff Summary discussion with Goal and ACF staff Visit of the Goal food store
Thursday, 26.02.2004	**Kwekwe** Kwekwe Hospital: TFU and PMTCT unit Ward round, Focus group discussion with 8 mothers/caregivers Discussion with medical and paramedical staff Discussion with CESVI staff **Silobela** Hospital: TFU and PMTCT unit Ward round Structured interviews with individual mothers/caregivers Focus group discussion with 7 care givers Structured interview with 4 SFP staff members Discussion with medical and paramedical staff

Friday, 27.03.2004	**Bulawayo** Discussion with DRC staff Field visit to different Home Based Care activities Discussion with nursing staff at clinic level Focus group discussion with 10 ZRC volunteers Discussion with AIV/AIDS patients and household members in different assisted, HIV/AIDS affected households Visit of a HIV/AIDS support group and focus group discussion with about 15 members of the group (3 men, 13 women) Summary discussion with DRC members and ZRC volunteers
Saturday, 28.02.2004	**St. Lukes Hospital** Discussion with the paediatrician
Monday, 01.03.2004	**St. Lukes Hospital** Discussion with responsible nurses and medical doctors TFU ward round Structured interviews with 5 individual mothers/caregivers Summary discussion with the hospital management
Tuesday, 02.03.2004	**Harare** Michael Jordan, Chris Bowley, Chris McIvor, SCF - UK Planning of the field visit to a resettlement area

Wednesday, 03	Lizbeth Kallestrup, EC Delegation, Health Advisor Peter Halpert, USAID – Director Office of Health Camillo Risoli, CESVI team members
Thursday, 04	Jeffrey Tshabalala, GTZ financial advisor MOHCW, HSSP-EU Patricia Darikwa, EU-HSSP, Health Programme Manager Agnes Mahomva, MOHCW, national PMTCT technical coordinator Aadrian Sullivan and Jose Tamarit, ECHO office Harare Celestine Kumire, NatPharm Mrs. Mosca, EC Delegate in Zimbabwe
Friday, 05	Jan Hendrik van Thiel, Counsellor German Embassy in Zimbabwe *Debriefing meeting with representatives of ECHO implementing partners:* Ruth Butao, RRU/UNDP Diane Prioux de Baudimont, WFP Ron Powels, UNICEF Camillo Risoli and Karine Coudert, CESVI Alberto Porro, COSV Christopher Bowley, SCF Michael Jordan, SCF-UK/FCTZ Padraig O'Rourke and Bridget Churawa, GOAL Paul Prinsen Geerlings, MEDAIR Christina de Nicolás Izquierdo and Gloria Kusenererwa, ACF Alexander Chimbaru, WHO Sophie Brandt, DRC Gopika Dass, DANCHURCH AID Lizbeth Kallestrup, EC Delegation, Health Advisor Pierre Luc Vanhaeverbeke, EC Delegation
Saturday, 06	Davis Dhlakama, MOHCW – Technical Director of Medical Services Gloria Kusemererwa, ACF Christina de Nicolás Izquierdo, ACF Eoin Sinnett, WFP – School feeding co-ordinator Pablo Alcocer Vera, AEDES-EC/Health Sector Support Programme-NatPham
Monday, 07	Flight back to Germany

Annex IV: Humanitarian AID Decisions relevant for Zimbabwe (2002/2003)

ECHO/TPS/210/2002/16000 (Humanitarian Assistance to the Population of Southern Africa)
€ 30,000,000

Principal Objective: To save and preserve life during the Southern Africa food security crisis and to provide the necessary assistance and relief to the vulnerable groups suffering from the multiple crises in Southern Africa.[27]

Specific Objectives:

1 To assist general and emergency food aid operations to vulnerable groups;[28]

2 To enable accurate tracking of emergency needs through nutritional monitoring and surveillance.

3 To support emergency interventions in the water, sanitation and medical sectors.

4 To support emergency agricultural rehabilitation.

5 To meet emergency needs of refugees, returnees and internally displaced persons.

ECHO/TPS/210/2003/12000 (Assistance to Vulnerable Groups in Southern Africa)
€ 25,000,000

Principal Objective: To save and preserve life and to provide the necessary assistance and relief to vulnerable groups in Southern Africa.

Specific Objectives:

A	Food Security:	To assist emergency food aid operations to vulnerable groups, support logistical arrangements for such operations[29] and support emergency agricultural rehabilitation.
B	Water, sanitation and health:	To support emergency interventions in the water, sanitation and health sectors, including nutritional surveillance.
C	Displacement:	To meet emergency needs of refugees, returnees and internally displaced persons and to assist with durable solutions.
D	Co-ordination:	To assist humanitarian co-ordination efforts.

[27] Council Regulation 1257/96, of 20 June 1996, concerning humanitarian aid, Article 2 (a) and Article 2 (b).

[28] Also including: special group feeding, such as school feeding and under five supplementary and therapeutic feeding, monitoring of food aid distribution, and logistical support to food aid operations.

[29] Including school feeding, under five supplementary and therapeutic feeding, Home Based Care to HIV/AIDS affected families and the monitoring of food aid distribution.