



European Union
Civil Protection and
Humanitarian Aid



REPORT

END OF PROJECT EVALUATION

Strengthening Vulnerable Communities Post Cyclone Idai through
Integrated Shelter, WASH and Protection in Chimanimani and Chipinge



Date: 18 August 2020

REPORT

STRENGTHENING VULNERABLE COMMUNITIES POST CYCLONE IDAI THROUGH INTEGRATED SHELTER, WASH AND PROTECTION IN CHIMANIMANI AND CHIPINGE

18 August 2020

The Team of Consultants:

1. Dr. Pathias Paradzayi Bongo (*Team Leader & DRR Specialist*)
2. Patson Kaendesa (*WASH Expert*)
3. Dr. Witness Chikoko (*PPS Expert*)
4. Jackson Jack (*Data Analyst*)

Cover Page: Mutsore E. Homestead, Marozva Village, Ward 16, Chimanimani District.

Table Of Contents

REPORT.....	I
TABLE OF CONTENTS	II
LIST OF TABLES.....	IV
LIST OF FIGURES.....	IV
LIST OF BOXES.....	IV
LIST OF PICTURES.....	V
ACRONYMS.....	VI
EXECUTIVE SUMMARY	VII
INTRODUCTION.....	VII
PURPOSE OF THE EVALUATION.....	VII
EVALUATION PROCESS.....	VII
Approach.....	vii
Evaluation Design.....	vii
Secondary Data Collection.....	viii
Primary Data Collection.....	viii
FINDINGS.....	IX
Core Humanitarian Standards.....	ix
Relevance.....	ix
Effectiveness and Coverage.....	xi
Efficiency.....	xi
Connectedness.....	xii
Coherence and Coordination.....	xiii
Impact.....	xiii
Lessons Learned & Good Practices.....	xiv
CONCLUSION AND RECOMMENDATIONS.....	XV
Conclusion.....	xv
Recommendations.....	xv
1. INTRODUCTION.....	17
1.1 BRIEF DESCRIPTION OF THE PROJECT.....	17
1.2 PURPOSE OF THE EVALUATION.....	18
1.3 THE OBJECTIVES OF THIS EVALUATION:.....	18
2. EVALUATION PROCESS.....	19
2.1 EVALUATION OVERVIEW.....	19
2.1.1 Approach.....	19
2.1.2 Evaluation Design.....	19
2.2 DATA COLLECTION.....	20
2.2.1 Secondary Data Collection.....	20
2.2.2 Primary Data Collection.....	21
2.3 COVID-19 PREVENTION MEASURES DURING THE SURVEY PERIOD.....	24
2.4 QUALITY ASSURANCE.....	24
2.5 DATA SECURITY PLAN.....	24
3. ETHICAL CONSIDERATIONS IN THE EVALUATION EXERCISE.....	25
4. FINDINGS.....	26
4.1 CHARACTERISTICS OF RESPONDENTS.....	26
4.1.1 Characteristics of Respondents.....	26
4.1.2 Demographics of the selected households.....	27
4.2 CORE HUMANITARIAN STANDARDS.....	28
4.3 RELEVANCE.....	32

4.3.1 Shelter	32
4.3.2 WASH	35
4.3.3 Protection and Psychosocial Support (PSS)	35
4.4 EFFECTIVENESS AND COVERAGE	37
4.4.1 Shelter	38
4.4.2 WASH	40
4.4.3 PSS.....	43
4.4.4 Summary of progress towards achieving the Project results	49
4.5 EFFICIENCY	49
4.5.1 Was the project implemented as planned and within the expected time frame?	49
4.5.2 Layering of interventions	52
4.6 CONNECTEDNESS	55
4.6.1 Shelter	55
4.6.2 WASH	55
4.6.3 PSS.....	56
4.7 COHERENCE/COORDINATION.....	57
4.7.1 Shelter	57
4.7.2 WASH	57
4.7.3 PSS.....	58
4.7.4 Coordination	58
4.8 IMPACT	58
4.8.1 Shelter	61
4.8.2 WASH	61
4.8.3 Protection and Psychosocial Support	62
4.9 LESSONS LEARNED AND GOOD PRACTICES	64
5. CONCLUSION AND RECOMMENDATIONS.....	65
5.1 CONCLUSIONS	65
5.2 RECOMMENDATIONS.....	66
ANNEX 1: SELECTED HUMAN STORY	72
A1.1 TITLE: CONJUGAL PRIVACY WAS NO LONGER THERE - 'BONDE RANGA RONETSA'.....	72
A1.2 MODEL HOMESTEAD.....	73
ANNEX 2: COVID-19 MEASURES.....	74
A2.1 TRAINING MEASURES.....	74
A2.2 FIELD MISSION	74
A2.3 REMOTE DATA COLLECTION:.....	74
ANNEX 3: LIST OF ENUMERATORS	75
A3.1 RECRUITED RESEARCH ASSISTANTS	75
ANNEX 4: KEY INFORMANTS.....	76
A4.1 LIST OF KEY INFORMANTS	76
ANNEX 5: DATA COLLECTION TOOLS AND DATA SETS.....	77
A5.1 DATA COLLECTION TOOLS	77
A5.2 SPSS – DATA SET & DATA ANALYSIS SYNTAX	77

List of Tables

Table 1: Target groups, population, and sampling frame	21
Table 2: Sample Size for the household survey	22
Table 3: Sample size - Child Protection.....	22
Table 4: FGD participants	23
Table 5: Characteristics of Respondents.....	26
Table 6: Eligibility of respondent - Relationship to HH and Level of education.....	27
Table 7: Characteristics of household head.....	27
Table 8: Place of residence before and after the intervention.....	32
Table 9: Shelter evaluation at baseline and EOP	38
Table 10: Other factors that are considered for a secure settlement.....	39
Table 11: Main water source - for consumption	41
Table 12: Distance at water source, queuing time at water source	41
Table 13: Selected WASH Practices	42
Table 14: Critical times for handwashing	42
Table 15: Number of critical times for handwashing known by respondent	43
Table 16: Total number of adolescents reached with CFS services	44
Table 17: Children interviewed during the EOP Evaluation.....	44
Table 18: HH reached and interviewed	45
Table 19: Children with knowledge on the most common forms of child abuse.....	46
Table 20: Attitudes - Children.....	47
Table 21: Practices – Children (n=231).....	48
Table 22: Summary of project progress towards achieving results.....	49
Table 23: Integration and Layering of interventions	53

List of Figures

Figure 1: Map of Zimbabwe showing project and study sites.....	17
Figure 2: Data collection process flow chart.....	20
Figure 3: Household source of income.....	28
Figure 4: Vulnerabilities within the interviewed households.....	34
Figure 5: Participation in the PPSS intervention	45
Figure 6: Cascade: CFS Access, use and their perception of the CFS (usefulness)	46
Figure 7: Reporting Child Abuse	47
Figure 8: Percentage of completed houses within the project implementation period.....	50
Figure 9: Shelter cross-cutting issues.....	59
Figure 10: A range of factors that influence the shelter needs of an affected population following a disaster	71

List of Boxes

Box 1: CHS Commitment 1	29
Box 2: CHS Commitment 2.....	29
Box 3: CHS Commitment 3.....	29
Box 4: CHS Commitment 4 & 5	30
Box 5: CHS Commitment 7, 8 & 9.....	31

List of Pictures

Pic 1: Focus Group Discussion being held with women only in Chimanimani District. COVID-19 prevention measures observed – social distancing, wearing masks and minimum number of participants 23

Pic 2: Key Informant Interviews with Andrew Mheuka, Village head for Mheuka Village in Ward 21, Chimanimani District 24

Pic 3: A repaired household - The head of household is a person living with disability, from Ward 23, Chimanimani District. 33

Pic 4: A house that was extensively damaged and repaired..... 34

Pic 5: Protected spring in Ndimba Village, Ward 23, Chimanimani District..... 35

Pic 6: Handwashing facility at Raisi Elija homestead, Vhumisai Upper, Ward 22, Chimanimani District..... 61

Pic 7: A script on how children benefitted from CFS within their community 63

Acronyms

BOQ	Bill of Quantities
CAPI	Computer-Assisted Personal Interviewing
CFS	Child Friendly Spaces
CHS	Core Humanitarian Standards
COVID-19	Corona Virus Disease 2019
DAC	Development Assistance Committee
ECHO	European Community Humanitarian Office
EDA	Exploratory Data Analysis
EOP	End of Project
FGD	Focus Group Discussion
HH	Household
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MoHCC	Ministry of Health and Child Care
MoPSE	Ministry of Primary and Secondary Education
NFI	Non-Food Item
OECD	Organization for Economic Co-operation and Development
OFDA	Office of Foreign Disaster Assistance
OIO	Outcome and Impact Oriented
PAPI	Paper-Assisted Personal Interviewing
PoUWT	Point of Use Water Treatment
PSS	Protection and Psychosocial Support
SGBV	Sexual and Gender Based Violence
SRHR	Sexual and Reproductive Health Rights
TL	Team Leader
ToR	Terms of Reference
UN	United Nations
WASH	Water, Sanitation and Hygiene
WV	World Vision

Executive Summary

This will be a 9 paged abridged version of the EOP evaluation report.

Introduction

Zimbabwe was hit by Cyclone Idai on 15th of March through to 17th of March 2019 and Chimanimani and Chipinge Districts, with an estimated population of 21,000 households reported affected, were the two worst affected in the country. A consortium of three organizations, World Vision (the lead organization), GOAL and Plan International, with complementary humanitarian experiences, combined their expertise in Zimbabwe to respond to the 2020 Cyclone Idai Disaster. Through an ECHO¹ grant, they implemented a project that focused on (and was entitled) “Strengthening Vulnerable Communities Post Cyclone Idai through Integrated Shelter, WASH and Protection” in Chimanimani and Chipinge. The project was implemented from 1st of June 2019 to the 31st of July 2020, and was designed to respond to pressing shelter needs, reduce WASH related vulnerabilities and improve access to confidential and appropriate protection to the Cyclone Idai victims in Chimanimani and Chipinge Districts. It had three interventions: (1) Shelter, (2) WASH and (3) Protection and Psychosocial support (PSS).

Purpose of the Evaluation

The overall purpose of the evaluation was to systematically generate useful evidence that can be used to improve future humanitarian actions in shelter, WASH, and protection and to account for the resources used in this program. The evaluation was meant to assess the three (3) processes and achievements made to draw lessons that will inform future similar programs. This was therefore considered both process and outcome evaluation.

Evaluation Process

Approach

The evaluation approach was premised on the Core Humanitarian Standards (CHS) and the SPHERE Standards which place importance on prioritizing communities and people affected by crisis at the center of humanitarian action. The Organization for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) framework was used to assess the extent to which the project achieved its designed purpose across the seven evaluation criteria. Complementing the above two approaches was the theory-based approach for process evaluation and the counterfactual reasoning approach.

Evaluation Design

This End of Project (EOP) Evaluation reviewed key deliverables and project performance at the conclusion of the 14 months project implementation. With baseline results (and data) this evaluation had a **two point-reflex, quasi-experimental design**, which took measurements before and after

¹ ECHO – The Directorate-General for European Civil Protection and Humanitarian Aid Operations, formerly known as the European Community Humanitarian Aid Office, is the European Commission’s department for overseas humanitarian aid and for civil protection, founded in 1992.

implementation. As suggested by the ToR, a mixed approach, which involves a systematic integration of commensurate quantitative and qualitative research designs and data collection techniques for collecting secondary and primary data, was used. This permitted a more complete and synergistic utilization of data where the quantitative assessment was carried out to address whether the intervention worked, and the qualitative assessment looked at how and why the intervention worked or did not work.

Secondary Data Collection

This formed part of the preparatory analysis conducted prior to initiating the detailed mid-term analytical work. This comprehensive secondary data review preceded primary data collection and findings from this review were instrumental in the development of appropriate primary data collection tools.

Primary Data Collection

Primary data collection was both qualitative and quantitative. A two-day training of enumerators was conducted where the first day was on theory and mock interviews during the training session and the second day was for pilot study, testing the field efficiency of the tools. For qualitative, key informant interviews with program staff, beneficiaries and government and civil society stakeholders, focus group discussions and field verification visits were conducted. The objective of the quantitative portion of this evaluation was to provide estimates of the programme indicators, measure changes in indicators over the implementation period and to provide evidence to prioritize and refine interventions.

The target population for the EOP evaluation were those who participated in the project implementation from the six (6) wards (8, 16, 17, 21, 22 and 23) of Chimanimani District and two (2) wards (8 and 14) of Chipinge District. They include those who participated in the shelter component which was targeting 1,000 households, WASH 14,055 and protection 15,000 people. A total of 848 (35% male and 65% female) direct beneficiaries were selected and interviewed. Majority (65%, n=848) of the selected households had at least one vulnerable member. A total 29 FGDs (9 Shelter, 14 PPS, 6 WASH) were conducted with direct beneficiaries grouped by sex. Selected human stories coming out of the FGDs were captured and used as evidence of either positive or negative project effect. A total of 31 key informant interviews were held with a wide range of stakeholders, identified during the stakeholder mapping exercise. All interviews, KIIs, FGDs and household interviews were conducted in Shona, the mother language of the project area. COVID-19 measures were put in place and implemented to protect both the enumerators and the interviewees during the survey process. These included, among others, educating enumerators on the COVID-19 disease, social distancing, wearing masks, frequent washing of hands with water and soap and sanitizing hands. The evaluation team adhered to research ethics that enshrine respect for, and sensitivity to respondents.

A total of 848 households were interviewed and 507 (60%) had participated in the shelter intervention, 232 (27%) in the WASH whilst 329 (39%) participated in the PPS intervention. 49% (n=512) of the interviewed households had participated in both Shelter and WASH interventions, whilst only 23% (n=288) had participated in all the 3 interventions.

Findings

WV, GOAL and Plan International envisaged this Action as an essential part of a comprehensive response to Cyclone Idai where each organization was supposed to actively participate. This Action, according to the project proposal was meant to meet the shelter and WASH needs of vulnerable households while also providing protection and psychosocial support.

Core Humanitarian Standards

Participation of beneficiaries was high especially during the initial stages of the project implementation and resulted in it reaching the intended beneficiaries. This included involving them in beneficiary selection for the shelter intervention. They were aware of the project funders – ECHO and that the project was being implemented by WV, GOAL Zimbabwe and Plan International Zimbabwe. Majority (91%, n=848) of those interviewed acknowledged that the response took account of their specific needs which included shelter, water and psychosocial social support and protection. They also acknowledged that the shelter and water supply (WASH) interventions corresponded to the assessed risk. During the implementation of the project, there was consultation with the local traditional leaders. They were consulted and their approval sought before repairing/rehabilitating the destroyed wells which are sometimes considered sacred. There was therefore respect for local culture as reported by 80% (n=848) of the interviewed households. The response was timely as reported by majority (92%, n=848) of the interviewed households, who considered that it came at a time when they were struggling to build back and lacking financial support to do. It also came just after they had been assisted by tents during the emergency phase and were now seeking long lasting solutions to their shelter and water needs. Slightly above half (55%, n=848) of those interviewed were reported that the current action has resulted in structures (both the shelter and WASH structures) that will be able to withstand future similar disasters. Others were still sceptical as identified from what was coming out of the FGDs. They are still to come to terms with the disaster effect. The complaints mechanism was not well known, with 53% (n=848) reporting that they knew the complaints mechanism. Project staff acknowledged receiving complaints from rights holders, and these were entered into a complains register. Evidence from the FGDs, confirms that those who had used it were satisfied as their complains were attended to. There were some who reported that they were not aware of the humanitarian code of conduct. The behaviours of WV staff, POs, and the frontline local staff employed during the project, was commendable, as reported by 96% (n=848). A few negative reports were raised on some builders' conduct. The rights holders acknowledged that the staff they were working with had appropriate skills for the job they were doing. Resources were used for what they were intended, and distribution of resources was done in a transparent manner where recipients were asked to sign for what they received.

Relevance

By acknowledging that the response took account of their specific needs which included shelter, water and psychosocial support and protection, rights holders were also acknowledging the relevance of the Action. They reported that the post-cyclone period was characterized by lack of safe and dignified

shelter, with some of the affected people staying with relatives or in temporary tents. Damaged and contaminated water supply systems as well as protection issues relating to disruption of channels for enjoyment of human rights, particularly children's rights, made this program truly relevant.

After the Cyclone Idai Disaster, shelter and clean water were clear cut needs. Cyclone Idai completely destroyed shelter at 12% of the vulnerable households studied. It partially damaged shelter for 27% of the households and slightly damaged shelter at 38% of the households. In total, shelter for 77% of the households studied was either damaged or destroyed by the cyclone.² It was not possible for the households to continue living in tents and some in churches.

Other programs came with various packages which included shelter and WASH NFIs and these sufficed during the emergency phase. This Action brought the emergency phase interventions that included building back shelter and provision of safe water (WASH) as well as providing protection and psychosocial services to the affected communities, with focus on children. It targeted vulnerable households, and this was enhanced by including the community during beneficiary selection for shelter rights holders. Majority (65%, n=848) of the interviewed households had at least one vulnerable member. The household was either headed by an older person, female headed, child headed, had a chronically ill, orphan, pregnant or lactating, physically/mentally challenged person or a person living with HIV. About 39% (n=848) of the interviewed households were female headed, 26% (n=848) were headed by elderly (older) persons and 25% (n=848) had a chronically ill household member.

These communities had their livelihoods destroyed hence they had no money to finance building back or simply repair or rehabilitate houses. Proper, standard two roomed houses were constructed and those that were damaged were repaired. The houses were now more secure and dignified. They are also stronger and as reported by majority of them, will be able to resist future shocks. This was made possible by the participation of Public Works in the design and inspection of the houses, as well as use of shelter monitors to assist with quality checks. Their water supply was also greatly affected and contaminated. Only a third (32%) of the households studied at baseline had used an improved (safe) water source within 30 days of the survey.³ Thus, the WASH component of the Action under review was greatly needed given the circumstances. The cost of repairing or rehabilitating the water systems was beyond reach of majority of the affected households., and with community funding not being available largely because of disruption of livelihoods and income earning opportunities, the action on housing came in timely and appropriately. The psychological effect which was brought by this unforeseen disaster was emotionally taxing and traumatizing beyond the management of most of the households. Therefore, an intervention was greatly needed. The CFS were new to majority of the people within the affected communities and they reported that their influence was easily recognized, especially on their children. The CFS managed to unlock the children's minds and issues of abuse were brought up during the CFS sessions with children. The only disadvantage was their reach which was only confined to households within a short distance from them, hence, their request for more CFS in hard

² See Baseline Study for 'Strengthening Vulnerable Communities Post Cyclone IDAI through integrated shelter, WASH and Protection in Chimanimani,' September 2019, page x.

³ See Baseline Study in footnote above, page xi.

to reach areas. Parents also had the opportunity to be educated on positive parenting and this included knowing about child rights, child abuses and expected parenting/caregiving.

Effectiveness and Coverage

Overall, the evaluated Shelter, WASH and Protection Response action's goal was to provide safe and dignified shelter, reduce WASH related vulnerabilities and enhance psychosocial support to vulnerable households affected by Cyclone Idai in Chipinge and Chimanimani. Table below summarises the overall project achievements. This tables compares the EOP evaluation and baseline results.

Outcomes	Outcome indicators	Baseline Value	Target	EOP (Achieved)	% Change
Result: 1 Households show improved physical access and safety through safe housing structures resistant to future disasters	% of target population living in safe and dignified shelters in secure settlements	30% (n=523)	80%	95% (n=507)	+65%
Result: 2 Enhanced access to safe water and improved sanitation and hygiene behaviors	% of target population with adequate WASH services and hygiene practices	21% (n=354)	60%	73% (n=232)	+52%
Result: 3 Enhanced access to psychosocial support services	% of Children reached by the implementation of Psychosocial Support Activities at Child Friendly Spaces	18% ⁴ (n=172)	70%	73% (n=329)	+55%

Working with key stakeholders, who include Public Works, community and traditional leaders, District Administrator's Office, has also resulted in the project not having any procedural challenges. It was reported that trainings were conducted by Government ministries and departments.

Although the CFS facilitators were enthusiastic and readily available to do their work, most of them still need to broaden and deepen their capacity to facilitate implementation of protection projects from rights-based, inclusive programming (inclusive of eliminating barriers, exclusion, inaccessibility ,etc.) angle, so that they are better equipped to manage disability and other conditions generating unintended exclusion.

Efficiency

The project was cost and time efficient in that the interventions were done in a short time. In addition, there was extended cost on the WASH designer coming on board to ensure quality, hence provision of lasting systems. By also distributing materials instead of e-vouchers and mobile cash, the value of

⁴ 32% of children studied confirmed that there were Child Friendly Spaces in their communities and only 55% of those who confirmed existence of Child Friendly Services in their communities had used services at these spaces.

support per household was not eroded. There was generally a delay in the start of field work due to late recruitment of some staff and changes made to the original design. The original project design did not take into consideration various dimensions which included terrain, weather, soil chemistry, distance, and availability of building material from the local suppliers. These changes were effective in achieving the above results. These included, moving away from the voucher system towards purchasing building materials from local suppliers. Local suppliers had few and sub-standard building materials. The project had to purchase materials from renowned suppliers in Harare. Some of the materials originally expected to be found locally were not available. Currency changes introduced by the government also affected project efficiency. Most sand had been swept away by Cyclone Idai storm and the project had to buy and import sand into the wards in Chimanimani District. Some households were not able to mold bricks on their own and the project had to purchase the bricks for them. Some households could not start building because of lack of money to pay builders on their own after they had been given building materials and work was not starting as expected. Some households were labor constrained, and some had economically inactive elderly people. The project had to introduce Shelter Monitors supervising the works and monitoring proper use of distributed materials.

PSS activities were disrupted by the COVID-19 epidemic after it had been in operation from the beginning of the project period. For the short period that the CFS sessions were conducted, a total of 2,196 children were reached. Of these, 1,064 were from Chipinge District and 1,132 were from Chimanimani District. A main limiting factor was their coverage, which could have been better had there been more CFS centres, with some located in ward peripheries.

The efficiency criterion also sought to assess how the project efficiently integrated the three interventions. Almost half (49%, n=512) of those who were eligible to participate in both shelter and WASH reported that they participated in the two interventions and only 23% (n=288) of those who were eligible to participate in the three intervention, reported participating in the three interventions. At some few houses, the three or two important intervention practices were adopted.

Connectedness

The Action activities were carried out in a manner that considered longer term problems and interconnectedness into account.

The shelter component relieved the vulnerable families of the financial burden of building back or repair/rehabilitation of their destroyed shelter. Use of builders and WV staff to jointly conduct shelter damage and needs assessment was a major strategy to enhance connectedness of the shelter intervention to local skills base, ownership, and participation. Trained builders were going to continue building and repairing houses for other households not supported by this project. Through the project capacitation they intent to continue to build proper structures which can withstand future similar disasters. Working with the Department of Public Works and council has also capacitated the same departments through creating more opportunity to sharpen their skills as they operationalized their

knowledge. They participated in the redesigning and tailoring the project to suit local conditions. They are therefore better informed in the event of a similar disaster.

WASH intervention by GOAL availed the precious water needed for consumption and most importantly for irrigation. The WASH intervention increased synergies with other NGOs, WASH Cluster and led to development of WASH groups in communities.

PSS created community structures and local CFS facilitators were trained to continue with CFS operations. This was further strengthened when the CFSs were handed over to the community in July 2020 during the closure phase. The structures that were created by the PSS intervention will continue operating after the project closure. Thus, there is possibility that any child and sexual abuse will continue to be on spotlight and eliciting immediate attention even after closure of the project.

Coherence and Coordination

This project was implemented also in wards where another WV OFDA project was implemented. The OFDA project came in to complement the phase 1 shelter project, and it assisted those households that were left out by this phase 1 project (under review). It also came in to assist those households that had been earlier assisted by other organizations like IOM, UNHCR, with tents.

It was observed that in some wards where this project was not providing WASH services, there were some other organizations which were offering WASH services. A good example is Mercy Corps that was offering WASH services in majority of the wards where GOAL, under this project, was implementing the WASH component. There were other strong players like WHH which were also providing WASH services in Chimanimani affected communities. Efforts on coordination adopted and implemented for the WASH activities, included weekly program coordination meetings, bi-weekly DWSSC meetings, GOAL Global WASH Advisor visits to projects, World Vision WASH Department visit and local government stakeholder participation. These helped in ensuring that the project activities had both internal and external coherence and coordination relevant for optimum results.

The activities of this Action intertwined with several activities within the target wards. Some of the children who were attending CFS sessions were also referred to access services from SAGE (Supporting Adolescent Girls Education), another intervention being implemented by Plan International. There were some wards where Jekesa Pfungwa, a civil organization, was offering CFS services. Even ChildLine was also mentioned by several respondents as offering services on PSS. There were children who reported that they were aware of ChildLine 116 helpline which they could use if they were abused, or they identified a SGBV case within their community. They were informed by Plan International Zimbabwe, which also works with Childline in other child protection interventions. This demonstrates coherence, coordination, and interconnectedness among stakeholders in the protection sector.

Impact

The Action managed to surpass all its three intended results. This is proxy of its possibility to achieve the final goal, to provide safe and dignified shelter, reduce WASH -related vulnerabilities and enhance

psychosocial support to vulnerable households affected by Cyclone Idai in Chipinge and Chimanimani Districts. With its three-key intervention, the project managed to cover majority of the key shelter cross-cutting issues. The project managed to address the psychosocial support (rights of the child) and during its beneficiary selection, there was evidence that elderly people (26%, n=848), persons with disabilities (10%, n=848), and persons living with HIV/AIDS (6%, n=848) were reached. The project prioritized female-headed households and classified them among the vulnerable targeted beneficiaries. About 39% (n=848) of the interviewed households were **female headed** and 65% (n=848) of the **respondents** were females. This was an indication of its gender sensitivity. Provision of water supply, which resulted in reducing distance to water sources and time taken in a queue to fetch water, were benefits meant to ease the tasks that are traditionally to be for females. The baseline study revealed that four in every five households (79%) were within 500m of their main water source, with nine in every ten (92%) reported waiting for only 15 minutes or less to fetch water. At EOP evaluation, for those accessing water from improved sources, there was an improvement (of +15%) in the number of households that reported now accessing water at a distance which is less than 500 meters (SPHERE standard). There was also noticeable increase of +9% of those now queuing at a water source for less than 30 minutes (SPHERE standard). KII and FGD participants indicated that constructing the households with mortar and bricks saved the environment, as majority of these households were going to erect houses made of poles, dagga under grass thatch, an activity that was going to contribute to deforestation. Had the 200 newly constructed houses been constructed from poles; destruction of forest resources might have happened.

Lessons Learned & Good Practices

- It is important to have in-depth knowledge of the operational context within a project is to be implemented. The focus of such context knowledge needs to be comprehensive to consider various dimensions like terrain, weather, soil chemistry, distance, communication facilities, cultural factors, etc. This is what largely contributed to delayed start of the project. This largely applies to the Shelter and WASH sectors.
- Involving target beneficiaries during beneficiary selection eliminates exclusion and inclusion errors. The reviewed Action managed to have a beneficiary selection that was commended by the community to be fair and very transparent.
- Procurement Department was in many cases left behind during the design, inception and implementation phases. Involving them at a later stage delays some processes. This is because some purchases need more time and there are no shortcuts to the process. Contingency planning would be one way of enhancing operation in a context where cash provision comes with risks as in Zimbabwe where government makes sudden changes in exchange rates and currency, among others.
- Introduction of Shelter Monitors resulted in a jump in progress and in resources being used as intended. It is therefore imperative for future similar project designs to include Shelter monitors as an important human resource as later discovered during implementation of this action.

- Cash-for-work approach may not work properly if not well designed towards specific results. Beneficiaries are more committed to work when there are specific targets, e.g. 2 houses per month. This contrasts with use of hours worked per day as basis for payment of beneficiaries. In such a case, there is lack of commitment and drive towards achieving the intended final output or result. There is also needed to consider solutions on motivating building towards improved ownership, and not necessarily earning cash.
-
- Sharing of experiences is very crucial in a disaster situation. Through the sharing of experiences, children were able to successfully manage traumatic experiences, thus enhancing group therapy.
- CFS is a specialized space that can reach out to many children in a disaster situation. Traditional leadership, children and parents were the pillars for the success of the program.
- Community participation is very crucial for the success of any given program. The success of the program is dependent on the key stakeholders. For example, throughout the program cycle, key stakeholders such as the District Child Protection Committees were championing the program, which assumingly related to Protection and psychosocial support.

Conclusion and Recommendations

Conclusion

Overall, the Action was appropriate and relevant. Communities and people affected reported that they received assistance that was appropriate to their needs. The Action came when the affected people were in dire need of building back their houses. Trainings that were done which included local builder training, CFS selected from the local communities and Child protection committees, strengthened local capacities. The engineering designs of the repaired/rehabilitated springs and the standard two roomed houses that were constructed were strong enough to sustain future disaster impact. Feedback mechanisms were shared but majority of communities were not well versed on how they were supposed to use them. Resources were distributed to the intended beneficiaries. The minimum CHS were basically met during the implementation of the project.

The Action managed to surpass all its three intended results. This was a proxy of its possibility to achieve the final goal, to provide safe and dignified shelter, reduce WASH -related vulnerabilities and enhance psychosocial support to vulnerable households affected by Cyclone Idai in Chipinge and Chimanimani Districts. Key shelter cross-cutting issues were addressed by the intervention.

Recommendations

Meeting Core Humanitarian Standards

1. The level of effort for the Humanitarian Accountability Officer should be extremely high for such a project which involves direct distribution of actual materials as opposed to for instance vouchers or direct cash transfers
2. Every rights holder should fully know the complaints mechanism

3. Every contracted worker should be trained on Core Humanitarian Standards. This will improve their conduct with rights holders, and it is a good practice that ensures that, they are well knowledge not to engage in any behaviors or activities that violates target beneficiaries' rights.

Shelter

1. Shelter Monitors - who monitor and supervise the construction process should be involved from start of project implementation.
2. Future similar project designs should target those with houses made of poles and dagga under thatch.
3. To reduce the project cost, more time should be given to the intended beneficiaries to put together the local available resources. External assistance, as initially designed, should be on those resources which they could not find locally and were financially not able to get, e.g. bricks.
4. The Department of Public Works recommended a three-day training for builders to enable them effectively to perform their tasks.

WASH

1. The project has clearly resulted in improved availability of clean and safe water. To complement this, there is need for development and implementation of a water quality monitoring system to check level of water safety and its sustainability. This should be done in a participatory manner involving both primary beneficiaries and government stakeholder at district level.
2. The project has been successful in awareness raising campaigns on handwashing. Building on this achievement, there is need for leveraging improvements in hand washing knowledge for the promotion of self-sponsored and monitored installation, Operation and Maintenance (O&M) of hand washing facilities at household level.

PSS

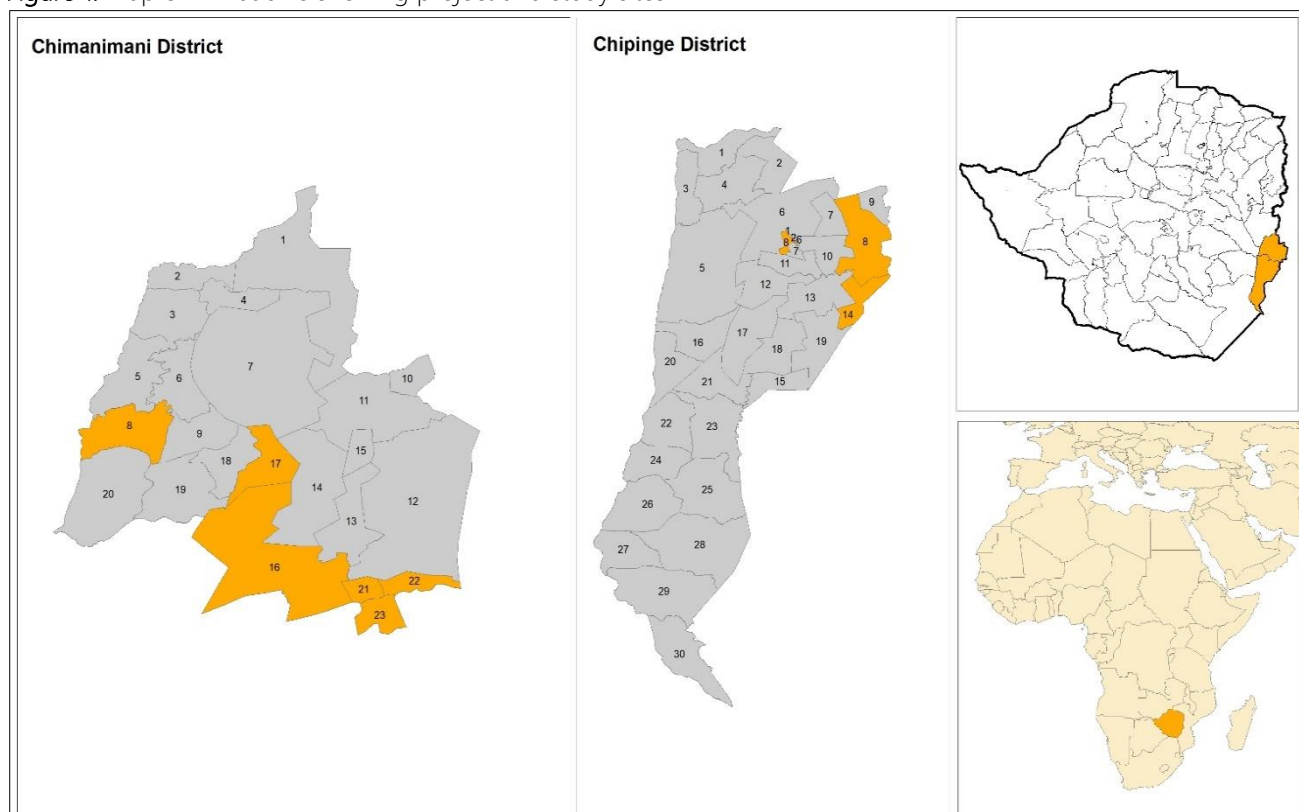
1. To make it more local and natural, the CFS facilitators can invite the local elderly people to come and do some story telling. This makes the sessions more inclusive and relevant, as suggested by the CFS facilitators.
2. Avail more playing toys for those with disabilities, as well as tools like wheelchairs and braille.
3. There is need to broaden and deepen capacity of people facilitating implementation of protection projects on rights-based, inclusive programming (inclusive of eliminating barriers, exclusion, inaccessibility ,etc.), so that they are better equipped to manage disability and other conditions generating exclusion. This is particularly imperative for local CFS facilitators, CCWs, school heads and teachers as well as local leadership.
4. Although Child friendly spaces were primarily meant for PSS, there is need for the program to have provided an integrated programming package that also includes school-feeding. The school feeding would also have served the purpose of attracting more children to school, thereby contributing towards disaster resilience though strengthening educational outcomes.

1. INTRODUCTION

1.1 Brief Description of the Project

Zimbabwe was hit by Cyclone Idai on 15th of March through to 17th of March 2019 and this affected Chimanimani, Chipinge, Buhera, Bikita, Chiredzi, Gutu, Mutare, Zaka and parts of Mutare Urban Districts. Chimanimani and Chipinge Districts, with an estimated population of 21,000 households reported affected, were the two worst affected in the country (Figure 1).

Figure 1: Map of Zimbabwe showing project and study sites



Source: Drawn by consultant – GIS Expert

A consortium of three organizations, World Vision (The lead organization), GOAL and Plan International, with complementary humanitarian experiences, combined their expertise in Zimbabwe to respond to the 2020 Cyclone Idai Disaster. Through an ECHO⁵ grant, they implemented a project that focused on (and was entitled) **“Strengthening Vulnerable Communities Post Cyclone Idai through Integrated Shelter, WASH and Protection”** in Chimanimani and Chipinge Districts. The project was implemented for 14 months, from 1st of June 2019 to the 31st of July 2020, hence the call for the End of Project Evaluation (EOP). The project was designed to respond to pressing shelter needs, reduce WASH related vulnerabilities and improve access to confidential and appropriate protection for the Cyclone Idai victims in Chimanimani and Chipinge Districts. To achieve this objective, the project had three interventions, provision of safe and dignified shelter in secure settlements, WASH and protection and psychosocial support (PSS).

⁵ European Community Humanitarian Office

1.2 Purpose of the Evaluation

The overall purpose of the evaluation was to systematically generate useful evidence that can be used to improve future humanitarian actions in shelter, WASH, and protection and to account for the resources used in this program. The evaluation was meant to assess the three (3) processes and achievements made to draw lessons that will inform future similar programs. This was therefore considered as both process and outcome evaluation.

1.3 The objectives of this evaluation:

1. The evaluation sought to assess the extent to which the project managed to meet key Core Humanitarian Standards (CHS) focusing on the commitments on effectiveness, timeliness, access to information, participation of affected population in decision making as well as feedback and complaints.
2. Through the use of the Organization for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) framework, the evaluation assessed the extent to which the project achieved its designed purpose across the seven evaluation criteria – relevance, efficiency, effectiveness, Impact, connectedness, coherence/coordination and coverage,
3. Additionally, the evaluation sought to generate lessons learnt and good practice, and recommendations to inform future programme design.
4. The evaluation also established how the project managed to pay attention to cross cutting issues on local context, human resources, protection, participation of primary stakeholders, coping strategies and resilience, gender equality, HIV/AIDS, and the environment

The EOP evaluation exercise was conducted from the 19 of July to the 17th of August 2020. The field survey started on the 22nd and ended on the 29th of July 2020.

2. EVALUATION PROCESS

2.1 Evaluation Overview

2.1.1 Approach

The ToR clearly specify the evaluation approach appropriate to this assignment. As proposed in the ToR, the evaluation approach was premised on the CHS and the SPHERE Standards which place importance on prioritizing communities and people affected by crisis at the center of humanitarian action. This enabled the assessment of the extent to which the project managed to meet key CHS focusing on the commitments on effectiveness, timeliness, access to information, participation of affected population in decision making as well as feedback and complaints. The nine (9) commitments to communities and people affected by crisis were therefore used to guide the design of the assessment⁶. The CHS approach was basically employed to assess how WV and its partner organizations met the CHS quality criterion whilst working with the affected communities – rights holders. Thus, through the CHS approach, a **process evaluation** was conducted, and it assisted in assessing the extent to which accountability standards have been incorporated into the project and what areas to consider improving⁷. The ToR were clear on the use of the Organization for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) framework, to assess the extent to which the project achieved its designed purpose across the seven evaluation criteria – **outcome evaluation**.

Complementing the above approaches was the **theory-based approach** for **process evaluation**. The theory-based approach relies on an explicit theory of change, which depicts how the interventions supported by World Vision and its partners were expected to contribute to a series of results (outputs and outcomes) that contributed to meeting the overall goal of the project. The theory of change also identifies the causal mechanisms, risks and contextual factors that support or hinder the achievement of desired changes. This theory-based approach was fundamental for generating insights about what worked, what did not and why, as it focuses on the analysis of the causal links between changes at different levels of the results chain described by the theory of change, and explores how these assumptions and contextual factors affected the achievement of intended results.

Guided by the purpose of the EOP Evaluation, a counterfactual reasoning approach for the **outcome evaluation** was adopted. Through this approach, a credible and logically constructed counterfactual design for the evaluation was created using the baseline estimates and an analysis of the project theory of change. Through this approach, we were able to come up with findings that adequately answer the outcome evaluation questions.

2.1.2 Evaluation Design

This EOP Evaluation reviewed key deliverables and project performance at the conclusion of the 14 months of project implementation. With baseline results (and data) this evaluation had a **two point-reflex, quasi-experimental design**, which took measurements before and after implementation. As suggested by the ToR, a mixed approach, which involves a systematic integration of commensurate quantitative and qualitative research designs and data collection techniques for collecting secondary and primary data, was used. This permitted a more complete

⁶ CHC Alliance, Group URD and the Sphere Project., 2014

⁷ CHS Alliance, Available at: <https://www.chsalliance.org/verify/> Accessed: 04 July 2020

and synergistic utilization of data where the quantitative assessment was carried out to address whether the intervention worked or not, and the qualitative assessment looked at how and why the intervention worked or did not work.

2.2 Data Collection

Data collection involved a systematic integration of both quantitative and qualitative methods in collecting [secondary](#) and [primary](#) data. Secondary data collection preceded primary data collection and preliminary findings from secondary data analysis were used in the development of the primary data collection tools. During data collection, quantitative data collected was subjected to a quick exploratory data analysis (EDA) to summarize main characteristics of the data and these preliminary findings were interrogated further during FGDs and KIIs (qualitative data collection) (Figure 2). Report writing was a continuous process throughout the survey period, and it involved progressive elaboration - refinement as more information was being generated during the survey.

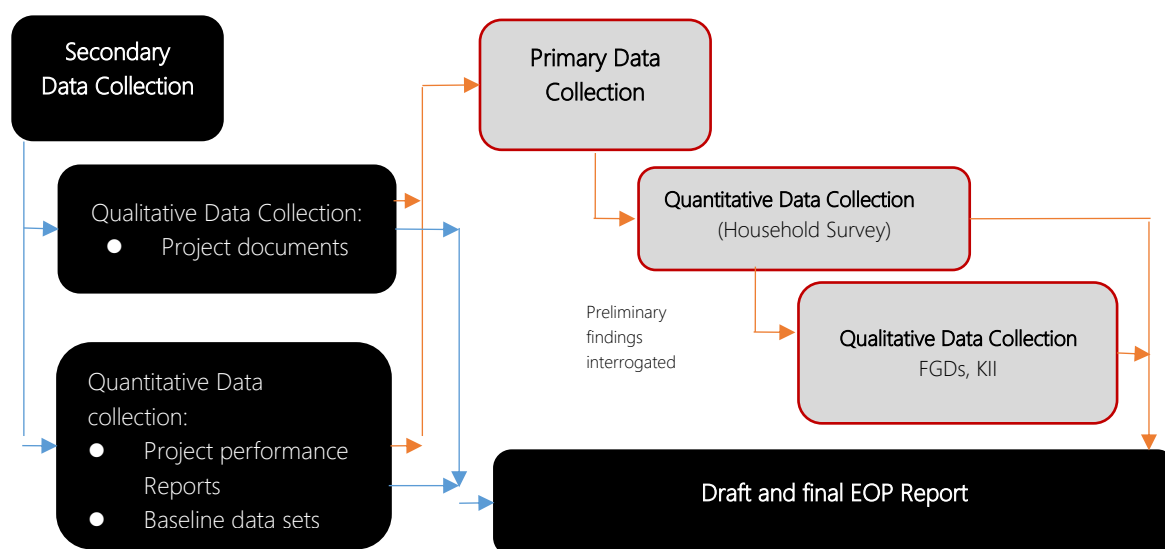


Figure 2: Data collection process flow chart

2.2.1 Secondary Data Collection

Qualitative Data Collection

Desk Review of background documents

This formed part of the preparatory analysis conducted prior to initiating the detailed mid-term analytical work. This comprehensive secondary data review preceded primary data collection and findings from this review were instrumental in the development of appropriate primary data collection tools. The following documents were received from WV for the desk review.

- i. Terms of Reference (ToR)
- ii. Project Documents
- iii. Collected Most Significant Change Stories (x 2)
- iv. ECHO Shelter PITT
- v. M&E Plan
- vi. Project Logframe
- vii. Project Baseline study

This secondary data collection and review was instrumental in getting a deeper understanding of the project as well as teasing out important issues that needed further investigation through analysis of relevant primary data.

2.2.2 Primary Data Collection

The objective of the quantitative portion of this evaluation was to provide estimates of the programme indicators, measure changes in indicators over the implementation period and to provide evidence to prioritize and refine interventions.

Quantitative Data Collection

a. Sampling Strategy:

Target Population and sampling frame

The target population for the EOP evaluation were those who participated in the project implementation from the six (6) wards (8, 16, 17, 21, 22 and 23) of Chimanimani District and two (2) wards (8 & 14) of Chipinge District. They include those who participated in the shelter component which was targeting 1,000 households, WASH which was targeting 30,863 people and protection and psychosocial support which was targeting 15,000 people (Table 1). The sampling frame was therefore the list of these target groups in the project registers.

Table 1: Target groups, population, and sampling frame

District	Ward	Intervention					
		Shelter		WASH		PPS	
		Male	Female	Male	Female	Male	Female
Chimanimani	8	48	58			990	1200
	16	127	106	3867	6264	1020	900
	17	30	51			1090	1100
	21	131	111			700	1050
	22	115	91	3431	5780	800	1200
	23	61	77	3814	7707	100	850
Chipinge	8					800	1000
	14					1000	1200
TOTAL		512	494	11112	19751	6500	8500
Grand TOTAL		1006		30863		15000	

Source: TORs

b. Sampling Size – Household Interviews

For comparison between the baseline and EOP evaluation findings, the baseline sample size was adopted. As stated in the baseline report, the baseline sample size was calculated at 95% confidence level, 5% error margin and 50% expected response distribution. The actual number of rights holders (respondents) interviewed during the baseline study was 525. Considering non-response, this was adjusted upwards using the non-response rate (1-0.05) to 552.

$$\begin{aligned}
 n_{final} &= n * adj_{non-response} \text{ (Equation 1)} \\
 &= 525 \times (1-0.05) = 552
 \end{aligned}$$

This was only for the 6 wards in Chimanimani where the baseline was conducted. A total of 184 interviews, conducted in Chipinge District, were also added to the 552 and the resultant targeted sample size was 737. In actuality, the EOP survey managed to reach 848 respondents who were randomly selected (Table 2).

Table 2: Sample Size for the household survey

District	Ward	Baseline	EOP	Male	Female	Intervention		
						Shelter	WASH	PPS
Chimanimani	8	63	79	21	58	75		11
	16	88	138	57	81	137	47	44
	17	86	38	12	26	38		7
	21	83	107	31	76	107		28
	22	69	173	45	128	93	114	35
	23	135	118	36	82	57	71	12
Chipinge	8		113	27	86			112
	14		82	13	69			80
TOTAL		524	848	242	606	507	232	329

Source: Sample size calculation

c. Sampling Size – Children for the Child Protection component

During the baseline, a total of 172 children (49% male, 51% female) were selected from the households selected for the household survey and this same strategy was used during EOP household survey. A total of 231 children with almost the same male-female proportion were reached during the EOP evaluation survey (Table 3). A child was defined as any person below the age of 18 years. The baseline report was not explicit on the distribution of these children across the wards.

Table 3: Sample size - Child Protection

District	Ward	Baseline	Female		Male		Total
			Freq	%	Freq	%	
Chimanimani	8	25	4	80.0%	1	20.0%	5
	16	22	21	52.5%	19	47.5%	40
	17	25	0	0%	0	0%	0
	21	20	14	73.7%	5	26.3%	19
	22	23	19	63.3%	11	36.7%	30
	23	11	10	52.6%	9	47.4%	19
Chipinge	8	21	45	55.6%	36	44.4%	81
	14	25	23	62.2%	14	37.8%	37
TOTAL		172	136	58.9%	95	41.1%	231

Source: Sample size calculation

Qualitative Data Collection

After three (3) days of quantitative data collection, a quick exploratory analysis was done, and this generated initial findings that were further interrogated during key informant interviews (KIIs) and focus group discussions (FGDs).

a. Focus Group Discussions (FGDs)

A total of 29 FGDs (9 Shelter, 14 PPS, 6 WASH) were conducted with direct beneficiaries grouped by sex (Table 4). Interesting human stories coming out of the FGDs were captured and used as evidence for either positive or negative project effect. FGDs were conducted with the following groups – men only, women only and children/adolescents. Each FGD had between 8-12 participants who were purposively selected from the target beneficiaries. Consent was sought before conducting the FGDs. Two FGD facilitators conducted the FGDs, where one was responsible for moderation and the other one for note taking.

Table 4: FGD participants

FGD Type	Chimanimani District						Chipinge District	
	8	16	17	21	22	23	8	14
Females Only	✓	✓✓✓		✓✓	✓✓✓	✓✓✓		
Male Only		✓✓✓		✓✓	✓✓✓	✓✓✓		
Children - Females				✓			✓	✓
Children - Males				✓			✓	✓

Source: Field Data (Key – Green = Shelter, Red = PPS, Blue = WASH)



Pic 1: Focus Group Discussion being held with women only in Chimanimani District. COVID-19 prevention measures observed – social distancing, wearing masks and minimum number of participants

b. Key Informant Interviews (KIIs)

A total of 31 key informant interviews were held with a wide range of stakeholders, identified during the stakeholder mapping exercise (Annex 3). These were purposively selected from the Project Areas as well as Provincial and National level. KII questionnaire was developed with both structured and unstructured questions. It consisted mainly of the evaluation questions selected from those listed in the ToR. Other questions which were included in the KII questionnaire were those developed after exploratory data analysis of the quantitative data.



Pic 2: Key Informant Interviews with Andrew Mheuka, Village head for Mheuka Village in Ward 21, Chimanmani District

2.3 COVID-19 Prevention Measures during the Survey period

Different measures were put in place and implemented to protect both the enumerators and the interviewees during the survey process. As we implemented the survey, we were also providing information about COVID-19 to support Government's efforts in fighting the spread of COVID 19. The measures that were put in place to avoid the spread of the Corona Virus during the survey are described in [Annex 2](#).

2.4 Quality Assurance

In undertaking this assignment, our team followed robust project management and quality assurance mechanisms that promoted cooperation, and collective ownership of the process. With specific reference to data collection, a **multi-tier quality assurance system** was adopted, beginning with recruitment of the right field staff and an effective training process (**First Tier**). A two day through training of enumerators was conducted where the first day was on theory and mock interviews during the training session and the second day was for pilot study, testing the field efficiency of the tools. The **second tier** was the use of Kobo collect to capture the interviews and this uses skip rules, out of range and completeness data quality checks. Skip logic and error checks built in the system improves the data quality. The **third quality control tier** involved randomly sampling one interview per enumerator and redoing it to check for accuracy. The **fourth tier** involved the daily data quality checks by the Data Analyst. Daily data quality checks were done using an SPSS data quality check syntax. Data validation was split into two, i.e. faulty data detection and faulty data correction. Faulty data detection involved identifying doubtful values or errors in data and the correction process provided methods to deal with problematic data.

2.5 Data Security Plan

To secure data, data collection devices were locked to avoid unauthorised access to the gadgets. Antivirus software was installed to enable detection of potential malicious data threats and fast recovery of the gadget if stolen. Data was synchronised with the online server daily. This was a security measure to avoid loss of data due to theft or malfunctioning of device.

3. ETHICAL CONSIDERATIONS IN THE EVALUATION EXERCISE

The evaluation team adhered to research ethics that enshrine respect for, and sensitivity to respondents. This was achieved through the following measures:

a) Informed, un-coerced consent

- Enumerators were trained on survey protocols and ethical considerations which they were supposed to follow before or during an interview
- Informed written consent was obtained from participants both for the FGDs and in-depth face-to-face interviews.

b) Voluntary Participation

- Participation in the study was entirely voluntary. Participants were given the option and freedom to discontinue the interview at any point should they so wished.

c) Confidentiality

- Confidentiality was observed throughout the study process.
- Enumerators or the team of consultants were not allowed to use or discuss information that would identify the participants for anything other than the purpose for which the survey was conducted or for collecting follow up information from participants.

d) Sensitive Data

- Protection was ensured through the research design and use of online data collection method which is a less intrusive data collection mode compared to others.

e) Data protection and privacy

We adhered to the universal data protection principles for personal data. This was achieved through ensuring that:

- Collected data was used for this survey and not used in any manner incompatible with the study purposes
- Data was preserved no longer than was required for the purpose for which the information was collected or further processed
- Identifiable Data was encrypted. This ensured that no unauthorized people would access the data set.

e) Ensuring no harm

- Considering all practical implications that the survey and/or survey question had on participants, each survey question was rigorously analysed.
- We also instituted mechanisms to ensure that personal data could not be traced, nor an individual identity inferred via cross-analysis (deductive disclosure).

- f) **Beneficence** - There was no direct benefit to participants themselves at the time of the study. There was however social benefit in that knowledge obtained could be used to improve future programs, thereby creating future potential benefits to society.

4. FINDINGS

Analysis of data was guided by the approaches that have been employed in the EOP evaluation design and implementation. These include the CHS and the SPHERE standards, the OECD-DAC framework, theory-based approach for process evaluation and, a counterfactual reasoning approach for the outcome evaluation. In majority of the cases, there was a comparison of the baseline and EOP evaluation findings as this EOP had a two point-reflex, quasi-experimental design.

4.1 Characteristics of Respondents

A total of 851 households were randomly selected and visited. Only three (3) respondents refused to participate in the survey and their reasons were valid. A total of 848 households were therefore interviewed.

4.1.1 Characteristics of Respondents

Baseline survey was conducted in Chimanimani District only and a total of 524 households were reached. The EOP evaluation was conducted in both Chimanimani and Chipinge; and in all the wards where the project was implemented. 653 households in Chimanimani and 195 in Chipinge District were randomly selected and interviewed. Participation of women was high in both surveys (Table 5).

Table 5: Characteristics of Respondents

District	Ward	Baseline (n=524)			EOP (n=848)		
		Total	Male	Female	Total	Male	Female
Chimanimani	8	63	29%	71%	79	27%	73%
	16	88	38%	63%	138	41%	59%
	17	86	36%	64%	38	32%	68%
	21	83	34%	66%	107	29%	71%
	22	69	26%	74%	173	26%	74%
	23	135	40%	60%	118	31%	69%
	TOTAL	524	35%	65%	653	31%	69%
Chipinge	8				82	23.9%	76.1%
	14				113	15.9%	84.1%
	TOTAL				195	21%	79%

Source: Baseline survey and EOP Field Data

Majority (85%, n=848) of those interviewed during the EOP survey were either the head of household (HH) (50%, n=848) or spouse of the HH (35%, n=848) and these were the most eligible respondents whom are considered to be having relevant knowledge about the household. About 89% (n=848) of the respondents reached primary level of education with 69% (n=848) having completed primary level (Table 6).

Table 6: Eligibility of respondent - Relationship to HH and Level of education

Relationship to HH	Highest level of education (n=848)							Total	
	None	Primary, incomplete	Primary, complete	Secondary, incomplete	Secondary, complete	Tertiary	Freq	%	
	%	%	%	%	%	%			
Self	13.5%	22.2%	21.3%	23.2%	17.5%	2.4%	423	49.9	
Spouse/cohabitant	9.8%	21.9%	23.2%	23.2%	19.5%	2.4%	297	35.0	
Child	5.3%	10.5%	14.0%	35.1%	35.1%	0.0%	57	6.7	
Son/daughter-in-law	0.0%	14.3%	19.0%	28.6%	38.1%	0.0%	21	2.5	
Grandchild	0.0%	0.0%	12.5%	25.0%	62.5%	0.0%	16	1.9	
Brother/sister	0.0%	11.1%	0.0%	33.3%	55.6%	0.0%	9	1.1	
Parent	0.0%	0.0%	28.6%	28.6%	14.3%	28.6%	7	0.8	
Sister/brother-in-law	0.0%	50.0%	25.0%	25.0%	0.0%	0.0%	4	0.5	
Other relative	0.0%	0.0%	0.0%	25.0%	75.0%	0.0%	4	0.5	
Niece/Nephew	0.0%	0.0%	50.0%	25.0%	25.0%	0.0%	4	0.5	
Grandparent	66.7%	33.3%	0.0%	0.0%	0.0%	0.0%	3	0.4	
Co-wife	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	2	0.2	
Father/mother-in-law	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	1	0.1	
Total	10.7%	20.3%	21.1%	24.4%	21.2%	2.2%	848	100.0%	

Source: EOP Field Data

4.1.2 Demographics of the selected households

Sex of household head

Majority of the interviewed households, both at baseline and EOP, were male headed. Even though majority of these households were male headed, there was high level participation of women in the project. Having a relatively higher number of female respondents during the EOP is a proxy indicator and evidence of increased participation of women in developmental work.

Table 7: Characteristics of household head

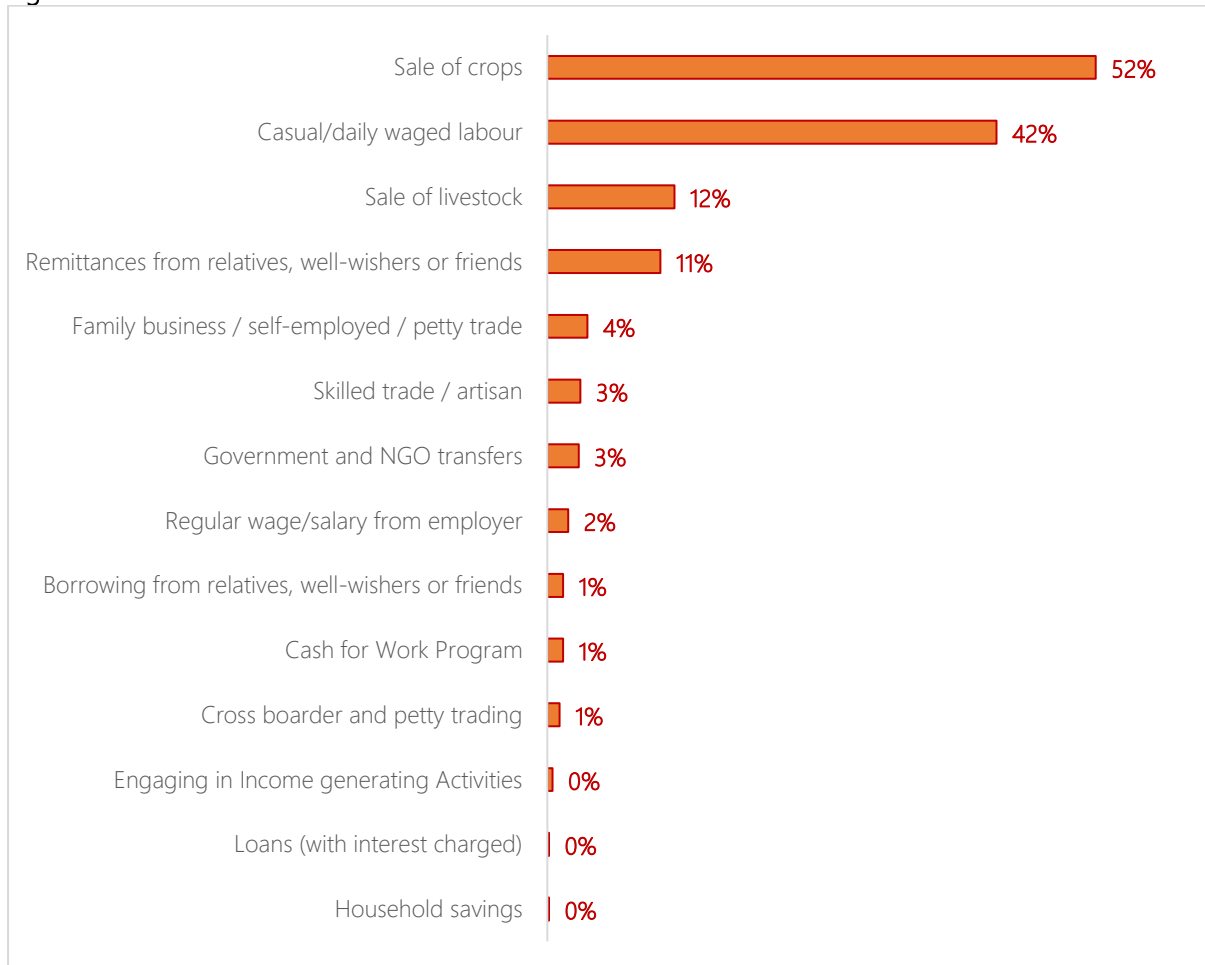
District	Ward	Baseline (n=524)			EOP (n=848)		
		Total	Male	Female	Total	Male	Female
Chimanimani	8	63	63%	37%	79	43%	57%
	16	88	77%	23%	138	64%	36%
	17	86	67%	33%	38	45%	55%
	21	83	70%	30%	107	62%	38%
	22	69	77%	23%	173	57%	43%
	23	135	71%	29%	118	60%	40%
	TOTAL	524	71%	29%	653	57%	43%
Chipinge	8				113	73%	27%
	14				82	73%	27%
	TOTAL				195	73%	27%

Source: Baseline survey and EOP Field Data

Household Source of Income

The main source of income (52%, n=848) for the interviewed household was from the selling of their agricultural produce (Figure 3). Findings from KIIs and FGDs indicated that the agricultural produce sales were affected by Cyclone Idai, which swept much of their crop and in other cases destroyed roads and bridges which link them to their markets. Some of the interviewed persons reported that they earn their living through casual or daily waged labor.

Figure 3: Household source of income



Source: EOP Field Data

4.2 Core Humanitarian Standards

The evaluation assessed the extent to which the project managed to meet key Core Humanitarian Standards (CHS) focusing on the commitments on effectiveness, timeliness, access to information, participation of affected population in decision making as well as feedback and complaints⁸. It is the humanitarian imperative, the desire to prevent and alleviate human suffering, that led to the commissioning of this project under review. The Core Humanitarian Standards (CHS) commitments on quality and accountability were used to assess quality of the assistance that was provided by World Vision and its partner organisations (PO), GOAL and Plan International Zimbabwe.

Majority (91%, n=848) of those interviewed acknowledged that the response took account of their specific needs which included shelter, water and psychosocial social support and protection (Box 1). They reported that living with relatives was not that easy as it meant an increase in financial burden for the helping relative. Some FGD participants, especially those that had their houses destroyed, reported that their dignity was restored and further enhanced among their communities when they received housing assistance. As shown in Box 1, majority (89%, n=848) felt that the shelter and water supply (WASH) interventions corresponded to the assessed risk, vulnerabilities, and their needs.

⁸ Core Humanitarian Standards on Quality and Accountability, (2014), CHS Alliance, Group URD and the Sphere Project, ISBN: 978-2-8399-1564-9

About 80% (n=848) of the households reported that the Action did not affect their culture. A good example was the involvement of the community and community leaders before springs were repaired or rehabilitated. Community, traditional leaders, and the community were consulted, and their approval sought before undertaking any repair or rehab work, as culturally expected. This was against the background that some of these springs are sacred and such springs were not included in the rehabilitation intervention. There were very few cases of springs that were rehabilitated and reduced their yield. Gwibi Spring was reported to have been rehabilitated but instead of using the erected outlet, it developed another outlet on its side and the community was suspecting that it was because of its sacred nature, whilst the District Environmental Health Officer was sceptical and suspected that those who did the works failed to align the outlet well. Similar reports came from Marozva village and from those using Zayawe Spring. They reported reduced water yields after rehabilitation.

Box 1: CHS Commitment 1

Commitments and the respective performance Indicators	Freq	%
1. Humanitarian response is appropriate and relevant - Communities and people affected by Cyclone Idai receive assistance appropriate to their needs.		
1.1 Do you think the response took account of your specific needs and preferences, after the Cyclone Idai Disaster?	770	90.8%
1.2 Do you think that the response did not affect your culture?	678	80.0%
1.3 The assistance and protection correspond with assessed risks, vulnerabilities, and needs	752	88.7%

Source: EOP Field Data

As widely reported by FGD participants and from the household survey findings (92%, n=848), the response came at a time when majority of them were failing to build back, given that their cash crops, e.g. banana plantations, which they rely on were also swept away by the cyclone (Box 2). They were trying but failing as Cyclone Idai had grossly incapacitated them. The destroyed piped water schemes had been established years back and communities had no savings from which to fund the resuscitation of the system. They appreciated the helping hand from the project (GOAL) as this has enabled them to access clean and safe water for consumption. The response came at time when they were just past the emergency phase and were trying to recover and seek long lasting solutions to their shelter and water supply needs.

Box 2: CHS Commitment 2

Commitments and the respective performance Indicators	Freq	%
2. Humanitarian response is effective and timely - Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.		
2.1 Do you consider the assistance and protection have come at the appropriate time?	777	91.6%
2.2 Do you consider the assistance and protection you have received to be adequate?	657	77.5%
2.3 Does it meet your needs?	740	87.3%

Source: EOP Field Data

From the household survey results, a significant number, slightly above half (55%, n=848) of those interviewed were able to report that the current shelter structures would survive future shocks and stresses whilst others were still sceptical (Box 3).

Box 3: CHS Commitment 3

Commitments and the respective performance Indicators	Freq	%
3. Humanitarian response strengthens local capacities and avoids negative effects - Communities and people affected by crisis are not negatively affected and are more prepared, resilient, and less at-risk because of humanitarian action		
3.1 Are you now better able to withstand future shocks and stresses, because of this humanitarian action?	464	54.7%
3.2 Was there anything that you considered to be negative that was a result of the humanitarian action?	91	10.7%

Source: EOP Field Data

Slightly above half (59%, n=848) of the interviewed rights holders acknowledged that they were aware of what they were supposed to benefit from the project (Box 4). Those benefitting from the repair and rehabilitation of the springs knew that GOAL was supposed to supply cement and the other materials needed to repair/rehabilitate the springs and the water schemes. Those benefitting from the shelter intervention knew the estimated quantities they were supposed to receive. Majority of those who attended FGDs acknowledged that the project team together with the local communities came, assessed the damage, and costed the damage and they were told what to expect. There was not much variance between what they received and what they were promised, with majority claiming that they received exactly what they were promised.

It was encouraging to note that the affected people were able to contribute to the assessment and during project implementation. A greater percentage (92%, n=848) of those interviewed during the household survey reported that they were satisfied with the opportunity that they had to influence the response (Box 4). During the FGDs, they reported that they could also do some quality check and advise the builders during the construction or repair of their houses. This was against the background that these builders were paid on target (based on output) and would be rushing to work on the next house to maximize on earnings.

Slightly above half (53%) of those interviewed acknowledged that they knew about the project’s complaints or feedback mechanism (Box 4). It also took some bit of explanation for them to be able to recall knowing the complaints mechanism. FGD participants explained that the complaints mechanism included a help desk at every meeting or distribution point, suggestion boxes that were erected during the same meeting and at distribution points. Few were able to recall that there was also a toll-free number, but they were not able to say it out. Project staff acknowledged receiving complaints from rights holders, and these were entered into a complains register. From the FGDs, those who had used it reported that their complains were attended to. Participation of the Humanitarian Accountability Officer was reported to be minimum during the project implementation period.

Box 4: CHS Commitment 4 & 5

Commitments and the respective performance Indicators	Freq	%
4. Humanitarian response is based on communication, participation, and feedback - Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them.		
4.1 Were you aware of your rights and entitlements?	497	58.6%
4.2 Were you satisfied with the opportunities you had to influence the response?	779	91.9%
5. Complaints are welcomed and addressed - Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.		
5.1 Were you aware of complaints mechanisms established for use during the implementation of this project?	452	53.3%
5.2 Do you consider the complaints response mechanisms accessible?	392	46.2%
5.3 Do you consider the complaints response mechanisms effective?	370	43.6%
5.4 Do you consider the complaints response mechanisms confidential?	367	43.3%
5.5 Do you consider the complaints response mechanisms safe?	373	44.0%
5.6 Did you ever use the complaints mechanism?	140	16.5%
5.7 Was your case investigated within ACCEPTABLE time frame?	115	13.6%
5.8 Was your case resolved within ACCEPTABLE time frame?	110	13.0%
5.9 Was your case results fed back within ACCEPTABLE time frame?	111	13.1%

Source: EOP Field Data

Behaviors from the key WV staff and POs were also commendable as observed from the responses that were given by the FGD participants. A total of 96% (n=848) of the interviewed households acknowledged that the staff behavior was commendable (Box 5). Few complaints were made on the builders whom the community felt should have been trained before deployment in the field. It

is these few bad reports which upon further investigation would assist the project in identifying minor weaknesses within a well performing team. Quite few (42%, n=848) respondents reported knowing the humanitarian code of conduct and how to raise concerns about violations (Box 5).

There was an overwhelming response from the FGD participants that the deployed WV and PO staff were skilled enough to execute their tasks. About 95% (n=848) of the interviewed households reported that the staff they were working with were effective in terms of their knowledge and skills (Box 5). Names of some of the staff were mentioned and this was confirmation that they knew the people they were working with. Key Informant interview reports reviewed that inspections were routinely done by Council Peggars and Department of Public Works. They confirmed that results from these inspections showed that quality workmanship was being exhibited by majority of builders. Where there was need to redo the work, they advised the builders, and this resulted in having a good final product – a-built or repaired house. They only argued that the time they had for the builders’ training was short, as they sometimes conducted a day’s training. They were recommending a three-day training programme.

As earlier discussed, majority of the shelter and WASH beneficiaries knew their entitlements. Through the assessment of the damaged house, Bills of Quantities (BOQs) were produced and the beneficiaries were made aware of what they were supposed to receive. Even those benefitting from the rehabilitated springs and piped water schemes were aware of what was being provided for the rehabilitation or repair of their spring or piped water schemes. There was generally a high percentage of those interviewed (92%, n=848) who acknowledged that resources were being used for what they were intended and that there was no diversion of resources (Box 5). Distribution of the building materials was also done in a transparent way as reported by most FGD participants. It involved one signing forms confirming quantities of materials received.

Box 5: CHS Commitment 7, 8 & 9

Commitments and the respective performance Indicators	Freq	%
7. Humanitarian actors continuously learn and improve - Communities and people affected by crisis can expect delivery of improved assistance as organizations learn from experience and reflection.		
7.1 Were there any improvements to the assistance and protection you were receiving?	600	70.8%
8. Staff are supported to do their job effectively and are treated fairly and equitably - Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.		
8.1 Do you think that the staff that you were working with during the response/humanitarian action were effective in terms of their knowledge and skills?	807	95.2%
8.2 Do you think that the staff that you were working with during the response/humanitarian action had the right behaviors and attitudes?	813	95.9%
8.3 Were you aware of humanitarian codes of conduct and how to raise concerns about violations?	354	41.7%
9. Resources are managed and used responsibly for their intended purpose - Communities and people affected by crisis can expect that the organizations assisting them are managing resources effectively, efficiently, and ethically.		
9.1 Do you think that the available resources were being used for what they were intended?	783	92.3%
9.2 Do you think that the available resources were being used without diversion or wastage?	683	80.5%

Source: EOP Field Data

KEY FINDINGS

1. Participation of the Humanitarian Accountability Officer was minimum.
2. Complain mechanism not known by many, and not well utilized by the few who knew about it.
3. Because of time constraint, builders had a one-day training. The recommendation from the Council Peggars was to have a three-day training programme.

4.3 Relevance

Here, the EOP evaluation assessed whether the response was in line with local needs and priorities. Assessment of relevance of the Action therefore involved communities and people affected by crisis stating what they expected from WV and Partner organizations delivering humanitarian assistance. The post-cyclone scenario was characterized by lack of safe and dignified shelter, with some of the affected people staying with relatives or in temporary tents. Damaged and contaminated water supply systems as well as protection issues relating to disruption of channels for enjoyment of human rights, particularly children's rights, made this program truly relevant.

4.3.1 Shelter

There was an overwhelming response from the FGDs, where the participants complemented their response with clapping of hands, and this was mostly observed from the FGDs that were conducted with the shelter beneficiaries. Shelter rights holders had been greatly affected. They reported that their houses were not appropriate for habitation. They had broken windows, some with leaking or makeshift roofs, large cracks, very few of the houses had privacy and could not secure the household goods from theft. The project baseline report reveals that Cyclone Idai completely destroyed shelter at 12% of the vulnerable households studied. It partially damaged shelter for 27% of the households and slightly damaged shelter at 38% of the households. In total, shelter for 77% of the households studied was either damaged or destroyed by the cyclone.⁹

As discussed before, majority of these people had their livelihoods affected by Cyclone Idai and they were struggling to get enough income to feed the family as well as buy material to build back proper houses. A greater number of those who were assisted through the construction of new two roomed houses had nowhere to stay and they reported that they were living with relatives. Some reported that they were now living far away from their fields, which are their source of income. This was complemented with what came out of the household survey where 98% (n=507) of those interviewed reported now living in their own houses, built, or rehabilitated whilst some were yet to move in as the houses which were still being completed, mostly with final works. This was also cited as the reason why there was a drop (2%, n=507) of those still living with host families or relatives.

Table 8: Place of residence before and after the intervention

	Baseline (n=524)		EOP (n=507)	
	Frequency	%	Frequency	%
Own house (not hosted)	473	90.3	496	97.8
With host family	22	4.2	10	2.0
Public building	3	0.6	1	0.2
Rented house	24	4.6	0	0.0
In tents	2	0.4	0	0.0

Source: Baseline & EOP Field Data

The communities were not sure of how the current structures were resilient to future shocks as the Cyclone Idai had taken them by surprise, with its impact still vivid in majority of those who participated in the FGDs. Those who benefitted from the shelter component acknowledged that

⁹ See Baseline Study for 'Strengthening Vulnerable Communities Post Cyclone IDAI through integrated shelter, WASH and Protection in Chimanimani,' September 2019, page x.

the current structures were strong enough as they were built with right amounts of cement compared to their own structures, which were built of mortar without cement and in some instances with mixtures with inadequate amounts of cement. Even those whose structures were repaired and rehabilitated acknowledged that their structures were now much stronger and could provide them with improved protection from rain compared to their own destroyed structures. The community greatly appreciated the selection criteria, in which they were actively involved. One FGD participant who benefited from the shelter component exclaimed:

"... , this was the first time that we have seen a project selecting beneficiaries to participate in a project this way, where all would be consulted. Had they not done it this way, there were high chances that we were going to be left out. The method had slim chances of making exclusion and inclusion errors..."

As narrated by majority of the local community key informants and FGD participants, the communities were all involved in the selection criteria and this resulted in those deserving being selected to participate in the project. The community participated in the selection of those who really needed to be served first given the extent of damage and vulnerability. Joint verifications were done by W staff and the community leaders and members. The only complaint was on the set criteria, where only those with mortar and brick buildings were recognized as having been affected and this criterion left out those houses made of pole and dagga, yet these were the most vulnerable. Follow up KIIs revealed that the targeting and selection of shelter beneficiaries unintentionally led to 'exclusion' of those with pole and dagga structures. Complete rebuilds were targeted at those who previously had pole and dagga structures, while rehabilitation targeted those who already had brick and aluminum houses at the time of the cyclone.

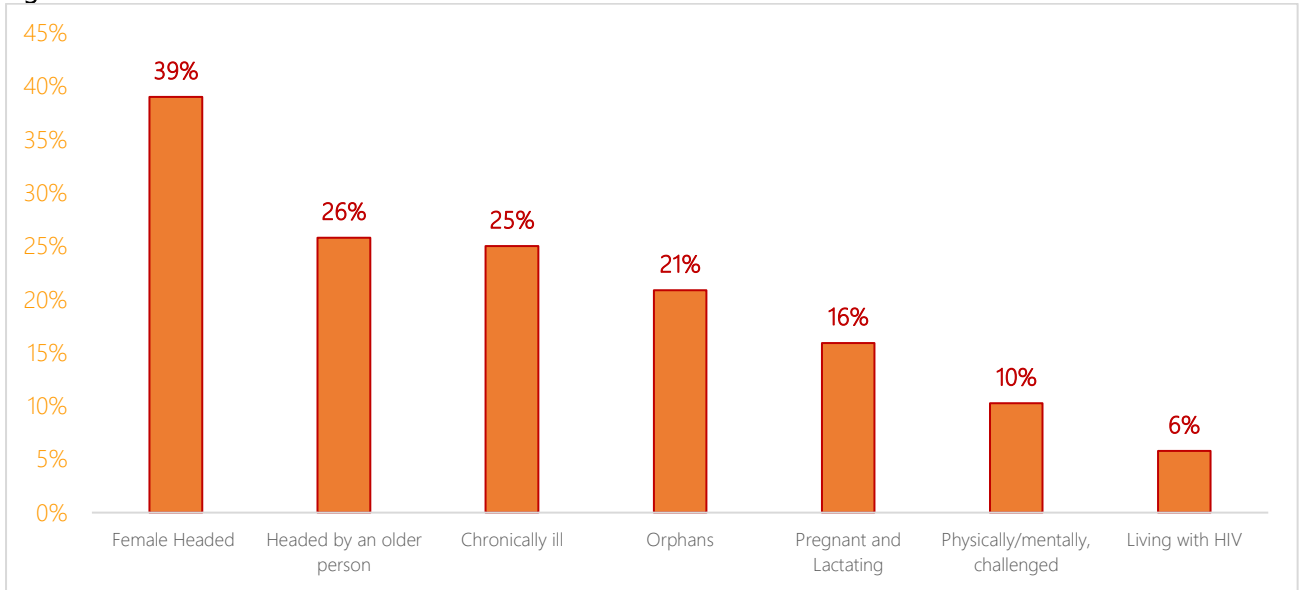
Findings from the household survey reveal that more households with vulnerable members were assisted by this Action. Majority (65%, n=848) of the interviewed households had at least one vulnerable member. The household was either headed by an older person¹⁰, female headed, child headed, had a chronically ill, orphan, pregnant or lactating, physically/mentally challenged person or a person living with HIV. About 39% (n=848) of the interviewed households were female headed, 26% (n=848) were headed by elderly (older) persons, 25% (n=848) had a chronically ill household member and 10% had a person living with a disability(Pic 3). This was also evidence that the project targeted the most vulnerable households.



Pic 3: A repaired household - The head of household is a person living with disability, from Ward 23, Chimanimani District.

¹⁰ "Older person" means a citizen of Zimbabwe aged sixty-five years or above, who is ordinarily resident therein; Older Persons Act [Chapter 17:11]

Figure 4: Vulnerabilities within the interviewed households



Source: EOP Field Data

There were several respondents who were willing to give testimonials on how the project greatly assisted them. [Beauty Tafengenyasha](#), aged 36 years, of ward 8, in Chimanimani, is one such respondent who consented to giving a testimony and that her story be used in this report. She is literally the head of household, given that her husband is mentally challenged and the house which they had built from their savings was destroyed. She had no hope that she was ever going to retain her dignity given the circumstances she was now living in. The coming of this project resulted in her house being repaired by building one of the destroyed rooms. Her privacy and dignity was restored and she is now living a happy life ([See Annex 1](#) for the full testimonial).

Pic 4: A house that was extensively damaged and repaired



4.3.2 WASH

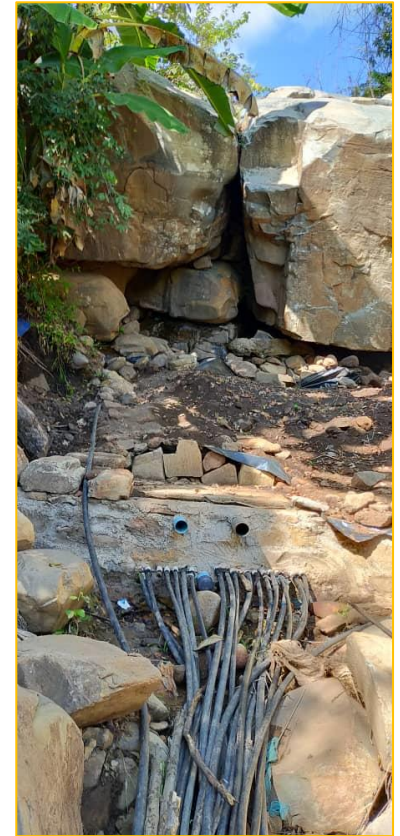
'Water is life!' was a clear response from those who benefited from the rehabilitated water schemes and springs. Cyclone Idai, destroyed the water reticulation system, and those affected were now relying on sources either far away or not suitable for human consumption. According to the Chimanimani District Environmental Officer, results from the water samples from majority of the destroyed sources showed that the water was not satisfactory for human consumption. Some springs were yielding water that was clean before the Cyclone Disaster but because of damaged pipes, water was being contaminated along the reticulation system as the pipes or channels were destroyed. Thus, the water coverage was reduced. The project's water supply component was therefore most welcome to the affected communities.

Those benefitting from the rehabilitated springs and water schemes hailed the engineering designs of the newly installed piped water schemes which avoided those areas that could easily succumb to heavy rains. The springs had stones and an impervious layer with a black polyethene paper which would prevent soil from falling into the spring outlets/eye - "*nyatso*". They were confident that this would last under a normal and above normal storm, but they were still reserved on how such engineering designs would survive the impact of Cyclone Idai where boulders were swept across and above springs.

The new engineering designs had a 'spring box' that collected water and then redistribute to consumers via inserted pipes. This 'spring box' supplied water with enough pressure to reach majority of the household benefitting from the spring. The new engineering design allowed connection of more water pipes, thus there was an increase in the number of households that were now having water delivered by tapes into their yards. This reduced the distance to water source and time taken by household collecting water for household use and consumption. Thus, they were now able to spend more time on other developmental issues like gardening using the same delivered water. The newly installed pipes for the piped water schemes had no leaks and hence enabled the delivery of more water to the distribution points.

4.3.3 Protection and Psychosocial Support (PSS)

Key informant interviews with the Child Friendly Spaces (CFS) animators revealed that majority of children in the affected communities were psychologically affected by so many factors around the Cyclone incident and its aftermath. These included being orphaned by Cyclone Idai, living at relatives' places, living in tents and in destroyed houses and some in buildings they also feared would collapse again in the next rainy season. There was no entertainment at their homes as TVs and Radios were swiped by Cyclone Idai. The CFS offered them time to play with other children, some in the same situation as theirs. They now had time to relax and sometimes share their thoughts and minds, as part of diversionary therapy to avoid focusing their minds on recurring memories of the trauma and hardships they suffered. Girls were taught about Sexual and Reproductive Health Rights (SRHR), including menstrual hygiene.



Pic 5: Protected spring in Ndimba Village, Ward 23, Chimanimani District.

The District Social Development (DSD) Officer for Chimanimani reported that such a service was first of its kind in other areas of Chimanimani District. It triggered reporting of more hidden cases, even those that had happened before Cyclone Idai disaster.



Above: A CFS located at Saziya, Chimanimani District. Standing in front is Isaac Bvumbi, the CFS facilitator, who was also a key informant during this survey

Left: A CFS located and Hode Primary School, Ward 21, in Chimanimani District. Standing in front is Kelvin Thlombe one of the CFS facilitator, who was also a key informant during this survey

Informants in Chipinge revealed that their proximity to the border with Mozambique created intermarriages and, in most cases, the foreign woman is married to a local, and she does not have a birth certificate and/or national ID. This results in difficulty obtaining birth certificates for their children. Having no birth certificates affected the education of majority of children in Chipinge even before Cyclone Idai. Cyclone Idai disaster compounded the problem as it swept away these important documents for most families. The protection intervention was relevant in revealing some of these issues. Through the PSS, some of these cases were identified and some unearthed. The PSS supported those without important documents with money to travel to Chipinge town to have their documents processed.

As reported by one CFS animator, the change in children's mood was noticeable during the short time that they managed to conduct some sessions with them at the CFS centres. Those benefitting from PSS also pointed out the usefulness of the intervention in diverting attention away from the negative and traumatic thoughts about the cyclone. In relation to this, a nine-year-old Grade 3 boy taking part in a children's FGD in Chipinge observed:

“Minda yatanga tanyatsokufira yakaenda” (Fields that we had worked hard on were swept away by the storm)

One could observe that such recurring thoughts of loss amongst the children were strong. Psychosocial support was therefore relevant in keeping their minds free from reliving the trauma they suffered during disaster. A village head in Rusitu also made the same observation. He went on to recount how the flood took away topsoil, with the resultant negative effect on agricultural productivity. He concluded by saying:

“Kwaa kutode ku impruvhe ivhu nokuti vanhu vemuno vanopona nekurima”.
(There is imperative to improve soil [productivity] because the people in this area survive on farming).

Findings from KIIs indicated that the CFS service provision can be improved through inviting the local elderly people to come and do some storytelling to the kids. This, as suggested by the key informants, has the potential to make the CFS sessions more exciting and increases the community participation and ownership of the intervention.

Even though it has been observed that children were taking part in CFS, attendance by older children (in the 14 to 17 year age group) was low because there was not much age-relevant activities to attract them and retain their interest. They are said to have come mostly for soccer and netball. In addition, KIIs also revealed that older boys were finding it challenging to open to the female CFS facilitators, especially on SRHR issues. These CFSs were few and only reached those who lived nearby. One other weakness noted by the CFS facilitators was the unavailability of resources for those kids living with disabilities. This included braille for the blind and wheelchairs.

KEY FINDINGS

1. The CFS centers were few and this resulted in mostly those households close by benefitting. The vulnerable who stay in the ward’s periphery where the terrain was bad were left out.
2. No facilities for those living with disabilities, for example, brails and wheelchairs. No training of facilitators to manage children with disability.

4.4 Effectiveness and Coverage

As instructed in ToR, this EOP measured the extent to which the project activities achieved their purpose or whether this could be expected based on the outputs. Overall, the evaluated Shelter, WASH and Protection Response action’s goal was to provide safe and dignified shelter, reduce WASH related vulnerabilities and enhance psychosocial support to vulnerable households affected by Cyclone Idai in Chipinge and Chimanimani. According to the logic of the intervention, the conceptualised theory of change, the project is supposed to support early recovery of households affected by Cyclone Idai in Chimanimani and Chipinge Districts through provision of safe and dignified shelter in secure settlements, enhanced WASH services, and protection and psychosocial support services.

4.4.1 Shelter

Result 1: Households show improved physical access and safety through safe housing structures resistant to future disasters.

Indicator: Percent (%) of target population living in safe and dignified shelters in secure settlements. This indicator was measured using the average percent (%) of the following indicators:

1. Population considering that their basic shelter needs are met in a timely manner
2. Population considering their settlements to be secure

A total of 200 new two housing units were constructed and 800 were repaired. The 800 households' units were further divided into minor and extensive repairs. There was generally a delay in the start of field work as changes were being made to the original design.

Population Considering their basic shelter needs are met

There was a marked increase (of 16.5%) in those who considered their built or rehabilitated shelter to be adequate and able to protect them from extreme weather, sunlight, fire, had privacy and now had personal security, security of their belongings and was a dignified house (Table 9). Majority (91%, n=507) of the households considered that the shelter intervention met their basic shelter needs. Important observation was that 91% (n=507) of the interviewed households reported that their rehabilitated, repaired, or constructed houses had enhanced personal security and security of their belongings. The repaired, rehabilitated, or constructed housing unit was considered dignified (81%, n=507). This was consistent with the SPHERE shelter and settlement standard 1, which states that the shelter intervention should contribute to safety and well-being of affected people and promote recovery.

Table 9: Shelter evaluation at baseline and EOP

Basic Shelter needs	Baseline (n=462)		EOP (n=502)		% Increase
	Freq	%	Freq	%	
Protection from extreme weather	303	65.6%	454	90.4%	+24.9%
Protection from direct sunlight	397	85.9%	485	96.6%	+10.7%
Protection from fire	370	80.1%	466	92.8%	+12.7%
Personal security & security of belongings	304	65.8%	458	91.2%	+25.4%
Privacy	353	76.4%	481	95.8%	+19.4%
Shelter is dignified	347	75.1%	407	81.1%	+6.0%
Overall Assessment (mean of scores)		74.8%		91.3%	+16.5%

Source: Baseline and EOP Field Data

The Department of Public Works, and Council Peggars were involved in the initial works. This included doing the site inspection, building inspection and inspection of completed works to make sure the final structures had the minimum acceptable standards. There was confirmation from the local Council engineers that the structures were standard and could withstand future disasters.

Population considering their settlements to be secure

All the households (n=507) were built in legal communal areas. Community leaders were consulted before relocating a benefitting household to a new site. Confirmation on whether the house would be repaired, rehabilitated, and located on a communal legal location was done with the community

leaders before supporting the benefitting household with the building materials. This was in line with the SPHERE standards provision that regardless of the form of support provided, it is important to always respect existing community structures and promote social cohesion. This was also consistent with SPHERE standard 2 which spelt that the shelter and settlements should be in safe and secure areas that offer access to basic services, livelihoods, and opportunities to connect to broader network. Other factors that are usually considered when considering how secure a settlement is, remained unchanged (Table 10). There were also factors that are beyond and not within the scope of the project. Findings from the FGDs reveal that these factors were always like that before the shelter intervention and that where the people are located are secure settlements despite being a considerable distance from the police post. Most importantly, most (98%) of the benefitting households were located close to other people (Table 10).

Table 10: Other factors that are considered for a secure settlement

Other factor considered when evaluating how secure a settlement is	Frequency	n=507
• Physical closeness to other people	495	97.6%
• Availability of local community level security arrangements,	349	68.8%
• Closeness to Police camp/post	136	26.8%
• Solidarity amongst survivors of the cyclone	320	63.1%
• Presence of strong local leadership	354	69.8%
• No and/or Low level of criminal activities	343	67.7%
• Allows for privacy,	266	52.5%
• Other (Specify)	5	1.0%

Source: Baseline and EOP Field Data

Decision:

It can be safely considered that 91% of the interviewed households considered the shelter intervention as meeting their basic needs and 98% considered their settlements to be secure. Therefore 95% (n=507) of the target population reported living in safe and dignified shelters in secure settlements. This is above the project target of 80%.

KEY FINDINGS

1. 95% (n=507) of the interviewed households reported living in safe and dignified shelters in secure settlements
2. Local suppliers of materials could not supply enough and quality building material. The project had to resort to purchasing the materials from renowned suppliers in Harare. This also delayed the start and completion of some housing units.
3. Some of the materials assumed to be found locally, were not readily available. This included river sand and bricks and in some areas pit sand. These materials had to be imported from other areas to the respective households in need.

4.4.2 WASH

Result 2: Enhanced access to safe water and improved sanitation and hygiene behaviors

Indicator: Percent (%) of target population with adequate WASH service and hygiene practices. This indicator measures the average percent (%) of the following two indicators:

1. Percent (%) of population considering that their basic WASH needs are met
2. Percent (%) of population with adequate practices (according to SPHERE standards on appropriate use and regular maintenance of facilities and on hand washing)

The WASH intervention was implemented in Wards 16, 22 and 23 of Chimanimani District. The SPHERE minimum standards were used to assess the right to access water and sanitation of the affected households and communities.

To enhance access to safe water and improved sanitation and hygiene behaviors, the project intervention offered both hardware and software WASH services. The software component included the Community Led Action (CLA) approach, which in this programme was used to encourage the community itself to take responsibility and develop action plans that support HHs to adopt safe hygiene and sanitation behaviors. As reported by some key informants, CLA provided the affected people with the opportunity to have more control over the WASH response and its impact on them. Also enshrined in this CLA software component was hygiene promotion that supported water safety through Point of Use Water Treatment (PoUWT), household solid waste management, excreta disposal, and hand washing behaviors, as part of community actions contributing to the reduction of the risk of WASH related communicable diseases. The hardware component included the rehabilitation of 183 springs, rehabilitation, and establishment of seven (7) piped water schemes and the rehabilitation of two (2) boreholes, with the aim of providing the communities with means to support the adoption of the hygiene behaviors that were advocated for by the programme.

Population considering their basic WASH needs are met

The project's WASH intervention included hardware component on rehabilitation of springs, piped water schemes and boreholes, whilst the software component was focused on water safety, household solid waste management, excreta disposal, and hand washing behaviors. The basic WASH needs considered for the evaluation included improvements in access to safe water supplies and the adoption of the above hygiene practices. The EOP evaluation assessed the access to safe water using the SPHERE standards.

Water Source

There was an improvement (of +32%) in those who were accessing improved water sources¹¹ for drinking from 60% at baseline to 92% at EOP evaluation. This was attributed to the repair/rehabilitation of the springs, piped water schemes and boreholes. Consequently, there was a corresponding decrease in those that were still using unimproved water sources for drinking. Notable was the +35% increase in those accessing protected spring water. The increase in the proportion of the population with access to improved drinking water sources may be a key factor

¹¹ **Improved sources of drinking water** Include piped water, public taps, standpipes, tube wells, boreholes, protected dug wells and springs, and rainwater. Because the quality of bottled water is not known, households using bottled water for drinking are classified as using an improved source only if their water source for cooking and handwashing are from an improved source (DHS 2015).

contributing to the decrease in the percentage of households practicing PoUWT, as the improved water systems may be viewed as providing safe drinking water. Despite these successes, some households in Chimanimani could not afford to buy pipes to connect from the spring to their homes.

Table 11: Main water source - for consumption

Main Water Source	Baseline (n=354)		EOP (n=227)		% Change
	Freq	%	Freq	%	
Piped water into compound	68	19.2%	71	31.3%	
Piped water to public tap	8	2.3%	21	9.3%	
Borehole	70	19.8%	2	0.9%	
Protected well	22	6.2%	7	3.1%	
Protected spring	45	12.7%	108	47.6%	+34.9%
Improved water sources	213	60.2%	209	92.1%	+31.9%
Unprotected well	25	7.1%	3	1.3%	
Unprotected spring	91	25.7%	14	6.2%	
Surface water: Dam/river/stream	25	7.1%	1	0.4%	
Unimproved water sources	141	39.8%	18	7.9%	-31.9%

Source: Baseline and EOP Field Data

Distance to an improved water source and queuing time

For those accessing water from improved sources, there was an improvement (of +15%) in the number of households that reported now accessing water at a distance which is less than 500 meters (SPHERE standard). There was also noticeable increase of +9% of those now queuing at a water source for less than 30 minutes (SPHERE standard) (Table 12).

Table 12: Distance at water source, queuing time at water source

	Baseline (n=213)		EOP (n=209)		% Change
	Freq	%	Freq	%	
Distance from any household to the nearest water point (<500 meters)	144	67.6	173	82.8	+15.2%
Queuing time at water sources (<30 minutes)	192	90.1	209	100	+9.9%

Source: Baseline and EOP Field Data

A small proportion (25%, n=227) of the interviewed households indicated that they were treating their water. Majority (66%, n=59) of those who reported treating water were treating it by adding chlorine tablets, powder or in liquid form. A sizeable proportion (29%, n=59) reported that they were boiling the water whilst a small proportion (5%, n=59) were using the filtering method. From the FGDs, it was established that treating water has not been popular in Chimanimani as they were used to getting naturally clean water from the springs. Only the current destruction of these springs by the cyclone had exposed them to unimproved water sources.

Decision:

92% of the interviewed households were accessing improved water sources, and 82% of those accessing improved water sources were getting their water from water points that were less than 500 meters from their homesteads and all of them were now spending less than 30 mins on queues

for fetching water. The practice of PoUWT amongst the target population went down by 47%, from 72% to 25%. Overall, 91% consider their basic Water supply needs to have been met.

WASH Practices

The key, selected WASH practices that were considered include PoUWT, hand washing at all critical times, household solid waste management, having a pot rack at home, and excreta disposal, presence of a household latrine. A comparison with the baseline findings, there was a negative change on four key WASH practices, that is, PoUWT, having a pot rack at home, a rubbish pit and presence of a hand washing facility at home. There was a positive change (2.3%) in presence of a toilet at the household level (Table 13).

Table 13: Selected WASH Practices

WASH Practice	Baseline (n=353)		EOP (n=232)		% Change
	Freq	%	Freq	%	
Point of Use Water Treatment (PoUWT)	254	72%	227	25%	-47%
Have a pot rack at homestead	270	76.5	156	67%	-9.2
Have a rubbish pit/ bin at the homestead	242	68.6	113	48.7	-19.8
Have a toilet at the homestead	303	85.6	204	87.9	+2.3
Have handwashing facility at homestead	93	26.3	45	19.4	-22.6

Source: Baseline and EOP Field Data

PoUWT was mainly done during emergency phase, post cyclone, where organizations were providing aqua tabs to communities. During the time of the endline evaluation, no aqua tabs were being given to these communities, hence the reduction in the number/proportion of those who reported still treating water before use. Slightly less than half (49%, n=232) of the interviewed households had rubbish pits and majority of those who reported having rubbish pits had pits which were not of appropriate size (Table 13 above).

In majority of the cases there was no evidence of waste segregation, an important hygiene practice which is also environmentally friendly. Handwashing is considered an important practice. Hygiene promotion for the programme emphasized the improvement of hand washing practices as one of the key target behaviors. During baseline and EOP evaluation, respondents were asked about the critical times for handwashing. There was a marked increase in the number of those who indicated knowing all and some of the critical times when one should wash their hands (Table 14)

Table 14: Critical times for handwashing

	Baseline (n=352)		EOP (n=232)		% Change
	Freq	%	Freq	%	
After defecation	297	84.4%	190	81.9%	-2.5%
After cleaning a baby's bottom/changing nappies	71	20.2%	121	52.2%	+32.0%
Before eating	315	89.5%	219	94.4%	+4.9%
Before breast feeding/ giving baby food	54	15.3%	107	46.1%	+30.8%
Before handling/ preparing any food	240	68.2%	183	78.9%	+10.7%

Source: Baseline and EOP Field Data

The proportion of those who knew at least 3 of these critical times also increased, from 59% at baseline to 81% at EOP evaluation (Table 15). This can be attributed to the CLA/hygiene promotion that was conducted by GOAL in the target wards of Chimanimani District.

Table 15: Number of critical times for handwashing known by respondent

How many 'critical times' are known by respondent	Baseline (n=)		EOP (n=232)	
	Freq	%	Freq	%
0.00	3	0.8	0.0	0.0
1.00	16	4.5	0.7	3.0
2.00	128	36.1	37	15.9
3.00	146	41.1	75	32.3
4.00	43	12.1	51	22.0
5.00	19	5.4	62	26.7

Source: Baseline and EOP Field Data

Decision:

Considering that 25% practice PoUWT, 67% have pot racks, 49% have rubbish pits, 88% have toilets, 19% have handwashing facility at their homestead, and that at least 81% knew at least three critical times for handwashing, the EOP evaluation concludes that 55% (average of the 5 practices and knowledge on critical times for hand washing) of the population were practicing adequate hygiene practices. The evaluation was also based on SPHERE standards on the appropriate use and regular maintenance of facilities and on hand washing.

KEY FINDINGS

1. About 91% consider their basic Water supply needs to have been met.
2. About 55% (average of the 4 practices) of the population had adequate practices (according to SPHERE standards on appropriate use and regular maintenance of facilities and on hand washing).
3. Therefore 73% of target population had adequate WASH service and hygiene practices

4.4.3 PSS

Result 3: Enhanced access to psychosocial support services.

Indicator: Percentage (%) of boys and girls that access protection support services demonstrate improvement in psychosocial well-being. To measure this indicator, we considered three sub-indicators:

1. Proportion of persons reached by the implementation of PSS services
2. Proportion of participants showing an increased knowledge on the protection subjects in focus.
3. Proportion of persons with increased/appropriate information on relevant rights/entitlements.

The action supported ten community supported child friendly spaces (Table 16) and the training of child friendly spaces facilitators. Child Protection committees were set up within the target districts as part of strengthening community-based child protection structures. PSS trainings were conducted by the Department of Social Services, the District Social Development Officer (DSD). Community leaders from the affected wards were trained on PSS. As narrated by the Chimanimani District DSD, the project heavily relied on their expertise and advice. It was also a way by the project implementers to ensure that there is continuity after the project. The DSD also assisted with the profiling of children. As described by the CFS animators, through the CFSs they were able to use

games to entertain and psych up the children of the affected communities. Through the various community meetings that were held in the wards, duty bearers were trained on positive parenting, prevention of sexual exploitation and abuse. Most importantly this PSS intervention was aimed at improving access to confidential and appropriate protection and PSS services. A total of 2,196 children were reached with the CFS, with 1,064 in Chipinge and 1,132 in Chimanimani District.

Table 16: Total number of adolescents reached with CFS services

District	Ward	Location of CFS	Total Adolescents Reached		
			Males	Females	Total
Chimanimani	8	Nyanyadzi	16	19	35
	16	Saziya	84	55	139
	17	Muusha	148	154	302
	21	Hode	110	86	196
	22	Chikware	53	54	107
	23	Mutsvangwa	182	171	353
TOTAL			593	539	1,132
Chipinge	8	Mariragwe	130	170	300
	8	Junction Gate	25	103	128
	14	Chief Mapungwana	115	118	233
	14	Mbarambanda	203	200	403
TOTAL			473	591	1,064
GRAND TOTAL			1,066	1,130	2,196

Source: Self Reporting – Project Data

Demographics of children interviewed during EOP

Children aged between 10 to 17 years were interviewed, with the average age being 13 years. 59% (n=231) of the interviewed children were females whilst 41% (n=231) were males. Majority (96%, n=231) were in school and about 84.8% of them had birth certificates, an important document for a child.

Table 17: Children interviewed during the EOP Evaluation

District	Ward	Female		Male		Total	Have Birth Certificate	In School
		Freq	%	Freq	%			
Chimanimani	16	21	52.5%	19	47.5%	40	70.0%	97.5%
	21	14	73.7%	5	26.3%	19	100.0%	100.0%
	22	19	63.3%	11	36.7%	30	83.3%	96.7%
	23	10	52.6%	9	47.4%	19	84.2%	100.0%
	8	4	80.0%	1	20.0%	5	80.0%	40.0%
Chipinge	14	23	62.2%	14	37.8%	37	89.2%	89.2%
	8	45	55.6%	36	44.4%	81	87.7%	100.0%
TOTAL		136	58.9%	95	41.1%	231	84.8%	96.1%

Source: EOP Field Data

Proportion of persons reached by the implementation of the PSS services

As stated in the project proposal, the action (project) would provide PSS and protection to beneficiaries targeted under the Shelter and WASH components. During the EOP evaluation, anyone selected to be interviewed, who would have participated in either the shelter or the WASH

was also eligible to be interviewed for PSS issues. This applied to Chimanimani District, where PSS was integrated with the shelter and WASH component of the project. Of the 653 households interviewed in Chimanimani, 137 (21%) confirmed participating in the PSS intervention. Research Assistants reported that it was not easy to find a household that would have participated in the PSS component. With the assistance of the ward facilitators and CFS animators, they managed to reach and interview 137 households in Chimanimani and 192 in Chipinge District.

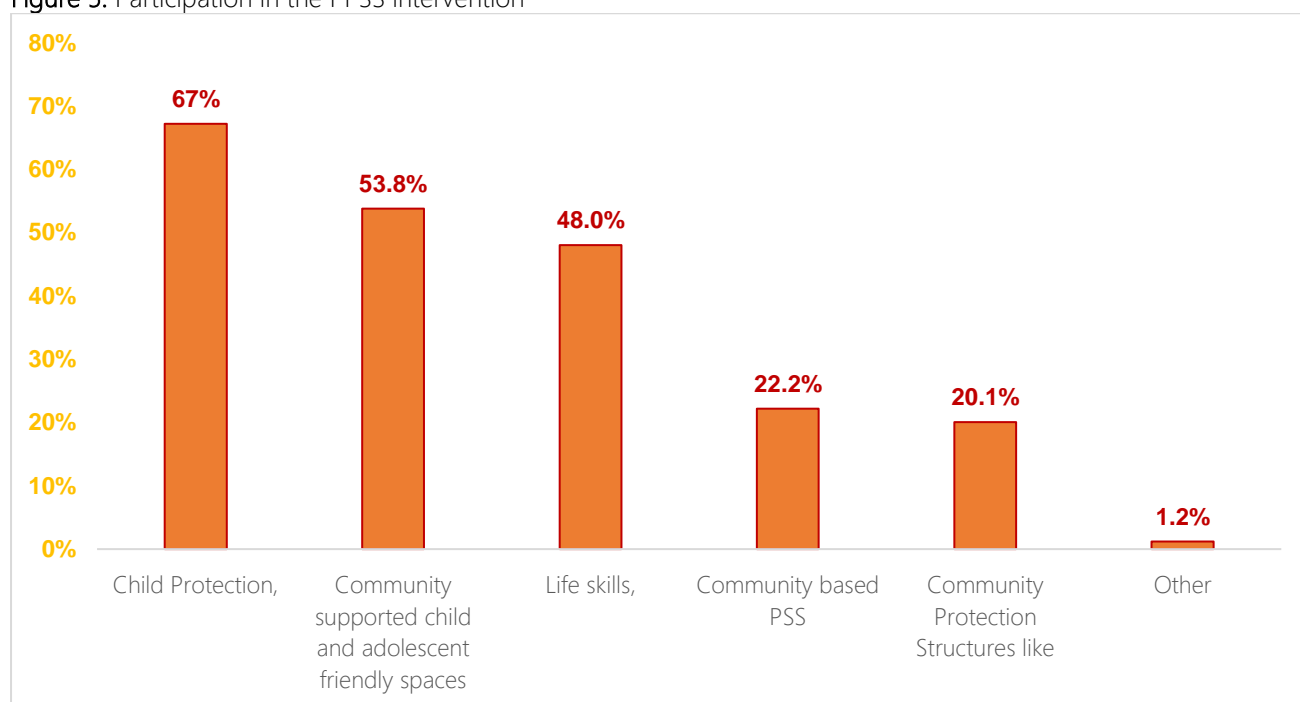
Table 18: HH reached and interviewed

		Female		Male		Total
		Freq	%	Freq	%	
Chimanimani	8	9	81.8%	2	18.2%	11
	16	20	45.5%	24	54.5%	44
	17	5	71.4%	2	28.6%	7
	21	21	75.0%	7	25.0%	28
	22	25	71.4%	10	28.6%	35
	23	6	50.0%	6	50.0%	12
Total		86	62.8%	51	37.2%	137
Chipinge	8	85	75.9%	27	24.1%	112
	14	67	83.8%	13	16.3%	80
Total		152	79.2%	40	20.8%	192
Grand Total		238	72.3%	91	27.7%	329

Source: EOP Field Data

From the 329 households interviewed, majority (67%, n=329) indicated that their household members participated in Child Protection sessions and 54% (n=329) indicated that their children accessed the CFS services. Slightly below half (48%, n=329), reported that their adolescent children participated in the life skills training (Figure 5).

Figure 5: Participation in the PPSS intervention

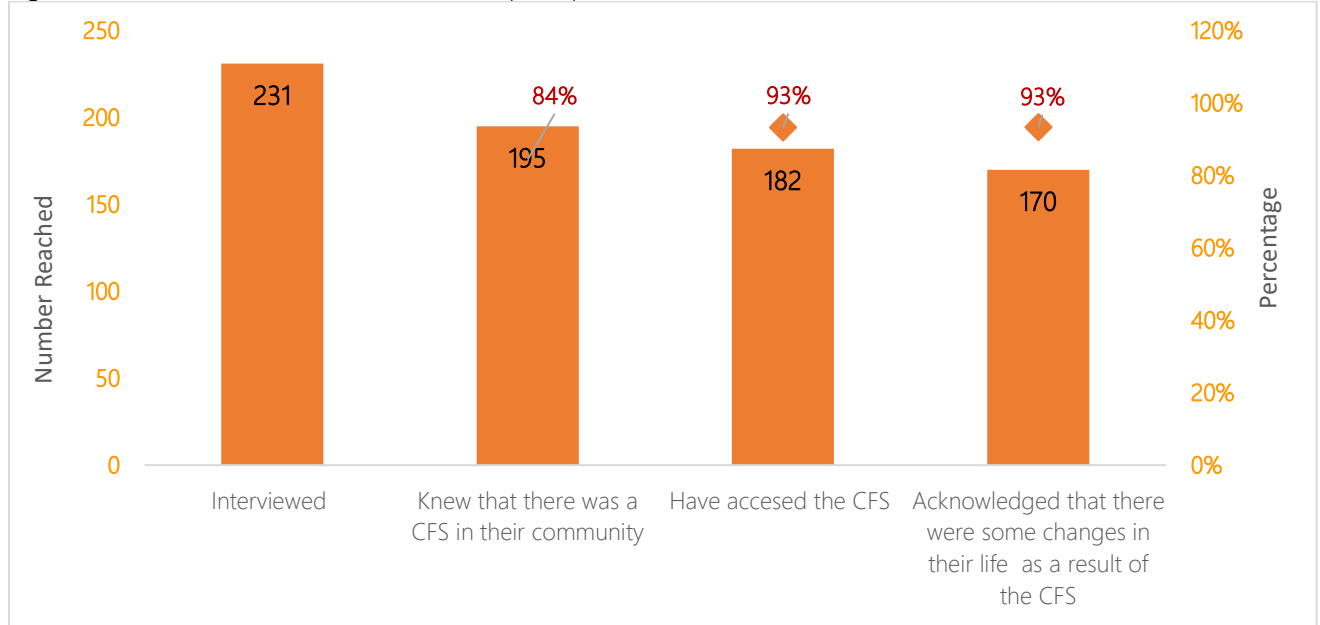


Source: EOP Field Data

Access to Child/Youth Friendly Spaces

84% (n=231) of the interviewed children knew of the existence of the CFSs, 93% (n=195) of them had accessed it and 93% (n=182) of those who have accessed the CFSs acknowledged that the CFSs had changed their lives.

Figure 6: Cascade: CFS Access, use and their perception of the CFS (usefulness)



Source: EOP Field Data

It can safely be concluded that 73% (n=231), knew about the existence of the CFSs, have accessed the CFSs services and have considered the services useful and that their lives have been changed as a result of the CFSs services. On the other hand, some informants in Chimanimani opined that CFS centers were too few per ward and should have been increased to particularly allow younger children to walk shorter distances to receive services. In addition to the mountainous terrain of the area, it was difficult for children living with disabilities to also participate.

Knowledge

The premise of this component is that those who have knowledge on the various or common abuses in the community will be able to identify or report on them. About 94% (n=329) of children interviewed acknowledged that they had heard the term child abuse before. This is almost the same proportion of children who also acknowledged that they had heard the term child abuse before, during the baseline study. Thus, the term was not new to majority of the children interviewed both at baseline and at EOP evaluation. The proportion of children who knew the four most common forms of abuse increased with +12%, from 48% (n=172) at baseline to 60% (n=329) at EOP evaluation time. The most notable increase was for those who were now aware of the ‘emotional abuse’, which increased by +21% (Table 19).

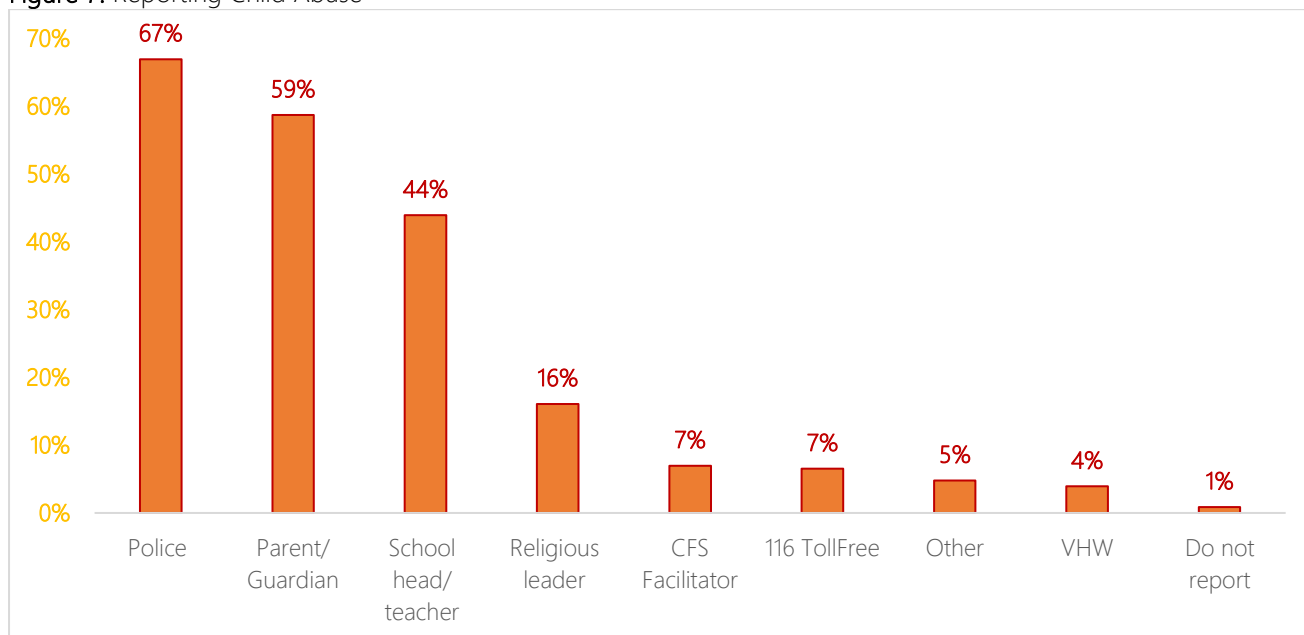
Table 19: Children with knowledge on the most common forms of child abuse

	Baseline (n=172)	EOP (n=329)	% change
Physical abuse	66%	75.1%	+9.1%
Emotional Abuse	33%	53.5%	+20.5%
Sexual abuse	67%	83.9%	+16.9%
Neglect	25%	27.2%	+2.2%
Overall (Average)	48%	60%	+12.2%

Source: Baseline Data & EOP Field Data

Majority of the children are aware that, in the event of child abuse, they will report if they identify any cases of child abuse (Figure 7).

Figure 7: Reporting Child Abuse



Source: EOP Field Data

When asked how they would report child abuse, 67% (n=231) indicated that they would approach the police, and 58% (n=231) reported that they would report the issue to parents and guardians. Some indicated that they would report to the village health workers, CFS facilitator or elderly person within the community (Figure 7 above). Some KII participants pointed out the issue of local social and political dynamics in reporting and use of the protection referral system, especially on the part of local leadership. It was revealed that if a local person follows up on a protection case, especially involving child abuse, they can be ostracized and be estranged by the concerned family or families. There was a feeling by some KII participants that people from outside, instead of locals, would better handle some of the sensitive cases.

Attitude

Overall, 77% (n=231) of the interviewed children showed positive attitude towards the 5 evaluation questions that they were asked to respond to. Unfortunately, there is no data from baseline to compare with.

Table 20: Attitudes - Children

Attitudes	EOP (n=231)	
	Freq	%
If a child misbehaves, s/he should be beaten/ or pinched.	115	49.8
If a child misbehaves, s/he should be scolded, or shouted at.	164	71.0
Pulling the ears or hair of a child is a good way of making them learn to obey us	198	85.7
If I have a sister in the age range 13-17 years and the 'holy spirit' says my sister should immediately marry someone, I will allow that to happen.	227	98.3
There is nothing wrong if a parent ignores buying children nutritious food if s/he would like to use the money for other purposes	181	78.4
OVERALL (Average)		76.6

Source: EOP Field Data

Practices:

When asked about their opinion on a set of bad practices, majority (95%, n=231) of the children indicated low occurrence of such bad practices and these include: (Table 21).

Table 21: Practices – Children (n=231)

Bad Practices	Did not occur		Occurred	
	Freq	%	Freq	%
In the past 7 days, how many times were you ever beaten/ pinched, kicked to correct misbehavior?	218	94.4%	13	5.6%
In the past 7 days, how many times were you ever shouted at/ scolded for misbehavior?	195	84.4%	36	15.6%
In the past 7 days, how many times where you punished through denying you food?	231	100.0%	0	0.0%
In the past six months, how many girls (17 years or younger) who were in this household married?	227	98.3%	4	1.7%
In the past six months, how many boys (17 years or younger) who were in this household married?	229	99.1%	2	0.9%
Overall (Average)		95.2%		4.8%

Source: EOP Field Data

Effectiveness of the PSS and CFS services was also reported, especially on its ability to improve access to confidential and appropriate protection and PSS services. CFS facilitator of Nyanyadzi CFS, narrated a case study of a 16-year-old girl in Nyanyadzi, Ward 8 of Chimanimani (name of child withheld). This was a stepdaughter of a family of 6, who were now living in a one roomed house after their main house was destroyed by Cyclone Idai. The 16-year girl revealed an incident of sexual abuse was revealed by the 16-year girl when she was attending the CFS sessions. Investigations were conducted and the case was at the courts at the time of the EOP evaluation survey.

Although the CFS facilitators were enthusiastic and readily available to do their work, most of them still need to broaden and deepen their capacity to facilitate implementation of protection projects from rights-based, inclusive programming (inclusive of eliminating barriers, exclusion, inaccessibility ,etc.) angle, so that they are better equipped to manage disability and other conditions generating unintended exclusion.

KEY FINDINGS

1. 73% (n=231) of interviewed children knew about the existence of the CFSs, have accessed the CFSs services and have considered the services useful and that their lives have been changed because of the CFSs services
2. About 60% of the interviewed children knew at least 1 of the four common forms of child abuse within their communities (Physical, emotional, sexual and neglect).
3. 77% (n=231) of the interviewed children showed positive attitude towards the 5 evaluation questions that they were asked to respond to.
4. 95% of the interviewed children reported non-occurrence of bad practices within their households.

4.4.4 Summary of progress towards achieving the Project results

Table 22: Summary of project progress towards achieving results

Outcomes	Outcome indicators	Baseline Value	Target	EOP (Achieved)	% Change
Result: 1 Households show improved physical access and safety through safe housing structures resistant to future disasters	% of target population living in safe and dignified shelters in secure settlements	30% (n=523)	80%	95% (n=507)	+65%
Result: 2 Enhanced access to safe water and improved sanitation and hygiene behaviors	% of target population with adequate WASH services and hygiene practices	21% (n=354)	60%	73% (n=232)	+52%
Result: 3 Enhanced access to psychosocial support services	% of Children reached by the implementation of Psychosocial Support Activities at Child Friendly Spaces	18% ¹² (n=172)	70%	73% (n=329)	+55%

Source: Baseline and EOP Field Data

4.5 Efficiency

Here, EOP evaluation measured the qualitative and quantitative outputs achieved in relation to the inputs. This was done to check whether the most efficient approaches were used. The project was cost and time efficient in that the interventions were done in a short time. By also distributing materials instead of e-vouchers and mobile cash, the value of support per household was not eroded.

4.5.1 Was the project implemented as planned and within the expected time frame?

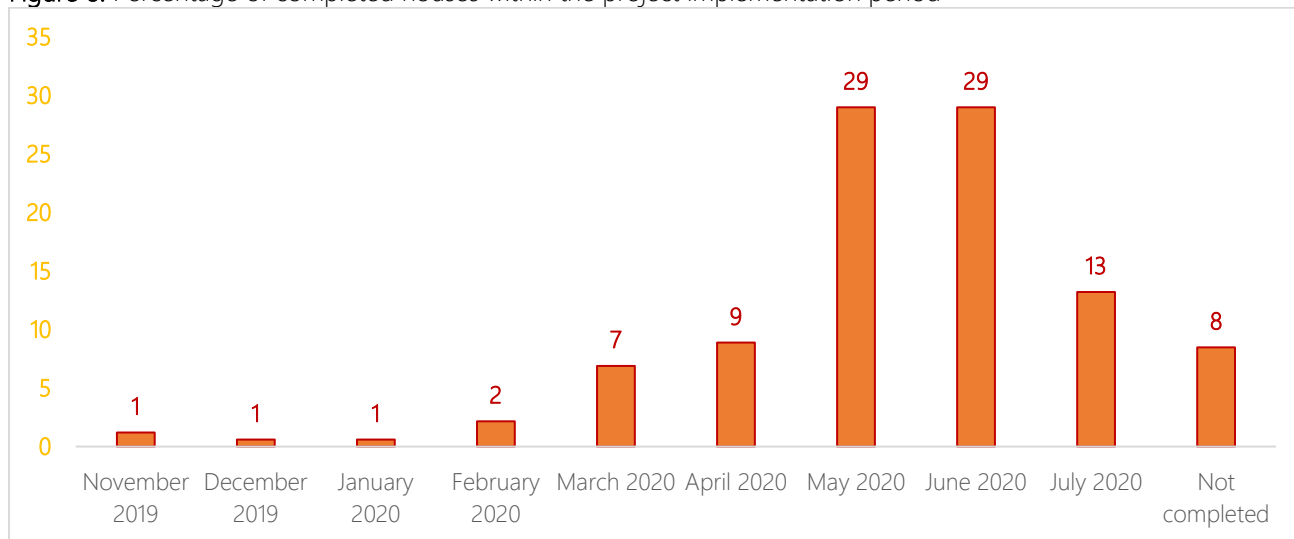
This was a humanitarian response project which was supposed to be implemented within 12 months, from the 1st of June 2019 to the 31st of July 2020. There was generally a delay in the start of field work due to late recruitment of some staff and changes made to the original design. Currency changes introduced by the government also affected project efficiency.

Shelter

Repair, rehabilitation, and construction of houses started in October 2019 and was supposed to end in July 2020 (Figure 8). Majority of the houses were completed in May-June 2020 and a significant number in July 2020. From the HH survey, 8% (n=507) reported that their houses were now being completed with the builders working on the finishing touches (Figure 8). There was generally a delay in the start of the project. This was due to several factors discussed above, chief among them being the change in design to make the project more effective and efficient.

¹² 32% of children studied confirmed that there were Child Friendly Spaces in their communities and only 55% of those who confirmed existence of Child Friendly Services in their communities had used services at these spaces.

Figure 8: Percentage of completed houses within the project implementation period



Source: Baseline and EOP Field Data

Initially, benefiting households were supposed to buy their own building materials using commodity vouchers and from local suppliers and through market fairs. The program realized that the market fairs were not going to work due to several reasons, one of them being that local suppliers did not have enough stock and they had sub-standard building materials. The project had to change this modality to purchasing from renowned suppliers and then distributing the materials to the benefiting households. This change delayed the start and completion of some housing units. However, even though there was delay, this change of modality is a demonstration of the program’s flexibility and capacity to adapt to changing circumstances on the ground, resulting in non-deviation from meeting program objectives.

Sand which was expected to be found locally was swept away during by the Cyclone Idai. The project had to buy sand and import it into Chimanimani. The benefiting households were supposed to mold their own bricks, but they were incapacitated to the extent that they could not finance brick molding, and some were the elderly and could not mold bricks on their own. The project had to buy bricks and supply to these households.

KIs revealed that the Procurement Department personnel needed to have been involved during the inception phase, just to make them aware of what to expect, so that they could prepare themselves for the urgent procurements that were needed. The procurement process per se was not cited as a factor in the delay of the supply of the building materials, but the delay in the preparation and submission of purchase requisitions.

KIs with program staff revealed that construction also started towards the rain season and this slowed the process. In addition, there was a lot of time put into the planning process (about three months), followed by mobilization of community, beneficiary registration, damage assessment and procurement. To enhance efficiency against such background, the program put in place an accelerated implementation plan to cover up for time taken in assessments and planning. As a way of enhancing quality of action, there was back and forth liaison for technical support with the GOAL Global WASH Advisor. Training of builders (148 out of target of 100) and some assistants was a critical step in enhancing efficiency in the shelter sector. These range of strategies managed to accelerate the construction rate to the extent that the builders ended up averaging 70 completed houses in a week. At one point they even completed 100 units. The cash-for-work

component also served as a livelihood provisioning mechanism for the local builders, who had also been affected by the cyclone.

Another instance of demonstration of good practice planning and adaptation by the program in the shelter component relates to the cost of a standard two-roomed rebuild house, which cost US\$982 at budgeting stage. However, upon operationalization of this into a model house on the ground in Nyanyadzi to a cost of US\$1 785, the program had to change the design and specifications to a standard unit cost of US\$1 100. All this was done in close collaboration with the Department of Public Works within the Ministry of Local Government.

Incorporation of cultural practices also contributed towards cost-efficiency in the construction of houses, where use of stone foundations, a local cultural practice, also contributed towards further cutting of costs for the housing units. Upon realizing that Public Works employees were overwhelmed in terms of construction technical guidance, monitoring and inspection, the project hired 11 ward-based shelter monitors to assist in these processes. Initially, the project had one shelter field officer for the entire 6 wards, and this compromised on quality. This was rectified through hiring of another shelter officer, so that they each became responsible for 3 wards.

Some shelter beneficiaries in Mheuka Village, Chimanimani, revealed that building material was not delivered straight to the beneficiaries' houses but at some central place in the ward. They then had to organize their own transport to carry the material to their homesteads. This tended to contribute to the delay in construction, as well as increasing costs of construction borne by the beneficiary households. Notwithstanding, the fact that builders and WV staff made joint assessments of damaged houses enabled procurement and delivery of material based on needs identified during assessments. Use of able-bodied people through the work voucher system for constructing houses for the elderly who could not afford to build on their own contributed towards program efficiency.

Some households would not start building after they had been given building materials and work was not starting and progressing as expected. The project had to introduce Shelter Monitors who worked tirelessly supervising the works and monitoring proper use of distributed materials. This also worked well in guarding against diversion of resources.

WASH

Major rehabilitation works for the piped water schemes were completed in July 2020, and some of the work was completed during the time of this EOP evaluation field survey. The challenges faced by the WASH implementers were almost the same as those for the shelter component. Materials were reported to have arrived late in the respective wards and sites where the rehabilitation works were taking place. GOAL subcontracted the rehabilitation of piped water schemes to private engineering companies that had the requisite equipment to do the work. However, when interviewed, the contracted companies cited delay in materials as the major challenge. Spring protection was done, by trained local builders (trained by GOAL and MOH), was conducted between January and June 2020. In Chimanimani, KII participants revealed that some trenches that had been dug in the initial stages of the WASH interventions got covered by topsoil and had to be re-dug because of delays in commencement of interventions. The following actions were implemented by the WASH implementing partners to help in strengthening programme efficiency:

- Follow ups were conducted, field support visits done, weekly meetings were held with the team to review progress and plan activities.

- Weekly reports, monthly reports and interim reports were submitted and feedback on reports was always received.
- Extended cost on the WASH designer coming on board to ensure quality, hence provision of lasting systems.

PSS

PSS activities were disrupted by the COVID-19 epidemic after they had been in operation from the beginning of the project period. Since then, and up to the closure of the project, no activities were taking place because of COVID-19 prevention and containment measures of lockdown and restriction of movement. Findings from interviews with the CFS animators reveal that they were yet to complete their planned sessions when COVID-19 struck. The CFS tents and other equipment that were being used by the children were handed over to schools. This was done with the understanding that the same children will have to access the CFS services from these schools when the COVID-19 lockdown and movement restrictions are lifted. CFS facilitators pointed out the high level of support they received from parents and guardians through their commitment in sending their children to attend the PSS sessions. Discussions with KIIs revealed that there were not enough Child Care Workers (CCWs) on the ground. The CFS facilitators were initially volunteers, before they started receiving allowances from the program. Some sentiments were expressed in Chipinge showing lack of harmonization of work between CCWs and CFS facilitators.

For the short period that the CFS sessions were conducted, a total of 2,196 children were reached with the CFS services, with 1,064 in Chipinge and 1,132 in Chimanimani District. Limiting factor was their coverage, which could have been better had there been more CFS centres and had there been some located in the ward peripheries.

4.5.2 Layering of interventions

WV, GOAL, and Plan International envisaged this Action as an essential part of a comprehensive response to Cyclone Idai where each organization was supposed to actively participate. This Action, according to the project proposal, was meant to meet the shelter and WASH needs of vulnerable households while also providing protection and psychosocial support. Even the selection of wards was based on the complementary pairing of interventions and highest needs¹³. Given these submissions, there was supposed to be a higher percentage of direct beneficiaries (rights holders for shelter and WASH interventions) reporting having participated in the PPSS intervention in all the 8 wards. Similarly, where the three interventions were implemented, there was also supposed to be high reports of direct beneficiaries who would have participated in the three key interventions.

The efficiency criteria also sought to assess how the project efficiently integrated the three interventions. According to the proposal, PSS services were supposed to be offered to the Shelter and WASH rights holders, but this was not always the case, as reviewed from the household survey results, KIIs and FGDs findings. Almost half (49%, n=512) of those who were eligible to participate in both shelter and WASH reported that they participated in the two interventions and only 23% (n=288) of those who were eligible to participate in the three interventions, reported doing so (Table 23).

¹³ Project Document, pg 7

Table 23: Integration and Layering of interventions

District	Ward	EOP	Intervention			Participated in			
			Shelter	WASH	PPS	Shelter & PPS		All 3 Interventions	
Chimanimani	8	79	74		11	10	14%		
	16	38	138	47	44	69	50%	30	22%
	17	107	38		7	8	21%		
	21	173	107		28	76	71%	28	30%
	22	118	93	114	35	72	77%	8	14%
	23	80	57	71	12	13	23%		
TOTAL		848	507	232	329	248	49%	66	23%

Source: EOP Field Data

Due to late start of field work, Project officers at district level were under pressure to meet targets and this resulted in them overlooking important coordination activities like holding monthly meetings to share progress, challenges and how they were integrating their interventions. Results from the KIIs with implementation staff and other key community members indicated that few meetings were held by the three implementing partners at district level to share progress and experiences. Progress was shared using monthly reports. This influenced the adoption of key practices especially for those who would have participated in the Shelter Construction intervention. At those houses that missed the WASH and PSS services, good WASH practices were not observed. The project should have taken the integration to include providing a continuum of services to its primary key beneficiary, those who participated in the Shelter intervention.

A good example is the [Emmah Marwa homestead](#), where a functional handwashing facility and a proper pot rack were observed. The household also had a rubbish pit, though it was not of appropriate size and no waste separation was done. Nonetheless, the homestead exhibited signs of household recovery from the effects of Cyclone Idai. The household was within a secure settlement, provided security to both the household members and their belongings and had privacy and dignity. Proper sanitation facilities were in place and functional showing that they were being utilized.

Model Homestead – Showing results of Intervention Integration

Emmah Marwa Homestead in Zayawe Village, Ward 16, Chimanimani District. A divorcee, aged 65 years with a family of 5



Repaired house



An appropriate pot rack, with shelves for putting plates when washing them and the upper one for drying plates. The proper hygiene practice is to have places waiting to be washed on the first shelf.



One rubbish pit – they have difficulties in digging out proper rubbish pits as the area is rocky. No waste separation observed.



Functional handwashing facility: located at the way to the toilet.

4.6 Connectedness

This section was on how the project activities were carried out in a manner that considered longer term problems and interconnectedness into account. Through the KIs, the EOP evaluation assessed the link between the emergency response and recovery. It was established from the key informants that this action under review is a continuation of the WASH and shelter interventions which both WV and GOAL were initially undertaking during the emergency response phase. The current action was therefore intended to assist affected households to move from the emergency context to early recovery.

4.6.1 Shelter

GOAL Zimbabwe was involved in the distribution of shelter NFIs to cyclone affected communities in Wards 16, 22 and 23 of Chimanimani District during the cyclone emergency phase. World Vision has been providing similar shelter NFI packages to Cyclone affected communities in Ward 17 of Chimanimani District. Through this Action, WV constructed new two roomed houses for those households that had their houses destroyed. It repaired and rehabilitated some of the houses that were damaged by Cyclone Idai and this resulted in making the households more habitable, secure, and ensured privacy and dignity of the affected communities. This was done in Ward 8, 16, 17, 21, 22 and 23 of Chimanimani District.

The shelter component relieved the vulnerable families of the financial burden of building back or repair/rehabilitation of their destroyed shelter. The little that these households were saving has been invested into agricultural activities as reported by FGD participants.

Use of builders and WV staff to jointly conduct shelter damage and needs assessment was a major strategy to enhance connectedness of the shelter intervention to local skills base, ownership, and participation. Trained builders were going to continue building and repairing houses for other households not supported by this project. Through the project capacitation they will continue to build proper structures which can withstand future similar disasters. Working with the department of public works and council has also capacitated the same departments. They are now capacitated to respond to similar disasters given that they were involved in the planning and implementation phases of this project. They participated in the redesigning and tailoring the project to suit the local conditions. They are therefore better informed in the event of a similar disaster.

4.6.2 WASH

During the emergency response, WV provided NFIs and WASH "dignity kits" to Cyclone affected households in Chimanimani District. GOAL, through UNICEF support was also implementing WASH interventions to people affected by Cyclone and they were involved in borehole and well repairs, construction of temporary latrines and training of Environmental Health Technicians on Hygiene and Sanitation. GOAL was also distributing the shelter NFIs and hygiene NFIs to Cyclone affected households. Through this current action under review, GOAL continued repairing/rehabilitating wells to improve the clean, safe water supply of the affected communities. It has also championed the CLA which has brought health, hygiene, and sanitation education to communities so that they can improve their health, hygiene, and sanitation practices.

WASH intervention by GOAL availed the precious water needed for consumption and most importantly for irrigation. The WASH intervention increased synergies with other NGOs, WASH Cluster and also led to development of WASH groups in communities. Cyclone Idai had cut them off from the valuable water needed for their livelihood.

The CLA has educated majority of these community members on the required WASH practices. Majority of them were citing financial constrains as the reason why they are yet to adopt some of the practices they had learnt during the CLA. This includes, among others, building the required BVIP at their homesteads and constructing standard pot racks.

GOAL also ensured and implemented the following actions to ensure that the WASH interventions remain institutionalized within the existing national WASH sector structures at district level, as well as internal support from the GOAL structure:

- Coordination was strong since every week there was a district coordination meeting and a bi-weekly DWSSC meeting, where reports were presented and follow ups on challenges faced by partners done.
- GOAL Global WASH Advisor visited project sites, reviewed designs for springs and piped water schemes before approval. These designs for piped water schemes were shared and reviewed by stakeholders. There were also site visits from World Vision WASH department.
- Stakeholders were involved right from the mobilization, technical assessments, rehabilitation, with Government departments providing technical staff for all activities.

4.6.3 PSS

PSS has been hailed by many families as it had lifted the morale of majority of the children who had been affected by Cyclone Idai. The CFS activities were conducted for a short period, but their effect was noticed by many families who reported major changes in their children's attitude and behavior. As reported by FGD participants and some key informants, positive parenting that was also part of the PSS where parents/caregivers were educated about proper parenting and child abuse, has also worked well to reduce cases of abuse especially on orphans. Citing of CFS shelters on school premises created environment for institutionalization of child protection system in a context that children were already familiar with and would easily identify with. The structures that were created by the PSS intervention will continue operating after the project closure. Thus, any child and sexual abuse will potentially continue to be on check even after the closure of the project. PSS created community structures and local CFS facilitators were trained to continue with CFS operations. This was further strengthened when the CFSs were handed over to the community in July 2020 during the closure phase.

Traditional local leadership in Rusitu confirmed that government departments and Plan had particularly good working relationship amongst themselves and took time to consult with the local leaders and to seek their guidance. They also revealed that following from project inception activities, government structures and staff facilitated subsequent project activities. In Chipinge, traditional leaders also revealed that the implementing partners did not discriminate in their work, and by so doing setting an example that was reproduced at community level. Some aspects of PSS were embedded within interventions that were already being implemented prior to the program by other partners in the development sector. Examples of these include menstrual hygiene, SRHR, birth registration, CFSs, awareness campaigns and child marriages. In establishing CFSs, community support in form of volunteers and identification of central places for setting up CFS shelters enhanced connectedness of interventions through participation and local community ownership. In addition to being platforms for community interaction, CFSs were also being integrated with the pre-existing government-run Child Protection program. These are arguably proxies for sustainability of program interventions.

4.7 Coherence/Coordination

The EOP evaluation looked at the extent to which the project complemented other projects within the project areas. Issues on coordination were also examined.

4.7.1 Shelter

A similar project (known as phase 1) was implemented also in wards where another WV OFDA project was implemented. The OFDA project came in to complement the phase 1 shelter project, and it assisted those households that were left out by this phase 1 project. It also came in to assist those households that had been earlier assisted by other organizations like IOM, UNHCR, with tents. It was not possible for the households to continue living in tents and some in churches. Some of the households, as discussed before, were living with relatives, and were living under uncomfortable and straining conditions.

4.7.2 WASH

It was observed that in some wards where this project was not providing WASH services, there were some other organizations which were offering WASH services. A good example is Mercy Corps that was offering WASH services in majority of the wards where GOAL, under this project, was implementing the WASH component. There were other strong players like WHH which were providing WASH services in Chimanimani affected communities. Efforts on coordination adopted and implemented for the WASH activities below, helped in ensuring that the project activities had both internal and external coherence and coordination relevant for optimum results.

Coordination of WASH activities was at various planning levels:

- **Weekly programme coordination meetings:** these helped the programme team to plan integration with other on-going programme activities as well as timely identification of duplication issues with other actors and be able to plan accordingly to avoid the duplication
- **Bi-weekly DWSSC meetings:** DWSSC meetings served as a platform to share progress, lessons learnt, get information on activities by other partners for coordination purposes, as well as ensuring that the interventions were being implemented in line with government WASH strategies, policies and goals at district level.
- **GOAL Global WASH Advisor visit to project sites:** this helped in ensuring that the WASH interventions remain on-course as per programme plan, meeting global best practices and remain in coherence with the organization's global mandate, standards and procedures, whilst addressing local needs.
- **World Vision WASH department visit:** as the lead of the consortium, the visit by World Vision WASH team to the GOAL WASH sites helped in ensuring that the implementation of the WASH interventions by GOAL were in sync with the whole programme goals and were being implemented in coherence with the whole programme plan.
- **Stakeholders were involved:** this ensured that the WASH interventions were implemented within the context of the local communities targeted, as a way of mitigating the risk of formulating and implementing activities that are not compatible with the local community beliefs, norms, and cultures.
- **Government departments provided technical staff for all activities:** this was helpful in ensuring that the WASH interventions were implemented in line with government technical requirements, for both compliance and sustainability purposes.

4.7.3 PSS

The activities of this Action intertwined with several activities within the target wards. Some of the children who were attending CFS sessions were also referred to access services from SAGE (Supporting Adolescent Girls Education), another intervention being implemented by Plan International. This was a case with those adolescent girls who were failing to access education because of various reasons, chief among them being unable to pay school fees as the family livelihood had been affected by Cyclone Idai. There were some wards where Jekesa Pfungwa was offering CFS services. Several respondents also mentioned that even ChildLine was offering services on PSS. There were children who reported that they were aware of ChildLine 116 helpline which they could use if they were abused, or if they identified a case of SGBV within their community. This demonstrates coherence, coordination, and interconnectedness among stakeholders in the protection sector. The CFSs were handed over to schools in July 2020. Refresher trainings were conducted, and consultations were done before relocating the CFSs to schools. With the trained CFSs being local people, they will resume operating the CFSs when the COVID-19 lockdown has been lifted. There are high chances that they will reach more children.

4.7.4 Coordination

Evidence gathered from the KIIs indicated that the project implementing staff rarely had monthly coordination meetings. They reported that there was too much pressure to meet targets and such meetings were sometimes overlooked. There were coordination meetings that were also held at National level by WV and PO representatives. Monthly progress reports were sent to WV Project Team Leader who would consolidate the project progress report with the assistance of the WV M&E. The other PO had their own M&E Officers who would oversee the monitoring of their respective interventions. This coordination structure was not effective. This was contrary to the project theory of change which aimed to provide a continuum of services to the rights holders and this was only possible when the three organizations had integrated their intervention and covered all the shelter cross-sectional issues¹⁴.

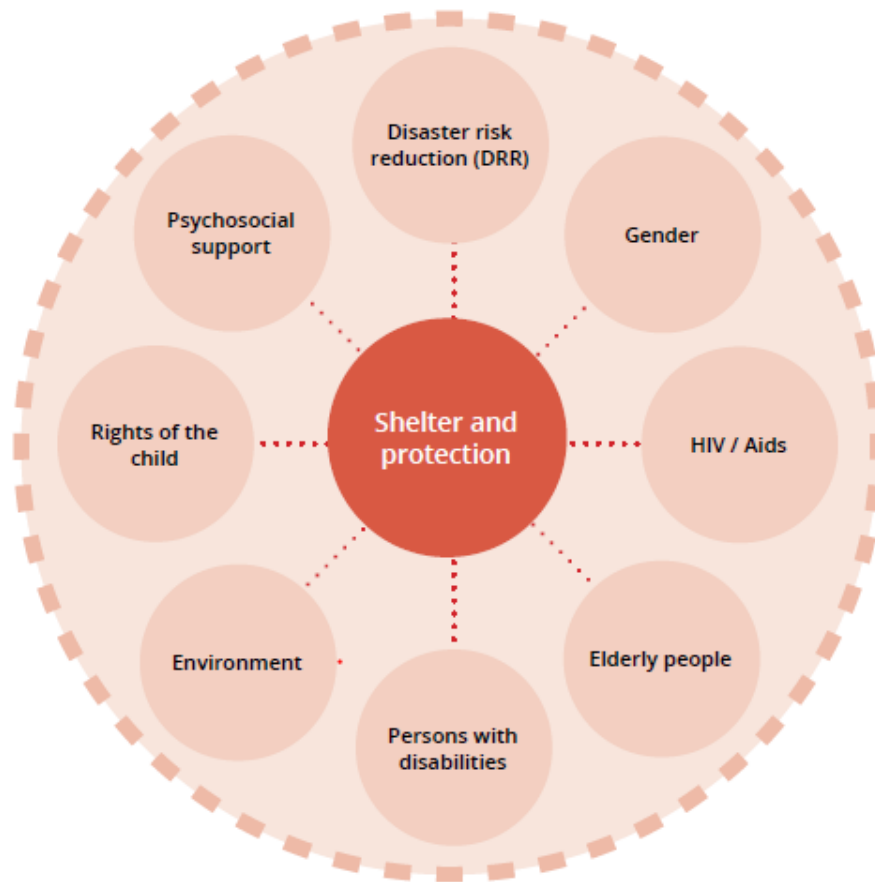
4.8 Impact

The Action managed to surpass all its three intended results. This is proxy for its possibility to achieve the final goal, to provide safe and dignified shelter, reduce WASH-related vulnerabilities and enhance psychosocial support to vulnerable households affected by Cyclone Idai in Chipinge and Chimanimani Districts. With its three-key intervention, the project managed to cover majority of the key shelter cross-cutting issues (Figure 9). The project managed to address the psychosocial support (rights of the child) and during its beneficiary selection, there was evidence that elderly people (26%, n=848), persons with disabilities (10%, n=848), and persons living with HIV/AIDS (6%, N=848) were reached. The project prioritized female headed households and classified them among the vulnerable targeted beneficiaries. About 39% (n=848) of the interviewed households were female headed and 65% (n=848) of the respondents were females. This was an indication of its gender sensitivity. Provision of water supply which resulted in reducing distance to water sources and time taken in a queue to fetch water were all benefits meant to ease the tasks that are traditionally for females. Constructing the households with mortar and bricks saved the environment, as majority of these households were going to erect houses made of poles and

¹⁴PMI & KEMENSOS, (2018), Humanitarian Shelter Guidelines

dagga under thatch, an activity that was going to contribute to deforestation. If the 200 new houses had they been constructed from poles; much destruction of the forest might have happened.

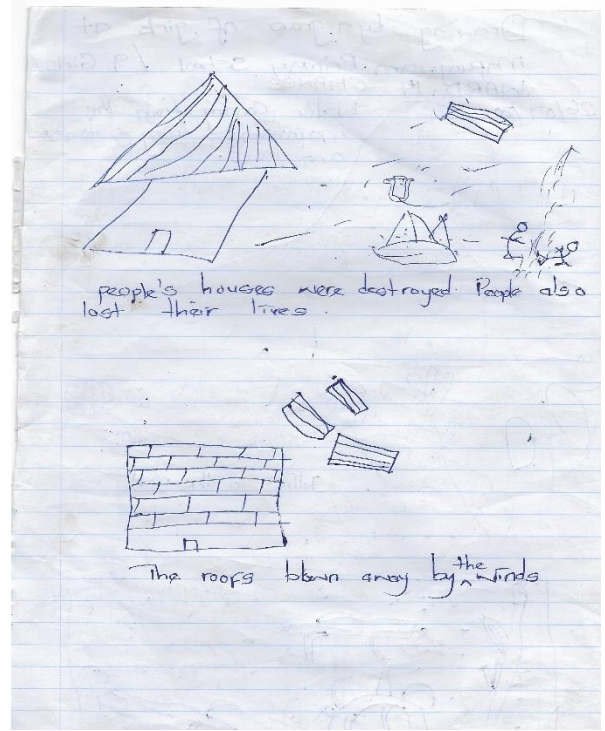
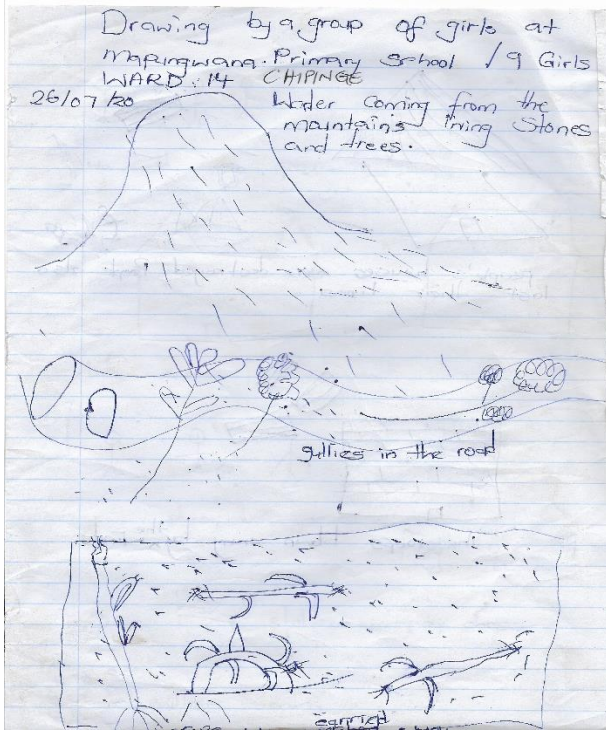
Figure 9: Shelter cross-cutting issues



Source: Adopted from the Shelter Guidelines (2018)

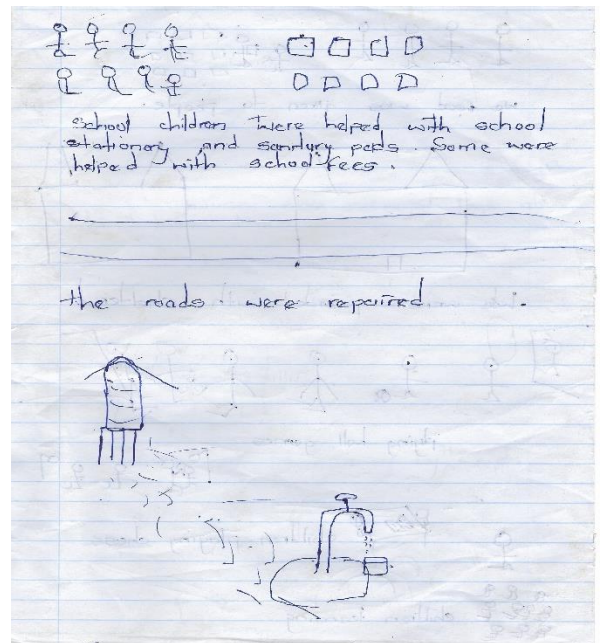
Children that were interviewed were asked to illustrate how Cyclone Idai affected them and how the project impacted their lives.

This was sketch by a group of 9 girls who were attending CFS sessions at Mupungwana Primary School, Ward 14 in Chipinge District.



This slate shows stones coming from mountains to destroy fields and formation of gullies by the heavy rains

This slate shows houses being destroyed by Cyclone Idai heavy storm



Shows people queuing for food. It also shows children at a CFS

This slate shows how they were assisted with school stationery and water supply

4.8.1 Shelter

There were more reports that the resultant constructed, or repaired houses were strong enough to sustain future shocks. FGD participants at Musareketa Village in Chimanimani indicated that the shelter interventions have improved community capacity to build back better, considering that some of the builders picked to do the reconstruction were locals. Even though the beneficiaries were a small percentage of the community, the better quality and stronger houses were considered a great benefit. In future, more can be accomplished through adoption of comprehensive shelter construction approach. This issue is elaborated on in the recommendations section. For these FGD participants, although the cyclone was a big problem, it generated some positive impact on the community. These include improvement of roads that had not been repaired in a long time.

4.8.2 WASH

Below was the key identified impacts of the WASH interventions from the EOP evaluation field work:

Reduction in distance to drinking water source: the WASH interventions improved drinking water accessibility by reducing the distance to drinking water facilities to within the SPHERE standard of 500m for 15% of the target population who previously walked more than 500m to the nearest water source.

Waiting time at water source: the amount of time spent by mostly women and children at the water point as they fetch water was improved to be within 30 minutes per trip for 100% of the interviewed households. This has potential of increasing amount of time spent by the population on other social and productive activities.

Improved water safety: the rehabilitation of the drinking water sources implemented during the programme provided improved protection to the water sources from external pollution, thereby helping in improving the quality of drinking water for the target population.

Improved knowledge levels and adoption of hygiene behaviors: the 22% increase in knowledge levels for at least 3 critical times for hand washing and 2% increase in households with own latrines, are indicative signs of the impact of hygiene promotion activities aimed at improving hygiene behaviors. Observed at 19% (n=232) of the interviewed households were functional handwashing facilities (Pic 6), a clear indication of adoption of WASH practices (See [Annex A1.2](#) for a model homestead)



Pic 6: Handwashing facility at Raisi Elija homestead, Vhumisai Upper, Ward 22, Chimanimani District

Resuscitation of means of livelihoods: in addition to providing means for communities to practice appropriate hygiene behaviors, the rehabilitation and re-operationalization of water systems in the target communities also helped in the resuscitation of agricultural activities that are livelihood activities for some of the target families.

4.8.3 Protection and Psychosocial Support

Social interaction in the CFSs enabled children divert their attention from recurring memories of their traumatic experiences. Klls in Chipinge indicated that when children became free and jovial, the family mood changed for the better. It was also revealed that community members had discovered the rights that they did not know they had.

In relation to child sexual abuse, particularly child marriage, community members indicated that they were guided by the adage *'mupurisa ndiwe mubereki'* (the parent is the police officer). This means that parents' attitudes have changed to ensure that they play the first line role of policing and sanctioning any case of child marriages. One of the Kll participants in Chipinge elaborated on this by saying that even if one's son brings in an under-age girl as a wife, the parents are supposed to disapprove of it and return the girl to her parents' home.

Klls also revealed that the PSS intervention provided opportunities for participating households to learn from experiences of other households regarding interaction, abuse, child rights, etc. It also enabled community leaders, CFS facilitators and district level Government partners working in the education, protection, and child rights sectors to identify and reach out to more cases of child abuse (especially covert ones). This included those who were being abused even before Cyclone Idai. Household and community members were also empowered to make use of the child protection referral pathways as relevant to cases. In reference to the gains made in PSS, one of the Klls at the Chipinge Government complex had this to say:

“There is a battle and there is a war. We might be winning the battle, but without winning the war...we need to consider the long term...”

This was illustrative of the fact that although beneficiaries were aware of the referral system, and were using it, there are longer-term issues that need consideration. When children open on matters of abuse, some get into risky situations. The project was too short-lived to be able to effectively follow through on cases of abuse. This raises questions like: What happens to the child who would have reported a case when the project ends? What is their future as a learner? What is their future as a family member? What is the future of the family? What is the future of community relations?

Kll informants at both community and district levels indicated that their experiences and participation in the program have empowered them to the extent that they are now in a position to formulate their own local protection-related disaster risk management strategies, especially in response.

Children were asked to write down what they were doing during the CFS sessions and how that affected them both positively and negatively. Below is a script that was written by Miriam Simango from Chief Mapungwana in Chipinge District.

Pic 7: A script on how children benefitted from CFS within their community

Nani: Aje: 17 years Sex: female
 Chief Mapungwana CFS.
 Miriam Simanga # 22/12/2003

Taidzidza yakasiyana-eyana zwinobatsira rana
 rechidiki ranemakore aripasi pegumi nemanomwe.
 Taidzidzisa nezadzidzisi rakawanda. Taidzidza ne
 zveutsanana muharaunda nemagariro nezvimwewo zvakaita
 sekuti mwana kana akarepwa anofanira kukurumidza
 kutaura kana asati akanganisika uye asati abatira zvinwera.

Taidzidzisa kutamba mitambo yakasiyana-eyana
 inoanganisira kutamba bhora rekugororana, rekukanda,
 rekubutirana nerekukabirana/netball, volleyball, handball ne soccer.
 Mitambo idzi zwinobatsira rana kuti vakure vakasimba murri
 kutira kuti kana akakurara anokurumidza kupara uye
 zwinobatsira kuti akure aneuziro maererano nemitambo iyi.
 Zwinobatsira kana tiri hukoto tinge tarakuzira mutambiro
 enhabvu. Taidzidza nezvemagariro epamba kuti kana munhu
 achishungurudzwa pamba paanagara anofanira kutaura
 kunevutano kana kumapuna abatirwa asati apinda munyaka
 abanomukurudzwa dzakanda sekudzivirayo, kukurumidza kuratwa
 nezvimwewo izvi nezvya zvakaidzidza.

The English Translation: We learned a lot about issues that can benefit young children under the age of 17 years. We were instructed by many teachers, who taught us about environmental health and hygiene and other issues like timely reporting of rape incident before the victim/survivor is greatly affected emotionally and before they contract a disease.

We were being taught to play different types of ball games, namely netball, handball, volleyball, and soccer. These games enable children grow up with strong, healthy bodies so that even if they get injured, they quickly recover/heal. They also acquire knowledge and skills about these games. We will be able to play better soccer for our school teams. We also learned that one must report cases of abuse at home to police or health personnel before they engage in harmful/dangerous behaviours like committing suicide, early marriage, and others. This is what we learned.

4.9 Lessons learned and Good Practices

- It is important to have in-depth knowledge of the operational context within a project is to be implemented. The focus of such context knowledge needs to be comprehensive to consider various dimensions like terrain, weather, soil chemistry, distance, communication facilities, cultural factors, etc. This is what largely contributed to delayed start of the project. This largely applies to the Shelter and WASH sectors.
- Involving target beneficiaries during beneficiary selection eliminates exclusion and inclusion errors. The reviewed Action managed to have a beneficiary selection that was commended by the community to be fair and very transparent.
- Procurement Department was in many cases left behind during the design, inception and implementation phases. Involving them at a later stage delays some processes. This is because some purchases need more time and there are no shortcuts to the process. Contingency planning would be one way of enhancing operation in a context where cash provision comes with risks as in Zimbabwe where government makes sudden changes in exchange rates and currency, among others.
- Introduction of Shelter Monitors resulted in a jump in progress and in resources being used as intended. It is therefore imperative for future similar project designs to include Shelter monitors as an important human resource as later discovered during implementation of this action.
- Cash-for-work approach may not work properly if not well designed towards specific results. Beneficiaries are more committed to work when there are specific targets, e.g. 2 houses per month. This contrasts with use of hours worked per day as basis for payment of beneficiaries. In such a case, there is lack of commitment and drive towards achieving the intended final output or result. There is also needed to consider solutions on motivating building towards improved ownership, and not necessarily earning cash.
-
- Sharing of experiences is very crucial in a disaster situation. Through the sharing of experiences, children were able to successfully manage traumatic experiences, thus enhancing group therapy.
- CFS is a specialized space that can reach out to many children in a disaster situation. Traditional leadership, children and parents were the pillars for the success of the program.
- Community participation is very crucial for the success of any given program. The success of the program is dependent on the key stakeholders. For example, throughout the program cycle, key stakeholders such as the District Child Protection Committees were championing the program, which assumingly related to Protection and psychosocial support.

5. CONCLUSION AND RECOMMENDATIONS

5.1 Conclusions

Overall, the Action was appropriate and relevant. Communities and people affected reported that they received assistance that was appropriate to their needs. The Action came when the affected people were in dire need of building back their houses. Trainings that were done which included local builder training, CFS selected from the local communities and Child protection committees, strengthened local capacities. The engineering designs of the repaired/rehabilitated springs and the standard two roomed houses that were constructed were strong enough to sustain future disaster impact. Feedback mechanisms were shared but majority of communities were not well versed on how they were supposed to use them. Resources were distributed to the intended beneficiaries. The minimum CHS were basically met during the implementation of the project.

The Action managed to surpass all its three intended results. This was a proxy of its possibility to achieve the final goal, to provide safe and dignified shelter, reduce WASH -related vulnerabilities and enhance psychosocial support to vulnerable households affected by Cyclone Idai in Chipinge and Chimanimani Districts. Key shelter cross-cutting issues were addressed by the intervention.

5.2 Recommendations




Recommendation	Target (Beneficiary Level)		Target (Level of Responsibility)	
	Household	Community	Institutional Level	Implementing Agency Role
CORE HUMANITARIAN STANDARDS				
The level of effort for the Humanitarian Accountability Officer should be extremely high for such a project which involves direct distribution of actual materials as opposed to for instance vouchers or direct cash transfers			Increased liaison with Council, Department of Social Services, District Education office, District Child Protection Committee	This can mean that the officer could visit the project monthly and conduct routine monitoring activities. There should be more frequent communication with ward based facilitators.
There is need to undertake comprehensive capacity building and awareness raising on rights holders so that every rights holder fully know the complaints mechanism to be better able to utilize it.	√	√	Local leadership, Council, Department of Social Services, Schools, CFS facilitators	-This may mean discussing the complains mechanism with participants and local leadership before conducting every meeting, with the rights holders.
Every contracted worker should be trained on Core Humanitarian Standards. This will improve their conduct with rights holders, and it is a good practice that ensures that, they are well knowledge not to engage in any behaviors or activities that violates target beneficiaries' rights.			Increased liaison with, and support from Council, Department of Social Services, partner NGOs	This Includes builders and any other contrrrcated worker
SHELTER SECTOR				
Shelter Monitors who monitor and supervise the construction process should be involved right from start of project implementation.	√	√	Capacity building and close supervision by Public Works, Council and local leadership.	Employing Shelter Monitors, Training them on Core Humanitarian Standards

The implementation period was short considering the work involved. Similar project should have at least 2-year life span to include time for proper planning, implementation, and follow-up after implementation. This is more so for such interventions like PSS and CLA which need time for adoption of proper practices.			-Council, Public Works, District Child Protection Committees, District Education office, Department of Social Services, Local leadership	-Coordination of formulation of project idea, stakeholder liaison and proposal development. -Capacity building of relevant Government departments participating in the interventions.
To reduce the project cost, more time should be given to the intended beneficiaries to put together the local available resources. Assistance, as initially designed should be on those resources which they could not find locally and were financially not able to get them, e.g. bricks. We are cognizant of the fact that, the current Action had to purchase bricks as time was running out		√ Community to assist the labor constrained	Local leadership, Council, Public Works, Department of Social Services	-Community mobilization and awareness raising on self-reliance, mobilization of local resources and their use. -
As recommended by Public Works, local builders need to undergo a comprehensive three-day training program to be more effective in construction for such a program	√	√	Public Works, Council to assist with training of local builders and provide construction standards and inspection.	-Coordinate the identification, registration and training of local builders -Assist with production/printing of construction guidelines -Monitoring and evaluation
Future programming must develop targeting criteria that eliminates unintended exclusion against other sections of community (e.g. those with pole and dagga under thatch). There should be a comprehensive shelter package offering variety of options for beneficiaries.	√	√	Public Works, Council, Department of Social Services	- Development of project idea and proposal -Coordination and facilitation of development of targeting criteria and community awareness campaign

WATER, SANITATION AND HYGIENE (WASH)				
The project has clearly resulted in improved availability of clean and safe water. To complement this, there is need for development and implementation of a water quality monitoring system to check level of water safety and its sustainability. This should be done in a participatory manner involving both primary beneficiaries and government stakeholder at district level.	√	√	MoHCC, Ward based Environmental Health Technicians	Avail funds to also take more samples to private lab or buy a water testing kit .
2. The project has been successful in awareness raising campaigns on handwashing. Building on this achievement, there is need for Leveraging improvements in hand washing knowledge for the promotion of self-sponsored and monitored installation, Operation and Maintenance (O&M) of hand washing facilities at household level.	√	√	MoHCC, VHW, local leadership	<ul style="list-style-type: none"> -Coordinating awareness raising -Coordinating and/or facilitating training on operation and maintenance of hand washing facilities -Documentation of best practices
PROTECTION AND PSYCHOSOCIAL SUPPORT				
To make it more local and natural, the CFS facilitators can invite the local elderly people to come and do some story telling. This makes the sessions more inclusive and relevant as suggested by the CFS facilitators	√	√	Department of Social Services, District Child Protection Committee, local leadership, WDFs	<ul style="list-style-type: none"> -Capacity building of CFS facilitators and WDFs -M&E and documentation of human interest stories
Avail more play toys for children with disability, as well as tools like wheelchairs and brails. Training of the CFS facilitators on how to work with the disabled children.	√√	√	Department of Social Services, local leadership, Child Protection Committees, District education office	<ul style="list-style-type: none"> -Coordinating and/or facilitating training for CFS facilitators -Purchase of CFS materials and toys
Although Child friendly spaces were primarily meant for PSS, there is need for the program to have provided an integrated programming package that also includes school-feeding,. The	√	√	Local leadership, VFU, Ministry of Education, Department of Social Services, partner NGOs in	-Solicit for funding and other forms of support for integrated program.

<p>school feeding would also have served the purpose of attracting more children to school, thereby contributing towards disaster resilience through strengthening educational outcomes. Gardening and other income earning initiatives would enable communities and/or schools to sustain their centres, in transitioning from response to early recovery well beyond donor-funded program life.</p>			<p>protection and education programming.</p>	<p>-Enhancement of capacity of Government and partner staff in facilitation and monitoring of integrated programming. -Lead in institutionalization of CFSs in the school system, in liaison with relevant partners involved PSS.</p>
<p>There is need to formulate innovative strategies to improve birth registration awareness and practice, to ensure that children are not hindered in their career and life skills investments. This is critical considering that economic vulnerability is a key determinant of individual, household, and societal disaster preparedness and risk mitigation capacity.</p>	<p>√</p>	<p>√</p>	<p>Local leadership, Ministry of Home Affairs, Ministry of Education, Department of Social Services, partner NGOs and other agencies in protection and education programming.</p>	<p>-Lobbying Government for affordable, user-friendly and decentralized birth registration services -Assist with fundraising, capacity development and development of M&E framework.</p>

Color Coding Key:

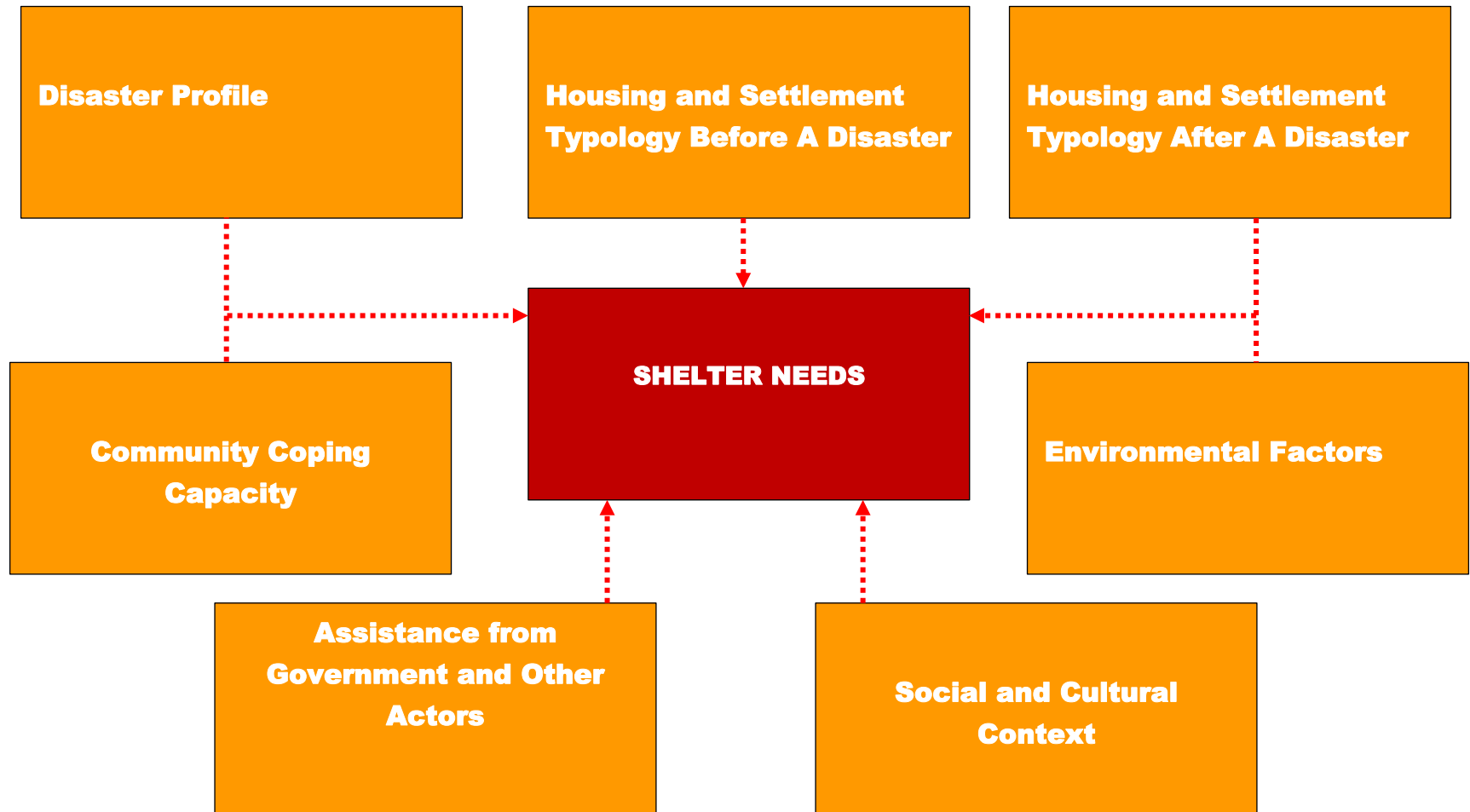
	<p>Low responsibility for action on the recommendation</p>
	<p>Medium responsibility for action on the recommendation</p>
	<p>High responsibility for action on the recommendation</p>

SHELTER: The next phase of the program should focus on the comprehensive shelter construction approach that incorporates production of houses, architecture of the area (including vernacular architecture) and influence of hazard and other risks in construction and settlements. Such construction should be well-informed by prior understanding and analysis of critical factors like wind patterns, types and strength vis-à-vis shelter type and design, rainfall patterns and types, slope orientation, etc. Vernacular architecture should be a basis for development of more robust, appropriate, and context-specific shelter designs for building back better. In addition, the next program should have an action or applied research component, focusing on how communities have been coping with past cyclones or storms and how their knowledge and capacities can be tapped into. This will become part of a database on shelter and settlements in disasters and can be used to develop critical knowledge products and technical briefs on shelter in disasters. This will need working with the Department of Civil Protection (DCP). We need to be asking questions like: How

did the cyclone leave other houses undamaged? Is it more about being in the path of cyclone flood waters and wind, or there are other factors? Do local communities have any ideas about disaster resilient shelter design and construction? Do we not need construction guidelines based on local shelter needs assessment, considering local disaster risk? General community awareness and training on DRM should also be part of the next project. **Figure 10** attempts to diagrammatically depict the argument raised in this paragraph.

OVERALL RECOMMENDATION: Overall, the consultants recommend an extension of the program, covering the three actions of Shelter, WASH and PSS for at least another 2 to 3 years, to allow for maturation of most of the processes started by the current action. This is more so considering that implementation and monitoring of some project initiatives was affected by restrictions on movement effected as part of COVID19 prevention and mitigation efforts.

Figure 10: A range of factors that influence the shelter needs of an affected population following a disaster



ANNEX 1: SELECTED HUMAN STORY

A1.1 Title: Conjugal privacy was no longer there - 'Bonde ranga ronetsa'

My name is Beauty Tafengenyasha, aged 36 years, from Chimanimani District, Ward 8, Nyanyadzi village. I have a family of 6, with 4 children, 1 boy and 3 girls and I am married to Dadai Gurenje, who is mentally challenged. The eldest Boy is 16 years, whilst the other three girls are aged, 11, 9 and 1 year, respectively.



Cyclone Idai destroyed my two roomed house, and a separate one room where my eldest son used as a bedroom, leaving behind only one room for my family of 6. I had to ask my neighbour for a room to store all my household goods from the two destroyed rooms. I asked my neighbour to also provide space for my elder son, to have somewhere to sleep. My husband, the 3 girls and I had to sleep in the one room that was left. We had this set up from March 2019 to June 2020 when our house was repaired. My husband and I had challenges in fulfilling our conjugal rights. We had to wait to do it in the afternoon when the kids were playing with others and when they did not go to play, we would not do anything even when we needed to. The kids were also greatly affected, sharing one room with us. It was something they were not used to. They also had no space to study during the night. The 9-year-old girl would continuously ask us very worrying questions like:

*..... what will happen if relatives come?
.... when are we going to rebuild so that our brother would come back to sleep at home?*

We were relieved when we heard that WV was coming to assist those with houses that were destroyed. Initially we could not believe it and later on we were made to believe as they came and held meetings with the whole village informing us of the project and how they were going to select those who were going to be assisted. Through community involvement, we were shortlisted among those whose houses were supposed to be repaired and the damage to my house was classified as extensive. They later came to do an extensive assessment where they told us what materials were required to repair the house. They then brought the materials and the builder to do the repair. They repaired the room that we were now using as a bedroom and build back the other destroyed end. The whole works that needed to be done to make the house habitable were completed in June 2020 (see picture below).



My two elder girls can now sleep in the other room, and I managed to get my goods back from next door. My elder son is still sleeping at my neighbour's house till we manage to build back his destroyed room.

My kids and I are now extremely happy. I can now play with my husband anytime I want. We just lock the room and satisfy ourselves. The shelter is now stronger than the one we used to have. This one was repaired with proper materials and enough cement that I feel even when there is another storm, it will not be destroyed.

(Picture of the repaired house with the 9- and 1-year old girls standing in front)

A1.2 Model Homestead

Mafuraha D. Homestead, in Marozva Village, Ward 16, Chimanimani District. Mafuraha is aged 45 years and has a family of 6



The newly Constructed House



An appropriately constructed pot rack



A rubbish pit: This is not appropriately constructed and there was no evidence of waste separation. Because of the rocky ground, they are not able to dig out rubbish pits of appropriate sizes



An upgradable pit latrine with a functional handwashing facility

ANNEX 2: COVID-19 MEASURES

A2.1 Training Measures

COVID-19 Session

During the Research Assistants' training - there was an hour session on how to prevent infection, and topics covered were:

- Social distancing during interviews.
- Wearing of masks always.
- No physical contacting with persons e.g. greeting, hugging etc.
- Frequent washing and sanitizing of hands.
- No physical contact with too many surfaces around the house.

Temperature Check, Social Distancing and Proper PPE

The training set-up included having Research assistants seated 1m apart (social distancing). Throughout the training engagement, the training room occupants were provided with and expected to put on masks. Research Assistants, trainers and any other staff had their temperature checked daily before attending the training and this was done as a way of detecting any personnel who could be sick.

Disinfection and Sanitization of Training Room and Surfaces

The training area was disinfected daily, and surfaces were sanitized every day during and after the training. Sanitizers were also provided, and RAs were advised to frequently sanitize their hands and surfaces during the training. Running water and soap were also provided during the training.

A2.2 Field Mission

For the safety of Research Assistants (RAs):

1. Every driver had a 30ml sanitizer which he would use to frequently sanitize the vehicle.
2. Each team was allocated disinfection materials and supplies, and the driver was expected to disinfect his vehicle each morning before a trip or in the evening upon return. This included both inside and outside the vehicle.
3. During trips, the RAs were required to put on their masks and avoid physical contact with their colleagues to reduce risk of spread of the virus amongst the team and to respondents.

For the safety of Research Assistants and the Interviewee:

1. As a measure for containing the virus and supporting government efforts to provide essential materials and information for this purpose, enumerators were providing masks and hand sanitizers to all interviewees they interacted with. This ensured that both parties were protected during the interview. As they introduced themselves and the purpose of their survey, the enumerators also provided information on COVID-19, its prevention and containment.
2. During interviews, the enumerators ensured that they maintained the recommended distance with the interviewee - that allowed them to effectively communicate. Maintaining this social distance discouraged physical touching like handshakes.
3. If offered a seat, like a chair the enumerator was advised to ask for permission to wipe the surface with a disinfectant. To avoid touching too many surfaces within interviewees' homes, enumerators were encouraged to conduct the interview outside whenever possible and avoid getting into the interviewees' houses.

A2.3 Remote Data Collection:

- Key Informant Interviews –some key informant interviews were conducted online using the online meeting platforms convenient to the key informant.

ANNEX 3: LIST OF ENUMERATORS

A3.1 Recruited Research Assistants

District	Full Name	Sex
Chimanimani	Audrey Mwamlowe	F
	Ratidzo Makuvise	F
	Sharon Nengomasha	F
	Tatenda Nyamudyafodya	M
	Tawada Musango	M
	Tendai Maboreke	M
	Ntombizodwa	F
	Blessing Mutetwa	M
	Emmanuel Rupapa	M
	Foroma Bridget	F
	Nyasha Sithole	M
Chipinge	Roy Bhodho	M
	Gillian Chinzau	F
	Karumbidza Rudo	F
	Miracle Sithole	F
	Murapa Tonoenda	F

ANNEX 4: KEY INFORMANTS




A4.1 List of Key Informants

District	Key Informant Name	Ministry/Organization	Position	Sex	
				F	M
Chimanimani	Sithembile Sithole		CFS Animator (Ward 8)	√	
	Chipfura Tatenda	Social Welfare	District Social Development Officer (DSD)		√
	Chezemo Phillip	Min of Local Government	Pegger		√
	Mukwakwashi Trianos	MoHCC	District Environmental Health Officer		√
	Makotamo Kuda		Community Leader – Village Head		√
	Paradzai Hebert		Modrich Contractor representative		√
	Mubango		FCS Facilitator		√
	Muthetwa Gift		Councilor Ward 8		√
	Dhliwayo John	Local Government, Community Leader	Councilor Rusitu Mission		√
	Andrew Mheuka	Local Government, Community Leader	Village Head		√
	Enock C. Ndima Chabora	Local Government, Community Leader	Village Head		√
	Thomas N. Chishiri	Local Government, Community Leader	Village Head		√
	Paul Mutsvangwa		Local Shelter Builder		√
	Jane Muchipisi		Shelter beneficiary living with a disability	√	
	Erina Gomori	Mutsvangwa CFS	CFS Facilitator	√	
	Talent Machona		CFS Facilitator	√	
	Thlombe Kelvin	Hode CFS	CFS Facilitator		√
	Isaac Bvumbi		CFS Facilitator		√
Chipinge	Admire Sithole	Childline	Social Worker Assistant		√
	Mr. Mahubo	MoPSE	District Remedial Tutor		√
	T. Hove	Public Service	Social Development Officer		√
	Mutape Mabeure	Local Government, Local Leader	Village Head		√
	Mr. Zvenyika	MoPSE	Deputy Head, Mapungwana Primary School		√
	Margaret Bvumbura		CFS Facilitator, Ward 14, Chipinge	√	
	Brighton Nyanise		Councilor Ward 14		√









District	Key Informant Name	Ministry/Organization	Position	Sex	
				F	M
WV, GOAL & Plan International Staff	Richard Chokera	World Vision	Monitoring and Evaluation Officer – Shelter		√
	Wadzanai Munakamwe	World Vision	Supply Chain Officer	√	
	Wolfgang Nyambo	GOAL	WASH Programme Manager		√
	Victor Mtetwa	World Vision	Project Team Leader		√
	Burungudzi Allan	World Vision	Field Officer – Shelter & Cash Transfer		√

ANNEX 5: DATA COLLECTION TOOLS AND DATA SETS

A5.1 Data Collection Tools

	DATA COLLECTION TOOL	EMBEDDED
1.	Household – Individual Interviews	 HH Interview Questionnaire V1.doc
2.	KII	 KII Guide V1.docx
3.	FGD	 FGD Guide V1.docx

A5.2 SPSS – Data Set & Data Analysis Syntax

	DATA COLLECTION TOOL	EMBEDDED
1.	HH	 EOP HH Survey.sav  EOP HH Survey - PPS.sav  EOP HH Survey - Shelter.sav  EOP HH Survey - WASH.sav  EOP HH Survey syntax.sps  WASH Syntax.sps
2.	Children	 Child - PPS.sav  PPS - Children.sps