

Amalima DFAP Final Performance Evaluation

Summary Brief

INTRODUCTION

The Amalima Development Food Assistance Project (DFAP) was awarded in Fiscal Year 2013 and designed to address the causes of food and nutrition insecurity in Zimbabwe through a set of innovative approaches, building on existing communal initiatives and solidarity to strengthen resilience.

The project had three strategic objectives (SOs):

- SO 1: Household access to and availability of food improved
- SO 2: Community resilience to shocks improved
- SO 3: Nutrition and health among pregnant and lactating women, and boys and girls under 2, improved

This brief summarizes the results of the final evaluation ([available here](#)) conducted by [TANGO International](#). The evaluation measured Amalima's development outcomes and presents evidence that:

- The focus on addressing demand for water for livestock and crops ultimately resulted in improved household diet diversity;
- Community resilience was improved through activities such as disaster risk reduction groups and by leveraging social capital for systemic change;
- Great improvements were made in maternal and child health and nutrition as a result of interconnected and targeted health, nutrition, and agricultural interventions; and
- WASH initiatives led to improved accessibility and efficiency of health services, as well as positive and sustainable behavior change.



ABOUT AMALIMA

Primary Focus Areas: 1) Improve agricultural productivity and marketing; 2) Reduce disaster risk; and 3) Strengthen household and community adaptive capacity.

Implementing Organizations:

Cultivating New Frontiers in Agriculture, Organization for Rural Associations for Progress, International Medical Corps, The Manoff Group, Africare, and Dabane Trust.

Funding Source: Office of Food for Peace (FFP), United States Agency for International Development.

Implementation Period: 2014 – 2020

Intervention Areas: Bulilima, Gwanda, Mangwe (Matabeleland South), and Tsholotsho (Matabeleland North) districts of Zimbabwe.



Over the course of the project, the devaluation of local currency and shortages of US dollars inflated food production costs. Over 70 percent of Zimbabweans lived below the national poverty line. Remittances from the Zimbabwean diaspora constituted a major source of income as US\$2 million, on average, entered the country daily in 2018 (FSIN 2019). Over the latter part of the project, late onset of rains and long mid-season dry spells led to localized household food production shortfalls. By December 2018, food prices were more than 50 percent higher than the previous year. This economic and agricultural situation combined to reinforce chronic malnutrition trends: 234,000 children under five were acutely malnourished in 2018, while 26.5 percent of children ages 0-59 months living in rural districts were stunted (ZimVAC 2018).

KEY FINDINGS

Food Access and Availability

The focus on addressing the largely unmet demand for water for livestock and crops resulted in an increased commitment to livestock herding, especially goats, and lowered risk perceptions associated with establishing new nutrition gardens, which ultimately resulted in improvements in diet diversity.

The percentage of households with moderate or severe hunger (based on Household Hunger Score) decreased from baseline to endline (Figure 1). However, the percentage of households with poor and borderline Food Consumption Score increased at endline, indicating a worsening of food security (Figure 2). This result is attributed to low purchasing power for many households in the four districts, undiversified household incomes, changing national economic policies, and recent currency adjustments in Zimbabwe.

Figure 1: Moderate to severe hunger levels

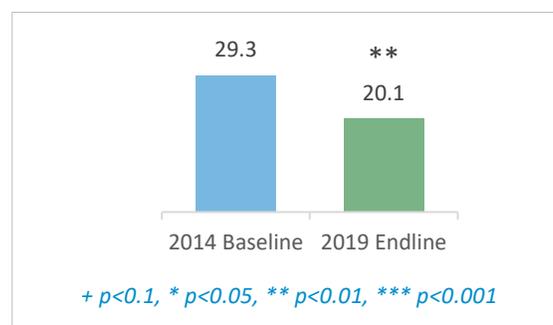
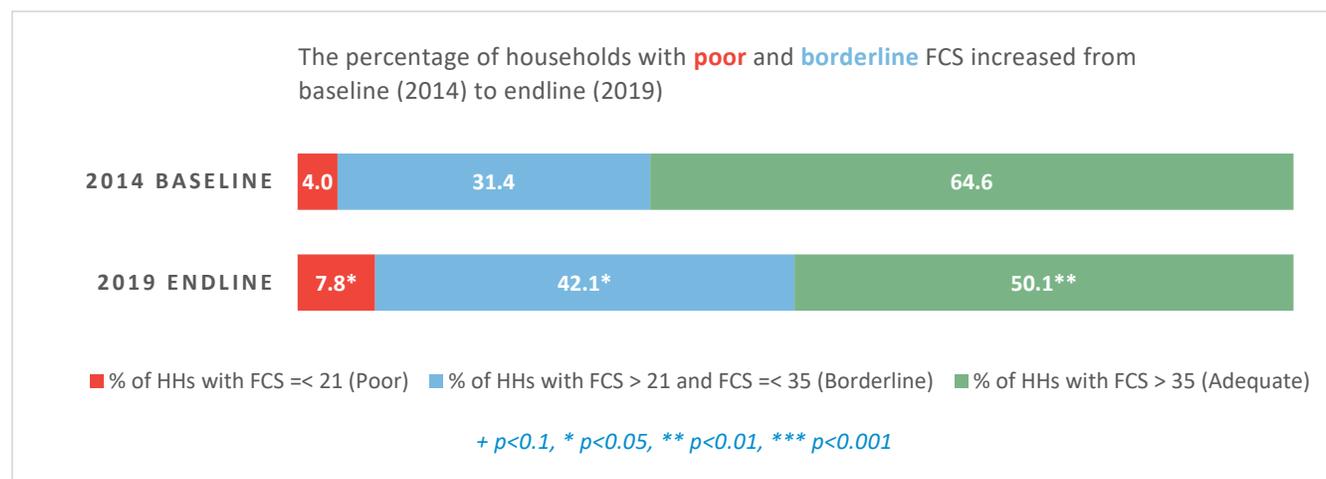


Figure 2: Food consumption scores



The strong integration of project activities created an enabling environment for behavior change. The interventions in agriculture, Village Savings and Lending (VS&L) groups, and gender mainstreaming were

designed as a comprehensive package aimed at boosting the knowledge and skills of both male and female farmers to intensify crop and livestock production and realize income through sales. This integrated package was designed intentionally to strengthen the linkages between VS&Ls and agriculture on the one hand, and between VS&Ls, health and nutrition on the other. Amalima’s promotion of the VS&Ls ultimately increased incomes, thus enabling people to purchase inputs to improve agricultural production and eat healthier diets.

The collective benefits of livestock management and food accessibility activities are community based, and sustainability is projected to be secure for at least several years. Measures to promote sustainability included improving soil and water conservation works and securing participation and buy-in from communities ahead of activity implementation. The knowledge and skill sets were taught to communities in ways that engendered confidence in their own knowledge base and ability to sustain project activities once Amalima exits.

The VS&Ls are a strong cross-sector link and cover the majority of areas/communities. New groups are forming, and they have been spreading throughout the communities over the project’s five years.

Agricultural marketing improved generally—a little for most households at the community level (goats, farming inputs) and significantly for a few hundred households at a larger level (horticulture and matching grant groups). The project’s agricultural marketing success can be credited to VS&Ls, agro-dealers, and Village Agricultural Coordinators toward the second half of the project.



Community Resilience to Shocks

The resources committed to SO2 initiatives have been extremely effective. The benefits are community-based and given high motivation levels, sustainability is projected to be substantial and secure for several years. In the latter years of the project, these activities were conducted in increasingly more systematic ways, by including better soil management around water conservation works, and securing more participation and buy-in from communities ahead of activity implementation.

The disaster risk reduction activities were highly relevant as the area is prone to both slow- and rapid-onset disasters. The Community-Managed Disaster Risk Reduction groups are dependent on the strength of the committees and ultimately, their social cohesiveness. The impact and sustainability of community initiatives and assets were good, though there was some variation regarding results in the beginning. This was partially due to the lack of training on leadership skills, which were not specifically included in the program. The emphasis on more proactive approaches during the extension, such as gully prevention and soil and water conservation measures, improved capacity and should consolidate efforts over the longer term.

The project’s approach of leveraging social capital for systemic change is particularly significant because community resilience in more-remote, poorer areas with severe environmental stresses is less able to depend on technical solutions. Participants recognize the improvements in social capital, and many cases are reported where benefits have spread beyond direct project participants (e.g., kitchens, gardens, VS&Ls).

The average Coping Strategy Index (CSI) decreased from 33.8 at baseline to 25.0 at endline, a finding aligned with focus group and key informant Interview reports of reduced harmful coping behaviors and improved quality of life in terms of health and nutrition. The decrease in household hunger is reflected in the reduction in the average CSI. The decrease in CSI also was consistent with data from focus groups with pregnant and lactating women, which revealed a reduction in coping behaviors common before the Amalima project, such as going without meals, limiting portion sizes, and harvesting immature food crops. It was also supported by interviews with government stakeholders about people’s current quality of life relative to before the project.

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People value how the trainings brought them together in a new way, with widespread and good inter- and intra- group cohesiveness.
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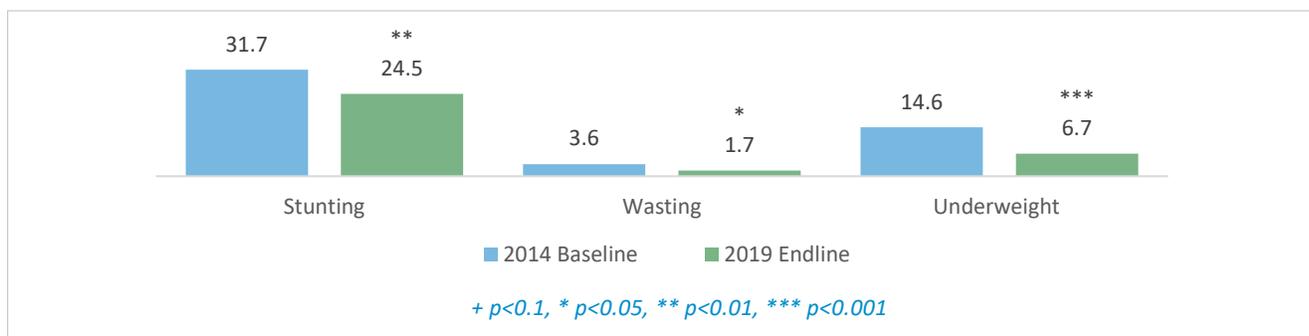
Nutrition and Health

The project made great improvements in maternal and child health and nutrition as a result of interconnected health, nutrition and agricultural interventions that were highly relevant and responsive to the identified problems and needs of targeted beneficiaries. These included children under two with documented high levels of stunting, and pregnant and lactating women with little knowledge of recommended maternal and child health practices.

Amalima increased the availability and consumption of different nutritious foods at the household level, which led to reductions in stunting, wasting, and underweight in children under five. This result can be attributed partly to the improved value chains the project promoted and supplemental rations, which improved the complementary feeding of children under two. Engagement in VS&Ls also increased households’ ability to purchase nutritious foods for their families. The Healthy Harvest trainings promoted the importance of producing and consuming diverse and nutritious crops and vegetables. In addition, communities learned how to organize and maintain nutrition gardens and prepare nutritious foods using locally available ingredients.

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The majority of Male Champion participants valued the project-led trainings because they were highly interactive and encouraged their discussion of issues that affect them from a male perspective.
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Figure 3: Prevalence of stunting, wasting, and underweight, in children under 5 at baseline and endline



The evaluation showed improved health and hygiene practices among targeted beneficiaries including antenatal care attendance, exclusive breastfeeding, improved quality and quantity of foods for children aged 6-23 months, feeding practices during illness, handwashing practices, and safe play areas for infants. Participants and key informants attributed these improvements to the effective behavior change communication messaging facilitated by the Care Group approach. Participants stated that the integration of the Healthy Harvest trainings into conservation agriculture, horticulture, and Care Group trainings helped them understand how efforts in these areas are interdependent and inspired them to work together to improve health and food and nutrition security. The Healthy Harvest materials helped train lead mothers and lead farmers on a diverse, nutritious, and locally available diet. The increased male involvement in household chores, and the use of eco-stoves, provided caregivers and pregnant and lactating women more time for child care and feeding.

WASH

The implementation of the WASH component indicated improvements in the accessibility and efficiency of health services. The project activities were clearly relevant and effective in meeting community needs and expectations. The WASH initiatives resulted in positive behavior change where the outcomes were readily incorporated in their daily life. Given the participants realized that these practices strongly contribute to improved primary health for their family members, prospects for sustaining improved household hygiene are quite high.

The implementation of Amalima’s water, sanitation and hygiene (WASH) component was well planned and executed and welcomed by participating communities. It ultimately led to significant improvements in the accessibility and efficiency of health services. These efforts resulted in positive behavior change where the outcomes were readily incorporated in participants’ daily lives given their recognition that these practices strongly contribute to improved primary health for their family members. However, there remains a need to strengthen government support to communities to scale up this intervention to new wards within these districts as well as additional districts that lack these services.

RECOMMENDATIONS



Project Planning

In order to develop complex interventions that are more likely to be effective, sustainable, and scalable, project planners need to understand not just whether, but how and why an intervention has a particular effect, and which parts of a complex intervention have the greatest impact on outcomes. This requires a prospective, theory-driven process of intervention design and evaluation. Future projects should use a rigorous Theory of Change (TOC) approach to indicate how and why the initiative works, empirically testing for every expected step on the path to impact. Detailed, sectoral TOCs should be developed based on community needs assessments conducted in the project planning phase, and in collaboration with stakeholders.



Timeline

With sustainability being a primary goal in a five-year program, the first two years should not place undue pressure to reach certain quantitative goals to the detriment of quality and sustainability, but rather lay down a solid basis for participants and stakeholder participation and ownership.

- **Year 1:** Allow the first year to be an inception phase to adjust the original design and planning to better fit the reality and put all systems in place.
- **Years 2 and 3:** Full implementation with large community support.
- **Year 4:** Let participants and stakeholders manage the majority of the work.
- **Year 5:** Actively work on sustainability/replicability and filling gaps. No new activities and no new training.



Trainings

Develop specific leadership, governance, and conflict resolution training, especially for community-based facilitators, Disaster Risk Reduction/Asset Management Committees, and traditional and religious leaders. Produce these training materials similar to those used during the project – with simple text, in local languages, and with good graphic support.



Quality Management

Establish a Quality Management department at the onset of the project that would be responsible for monitoring, evaluation, accountability and learning (e.g., Knowledge, Attitude and Practice and barrier studies); project-wide accountability; administrative and technical compliance; sectoral integration; relevant policies and strategies; a TOC that is regularly revisited; taking sustainability and self-replication into account from inception; managing project data both to meet contractual obligations and to be useful to managers (e.g., via integrated databases, unique IDs, data quality assurance); and providing real-time information to feed into current and future programming. Considering that FFP development activities are similar across countries, it could be useful to have a standardized but customizable system for data acquisition and management because each project struggles to put something basic in place, usually in the second year and still with gaps. A well-designed system could also be useful for project integration, quality management, and evaluation.



Communications

Scale up the use of mobile phone technology in training, networking, and reporting. The use of WhatsApp by agro-dealers provided higher efficiency with effective communication, and lead farmers were also using WhatsApp for notification of trainings, meetings, and other activities.



Water Provisioning

The most recurrent community request was for perennial community water points for households, horticulture, or livestock use. Considering the increasing severity of drought conditions and the positive impact of the dams and other water infrastructure, future projects should prioritize such water amenities with local management and sustainability at the core.



Asset Ownership

To ensure better community buy-in and sustainability, the branding of assets and documents (e.g., infrastructure, training material, disaster risk reduction plans) should highlight first and foremost the engagement of participants and stakeholders, with financial and implementing support less prominent.



Scale Up Care Group Model

The Ministry of Health and Child Care has started rolling out the Care Group methodology in non-project districts based on evidence of effectiveness from the project. In order to support a more-strategic approach for scaling up the Care Group model to other districts and countries, evidence should be documented to establish the causal impact of the model on maternal and child health outcomes, determine the cost/benefit of scaling up the model compared to the standard of care, and identify innovative approaches for enhancing adolescent and young mother participation.

MIXED-METHODS METHODOLOGY

- Population-based survey (PBS) (May - June 2019)
 - 486 households in the project districts
- Quantitative analysis compared baseline and endline indicators
- Qualitative study (across the four project districts) (Jul - Aug 2019)
 - 47 focus group discussions (333 F, 86 M)
 - 70 key informant interviews (village, ward, and district level; implementing partners; private sector) (28 F, 42 M)
 - Observations of 34 infrastructure assets built or rehabilitated with project support
- Review of project documents, project monitoring data and secondary sources

REFERENCES

FSIN (Food Security Information Network). 2019. *Global Report on Food Crisis: Zimbabwe*. Rome: UN FSIN.
 ZimVAC. 2018. *Vulnerability Assessment Committee Results: Rural Livelihoods Assessment*. Harare: Regional Vulnerability Assessment and Analysis Programme.