

## Project Evaluation Summary

PROJECT DETAILS			
Project Name	Sustainable Livelihoods and WASH	Program Area	Poverty Alleviation and Social Empowerment
Partner Name	Methodist Development and Relief Agency (MeDRA)	Unit	Relief and Development
Project Location (Country, Province)	Zimbabwe	Evaluation Date (Month, Year)	October 2018
Project Years Evaluated (eg. 2018-2021)	2010-2018 (End of Project Evaluation)	Evaluation Summary Date (Month, Year)	January 2019

### BACKGROUND

- UnitingWorld has been working with MeDRA in the Gokwe and Muzrabani regions of Zimbabwe since 2012.
- The project has aimed to enhance the livelihoods opportunities and health for communities in Zimbabwe, including particularly marginalised members like women, the elderly and people living with disabilities.
- We contracted an independent consultant to conduct an evaluation to determine the extent to which the project was effective in meeting its objectives.
- The project has been funded through the generous support of the Australian Government and Australian congregations and donors.

In rural areas of Zimbabwe, less than 70% of people have access to safe drinking water and only 30% of people have access to a toilet. Only 31% of people in rural Zimbabwe have access to toilets. Agricultural activities provide income for 60-70% of the population, however this means that people are very vulnerable to climatic changes such as periodic droughts, combined with the poor socio-economic situation. Zimbabwe has recently been facing a severe drought which has made it difficult for farmers to maintain healthy livestock and grow crops.



UnitingWorld supports MeDRA to help groups of families in Zimbabwe start small farming projects with chickens, pigs, goats to generate both food and a sustainable income. The project also involves the construction of wells and toilets in communities to provide reliable water and improve health.

### EVALUATION FINDINGS

#### Achievements

##### Improved sanitation and health

Prior to the project, there were very few toilets in the communities and most households used the bush to relieve themselves. The high prevalence of open defecation resulted in members of the community often suffering from sanitation diseases such as cholera and typhoid. The evaluation showed that more than 90% of community members now have their own toilets in their home. The evaluation also found that incidences of diarrhoeal disease went down from 70% at the beginning of the project in 2010 to 14% in 2018 and incidences of cholera went down from 14% in 2010 to no reported cases in 2018.

##### Improved access to clean water

Before the project, many people used unsafe water sources because they needed to travel long distances to access clean water. The evaluation found that the number of people who travel more than 1 kilometre to get clean water

has decreased from 14% at the start of the project to 10% in 2018. Additionally, of those who still obtain water from unsafe sources like rivers or unprotected wells, the number of people who boil the unsafe water before drinking it has increased from 29% at the start of the project to 98% in 2018.

### Improved livelihoods

Most households in the project areas depend on agriculture as the main source of their income and livelihoods, however, prior to the project they experienced challenges such as low productivity due to drought and inadequate capital to start suitable income generating activities. The evaluation found that all livelihoods groups experienced increased monthly incomes as a result of the project and there was a reported decrease in child stunting due to improved nutrition. The evaluation also indicated that financial management training as part of the project has been beneficial, with households spending most of their income to pay school fees and buy food.

### Learnings

The evaluation found that members of the community who were not part of the project copied their fellow community members who were involved by constructing their own toilets. However, because these community members did not receive full subsidies to do so, some of the toilets constructed are substandard and are locally referred to as “mukoka nhunzi” literally meaning that they invite house flies. In future, part subsidies could be given to other community members, so that substandard toilets do not dilute the positive impact of project activities.

The evaluation also found that, although the project intended to benefit people with disabilities and elderly persons, most of the toilets constructed in one of the districts were not accessible. This was rectified in another district, where MeDRA has started to assist communities to construct accessible toilets. In future, guidance and materials provided for constructing WASH facilities need to ensure accessibility by people with disabilities, and greater attention should be paid to this during project planning.

### Recommendations and Response

The evaluation found that there is a need to further integrate health and hygiene issues into income and livelihoods activities to increase men’s participation and awareness of health and hygiene issues. The project managed to integrate some aspects of health and hygiene education in livelihoods activities, for example in the building of toilets and protection of deep wells at all livelihoods activities sites. However, as health and hygiene clubs are comprised almost exclusively of women, there is a need for further work to increase men’s participation and awareness.

The evaluation recommended that clear succession strategies be put in place, as there is a danger of livelihoods projects dying a natural death as current beneficiaries get older. Youth are not currently involved in the projects however deliberate efforts should be made to include them to improve the sustainability of the project.



The evaluation found that some of the livelihoods activities implemented were not suitable for the area; for example, pig production is not the best farming system in areas with low crop production as beneficiaries cannot grow or afford to buy the high amounts of feed required. The evaluation therefore suggested not to implement livelihoods projects requiring a large amount of capital in areas where people largely depend on food handouts. In future, technical personnel should be included in the selection of project activities to ensure livelihoods activities are appropriate for each area.

The evaluation also found that the ability of households to significantly increase their incomes was limited by their ability to access markets. In future, more assistance should be provided to communities in identifying and accessing suitable markets for selling their produce and for expanding their livelihoods activities.

### STORY OF CHANGE

My Name is Constance and I am 67 years old. I am a widow, my husband died in 1997. I was left with 7 children to look after which I managed to do. One of my sons got married but he and his wife passed on in 2015 leaving behind



their 3 month old child. I was left with the task of looking after the child but this was very difficult since I had no resources. However, MeDRA introduced various livelihoods activities in my communities and I became involved in the piggery livelihoods activity. A growing child who was not adequately breast feed requires nutritious food to grow and avoid stunting. I had nothing before. The coming in of MeDRA and the piggery project was God sent as this assisted me greatly in looking after the child and the rest of the family. As a piggery project, we slaughter animals for sale and for home consumptions. From my allocation of meat after every slaughter, I managed to feed the child and rest of the family with nutritious food. The child is now 3 years old and is looking very healthy. For that I am very grateful to MeDRA.