

# **Evaluation of the IOM's Emergency Humanitarian Assistance to Mobile and Vulnerable Displaced Populations Programme (EHAMVDP) in Rural Zimbabwe**

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**Final Report**

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## EXECUTIVE SUMMARY

The humanitarian mobile and vulnerable populations (MVP) crisis in Zimbabwe is unique. It is a low-intensity, creeping and often a half-forgotten crisis. This crisis is a direct outcome of the 2000 - 2, Fast Track Land Reform Programme (FTLRP) which was directly linked to the lop-sided land ownership structure in the country. Subsequent, land-reform programmes have increased the number of MVPs as a result of reallocation of former commercial farms displacing many commercial farm workers. In response to this crisis, the International Organisation for Migration (IOM) Harare and a handful of local organisations have been actively seeking solutions both short and long-term to assist the reintegration of MVP into the mainstream population. This has been a protracted process which has required extraordinary advocacy skills in order to shift perceptions and attitudes towards MVPs. Since 1 March 2006 till 28 February 2007, IOM in partnership with the Zimbabwe Community Development Trust (ZCDT) and the Anglican Diocese of Manicaland (ADM), two local organisations implemented a European Commission Humanitarian Aid (ECHO) funded programme. This programme has targeted 3,000 MVP households in Manicaland through the ‘*Emergency Humanitarian Assistance to Mobile and Vulnerable Populations Programme in Rural Zimbabwe*’.

In fulfilment to the partnership agreement made to ECHO, IOM commissioned an end of programme evaluation, to establish the extent to which the programme had attained its programme objectives. The terms of reference (ToR) for the evaluation required an assessment of *relevance, effectiveness, efficiency* of implementation, *monitoring* and *evaluation* (M&E) as well as *institutional arrangements* put in place for programme implementation. A set of *conclusions, recommendations* and *lessons learnt* for consideration in future programming were also required. Various methodologies were employed in the evaluation - this was largely achieved through interviews, open discussions with key informants such as IOM and partner staff, stakeholders, community leaders etc, focus group discussions, use of check lists and review of programme documents and secondary literature. The evaluator managed to visit MVP communities in Zunhidza (Makoni district) and Chipinge (Chipinge district), both located in Manicaland Province over a three day period.

With respect to the *appropriateness/relevance* of the programme, the evaluation established that at objective level, the programme was very relevant albeit that the priorities and strategies to obtain the objectives seem to have been largely set within the humanitarian and development community. Firstly, this programme was addressing a humanitarian crisis of unimaginable proportion, with most MVPs unable to access any form of social protection for the past 4 to 7 years. Discussions held with programme beneficiaries showed that most MVPs were (i) *orphans* and *other vulnerable children (OVC)*, (ii) *widowed women*, (iii) *elderly women*, (iv) *chronically ill persons*, (a good proxy for People Living with HIV and AIDS (PLWHA)) (v) *possessing no assets* and (vi) *limited income opportunities*. Additionally, a common character shared by most MVPs interviewed was their origin - most MVPs were of foreign descent resulting limited linkages with the greater population.

Secondly, according to ECHO’s 2006-7 key areas, assistance of MVPs was identified as a priority area for funding in Zimbabwe. Relevance in relation to IOM Harare’s mandate was also noted to be very high. A contextual analysis of the current situation of MVPs in Zimbabwe as well as field observations clearly support the implementation of this programme. On the *programme strategy*, further relevance was noted as approaches used for the two categories of MVPs i.e. those (i) “*displaced in place*” and (ii) *those ex-farm workers who are displaced (left the land they were on before either settling in areas provided to them or squatting on other areas)*. Additionally, the evaluation established the relevance objectives and key result areas.

- **Result 1** (*up to 3,000 households (15,000 persons) provided with food and non-food requirements*): MVPs in Zunhidza were reportedly food insecure prior to the programme, whilst in Chipinge this was not the case. Zunhidza MVPs do not have access to land which is the primary source of food in rural Zimbabwe. Further, programme beneficiaries nutritional security had been compromised yet this is important in a community with high proportions of children and

chronically persons. On this result, the programme provides non-food items which were essential as most households spoken to, did not have or the capacity to purchase contents of the NFI kit. Therefore, the evaluation rated highly the relevance of this result.

- **Result 2<sup>1</sup>** (*water for approximately 25 communities and sanitation and shelter for approximately 200 households*): prior to this programme most MVPs communities were accessing household water from rivers, unprotected shallow wells and in some instances from river sand. This had ultimately resulted in high cases of worm infections and diarrhoea for children. As for the Chipinge, MVPs were relocated to mostly virgin land in remote areas where there was no infrastructure development at a time when the Government of Zimbabwe (GoZ) has been decreasing spending on social services. With respect to sanitation through eco-latrines and shelter assistance provided in Chipinge, the evaluation established that this was very relevant. The programme primarily targeted households which were the most vulnerable and had no capacity to provide or construct latrines or shelter. Further, Chipinge is prone to cyclones as evidenced by the latest cyclone.
- **Result 3** (*increased availability of HIV and Gender-Based Violence (GBV) prevention and Behaviour Change Communication (BCC) materials for mobile and vulnerable populations*): field discussions showed that a sizeable proportion of adults were chronically ill and agreed that HIV and AIDS prevalence was high which was also confirmed by initial needs assessments conducted by IOM/ADM/ZCDT. This in itself is a clear indication the relevance of HIV prevention strategies adopted by IOM. Moreover, considering the number of times MVPs had been dislocated had resulted in increased risky sexual behaviour. The evaluator considered prevention of GBV as extremely relevant within the targeted beneficiaries as repeated exposure to violence had predisposed most MVPs to trauma and depression which may manifest itself as GBV. Further, the gender balance within targeted communities is greatly skewed towards widowed women which probably makes them more susceptible to GBV.

In conclusion, the mentioned justifications comply with the basic justification of humanitarian operations, as the objective is to save and preserve life in emergency and post-emergency situations. The evaluation underlined that beneficiaries were very accepting of supports afforded though application and adoption.

In both Zunhidza and Chipinge and for all programme components, the evaluation established the programme had been *effective*. The accumulated experience of IOM and partners, which is shown in the modification of the intervention strategies, has been and continues to be based on finding new formulas to respond effectively to the increasing needs of MVPs. IOM provides the simplest ways of providing basic products through partnership and community approach and these has have evolved into more efficient and effective ways of providing humanitarian assistance. Given the objectives of the programme, the evaluator considers that most of the project components were well designed, with appropriate activities and have contributed in the achievement of stated objectives; that is to say they all attempted to address the vulnerability of populations and/or to strengthen management capacity of communities.

IOM/ADM/ZCDT have been innovated in meeting humanitarian assistance needs in post emergency situations with new forms of intervention that have made it possible to optimise - in quality and population coverage - the availability of goods and services provided through the projects. With respect to attaining the *principal objective (to address the growing and urgent humanitarian needs of mobile and vulnerable populations in rural Zimbabwe)* of the programme, the evaluation noted that IOM and partners have managed to attain this within the prescribed timeframe. Furthermore, the programme was designed in such a way that programme supports were taken up without major hiccups - this was the most logical way of availing support to MVPs. The evaluation considers the water, health and hygiene and capacity building aspects to be equally effective approaches as they

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<sup>1</sup> Initially, IOM intended to target 35 communities, however, due to challenges faced during programme implementation, this figure was revised with the approval of ECHO to 25.

contributes to long-term development, although there is the danger is the duration of the programme - 11 months.

In terms of meeting the *specific objective (to address the immediate life-saving needs, through the provision of non-food items, shelter, water and sanitation and emergency food, of rural mobile and vulnerable populations, including HIV and AIDS and Gender-based Violence (GBV) mainstreaming)* there is a strong likelihood that has also been met. Additional areas of assessments included;

- **Effectiveness of coordination:** there is strong evidence to conclude that within the partnership framework, the coordination of field activities was effective. Outside this partnership, the evaluation noted coordination evidenced by active participation of government agencies and attendances of monthly local coordination meetings.
- **Effectiveness of participatory mechanism:** participation was high and effective within the partnership arrangement - assessments, programme development, design, and implementation. However, with respect to MVPs participation was limited in programme monitoring, which is common for emergency programmes.

The evaluation also interrogated issues related to **cost effectiveness** and **efficiency** of programme implementation. Though there were delays to starting and procurement challenges, IOM and partners managed to catch up and complete a sizeable number of actions ahead of schedule. In purely financial terms, IOM gives 'best value for money' as it was both cost- effective and efficient. Approaches used, management system and community participation were important ingredients in ensuring cost-effectiveness. Additionally, some programme interventions - capacity building, provision of water, health and hygiene promotion and sanitation are strongly Linked to Relief Rehabilitation and Development (LRRD), meaning that actions promoted by this programme will probably have long-term effects. Within IOM, the evaluation confirmed that there is a high level of dedication, and that the organisation has appropriate administrative and logistics to undertake such actions and this is backed up with strong auto-evaluation. It was also established that IOM had correctly appraised the programme however, dealing with an extremely fluid population meant that there was a need to continuously revise and update figures. To date, IOM had utilised more than 90% of funds allocated to it by ECHO. The main constraint that IOM confronted during programme implementation was access in Chipinge - this stalled the programme for 5 months.

There have been good examples of **Monitoring and Evaluation** during the lifespan of this programme. IOM has developed a comprehensive M&E framework which covers all programmes. Within the M&E framework, IOM extracts indicators and tools relevant to the programme. That is to say, for this programme and its duration, IOM through the M&E unit had put in place an appropriate M&E plan and strategy. IOM uses standard practical monitoring systems within its programme work. The M&E unit drives this process and is well capacitated to deliver such actions. Monitoring is mainly done through monthly reporting thereby facilitating auto-evaluation. It must be emphasised that IOM has put in place measures to assess outcome and impact of emergency interventions.

The evaluation considered the **institutional arrangements** made as appropriate for successful programme implementation. IOM/ADM/ZCDT had a shared vision and mission and had been responding to the MVPs crisis which dates back to 2003. All actors in this programme are lawfully registered and within the partnership framework MoUs were drawn and used as reference guides in programming. Additionally, IOM worked with UNICEF and WFP who providing technical expertise in water and sanitation and food assistance, clearly demonstrating excellent collaboration (inter-institutional) between IOM and other humanitarian agencies. With respect to local government ministries, IOM also strived to bring them on board to ensure acceptance of the programme. The only major draw back was with ADM which is no longer actively involved in assisting MVPs as its focus has changed.

## Lessons learnt

### General

1. **Collaboration** with other humanitarian actors **Community participation** IOM and its partners have given humanitarian assistance responses that are not limited only to strict emergency situations. In this sense, the immediate actions of post emergency have provided the displaced population with minimum conditions of self-sustainability.
2. Working directly with communities and local government structures is an appropriate and effective level of intervention, which can complement broader reforms.
3. Projects that incorporate livelihoods components, thereby linking relief activities with broader developmental benefits, are much more likely to be sustainable.
4. Community-based projects that include local government representatives at the lowest levels throughout the project cycle are likely to have a greater impact on the beneficiary community.
5. In light of the increased support to MVPs in the Zimbabwe, there is considerable scope for establishing complementary approaches and linking relief interventions with longer-term development programmes.
6. The **intervention style** that IOM and its partners have developed, places them in propitious conditions for initiating new processes of action against the problem of displacement; mainly in the formulation of joint interventions strategies.
7. **Partnership approach** offers a unique and effective style of providing humanitarian assistance in the context of exclusion, responding with adequate solutions to each situation and the unforeseen events.
8. **Relations** between government and humanitarian actors is important is delivering assistance to MVPs.
9. **Inclusion of host communities** in programme issues is important to ally suspicion and may stimulate and act as a peace building process.
10. Provision of support to MVPs in Zimbabwe is an **exceptional challenge**.
11. **IOM organisation structure** is a model that other humanitarian agencies may adopt as this ensures that organisational and programme memory is retained at the completion of a emergency programme.
12. As an institution, IOM has the necessary **skills, expertise and legitimacy** to assist MVPs in Zimbabwe.
13. **Downstream adverse community side-effects of targeting** can be avoided by active engagement of communities.

### Relevance

1. Within ECHO country strategy, MVPs are probably the **most vulnerable members** of the community in Zimbabwe. However, very few agencies are providing support.
2. When programme activities are matched during assessments and synchronised properly, community buy in is very high.

### Cost effectiveness and efficiency

14. There is a **wealth of knowledge** within MVPs and this can be effectively tapped in during programme implementation.

### Effectiveness

15. An **integrated programme** is more effective and generally improves the quality of life as it addressed multiple needs and challenges.
16. Effective reduction of vulnerability requires a sound background in community development and participatory approaches; however, such approaches cannot be successfully achieved in the short-term and the creation of durable and effective community structures requires a time horizon of two to five years. Therefore continuity of funding support is a critical issue for MVPs related programmes.

17. The actions that IOM and its IPs carry out regarding gender equity and relations must not be limited to work with women, by reason of their traditional situation of exclusion.

### **Monitoring and Evaluation**

18. IOM has an engage and dynamic **M&E unit** which has become the **pulse** of programmes within an organisation and has developed systems that are responsive to programmes.
19. With strong level co-ordination and monitoring the potential value of good projects will be fully maximised in terms of replication at scale.
20. **Capacity building monitoring** can be an effective tool to measure the impact of this action.
21. Effective monitoring is challenging for MVPs as the target group is extremely fluid.

### **Institutional Arrangement**

22. Achieving strategic added-value also requires efforts to build linkages with external stakeholders.
23. Successful partnership is ensured when members share similar **vision** and **mission**.
24. **Vision** and **mission** partners are central to the partnership process.
25. Programmes that are **targeted to the general community** are more accepted than those that target individuals and promotes greater community cohesion especially where a host community exists.

## Recommendations

1. Regarding needs assessments, there is need for IOM and partners to also establish **‘invisible needs’ - psycho-social** related actions as most MVPs have witnessed and experience violence several times over the past few years.
2. In future, the **psycho-social dynamics** are increasingly becoming, due to their transversal character, an important axis of IOM and its Partners’ intervention strategy. Most MVPs have repeatedly faced and witnessed acts of violence and abuse.
3. From the conclusion on related to **programme efficiency**, it recommended that IOM and partners engage the local authorities more in all facets of the programme in order to avoid similar delays associated with access.
4. In relation to the **model shelter** developed by IOM, it may be worthwhile to share this with other humanitarian agencies involved with shelter aspects. Practical Action has developed low-cost houses for rural areas. It may be worthwhile to compare the two models.
5. Within ECHO funded partners, there are experienced actors with over 5 years implementing water and sanitation programmes. In this programme **protection of water points, establishment and training of water point committees and training of pump minders, provision of toolkits and spare parts** was not done. Even though, this is an emergency programme, rehabilitations, repairs and drilling of boreholes is closely **Linking Relief, Rehabilitation and Development (LRRD)** - which ECHO firmly supports. ECHO and IOM should discuss and strategise which areas may need a comprehensive water and sanitation since some resettled communities are likely to stay longer than other. Further, discussions with agencies such as World Vision and ACF may aid IOM in improving the quality of programme delivery on water relation actions.
6. On sanitation, the programme supported approximately 10% of MVPs households meaning that the remainder still have no access to proper sanitary facilities. 214 Community Health Volunteers (CHVs) were trained and actively supported the delivery of health and hygiene messages to the community. This approach was taken up well, with results of increased use of garbage pits and erection of pits. Completing this with the provision of **sanplat** has tremendous potential to initiate toilet construction. Sanplats have been shown to encourage own toilet construction in Africa and the cost of each sanplat is estimated at USD2. This maybe something to consider.
7. From a strategic position, IOM needs to be engaged in **official and unofficial advocacy** work on behalf of MVPs. The contacts and relationship that IOM has created makes it strategically positioned to represent MVPs access to permanent land.

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## LIST OF ACRONYMS/ABBREVIATIONS

ACF	Action Contre la Faim
ADM	Anglican Diocese of Manicaland
AIDS	Acquired Human Immuno-deficiency Syndrome
BCC	Behavioural Change Communication
ECHO	European Commission Humanitarian Aid Office
ERP	Emergency Response Programme
FACT	Family AIDS Counselling Trust
FTLRP	Fast Track Land Reform Programme
FBO	Faith Based Organisation
FDG	Focus Group Discussion
GBV	Gender Based Violence
GoZ	Government of Zimbabwe
HBC	Home Based Care
HH	Household
HIV	Human Immuno-deficiency Virus
IEC	Information Education Communication
IOM	International Organisation for Migration
LRRD	Linking Relief, Rehabilitation and Development
M&E	Monitoring and Evaluation
MVP	Mobile and Vulnerable Populations
NFI	Non-Food Items
PLWHA	People Living with HIV and AIDS
PSI	Population Services International
STI	Sexually Transmitted Infections
ToR	Terms of Reference
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling Testing
WatSan	Water and Sanitation
WFP	United Nations (World Food Programme)
WHO	United Nations (World Health Organisation)
ZCDT	Zimbabwe Community Development Trust

## 1. INTRODUCTION

Zimbabwe has experienced two man made major internal shocks in the last 7 years namely the Fast Track Land Reform Programme (FTLRP) (in 2000 - 2002) and Operation Murambatsvina/Restore Order (2005), which has resulted in the displacement of hundreds of thousands of poor and vulnerable Zimbabweans. Seven years after the emergence of the first Mobile and Vulnerable Populations as a result of the FTLRP, MVPs find themselves poorer and increasingly more vulnerable. To date there has not been a broad and robust humanitarian assistance to more that 500,000 MVPs – the impacts have remained a low intensity and the crisis half forgotten, with only a few organisations giving it the prominence it deserves. The issues surrounding MVPs in Zimbabwe are complicated and set against a background of suspicion as the former farmer workers were and are still viewed with suspicion and often labelled as ‘foreigners’.

The magnitude of MVPs is known only by approximation, as a result of laxity in data collection and processing, access and because of the fact that MVPs movements are typically hard to keep track of. Available estimates vary between 500,000 and 2,000,000 MVPs and Zimbabwe ranks in the top 10 most affected countries in Africa. Because of the pace at which the land reform programme was conducted in, there were no proper mechanisms put in place to assist the MVPs. According to the government of Zimbabwe, former farmers workers were also to be integrated into the programme whilst other were to remain on farmers and were to provide support to ‘new farmers’.

Formerly, the core commercial agriculture labour pool was made up of permanent farm workers living with their families on commercial farms. Previously in general, most former commercial farmers enjoyed food security and access to education, health services and clean water. Most large-scale commercial farms also depended on seasonal casual labour which was supplied by family members of permanent farm workers and by nearby communal areas. As a direct outcome of the FTLRP most of these supports had been decimated. In many areas former farm workers lost some important social amenities such as farm-based schools and health facilities, support with transportation to off-farm schools, or their children’s access to school. As like any conflict area, some violence accompanied the land reform programme resulting in heightened levels of depression and loss of assets and income. Consequently, some MVPs lost pension benefits and other entitlements. Understanding the crises is like peeling an onion – to answer one question requires the raising of several more issues.

According to ToRs supplied the vulnerability of these populations was further exposed by the Government of Zimbabwe’s Operation Murambatsvina/Restore Order, which resulted in the displacement of approximately 700,000 people<sup>2</sup>, as it effectively reduced the coping mechanisms of people residing in rural areas, by restricting the options of migrating to urban areas, as well as burdening people in rural areas as people affected returned from urban areas. This situation was compounded by an already serious food crisis and a population still trying to recover from the effects of the Government’s “fast-track” land reform programme. With inflation in excess of 2000% in 2007 and unemployment estimated at over 80%, almost half the population is dependent on food aid.

In addition, together with the ex-farm workers, there are entire households, headed by elderly people, widows, and orphaned children. With the advent of the land reform programme, the owners of the farms left many farm workers and their families behind unassisted. Many of them

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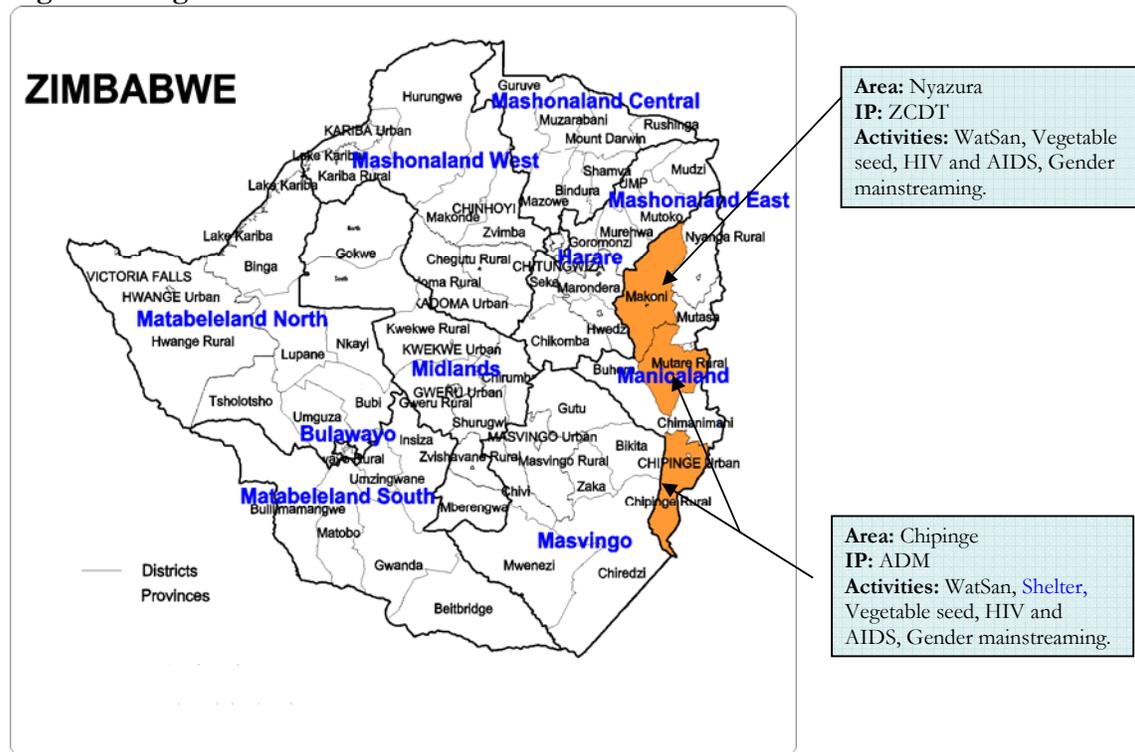
<sup>2</sup> UN Special Envoy Report, July 2005

have neither a shelter, the resources to relocate elsewhere, nor are they eligible to look for employment in other farms in the vicinity.

With regard to farm displacements, sentinel surveillance data shows that HIV prevalence has remained steadily higher in farming communities than the general population. These farm workers are often unable to access health care, including awareness programmes, condoms and Sexually Transmitted Infection (STI) services because they have limited or no means of transportation. Some of the displaced are of Mozambican, Malawian, or Zambian origin and do not have legal access to land and social services, such as health care (IOM, 2001, Farm Workers Survey), which further compounds their vulnerability. The ex-farm worker settlements are usually overcrowded with poorly built dwellings, and scant social and recreational facilities, other than ubiquitous beer outlets - spots for commercial sex workers. The poverty, instability, and hardships create an environment that promotes abandonment of familial and stable sexual relationships, and increase HIV/STD related risk behaviors. In addition, cholera and other diseases, such as malaria, are becoming increasingly a problem for this target population.

Therefore, assistance to MVPs has become a priority area for IOM and ECHO. With the escalation of the humanitarian crisis people have been forced to migrate in search of food or employment. Many former farm workers face a particularly difficult time. ECHO supports UN agencies and NGOs to implement programmes assisting displaced populations.

**Figure 1: Programme sites**



It based on this background that IOM Harare started its EAMVP programme since 2003, which the evaluated ECHO intervention is a continuation of. This commenced on 1 March 2006 and terminated in 28 February 2007. IOM in partnership with ZCDT and ADM implemented the programme. Table 1 captures the programmes principle and specific objectives, key result areas and activities for the programme.

**Table 1: Programme objectives and key results**

<p><b>Principle objective:</b> To address the growing and urgent humanitarian needs of mobile and vulnerable populations in rural Zimbabwe</p> <p><b>Specific objective:</b> To address the immediate life-saving needs, through the provision of non-food items, shelter, water and sanitation and emergency food, of rural mobile and vulnerable populations, including HIV/AIDS and Gender-based Violence (GBV) mainstreaming</p> <p><b>Result 1:</b> Up to 3,000 households (15,000 persons) provided with food and non-food requirements</p> <p><b>Result 2:</b> Water for approximately 25 communities and sanitation and shelter for approximately 200 households</p> <p><b>Result 3:</b> Increased availability of HIV and Gender-based Violence prevention and behaviour change communication (BCC) materials for mobile and vulnerable populations</p> <p>The project consists of three main components:</p> <ol style="list-style-type: none"><li>1. To distribute food and non-food items to vulnerable households affected by displacement in rural areas;</li><li>2. To provide water, sanitation, livelihood and shelter to vulnerable households affected by displacements in rural areas;</li><li>3. To mainstream HIV and Gender-based Violence Prevention within project activities.</li></ol>
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## 1.1 Organisation of the report

Using the programme objectives as a framework and terms of reference (ToR), the report has been divided into five sections as follows;

**Section 1:** Introduction

**Section 2:** Discusses the sampling methodology and data collection for the evaluation.

**Section 3:** Details and discusses the findings of the end of programme evaluation.

**Section 4:** Presents a set of lessons learnt.

**Section 5:** Summarises recommendations for similar initiatives

**Section 6:** Annexes

## 2. EVALUATION METHODOLOGY

### 2.1 Objectives of evaluation

The terms of reference (ToR) for the evaluation were developed by IOM Harare as a fulfilment of agreement between itself and ECHO. According to supplied ToR, the main objective of the evaluation is to have an independent structured evaluation of the programme emergency Humanitarian Assistance to Mobile and Vulnerable Displaced Populations in Rural Zimbabwe 2006 -7. The evaluation should assess;

- the achievement of the objectives against the ECHO agreed indicators;
- in addition to the overall impact and effect of the intervention, *relevance, coherence, coverage, efficiency, effectiveness, acceptability, access, equity* and *sustainability* of the operation; and
- Further, the evaluation should consider the design of the project in addition to its actual implementation.
- In addition, the evaluation should contain conclusions and recommendations at both strategic and operational levels based on the current operation for the design of the future ones.

Consequently, prioritisation of the key focus areas listed was done and are organised into the standard evaluation categories and within each category the most important issues are listed first, while additional but subsidiary points raised follow. Detailed ToR are annexed. The evaluation will be carried out in through a systematic phased approach starting with (i) preparatory work (ii) field work (iii) post field work, (iv) drafting of report submission and (v) final report submission.

#### A. Preparatory phase of the evaluation;

- (i) **Briefing:** The evaluator and IOM personnel directly involved in the programme initially had project briefings. This was done so that a common understanding of ToRs was achieved for both parties. Briefing with Zimbabwe mission coordination teams.
- (ii) **Review of documentation:** a review of the project proposal and progress reports was conducted prior to the field work. Additionally relevant supporting documents mentioned in the Logical Framework of the project were sought from time to time. Review of the project documents: IOM internal reports and studies (proposal, technical documentation, end of programme evaluation report on capacity building) and programme budget. Background information on Zimbabwe and relevant material were also sourced for the evaluation exercise.
- (iii) **Development of field tools:** the evaluation team developed several tools for the evaluation, which included, checklists, focus group guides and key informant guides.

#### B. Field work phase

- (i) **Briefings:** the evaluator held discussions with respective area i.e. Chipinge and Zunhidza in Netherlands. The evaluator spent a day with each team and then conducted key informant interviews with key programme persons the rest of the day.
- (ii) **Focus group discussions:** the evaluator was able to conduct focus group discussions during the field work. The evaluator used participatory methodologies (PRAs) such as mapping exercises, Venn diagrams to appraise the programme on different programme components. Other issues discussed within the topics included;
  - *Planning phase:* community participation, needs assessments, water source identification, water quality, water quantity, water point committee, selection of shelter beneficiaries, shelter design, project design and project appraisal.
  - *Implementation phase:* community involvement, shelter and borehole construction, health/hygiene education, training, monitoring, reporting, exit strategy.

- *Sustainability phase*: operations, maintenance, community management, institutional links, monitoring, programme evaluation.
- (iii) **Household visit**: the evaluator visited at least 10 households for all programme sites for all programme components. Discussions held with households were aided by a semi-structured questionnaire.
- (iv) **Key informant interviews**: the evaluator used a snowball approach in identifying key informants primarily to get a wider view of the programme within programme sites from all relevant stakeholders.

**Observations:** The evaluator developed a checklist to aid in the evaluation of water points, constructed shelters, and health and hygiene components such as refuse pits and kitchen racks. The evaluator visited 13 water points at various stages.

**C. Post field work**

- (i) **Presentation of field findings**: the evaluator will produce a short briefing paper with pictures and testimonies from the field. Results from sampled areas will also be shared with the Harare office.
- (ii) **Review of secondary literature**: the evaluator sought additional relevant information from Harare with the assistance of IOM for clarification on any grey areas noted during the field visit.

**D. Draft Report submission and presentation**

- (i) The evaluator submitted a draft report to IOM within the prescribed timeframe and format. Issues to be addressed were; appropriateness/relevance effectiveness, efficiency, monitoring, conclusion, lessons learnt and recommendations.
- (ii) IOM Harare reviewed the report and raised specific areas of concern and requested clarity.

**E. Finalisation of evaluation report**

- (i) The evaluator addressed issues raised by IOM and modified the evaluation report accordingly.

### 3. EVALUATION FINDINGS

Ahead of making lessons learnt and final recommendations this section will look at the specific questions asked in the ToRs.

#### 3.2.1 Relevance

IOM and partners response which brought shelter, NFIs, clean water, sanitation, public health promotion, capacity building, HIV and AIDS, gender violence awareness and rudimentary education (including hygiene messaging) were absolutely relevant to the normalisation of a precarious protracted humanitarian crisis. These were sentiments shared by most beneficiaries interviewed during field visits. Information at hand and discussions held with beneficiaries clearly support the implementation of this programme. Further, given the objectives of the programme, the evaluator considers that most of the programme components projects were well designed, with appropriate activities and have contributed to achieving those stated principle and specific objective; that is to say they have all attempted to address the vulnerability of populations and/or to strengthen management capacity of local institutions (partners). Within IOM's strategic document and ECHO's 2006 - 7 goals, support to MVPs is identified as a priority area. Likewise, Anglican Diocese of Manicaland Relief Programme and Zimbabwe Community Development Trust were formed on the realisation of the MVP crisis that ensured at the commencement of FTLLRP.

IOM's decision to assist MVPs was extremely relevant considering that most they are probably the most neglected sectors of the population in Zimbabwe by both the government and other humanitarian actors. The latter concerns are based on the sensitivity on the target group. Over the past 7 years, MVPs have repeatedly been exposed to trauma and been used for political gains. For MVPs who have access and control over land, this land in most instances is located in areas where there is no access to social amenities and support from humanitarian actors is limited. Most MVPs are located far away from the public eye, to such an extent that the crisis has become virtually an 'out of sight crisis'. To ameliorate continued suffering, IOM and its two partners implemented a very useful programme that was responding to needs of beneficiaries. These actions and activities are:

**Provision of non-food items (NFIs):** the poverty levels within this sector of the community is alarming and has been rapidly declining and there is no respite insight. Most households spoken to and where the evaluator had an opportunity to visit programme beneficiaries, it was evident that most of them had no assets save for contents of the NFI kits. Prior to this programme, most beneficiaries had no blankets and had to rely on fire which in itself was a hazard. Most beneficiaries claimed they had lost these during height of the land reform programme. Considering that half of the population in these locations are vulnerable children and orphans and the elderly, it was paramount that IOM provide NFI kits. Relevance of NFI kits components is as follows;

- **Water carrying cans:** each beneficiary household received a 20 litre jerry can and a bucket.
- **Cooking utensils:** as earlier stated, this was extremely relevant in programme sites as most MVPs had no kitchen utensils and those that had, most of it were worn out.
- **Blankets:** MVPs were allocated land in mostly mountainous areas in Chipinge, which gets extremely cold in winter. Whilst in Zunhidza, MVPs reside in dilapidated shelters exposing them to extreme weather conditions. The evaluation established that previously MVPs were using firewood to warm themselves whilst sleeping.
- **Mosquito nets:** surveillance reports reviewed showed that Malaria prevalence rate is very high in Manicaland, more so in Chipinge. Considering that targeted households did not have the means of malaria prevention, this was a relevant strategy. Nationally Malaria is of one the main killer disease.

- **Women's sanitary items:** in response to women needs, cotton and sanitary pads were provided by the programme.
- **Farming implements (hoe, shovel and seed packs):** prior to being land owners, most MVPs did not own any farming implements yet they derive their livelihood from the land. Therefore the evaluation noted the relevance of providing farming implements.
- **Household hygiene:** as an interim measure as the programme progressed in the provision of permanent safe water points, households received purifying tablets to mitigate water borne diseases. Relevance in the provision of water related actions is clearly articulated under the water section. The programme further provided ten 250g laundry soap and six carbolic bath soap. Despite this being relevant, the numbers distributed will only alleviate immediate suffering.
- **HIV related material and resources:** IOM has made it a point that HIV material is made readily available to MVPs. Within the NFI kits, condoms were also included and behavioural change communication material. As earlier stated, most of these sites have no social amenities to service these areas – no shops, vendors and clinics. A contextual analysis clearly shows that this sector of the population is extremely at risk of HIV and AIDS. Asked on the relevance of including condoms and HIV BCC material, women respondents were bold and supported the initiative. One women in Chipinge stated that;  
*“tanga tapera”* (loosely translated as AIDS is killing us<sup>3</sup>)
- **Food security:** vegetable seeds were included in the NFI kits as addition using saved programme resources. Over the past 7 years Zimbabwe has faced a food security crisis. The addition of vegetable seeds was more relevant considering the nutritional requirements of PLWHA. Moreover, this gave beneficiaries of the programme an opportunity to earn additional income particularly in Zunhidza where gardens are supported by micro-irrigation kits provided by other donor funds. Vegetable gardening provides a quick access to nutrients to extremely vulnerable communities. Additionally, the community in Zunhidza received monthly food rations through WFP which was also funded by ECHO.

IOM developed the NFI kit<sup>3</sup> items using the Sphere Standards as a reference point. Clothing was missing in the NFI kits as a result of ECHO's advice. Despite this, on the overall, the NFI kit received a very high level of acceptance across all operational locations. Therefore, on the question of relevance and validity, it is beyond doubt that IOM had clearly identified a gap in the current response to OM and the actions it has been implementing on this aspect is valid. In addition, the target was surpassed as 3000 households benefited from NFI kits.

**Water:** it is important to state that prior to this programme, almost all households were accessing water from unprotected water points such as rivers and shallow wells. In the dry season some interviewed people claimed that they had to dig for water at a nearby river bed. The challenges faced by the sites visited during the evaluation are somewhat different. In Zunhidza in Netherlands, MVPs were still located at the farm which had been repossessed and distributed to new farmers. Previously their drinking and household water was accessed through a motoring pump. This was stolen during the height of the land reform. Consequently, the whole community with an excess of 150 people was accessing water from a river some 5 km away. Two types of communities exist in Chipinge – one that were properly resettled and others who resettled themselves are live in constant fear of being moved again a fourth time. Visited locations in Chipinge are new areas and have no developed infrastructure such as access roads and boreholes as is the case in most communal areas of Zimbabwe. The Chipinge communities have been resettled a farming community visited in Zunhidza.

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<sup>3</sup> 1 x 20 litre jerry can, 2 pots (small and large), 6 plates, 6 mugs, 1 knife, 1 cooking spoon, ten 250g laundry soap, 6 carbolic bath soap, 1 bucket, HIV information, condoms (both male and female) and 4 packages of sanitary items/cotton wool.

**Sanitation, health and hygiene:** discussions held with beneficiaries clearly showed that this component of the programme was extremely relevant. Firstly, incident rates for water borne diseases such as diarrhoea for under fives was alarmingly high and worm infestations were also reported – this was more so in Chipinge. An elderly woman taking care of 3 orphans in Chipinge stated that;

*‘prior to the programme we were living in unhealthy environments, now there is a visible commitment to health and hygiene issues. However, our children still have stomach infections and we don’t know what to do.’*

Further, there is now widespread acceptance among sector professionals of the need to integrate improvements in hygiene, sanitation, and water supply in order to positively impact on public health. Providing water and sanitation facilities does not necessarily ensure that people will use them effectively. Hygiene promotion aims to ensure that the potential benefits of such facilities are maximised and sustained. Additionally, IOM trained 214 CHVs, who in turn cascaded information learnt to the wider population. This strategy ensured (i) wider coverage and (ii) continuity after programme termination. This programme is a good example of an integrated programme with all three components (e.g. improved access to safe water supplies, sanitation facilities, and positive hygiene behaviours) which is known to be much more effective in reducing the transmission of many diseases. The importance of taking an integrated approach, even in the constrained operating environments of an emergency response, is generally accepted among humanitarian practitioners<sup>4</sup>. With respect to the provision of eco-latrines, this was extremely relevant as most MVPs interviewed during field visits had no decent latrines, with some resorting to using nearby bushes. Further, this is very good approach as it ensures sustainability through allocation of very low resources. Those who did have latrines these were susceptible to collapsing every rainy season and to termite attack. Considering that the terrain in Chipinge is mountainous, faeces would easily find their way into water sources and this was a potential health hazard.

**Table 2: Case study on shelter**



(i) Mud house (ii) programme shelter

A 24 year old widowed woman in Chipinge is currently looking after 5 orphans. Prior to the programme, the family was sharing a room as a bedroom. During targeting exercises, the community identified her as extremely vulnerable and was subsequently chosen to receive shelter assistance in terms of building material from the programme. The community mobilised additional resources to enable her and her dependants to stay in a decent house. Considering that an average household has at least 5 people, this created an unsafe environment for children and ultimately caused a lot of cross infection of communicable diseases such as TB. Respondents interviewed during field work were very appreciative of this aspect of the programme. A community leader claimed through the community participation on all aspects of the programme had resulted in greater community cohesion.

**Shelter:** the decision to support durable shelter solutions is based on the allocation of land to MVPs in Chipinge. IOM consciously did not pursue this in areas where there is threat of further translocation. The evaluation established that shelter was one of the top needs that most communities stated during the needs assessments conducted by IOM. Secondary literature reviewed also clearly supported the need to assist MVPs with accommodation.

Chipinge has for the past 7 years been hit by devastating cyclones which have destroyed many mud houses. During field visits, the

<sup>4</sup> ECHO (2005). Concept Paper for Mainstreaming Water and Sanitation in Emergencies, Protracted Crises, LRRD and Disaster Preparedness Operations, AGUA Consult, 2005. [http://www.europa.eu.int/comm/echo/index\\_en.htm](http://www.europa.eu.int/comm/echo/index_en.htm)

evaluator noted that most households in Chipinge had 2 mud houses, one for sleeping and another which acted as a kitchen. In some situations both male and female children shared the same mud house, which in size is a very small unit. Based on the foregoing reasons, the evaluation noted the relevance of providing appropriate and durable shelter to MVPs as a way to:

- prevent transfer of communicable diseases,
- provide security from unfavourable weather conditions,
- security from wild animals and criminals and
- ultimate restoration of dignity.

**Mainstreaming HIV:** HIV and AIDS mainstreaming has become central in Zimbabwe as HIV and AIDS is a developmental issue and has been declared as a national disaster - meaning that HIV and AIDS requires special government attention. Likewise, IOM has developed a comprehensive HIV and AIDS mainstreaming strategy. This includes both HIV prevention and AIDS mitigation as follows; HIV prevention; IEC materials, condoms (distribution, outlet, stocking and demonstration) sensitising drama (including stigma reduction), AIDS mitigation (stigma reduction) and supplementary feeding as well as nutritional workshops and IEC material on the importance of nutritious diet for positive living. Based on focus group discussions held and the proportion of chronically ill persons within the targeted communities, it is more than evident that the inclusion of mainstreaming HIV was critical to the programme. On a national scale, there is undoubtedly a high HIV prevalence. This is even higher in mobile and vulnerable communities. HIV prevention is an area of great concern following the evictions, as displacements often put people at greater risk of being infected with the virus. Potential risk factors in the current situation include the separation of couples, increased stress, transactional and commercial sex, sexual violence, as well as interruption of services and supplies. Family separation is a particularly important risk factor in the spread of HIV, and previous experience indicates that displacement and separation of couples could lead to an increased frequency in unsafe sex. Access to services such as HIV information, counselling and condom distribution was severely disrupted in many places as a direct consequence of the FTLRP. Some proxy indicators of the impacts of HIV and AIDS within the communities included;

1. High numbers of single and double orphans resulting in high dependency ratios;
2. High proportion of widows;
3. Abnormally high levels of chronically ill persons;
4. High death rates were reported.

**Gender-based violence prevention:** according to a UNDP report, the violence to which many farm workers have been exposed since early 2000, together with increasing uncertainty about their future and their ability to sustain access to basic education and health services for their families, has led to heightened levels of depression and despair among many of them. This was manifesting itself in increased family violence among farm workers and their families. The incidence of wife and child abuse has risen dramatically in the past two years (2002-4) as has the consumption of alcohol among male farm workers at the expense of household incomes. During the FTLRP there were incidents of violence with some MVPs being repeatedly exposed and/or became victims of violence. A study conducted by the UNDP confirmed that during FTLRP mostly women MVPs had been beaten and subjected to various forms of violence. During discussions with the target population in Zunhidza, a woman claimed that her 8 year old daughter had recently been raped. Other factors that have increased their vulnerability to gender-based violence include:

- There is a disproportional large proportion of female are who **widows**;
- MVP settlements are **isolated** and widowed women constitute the majority of adults;
- No **formal structures** such as police posts and leadership structures within the new settlements such as is in traditional communal areas.

### **Institutional capacity of partners to respond to humanitarian crises strengthened:**

currently there are few organisations actively involved in assisting MVPs. The few organisations that are undertaking such work were formed in response to the impact of the FTLRFP after 2001. Such organisations were responding to a serious humanitarian crisis without the proper requisite skills. IOMs partners on this initiative concurred that this aspect was extremely relevant to them as they sought to increase their presence and support to MVPs. Also considering the scale of MVPs, it was definitely worthwhile that IOM provided a thorough understanding of humanitarian programming and principles. Further, the approach utilised by IOM which focused on improving the capacity of intermediary institutions, which in turn worked with the communities. There has been a progressive improvement of capacity in implementing partners of IOMs programmes. Discussions held with both partners confirmed the relevance of this action, as all of them acceded to the fact that prior to this programme there were evident capacity gaps. According to ZCDT and ADM this initiative has gone a long way in improving systems within the organisation. Reporting formats designed by IOM have been internalised and these are being used for other programmes.

#### **3.2.1.1 Choice of strategies**

IOM used very relevant simple strategies yet innovative ones in the delivery of programme supports. Central to the successful execution of the programme was **community participation**. Part of community contribution towards the programme was to support construction of shelters and water points. With respect to water points, IOM used relevant approaches that are in coherence with the government of Zimbabwe and similar to other humanitarian agencies that are delivering support in Zimbabwe. Water points were set up for **communal use** and this is an accepted approach in Zimbabwe and these were fitted with the **Type 'B' Bush-pump**. In cases where previously, there were no water points, new water points were sunk, whilst in areas where there were wells, IOM through a private contractor protected and **upgraded** these. Where non-function boreholes existed IOM either **repaired or rehabilitated** these water points. With respect to adherence of **Sphere Standards**, it is obvious that this programme did not attempt to achieve this as the context in which programme is operating in may not allow the adoption of these. On the aspect of the shelter model, IOM has **piloted an appropriate shelter** that can possibly be replicated in similar contexts. The design is a modification of farm houses and is probably more relevant in ensuring the durability of them against weather elements. Additionally the sanitary facilities constructed for targeted households - **eco-latrines** are more relevant in the current context where the Blair toilet costs are prohibitively high. Investments made in the first phase of construction are life long. Moreover, there are merits and demerits for community and household gardens and in this case IOM left this to the discretion of beneficiary households. It has been important that IOM **engages local partners** in the delivery of programme activities and this approach is relevant where there are always increased suspicions of the actions of international organisations. Furthermore, beneficiaries can easily identify themselves with local organisation. Moreover, as an exit strategy, the partnership approach will ensure that sustainability of actions initiated in this programme are carried forward. In view of this IOM included a component of **capacity building** of partners to enhance this. Finally, it is important to emphasise that the interventions utilised were appropriate, even though their setting up, or ways, may have not been completely original, but were well thought out and duly oriented, to bring assistance to vulnerable populations. Finally, IOM's **collaboration with UNICEF** in the provision of water was commendable as this sought to utilise their expertise on this sector.

On the question of acceptance of interventions the evaluation found openness on the part of communities and beneficiaries to accept and apply the interventions being promoted at the

sensitisation and implementation phases. It was also established that during implementation some components achieved greater acceptance than others.

- **Provision of NFIs:** generally there was a very high level of acceptance across all operational locations. Beneficiaries used and safeguarded NFI kit components. Vegetable seeds were mostly sown in Zunhidza and to some extent in Chipinge. Those that had not planted claimed that they were intending to do this year. On condoms and HIV and AIDS material, varying acceptance levels were noted across gender, with women accepting this more readily than men.
- **Water:** this was accepted by most beneficiaries. However in some locations especially in Zunhidza where the programme had not provided a water point in all communities, there were concerns that they had been left out.
- **Sanitation, health and hygiene:** received a satisfactory level of acceptance in most locations. Recipients of eco-latrines were excited and were actively cleaning toilets to ensure environmental hygiene. As was the case with HIV and AIDS, women accepted health and hygiene messages. Men were involved in the implementation of actions promoted by the programme such as the digging of refuse pits and construction of plate racks. On the use of CHVs in delivery of health and hygiene related issues, interviewed communities were very appreciative of this, as there was a sense of belonging – all CHVs were themselves community members.
- **Shelter:** shelter was accepted late as there were competing needs between attending to farming activities and mobilization of construction material. Nonetheless, beneficiaries of this action were extremely excited by the prospects of owning such shelters.
- **HIV and AIDS:** the evaluation noted varying acceptance levels across gender lines, with women more accepting of this aspect of the programme.
- **Gender Based Violence (GBV):** varying levels of acceptance across sites was noted, as most women were clearly informed on this. However, there was reluctance on the men available during the evaluation to state categorically their position in respect to GBV.
- **Institutional capacity building:** this received a high level of acceptance within the partners of IOM.

### 3.2.1.2 Main conclusions on relevance

The overwhelming majority of interventions in this programme were well designed and included appropriate activities that have contributed to achieving the stated objectives of the programme. There is a real, although empirical knowledge of the issues that affect the various intervention areas (features of the profile of the beneficiaries, extent of the needs, etc.), that makes it possible to have adequate and timely responses. Additional conclusions on relevance noted include;

- The magnitude of MVPs in Zimbabwe is extremely high compared to resources that are being provided to support humanitarian and developmental needs.
- Profiling of MVPs clearly shows that the majority of them are children, widowed women, elderly women, of foreign descendant, with limited education and without any assets (both productive and unproductive) of note - no livestock, tools, implements. Furthermore, the proportion of chronically ill persons is exceedingly high.
- MVPs are probably the most vulnerable members of society as in most instances they are not able to access support from government. Of particular concern is the neglect by most humanitarian actors towards MVPs making them extremely vulnerable.
- The appraisal process of the programme was exhaustive and this resulted in relevant strategies that mitigated continued suffering.
- Focusing on all activities undertaken during the lifespan of the programme, the evaluation established that all of these were relevant in addressing challenges and needs of MVPs of different profiles.
- From the viewpoint of strategies employed by IOM and partners, the evolution further

established that these were very relevant as community participation was also an important ingredient.

- On the question of acceptance of programme supports, the evaluation established that this was generally positive.

### 3.2.2 Cost-effectiveness and efficiency

The evaluator's opinion is that the cost-effectiveness of the different components of the programme was relatively high owing to utilisation of local resources, mobilization of additional resources by communities and beneficiary contribution towards the programme. At the same time, some of the intended results such as gender violence protection, capacity building of communities and partners and HIV and AIDS prevention and GBV protection are of an intangible nature and do not easily lend themselves to economic analysis. Despite this, in the various programme components, the evaluation noted that work was carried out efficiently, in a sense that within the chosen strategy the costs are reasonable.

In terms of efficiency the major stumbling block the programme confronted was access in Chipinge. After initial needs assessments, permission for commencement of programme activities by local authorities was not forthcoming from March till August 2006. This had a ripple effect across planned programme implementation especially for water point rehabilitations and repairs and construction of shelter. After realising this IOM had put in a contingency measure on scaling down on other actions and communicated this to ECHO. Consequently, IOM and partners had to expedite implementation of programme activities from August till scheduled programme termination. The evaluator noted that though there were delays to starting, the team managed to catch up and complete all actions ahead of schedule. Specific areas noted that the programme succeeded include;

- After initial downscaling on the number of targeted water points from 35 to 25, IOM ended up providing 29 water points. That is to say, IOM revised target had been surpassed.
- The programme document indicated that IOM targeted 150 CHVs, however, the final number trained was 214.
- In terms of sanitation facilities, managed to construct 180 out of the targeted 200.

With respect to administrative management (costs, budget management) IOM had managed to utilise over 90% of funds provided by ECHO. Discussions with the finance department showed that strategic decisions in procurement in consultation with programme staff in purchasing the most economic supports for the programme - this is commendable considering the operating environment which is characterised by hyper-inflation and chronic shortages. Actual budgetary spend indicates areas of over and under spending but the overall project was implemented within the agreed amount of funding. The delivery system use by the project appears to have been appropriate, efficient and cost-effective. The beneficiaries praised the programme for its speed, efficiency and convenience. Below are brief comments on areas of interest for this evaluation:-

- **IOM Harare's operational capabilities and staff:** the evaluator believes that the team engaged for this assignment was qualified and had the relevant experience to undertake such an activity. Unlike most humanitarian actors in Zimbabwe, IOM does not view the ECHO programme as a separate entity that would require a different team to implement it. This is something other humanitarian actors may need to learn, as capacity and programme memory is being preserved by IOM. Not only are IOM staff committed but are ever seeking new ways of improving their delivery of programmes to the neediest. Notwithstanding the initial delay caused by the access to Chipinge, it is my firm belief that there was a need to double IOM field staff operating with partner staff so that one would concentrate within a

district. The distance between the 2 programme sites exceed 400 km making trips between them extremely demanding. Additionally, provision of motorcycles may assist in the monitoring.

- **Organisation of the operation in the field:** it is evident that IOM Emergency Reintegration Unit (ERU) staff worked closely and in constant consultation with partners. More often were IOM staff identified as either ZCDT or ADM staff - which exemplifies the closeness of the relationship at district level. Despite this, there were limited linkages between line ministries and other stakeholders in programme implementation. This buy in may be the pulse for low-level advocacy initiatives. It should be noted that the evaluator is aware of challenges in this approach. However, this impasse needs to eventually need to be circumvented.
- **Cost sharing:** as earlier stated communities mobilised and provided locally available material such as construction sand and in some instances meals for builders. Through this active participation, the evaluation estimates that communities contributed at least a third of costs that the programme could have incurred if it had recruited staff to this kind of work.
- **Partnership approach:** through this approach, IOM was able to utilise partner staff at low cost to the programme. Costs associated with the establishment of district offices and overheads associated with running and maintenance of such offices were avoided as a result.
- **Reporting and auto-evaluation:** this activity generally proceeded well and was manageable based on the number of progress reports produced. Monthly progress reports were submitted to IOM Harare office. Reports reviewed were impressive as they were clearly outlining programming issues. This was part of the capacity building process. A best practice noted during the evaluation was the linkages that programmes have within IOM and the database. This has actually worked as an ‘**efficiency tracker**’.
- **Storage and handling of material and inputs:** IOM has not recorded any losses of programme supports during programme implementation. Furthermore, beneficiaries confirmed receiving the prescribed contents of NFI kits and other supports from the programme. Verification of supports was done during field visits which clearly confirmed that programme supports had be distributed to deserving households in an open and transparent manner. This is clearly linked with the database established by IOM.
- **Non-food items:** as earlier stated IOM purchased NFIs contents in consultation with programme staff and considered the most cost-effective strategy. Further, IOM chose durable contents such as metal plates and cups. IOM delivered quality material to beneficiaries at a cost-effective manner.
- **Eco-toilets:** are overall a tenth the cost of constructing Blair latrines. Moreover, Eco-toilets can be used indefinitely rotating holes when one fills up.
- **Water related actions:** the table below articulates the views of cost-effectiveness of this component. A similar approach can also be used for Eco-toilets.
- **Visibility:** as indicated to ECHO in the project proposal, the sensitivity associated with OM, IOM had decided to limit visibility of ECHO in the delivery of supports to affected communities. Despite this, IOM ERU team have endeavoured to follow the guidelines provided by ECHO in terms of visibility. The ECHO logo was depicted on; (i) vehicles used in programme implementation, (ii) computers purchased through this grant (iii) staff t-shirts, (iv) programme calendars and (v) BCC material.

**Table 3: Cost effectiveness of water relation actions**

<b>‘Value for money for water related action’ (cost effectiveness)</b>
There is no standard approach used by aid agencies to measure the cost-effectiveness of water and sanitation interventions. The most common methods include: comparing the unit cost of an intervention with standardised unit cost information (used in by most humanitarian experts); comparing the cost of a proposed intervention to similar projects completed in the past; and calculating cost per beneficiary of an intervention and comparing it to historical figures or

similar projects executed by other agencies. The value of using these methods is limited to evaluating trends and crudely assessing cost effectiveness in similar situations. Programmes implemented in Zimbabwe have estimated the cost of each water point (rehabilitated + repaired + drilled) at approximately at €5 per person at 250 per water point. The valuation established that this is similar to this programme. However, more fundamentally, taking a cost per beneficiary approach does not accurately take into account the *duration of the benefits*. There are invisible benefits which cannot be costed by this simple calculation as well as the long term impacts of such an intervention. Traditionally, most costing exercise done look at cost per beneficiary while not considering the duration that this intervention will probably last. A simple illustration is that of a water supply system, which may lasts for  $\pm 10$  years having a cost per beneficiary per year of €5 per person at 250 per water point. Now considering that the lifespan of Type 'B' Bush Pump is estimated to be  $\pm 10$  years, what that means is that the cost may be as little as €0.5 per person at 250 per water point.

### 3.2.2.1 Main conclusions on cost-effectiveness and efficiency

The evaluator considers this approach to be an equally effective approach as it contributes to long term development, although there is the danger that in short duration projects, the practical benefits are not sustained.

- On cost-effectiveness, the evaluation notes that IOM provides “best value for money” in its approach in delivery assistance. IOM has effectively utilised its experience in Zimbabwe to engage partners, collaborate with other humanitarian agencies with specific skills and has provided the programme with minimal human resources and very low overhead costs.
- IOM/ADM/ADM partnership significantly reduced operational overheads thereby ensuring cost-effectiveness.
- IOM designed the programme which ensured that it remained cost effective.
- With respect to efficiency, IOM is operating in a very difficult operating environment characterised by both political and economic challenges. This delayed commencement of work in Chipinge. Despite this set back, IOM and partner staff were able to implement and complete a sizeable number of activities ahead of schedule.

### 3.2.3 Effectiveness

The accumulated experience of IOM and partners, which is shown in the modification of the intervention strategies, has been and continues to be based on finding new formulas to respond effectively to the increasing needs of MVPs. IOM uses the simplest ways of providing basic products through partnership and community approach and these have evolved into more efficient and effective ways of providing humanitarian assistance. For example in connection to water, these practices have, in some cases, made it possible to improve the nutritional diet of the most vulnerable population - children and chronically ill persons - through the “community gardens”. Likewise, in the health sector, in some cases where due to the same reasons the assistance has been oriented to training promoters, not only in what is known as western medicine, but also in taking advantage of the possibilities offered by the so-called traditional medicine. In this way, it has been possible to expand the attention coverage, even without being able to achieve a total solution in the field of preventive health.

**Table 4: Eco-latrines**



Above is an Eco-latrine in Chipinge that was constructed as a result of the programme. The programme provided 2 bags of cement, building reinforcement wire and training. The toilet has two squat holes which are used interchangeable once the other hole is full. After using the toilet, ash is sprinkled into toilet hole. Ash is extremely use as an agent that prevents fly build up!

The relationship with the national entities is limited and the free time is not fully taken advantage of during the consultations with the host community. The achievements obtained with the expansion of attention coverage through the community facilitators are also important, and the coordination with the various official organizations, such as hospitals and clinics, can further contribute to this.

With respect to attaining the **principal objective** (to address the growing and urgent humanitarian needs of mobile and vulnerable populations in rural Zimbabwe) of the programme, the

evaluator notes that IOM and partners have managed to attain this within the prescribed timeframe. Further, the programme was designed in such a way that programme supports were taken up without major hiccups - this was the most logical way of availing support to MVPs. In terms of meeting the **specific objective** (to address the immediate life-saving needs, through the provision of non-food items, shelter, water and sanitation and emergency food, of rural mobile and vulnerable populations, including HIV/AIDS and Gender-based Violence (GBV) mainstreaming) there a strong likelihood that IOM and partners have also met this.

Based on the logical framework matrix of the programme, the evaluation established the following;

- *58% of households in need of assistance benefiting from food and non-food requirements (3000 out of 5188 identified households):* this aspect of the programme was satisfactorily met.
- *Timeliness and efficiency of assistance provided by Implementing partners:* efficiency was compromised mainly from the delays in granting programming permission in Chipinge. Other than that, the programme was delivered in an efficient manner.
- *Level of satisfaction recorded by beneficiaries (75% satisfaction rate):* the programme exceeded this. Estimates from the evaluation point to a satisfaction level of above 90%.
- *Level of satisfaction of IPs on IOM's capacity building assistance (75% satisfaction rate):* the extent to which this was met is very subject in nature. Statements from key informants point the fact that both ZCDT and ADM were satisfied with IOM's performance during programme implementation. On individual aspects of the training, the capacity building workshop also showed that participants rated the programme favourably on all aspects.
- *IPs ability to meet IOM standards (timeliness and quality of financial and narrative reports):* all partners had submitted all reports using the agreed standard and in most instances within the prescribed timeframe.
- *25 communities provided with access to clean water and 200 families provided with access to sanitation:* with respect to water needs, IOM has exceeded the target set in the revised proposal, as other communities (host) are also accessing and utilizing water points established by the programme. Further, the 180 households have indeed received the eco-toilets as part of the sanitation component of the programme, instead of 200 initially targeted.
- *200 families receive shelter from IOM:* there is ample evidence to suggest that 200 households have indeed benefited from shelter as a result of the programme. At the time of the

- evaluation, most shelters were complete and those not, were 95% complete and communities were anticipating moving in the same month.
- *10,000 people receiving HIV and gender workshops*: based on field reports and field verifications held with beneficiaries, the programme probably surpassed the initial target of 10,000. Coverage level of programme exceeded the target as a result of approach utilized and also
  - *150 community volunteers trained on health education (hygiene promotion)*: the programme surpassed this target by training an additional 64 CHVs.
  - *A total of 30,000 HIV/AIDS Behaviour Change Communication (BCC) materials*: these were certainly produced and distributed to programme beneficiaries.
  - *Increased availability of condoms for the target populations, with a total of 154,416 condoms distributed among beneficiaries and host communities*: there was a marked increase in condom availability in programme sites. However, this availability will be exhausted a few months after programme termination.
  - *Amount of food being distributed to households (1,8 metric tones cereals, 0.36 metric tones of beans/pulses and 144,000 liters of cooking oil)*: through WFP, IOM and partners were able to distribute food assistance to vulnerable communities in Zunhidza.

Considering the above indicators and the extent to which the programme has progressed, the evaluation notes that **Result 1** (Up to 3,000 households (15,000 persons)) provided with food and non-food requirements) has been attained. With respect to **Result 2** (Water for approximately 29 communities and sanitation (provided with eco-latrines: 180; 214 CHVs trained), and shelter for 200 households), the programme has exceeded its initial target, whilst the number of shelters has been met. Likewise, **Result 3** (increased availability of HIV and Gender-based Violence prevention and behaviour change communication (BCC) materials for mobile and vulnerable populations) has also been attained. These results have contributed towards the attainment of programme objectives.

**Effectiveness of coordination:** the coordination mechanism put in place for programme delivery was unique and effective. IOM was central in the monitoring, however, partners were also involved in providing programme oversight during monthly coordination meetings hosted by IOM. Within the partnership agreement, there is no doubt in the strengths of the coordination. However, coordination with other relevant stakeholders such as government authorities, who have the final say of access was lacking initially. Even during programming the absence is a worrying component of the programme.

**Effectiveness of participatory mechanisms:** it is evident that the level of participation amongst the implementers was very high - on all programming issues. Community participation was also present in mobilization of local resources and selection of beneficiary households. One key area that this programme excelled on was the development of a model shelter which communities had a lot of input in its design. However, participation in development of programme strategies was limited as communities only stated problems whilst IOM and partners developed strategies to ameliorate the stated needs and challenges. In an emergency this is generally acceptable. However, other facets of the programme could have at least encouraged greater participation, areas such as health and hygiene, GBV and HIV and AIDS. In many instances, delivery messages have become too generic and uninformed by local contexts.

### 3.2.3.2 Main conclusions on programme effectiveness

IOM and partners have innovations in meeting humanitarian assistance needs in post emergency situations with new forms of intervention that have made it possible to optimise - in quality and population coverage - the availability of goods and services provided through the projects.

- The main innovations relates to the improved provision of shelter and latrines to the most vulnerable people through community participation.
- With respect to programme objectives and results, the evaluation noted that this had been successfully met.
- The coordination mechanism put in place was effective for successful programme implementation, whilst the participatory mechanism factored into the programme contributed to the effectiveness of all components.

### 3.2.4 Monitoring and Evaluation Framework

The monitoring and evaluation unit in IOM is dynamic and has progressively made strides in setting standards that other humanitarian actors may learn from. At all levels of the programme (needs assessments, programme design, implementation, evaluation and termination), the M&E unit is actively engaging with programme staff. The M&E unit has probably become the pulse of programmes within IOM. There is a clear link between objectives, activities, indicators and sources of verification within the M&E framework developed for this programme. IOM's monitoring system relies on a set of questionnaires and report formats as well as a comprehensive secure database, which captures, analyses and produces reports based on the data collected through the monitoring visits. For the most part, the detailed and systematic monitoring of the project delivered results in a timely enough way to influence critical elements of the project. Beyond the internal use for decision making, M&E has enabled IOM to account for the NFIs donated and to respond to donor concerns with regard to programme implementation. These processes have promoted efficiency in delivery of appropriate supports to needy people in the most cost effective manner. Other areas of assessment include;

- **Tools developed:** IOM has refined and continues to improve M&E tools that are being used in. A good practice that IOM has undertaken is to marry each tool with guides to assist enumerators during data collection. The following are tools developed by IOM and used in this programme;
  - a) Initial community assessment;
  - b) Registration forms;
  - c) Field activity report and
  - d) Post assistance Monitoring questionnaire (PDM).
- **Mechanisms of addressing M&E functions:** within IOM there is a broader M&E strategy that covers all activities that are required to ensure quality programme delivery. However, in this programme, because of the shortness of programme duration, the indicators are mostly output

- a) **Efficiency:** monthly reporting forms developed by IOM track efficiency in terms of programme delivery. Other than this, efficiency is not measured in terms of quality of support and
- b) **Impact:** prior to programme implementation and commencement, IOM undertook needs assessment that

#### Table 5: Capacity monitoring

IOM has developed a tracking mechanisms that assesses the performance of each partner in relation to the 'capacitated areas'. This link within the database is a very useful practice as it enables IOM to track the progress made by partner organisations in terms of report submission.

act as the baseline. This is however, not followed with an impact survey which probably be an appropriate measure of impact. According to IOM's M&E unit, impact is not a priority for relief programmes. The evaluation established that IOM had put in place measures annually to undertake impact assessments of all programmes it has implemented under one M&E framework. Considering the timeframe for programme implementation and the time the evaluation takes place, there is really no practical way any meaningful impact analysis can take place. However, for water related interventions, in most instances there is an opportunity to measure impact if the programme has provided sufficient time to exit out of the programme site. Unfortunately, this was not the case, as the evaluation was undertaken when final touches to some water points was still ongoing.

- c) **Relevance:** prior to any programme development, IOM undertakes exhaustive consultations using community needs assessment forms which are both quantitative and qualitative in nature. Thereafter, a more detailed registration needs assessment form is administered to households and this is mostly quantitative in nature. Additionally, the M&E unit with the support of other IOM units conduct secondary data review that also support relevance of programme actions. Moreover, IOM conducts post distribution monitoring which investigates the quality of support and its appropriateness. Therefore, on establishing relevance, IOM has been actively doing this in this programme.
- d) **Effectiveness:** there is a close link between impact, sustainability and effectiveness and as such, there is no evidence to suggest that this was done within the lifespan of the programme. Earlier, the evaluation noted that the programme objectives were humanitarian in nature and not aimed at bringing change but supporting and alleviating immediate suffering.
- e) **Capacity building monitoring:** table 4 details what the evaluation considers as best practice that emerged from the programme for capacity building.

#### 3.2.4.2 Main conclusions on M&E

The current M&E system within IOM is able to assist programmes develop. IOM M&E unit has provided innovative ways of monitoring capacity building which needs to be documented. Additional observations include:

- Participation of MVPs in monitoring is however, limited to answering questions. Active participation is limited.
- For this programme interventions that are short term in nature and where there is evidence of LRRD, outcome indicators may be used.
- Finally, IOM has developed a comprehensive M&E framework which will address concerns raised on its ability to assess impact of programme delivered.

#### 3.2.5 Institutional arrangements

The evaluation noted that the institutional arrangements made for programme implementation were based on the same vision of assisting MVPs. Further, this is not the first time IOM, ADM and ZCDT have worked together, this relationship dates back to 2003 and has been growing. This is an important ingredient of any successful partnership arrangement. Both partners of the programme ADM and ZCDT felt that the partnership had grown and that IOM was very responsive to any recommendations made during programming. Words such as cordial, friendly, transparent were used to describe the institutional arrangement made by IOM. Initially, IOM hosted monthly meetings which were used as a platform to coordinate field operations and share lessons learnt as the programme progressed. In the advanced stages of the programme, meetings were held bi-monthly. In order to increase management of the programme, IOM had a field officer who would assist partners on technical issues facilitating effective implementation. The only down side of the institutional arrangement of the programme in the late stages of the

programme was the position taken by the new head of ADM. There was a paradigm shift of policies towards providing humanitarian assistance to MVPs. This resulted in IOM directly distributing programme supports and programme backstopping. The evaluation established that this probably exerted additional burdens on the key IOM person supporting the two project sites.

Additional areas the evaluation reviewed included;

- (i) **External environment:** IOM, ADM and ZCDT are a handful of organisations that have gained access to provide humanitarian assistance in programme sites. This has required good and strong leadership qualities. Despite the GoZ giving IOM access to MVPs, the evaluation noted limited if at all any meaningful participation of line ministries or local governments in the delivery of assistance. This is an area that IOM should probably start looking at. Further, there are specialised NGOs in the programme sites such as Family Counselling AIDS Trust (FACT) who have been involved in providing HIV and AIDS related support. Further agencies such as ACF and PumpAid are currently implementing water and sanitation programmes and food security programmes in similar sites.
- (ii) **Internal institutional factors:** IOM has worked in Zimbabwe for the last two decades and its history in provision of assistance to mobile and vulnerable populations in Zimbabwe. The leadership style in implementing this programme was consultative and structures put in place were responsive to the needs of the communities. The diverse background of its personnel and the mix of national and international staff has promoted greater diversity and wider thinking during programme implementation. IOM has built relationships with its partners and the mutual trust and respect will further strengthen IOM's position in the country in working with mobile and vulnerable populations. The human and financial resources were adequate to cater for the targeted communities and IPs. Both formal and informal management systems are in place and IPs value the relationship built during programme implementation. IOM has gone through a process of self evaluation and this has led to restructuring and output oriented performance. There has been open information flows and transparency for improved implementation.
- (iii) **Inter-institutional linkages:** there are strong inter-institutional linkages between IOM and other humanitarian actors. IOM/ZCDT/ADM have a long standing relationship that has grown since 2003. This relationship has expanded and rooted in assisting MVPs. Additionally, IOM has been able to engage WFP and UNICEF in the provision of food assistance and technical expertise in water and sanitation related activities, respectively. There is evidence that IOM has also strengthened linkages with the GoZ at all levels through the GoZ active participation in programme implementation. Communication between related governmental and nongovernmental organizations has aided IOM's approach. IOM has demonstrated its capacity to work and liaise with other stakeholders in Zimbabwe. Notably, IOM has coordinated its activities with UN agencies that are involved with providing support to MVPs. Therefore, IOM has had oversight on the way programmes assisting mobile and vulnerable people are being implemented in Harare.

The evaluation noted that during programme implementation IOM had successfully implemented the programme without requesting for an extension despite a large chunk of time being removed. Table 5 below captures, what the evaluation thinks worked well and aspects that need improvement in future.

**Table 6: What worked well and what needs to be improved.**

Aspects that worked	Aspects that need improvement
<ul style="list-style-type: none"> <li>- Clear structure within IOM</li> <li>- IOM team successfully implements tasks</li> <li>- Sectoral coordination generally worked well.</li> <li>- There are institutional arrangements at various governance levels.</li> <li>- Standards for humanitarian work enforced (Humanitarian Aid).</li> <li>- Roles and responsibilities of IPs were clearly defined and respected.</li> <li>- Coordination with other humanitarian actors evident thereby limiting duplication and overlapping.</li> <li>- Technical and well equipped team.</li> <li>- Government acceptance of IOM.</li> <li>- Good spirit of collaboration between partners.</li> <li>- Assessments were clear and matched the needs of the targeted community.</li> <li>- Effective sensitisation and mobilisation of the communities ensured greater commitment toward the programme.</li> </ul>	<ul style="list-style-type: none"> <li>- Project linked positions are short term funded.</li> <li>- Selection of partnership (partnership appraisal)</li> </ul>

**3.2.5.2 Main conclusions on institutional arrangements**

In conclusion, the evaluation notes that the institutional arrangements made by IOM to facilitate the execution were effective. However, an important actor is missing in the process which ultimately curtailed the speed at which IOM and partners could have delivered the programme. Of note, is the shared vision that IOM and partners have towards MVPs. Additional conclusions include:

- Despite a challenging operating external environment, IOM has put in place proper systems that ensured programme delivery.
- Within IOM there is capacity and dedication in delivery of programme. Internal institutional capacity is very strong.
- There is evidence of strong inter-institutional linkages with local, international and United Nations agencies within this programme. GoZ buy-in has also been strong.

#### 4. LESSONS LEARNT

Even though IOM's 2006 - 7 intervention in Zimbabwe is still an ongoing process, the implementation evidences a set of lessons which relevance resides in being the result of the experience IOM and its Partners have been accumulating in order to provide more effective responses to the problem of displacement since 2003. Among the main lessons learnt the following stand out:

##### General

1. **Collaboration** with other humanitarian actors **Community participation** IOM and its partners have given humanitarian assistance responses that are not limited only to strict emergency situations. In this sense, the immediate actions of post emergency have provided the displaced population with minimum conditions of self-sustainability.
2. Working directly with communities and local government structures is an appropriate and effective level of intervention, which can complement broader reforms.
3. Projects that incorporate livelihoods components, thereby linking relief activities with broader developmental benefits, are much more likely to be sustainable.
4. Community-based projects that include local government representatives at the lowest levels throughout the project cycle are likely to have a greater impact on the beneficiary community.
5. In light of the increased support to MVPs in the Zimbabwe, there is considerable scope for establishing complementary approaches and linking relief interventions with longer-term development programmes.
6. The **intervention style** that IOM and its partners have developed, places them in propitious conditions for initiating new processes of action against the problem of displacement; mainly in the formulation of joint interventions strategies.
7. **Partnership approach** offers a unique and effective style of providing humanitarian assistance in the context of exclusion, responding with adequate solutions to each situation and the unforeseen events.
8. **Relations** between government and humanitarian actors is important is delivering assistance to MVPs.
9. **Inclusion of host communities** in programme issues is important to ally suspicion and may stimulate and act as a peace building process.
10. Provision of support to MVPs in Zimbabwe is an **exceptional challenge**.
11. **IOM organisation structure** is a model that other humanitarian agencies may adopt as this ensures that organisational and programme memory is retained at the completion of a emergency programme.
12. As an institution, IOM has the necessary **skills, expertise and legitimacy** to assist MVPs in Zimbabwe.
13. **Downstream adverse community side-effects of targeting** can be avoided by active engagement of communities.

##### Relevance

1. Within ECHO country strategy, MVPs are probably the **most vulnerable members** of the community in Zimbabwe. However, very few agencies are providing support.
2. When programme activities are matched during assessments and synchronised properly, community buy in is very high.

##### Cost effectiveness and efficiency

1. There is a **wealth of knowledge** within MVPs and this can be effectively tapped in during programme implementation.

##### Effectiveness

1. An **integrated programme** is more effective and generally improves the quality of life as it addressed multiple needs and challenges.
2. Effective reduction of vulnerability requires a sound background in community development and participatory approaches; however, such approaches cannot be successfully achieved in the short-term and the creation of durable and effective community structures requires a time horizon of two to five years. Therefore continuity of funding support is a critical issue for MVPs related programmes.
3. The actions that IOM and its IPs carry out regarding gender equity and relations must not be limited to work with women, by reason of their traditional situation of exclusion.

### Monitoring and Evaluation

1. IOM has an engage and dynamic **M&E unit** which has become the **pulse** of programmes within an organisation and has developed systems that are responsive to programmes.
2. With strong level co-ordination and monitoring the potential value of good projects will be fully maximised in terms of replication at scale.
3. **Capacity building monitoring** can be an effective tool to measure the impact of this action.
4. Effective monitoring is challenging for MVPs as the target group is extremely fluid.

### Institutional Arrangement

1. Achieving strategic added-value also requires efforts to build linkages with external stakeholders.
2. Successful partnership is ensured when members share similar **vision** and **mission**.
3. **Vision** and **mission** partners are central to the partnership process.
4. Programmes that are **targeted to the general community** are more accepted than those that target individuals and promote greater community cohesion especially where a host community exists.

## 5. RECOMMENDATIONS

The following recommendations are made for IOM Harare to consider in future programming. General recommendations and recommendations regarding the various project components are presented.

1. Regarding needs assessments, there is need for IOM and partners to also establish **'invisible needs'** - **psycho-social** related actions as most MVPs have witnessed and experience violence several times over the past few years.
2. In future, the **psycho-social dynamics** are increasingly becoming, due to their transversal character, an important axis of IOM and its Partners' intervention strategy. Most MVPs have repeatedly faced and witnessed acts of violence and abuse.
3. From the conclusion on related to **programme efficiency**, it recommended that IOM and partners engage the local authorities more in all facets of the programme in order to avoid similar delays associated with access.
4. In relation to the **model shelter** developed by IOM, it may be worthwhile to share this with other humanitarian agencies involved with shelter aspects. Practical Action has developed low-cost houses for rural areas. It may be worthwhile to compare the two models.
5. Within ECHO funded partners, there are experienced actors with over 5 years implementing water and sanitation programmes. In this programme **protection of water points, establishment and training of water point committees and training of pump minders, provision of toolkits and spare parts** was not done. Even though, this is an emergency programme, rehabilitations, repairs and drilling of boreholes is

closely **Linking Relief, Rehabilitation and Development (LRRD)** - which ECHO firmly supports. ECHO and IOM should discuss and strategise which areas may need a comprehensive water and sanitation since some resettled communities are likely to stay longer than other. Further, discussions with agencies such as World Vision and ACF may aid IOM in improving the quality of programme delivery on water relation actions.

6. On sanitation, the programme supported approximately 10% of MVPs households meaning that the remainder still have no access to proper sanitary facilities. Provision of **sanplat** has been shown to encourage own toilet construction in Africa and the cost of each sanplat is estimated at USD2. This maybe something to consider.
7. From a strategic position, IOM needs to be engaged in **official and unofficial advocacy** work on behalf of MVPs. The contacts and relationship that IOM has created makes it strategically positioned to represent MVPs access to permanent land.

6. ANNEX

Figure 2: Water coverage of districts

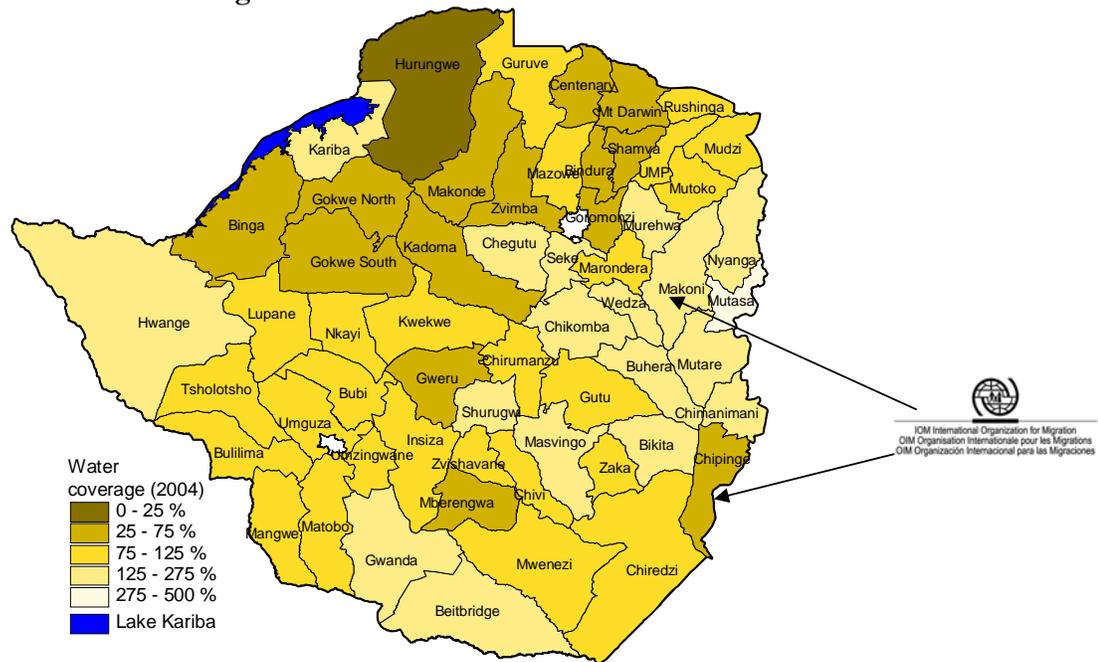
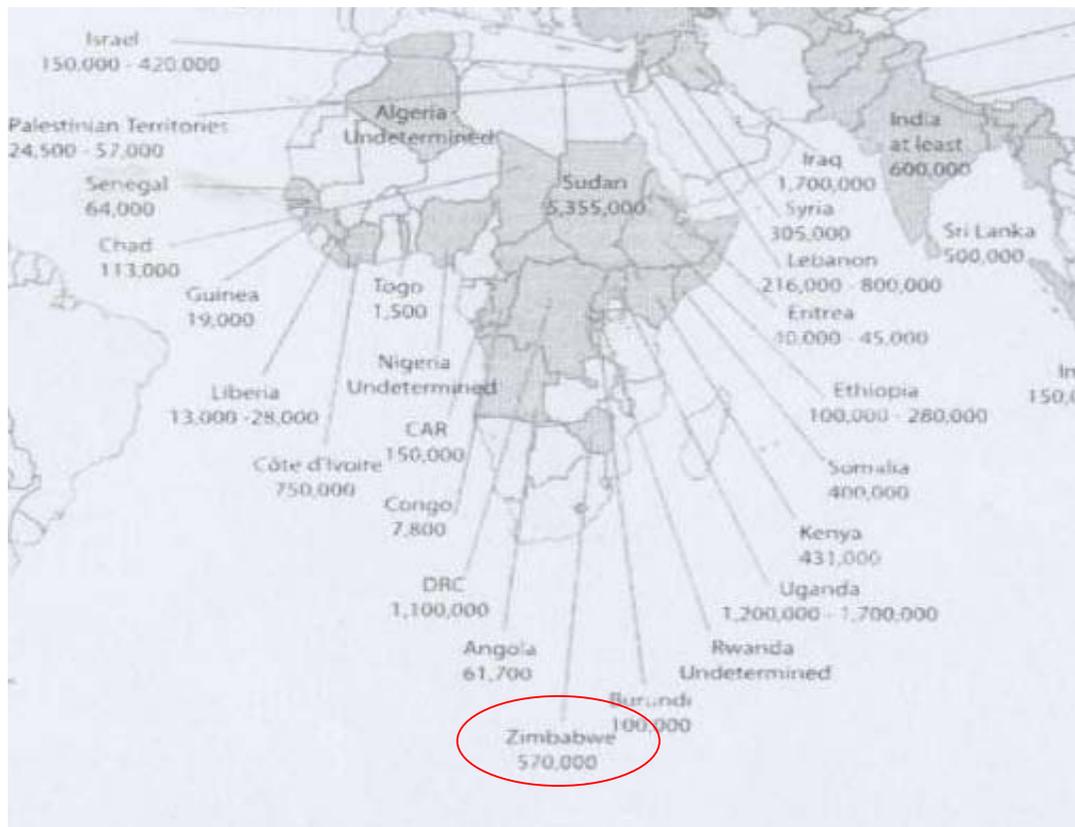


Figure 3: Internally displaced persons 2006 – International Displacement Monitoring centre



## 6.1 List of people interviewed

Diana Carter	Monitoring and Evaluation Officer	IOM
Kennedy Chibvongodze	Monitoring and Evaluation Assistant	IOM
Dyane Epstein	Deputy Chief of Mission	IOM
Mohammed Abdiker	Chief of Mission	IOM
Norberto Celestino	Programme Officer	IOM
Justin MacDermott	Senior Programme Officer	IOM
Susan Obuya	Resource Management Officer	IOM
Goodwell Jairosi	Finance Assistant	IOM
Cecilia Cantos	Programme Officer	IOM
Petit Bismark	Driver	IOM
Didymus Munenzva	Executive Director	ZCDT
Chikodzora	Project Officer	ZCDT
Andrew Matake	Field Officer	ZCDT
Bishop Bakare		ADM

## 6.2 List of documents reviewed

1. IOM Emergency Response Programme Document – ECHO funded Programme (2005)
2. IOM Emergency Response Programme Document – ECHO funded Programme (Interim Report) (2006)
3. IOM Migration Initiatives 2006
4. IOM's Monitoring and Evaluation Frameworks
5. IOM's Emails from Finance
6. Evaluation Summary from IPs Workshop (2006)
7. Quick Analysis from Post Assistance Experience. (2006)
8. Implementing Partners Proposals. (2006)
9. Coordination meeting meetings from IOM. 2006
10. Narrative Reports from IPs
11. File Activity Report.
12. Working with IOM. Implementing Guidelines. Emergency Assistance Programme to Mobile and Vulnerable Populations.

## 6.3 Terms of Reference



IOM International Organization for Migration  
OIM Organisation Internationale pour les Migrations  
OIM Organización Internacional para las Migraciones

### Evaluation of the IOM's implemented

## Emergency Humanitarian Assistance to Mobile and Vulnerable Displaced Populations in Rural Zimbabwe

### TERMS OF REFERENCE

#### 1. BACKGROUND

Following the June 2000 elections, the Government of Zimbabwe initiated its "fast track" land reform programme that severely reduced agricultural production and resulted in the displacement of farm worker families. With the adoption of the 17<sup>th</sup> Constitutional Amendment in 2005, the number of displaced farm workers in Zimbabwe is anticipated to increase due to the nationalization of land. Following the recent Amendment, new evictions have already been reported, with approximately 20 farms being repossessed and again affecting a large number of ex-farm workers. Prior to 2000, approximately 25% of the population was involved in agriculture, supporting a population of between 1.5 and 2 million people<sup>3</sup>.

The vulnerability of these populations was further exposed by the Government of Zimbabwe's Operation Murambatsvina/Restore Order, which resulted in the displacement of approximately 700,000 people<sup>5</sup>, as it effectively reduced the coping mechanisms of people residing in rural areas, by restricting the options of migrating to urban areas, as well as burdening people in rural areas as people affected returned from urban areas. This situation was compounded by an already serious food crisis and a population still trying to recover from the effects of the Government's "fast-track" land reform programme. With inflation in excess of 500% in 2005 and unemployment estimated at over 80%, almost half the population is dependent on food aid.

In addition, together with the ex-farm workers, there are entire households, headed by elderly people, widows, and orphaned children. With the advent of the land reform programme, the owners of the farms left many farm workers and their families behind unassisted. Many of them have neither a shelter, the resources to relocate elsewhere, nor are they eligible to look for employment in other farms in the vicinity.

With regard to farm displacements, sentinel surveillance data shows that HIV prevalence has remained steadily higher in farming communities than the general population. These farm workers are often unable to access health care, including awareness programmes, condoms and Sexually Transmitted Infection (STI) services because they have limited or no means of transportation. Some of the displaced are of Mozambican, Malawian, or Zambian origin and do not have legal access to land and social services, such as health care (IOM, 2001, Farm Workers Survey), which further compounds their vulnerability. The ex-farm worker settlements are usually overcrowded with poorly built dwellings, and scant social and recreational facilities, other than ubiquitous beer outlets - spots for commercial sex workers. The poverty, instability, and hardships create an environment that promotes abandonment of familial and stable sexual relationships, and increase HIV/STD related risk behaviors. In

<sup>3</sup> Central Statistical Office (1997) Crop Production of Large Scale Commercial Farms, Harare, Zimbabwe

<sup>5</sup> UN Special Envoy Report, July 2005

addition, cholera and other diseases, such as malaria, are becoming increasingly a problem for this target population.

The project consists of three main components:

1. *To distribute food and non-food items to vulnerable households affected by displacement in rural areas*
2. *To provide water, sanitation, livelihood and shelter to vulnerable households affected by displacements in rural areas*
3. *To mainstream HIV and Gender-based Violence Prevention within project activities*

The primary purpose of the project is as follows:

*To provide address the immediate life-saving needs, through the provision of non-food items, shelter, water and sanitation and emergency food of rural, mobile and vulnerable populations, including HIV/AIDS and Gender-based Violence mainstreaming.*

The proposal provides clear results, which will be achieved during the implementation of the project, and the activities involved. In addition, a matrix was completed, highlighting the areas of intervention, indicators, results, and resources. This will aid in the establishment of a monitoring and evaluation framework to address the effectiveness, relevance, impact and efficiency of the project on the beneficiaries.

## 2. OBJECTIVES OF THE EVALUATION

The project document stipulated an external evaluation will be conducted after the end of project implementation.

The evaluation's overall objective is:

*To address the growing and urgent humanitarian needs of mobile and vulnerable populations in rural Zimbabwe*

Specifically, the evaluation will:

- Evaluate the relevance and validity of the choice of strategies and activities for achieving the project objective
- Analyse the cost-effectiveness and efficiency in addressing the project objective in reaching the intended beneficiaries
- Evaluate the project's effectiveness in achieving its objective and project purposes, particularly the distribution of food and non-food items to beneficiary households, the provision of water, sanitation, livelihood and shelter interventions, and the mainstreaming of HIV and Gender-based Violence prevention within project activities
- Analyse the effectiveness of the coordination and participatory mechanisms, in particular with the beneficiaries and the implementing partners
- Analyse the mechanisms established within the monitoring and evaluation framework, including tools developed and mechanisms for addressing efficiency, impact, relevance, and effectiveness
- Identify the main lessons learned, failures, missed opportunities, strengths and weaknesses
- Formulate recommendations for corrective measures that may be incorporated into future programmes
- Analyse the institutional arrangements and IOM's overall management of the project;

## 3. EVALUATION METHODOLOGY

The evaluation methodology will be comprised of:

- A documentation review: IOM Harare will be responsible for providing the necessary documentation, including activity and project reports, financial data, correspondence, specific agreements and/or sub-agreements, technical documentation reports, together with any other documentation that IOM Harare considers important for the evaluation exercise,
- A series of interviews with beneficiaries, NGOs and implementing partners, IOM Harare project manager and Chief of Mission, and other persons that IOM Harare or the evaluator deems necessary.
- Visits to the field to assess the impact on the intended beneficiaries

#### 4. RESOURCES AND TIMING

The recruitment of an external consultant and evaluation costs will be borne under the project and budget submitted to ECHO

The provisional timetable for the evaluation consultant, with a maximum of 30 working days, is as follows:

	Days
Briefing in Harare	2
Reviewing documents and tools developed	2
Meetings with NGOs and Implementing Partners	5
Visits to the field	10
Drafting report	6
Finalizing report	3
	30

#### 6.4 Schedule for ECHO Rural External Evaluation 2007

Date	Activity	Agenda	Who	Where	Logistics
	<b>Pre-Review Preparation</b>				
	<b>Week 1 – Reading and Meetings</b>				
17 April Tuesday	0800-0830 Preliminary meeting with IOM Dissemination of Preliminary Documentation to consultants	Logistic for review, schedule of meetings, detailed documentation handover.	Consultant (CT), Diana	-	DC to send/ hand over document ation
	Reading Day	Includes project documentation, tools, etc	CT		
Wed 18 April	Public Holiday				
Thurs 19 Apr	Reading day	CT read preliminary docs	CT	-	
Fri 20 Apr	0830–0915: Meeting with IOM Chief of Mission	IOM within Zimbabwe. Overview of the Programme. IOM’s mandate, comparative advantages. Capacity within IOM Zimbabwe Humanitarian/Livelihoods linkages.	CT, Mohammed Abdiker	IOM	CT arrives at IOM
	0930–1130:	Overview of the ECHO Project, the caseloads,	CT, Norberto,	IOM	

	<p>Meeting with Operational team</p> <p>1130-1230 Meeting with MHU</p> <p>1230-1330 Lunch</p> <p>1330-1500 Meeting with IOM M&amp;E</p> <p>1500-1600: Meeting finance</p> <p>1600-1700 Meeting with Project Development and Donor Liaison</p>	<p>logistics, participatory planning, assessments. Targeting and beneficiary verification. Protection considerations in programme. IP Capacity Building</p> <p>Community health sector. Trainings, implementation</p> <p>IP Capacity building. Implementation guidelines. M and E procedures, products. M&amp;E framework within the programme, include Database</p> <p>Financial management procedures and reporting related to the ECHO project.</p> <p>Donor reporting and liaison</p>	<p>Justin, Richard, Wonesai, Simran, Donna</p> <p>CT, Simran, Ephraim</p> <p>CT, Diana</p> <p>CT, Susan and Goodwell</p> <p>CT, Cecilia, Dyane</p>	<p>IOM</p> <p>IOM</p> <p>IOM</p> <p>IOM</p> <p>IOM</p>	
	<b>Week 2- Field Visits and Report Writing</b>				
Mon 23 Apr	<p>0830-1130: Departure for Mutare, Manicaland</p> <p>1130-1200 Lunch</p> <p>1200-1500 Field Visit to Zunhidza</p> <p>1600-1730: Meeting ADM, Manicaland</p> <p>1800 END OF DAY</p>	<p>Pick up lunch Halfway house</p> <p>Observation of operations, discussion with beneficiaries and IPs on IOM's response to beneficiary needs</p> <p>IP perspective on IOM as a partner (HIV/AIDS mainstreaming/drama partner)</p> <p>Booked at Hotel Valley lodge/ Holiday inn/ Mt View</p>	<p>CT, Wonesai</p> <p>CT, Wonesai, ADM</p> <p>CT, ADM</p>	<p>Leave IOM</p> <p>Zunhidza</p> <p>ADM/ IOM</p>	<p>Water, NFI and food, Mainstreaming of HIV and aids</p>
Tues 24 Apr	<p>0730-1800: Field Visit to Chipinge</p> <p>1800 End of Day</p>	<p>Discussion with beneficiaries on operations and IPs on IOM's response</p> <p>Book at Hotel Chipinge guest lodge/ Castiba</p>	<p>CT, Wonesai</p>	<p>Sterksroom, water, shelter, NFI</p> <p>Mwandifura, Water, sanitation</p> <p>Charurwa shelter, water, NFI, Sanitation</p> <p>Naffaton, Vermont and Buffelsdrift if time permitting</p>	<p>IOM transport</p>

Wed 25 Apr	<p><i>Possible Field visits should you want more.</i>          1000-1300:          Departure for Harare</p> <p>1300-1400          Lunch</p> <p>1430-1530          Meeting with ZCDT</p> <p>1530-1700          Any additional meetings you may need</p>	<p>IP perspective on IOM as a partner (HIV/AIDS mainstreaming/drama partner)</p> <p><i>Please inform M&amp;E Officer prior to time so these can be arranged</i></p>	<p>CT</p> <p>CT, ZCDT</p>	IOM	IOM pick up and drop off
Thurs 26 Apr	Reporting writing	CT write draft report		Home?	
Fri 27 Apr	Report Writing	CT write draft report		Home?	
Mon 30 Apr	Report Writing	CT write draft report		Home?	
Tues 1 May	Public Holiday				
Wed 2 May	Report Writing	CT write draft report		Home?	
Thurs 3 May	9:30 Presentation to IOM Report writing	<p>Presentation to IOM on findings</p> <p>CT write draft report and submit to IOM</p>	CT, TBA	IOM	
	<b>Report Writing</b>				
Fri 4 May	Submission of Draft report to IOM 1300 Reviewing report	IOM reading report		IOM	
Mon 7 May	Reviewing report	IOM reading report			
Tues 8 May	Reviewing report	IOM reading report			
Wed 9 May	Reviewing report Submission of comments back to CT	IOM reading report			
Thurs 10 May	Finalising report	CT to finalise report		-	
Fri 11 May	Finalising report Submission of Final Report to IOM COB	CT to finalise report		-	