Picture: https://www.unicef.org/zimbabwe

# FINAL EVALUATION REPORT

## Summative Evaluation of the Accelerated Community Actions for Reducing Stunting in Zimbabwe

**Evaluation Timeframe:**
January 2017 – September 2020

**Evaluation Execution:**
October 2020 to May 2021

**Draft Report:**
April 16, 2021

**Final Report:**
May 17, 2021

Submitted to:

unicef | for every child

European Union
Humanitarian Aid

Ministry of Lands,
Agriculture, Water, Climate
and Rural Resettlement

Submitted by:

**AAN Associates, Pakistan**

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## ACKNOWLEDGEMENTS

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Food and nutrition security remains crucial for enabling children to realize their full potential. We wish the Government of Zimbabwe, UNICEF Zimbabwe and FAO well for their future work and continued partnership for the improved food and nutrition security for the children of Zimbabwe. We are confident that this evaluation shall inform future UNICEF efforts for the children and women of Zimbabwe.

On behalf of the Evaluation Team
**Nadeem Haider**
**Managing Director**
**AAN Associates**

## GLOSSARY

| | |
|---|---|
| **Accountability** | The obligation to be answerable for all decisions made and actions taken; to be responsible for honouring commitments, without qualification or exception; and to report potential or actual harms observed through the appropriate channels.[1] |
| **Anaemia** | Low number of red blood cells.[2] |
| **Beneficence** | Beneficence means striving to do good for people and the planet while minimizing harms arising from evaluation as an intervention.[3] |
| **Birth Rate** | Frequency of live births in a given population conventionally calculated as the annual number of live births per 1,000 inhabitants.[4] |
| **Contribution analysis** | Analysis of the extent to which interventions contribute to observed results.[5] |
| **Food secure** | Able to consistently access or afford adequate food.[6] |
| **Gross Domestic Product** | The final value of the goods and services produced within the geographic boundaries of a country during a specified period of time.[7] |
| **Integrity** | Active adherence to moral values and professional standards, which are essential for responsible evaluation practice.[8] |
| **Malnutrition** | Deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients.[9] |
| **Minimum acceptable diet** | Proportion of children 6-23 months of age who receive foods from four or more food groups.[10] |
| **Minimum dietary diversity** | The consumption of four or more food groups from the seven recommended food groups for higher dietary quality and to meet daily energy and nutrient requirements.[11] |
| **Mixed method** | A procedure for collecting, analysing, and 'mixing' both quantitative and qualitative research and methods in a single study to understand a research problem.[12] |
| **Non-Communicable Diseases** | Chronic diseases, which tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors.[13] |
| **Obesity** | Abnormal or excessive fat accumulation that presents a risk to health.[14] |
| **Participatory** | An approach that involves the stakeholders of a programme or policy in the evaluation process. This involvement can occur at any stage of the evaluation process, including evaluation design, data collection and analysis, and reporting of the study.[15] |
| **Population density** | Number of individuals per unit geographic area.[16] |
| **Quasi-experimental** | Quasi-experimental research designs, like experimental designs, test causal hypotheses. In both experimental (i.e., randomized controlled |

[1] Retrieved from: www.unodc.org/documents/evaluation/Guidelines/UNEG_Ethical_Guidelines_for_Evaluation_2020.pdf.
[2] Retrieved from: www.webmd.com/a-to-z-guides/understanding-anemia-basics.
[3] Retrieved from: www.unodc.org/documents/evaluation/Guidelines/UNEG_Ethical_Guidelines_for_Evaluation_2020.pdf.
[4] Retrieved from: www.britannica.com/science/birth-rate>.
[5] Retrieved from: www.betterevaluation.org/en/plan/approach/contribution_analysis.
[6] Retrieved from: www.merriam-webster.com/dictionary/food%20secure.
[7] Retrieved from: https://m.economictimes.com/definition/gross-domestic-product/amp.
[8] Retrieved from: www.unodc.org/documents/evaluation/Guidelines/UNEG_Ethical_Guidelines_for_Evaluation_2020.pdf.
[9] Retrieved from: www.who.int/news-room/fact-sheets/detail/malnutrition.
[10] Retrieved from: https://sites.unicef.org/nutrition/files/IYCF_Indicators_part_III_country_profiles.pdf.
[11] Retrieved from: http://www.who.int/maternal_child_adolescent/documents/9789241596664/en/.
[12] Retrieved from: https://education.nova.edu/Resources/uploads/app/35/files/arc_doc/mixed_methods.pdf.
[13] Retrieved from: www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases.
[14] Retrieved from: www.who.int/health-topics/obesity#tab=tab_1.
[15] Retrieved from: www.betterevaluation.org/en/plan/approach/participatory_evaluation.
[16] Retrieved from: bio.libretexts.org/Bookshelves/Introductory_and_General_Biology/Book%3A_Introductory_Biology_(CK-12)/06%3A_Ecology/6.17%3A_Population_Size_Density_and_Distribution.

| | |
|---|---|
| | trials or RCTs) and quasi-experimental designs, the programme or policy is viewed as an 'intervention' in which a treatment – comprising the elements of the programme/policy being evaluated – is tested for how well it achieves its objectives, as measured by a pre-specified set of indicators. A quasi-experimental design lacks random assignment, however. Assignment to conditions (treatment versus no treatment or comparison) is by means of self-selection (by which participants choose treatment for themselves) or administrator selection (e.g., by officials, teachers, policymakers and so on) or both of these routes.[17] |
| **Respect** | Involves engaging with all stakeholders of an evaluation in a way that honours their dignity, well-being and personal agency.[18] |
| **Stunting** | Low height for age.[19] |
| **Theory-based** | Theory-based approaches to evaluation use an explicit theory of change to draw conclusions about whether and how an intervention contributed to observed results.[20] |
| **Underweight** | Low weight for age.[21] |
| **Wasting** | Low weight for height.[22] |

[17] Retrieved from: www.betterevaluation.org/en/resources/guide/quasi-experimental_design_and_methods.
[18] Retrieved from: www.unodc.org/documents/evaluation/Guidelines/UNEG_Ethical_Guidelines_for_Evaluation_2020.pdf.
[19] Retrieved from: www.unicef.org/progressforchildren/2007n6/index_41505.htm.
[20] Retrieved from: www.canada.ca/en/treasury-board-secretariat/services/audit-evaluation/centre-excellence-evaluation/theory-based-approaches-evaluation-concepts-practices.htm.
[21] Retrieved from: https://motherchildnutrition.org/malnutrition/about-malnutrition/anthropometric-definitions-of-malnutrition.htm.
[22] Retrieved from: www.unicef.org/progressforchildren/2007n6/index_41505.htm.

# ACRONYMS

| | |
|---|---|
| **ACARS** | Accelerated Community Actions for Reducing Stunting |
| **AGRITEX** | Department of Agricultural, Technical and Extension Services |
| **ANC** | Antenatal Care |
| **CAPI** | Computer-Assisted Personal Interviewing |
| **COVID-19** | Coronavirus Disease of 2019 |
| **DAC** | Development Assistance Committee |
| **DFNSCS** | District Food & Nutrition Security Council |
| **EHTS** | Environmental Health Technicians |
| **EM** | Evaluation Matrix |
| **ERG** | Evaluation Reference Group |
| **EU** | European Union |
| **FAO** | Food and Agriculture Organisation |
| **FBDG** | Food Based Dietary Guidelines |
| **FCTS** | Food Composition Tables |
| **FGDS** | Focus Group Discussions |
| **FNC** | Food and Nutrition Council |
| **FNSC** | Food & Nutrition Security Council |
| **GDP** | Gross Domestic Product |
| **GE** | Gender Equality |
| **GoZ** | Government of Zimbabwe |
| **HDDS** | Household Dietary Diversity Score |
| **HHS** | Household Survey |
| **HRBA** | Human Rights-Based Approach |
| **I-PRSP** | Interim Poverty Reduction Strategy Papers |
| **IP** | Implementing Partner |
| **KIIs** | Key Informant Interviews |
| **LPD** | Livestock Production Department |
| **M&E** | Monitoring & Evaluation |
| **MAD** | Minimum Acceptable Diet |
| **MCBM** | Multi-Sectoral Community Based Model' |
| **MDD** | Minimum Dietary Diversity |
| **MLAWCRR** | Ministry of Lands, Agriculture, Water, Climate and Rural Resettlement |
| **MOHCC** | Ministry of Health and Child Care |
| **NAZ** | Nutrition Action Zimbabwe |
| **NRTM** | Near Real Time Monitoring |
| **OECD** | Organisation for Economic Co-Operation and Development's |
| **PANEL** | Participation, Accountability, Non-Discrimination and Equality, Empowerment, And Legality |
| **PNC** | Postnatal Care |
| **SHINE** | Sanitation, Hygiene in Nutrition Efficacy |
| **SPSS** | Statistical Package for The Social Sciences |
| **SUN** | Scaling Up Nutrition |
| **ToC** | Theory of Change |

| | |
|---|---|
| **ToRS** | Terms of Reference |
| **TREG** | Technical Research and Evaluation Group |
| **U-5** | Under-Five |
| **UN** | United Nations |
| **UN-SWAP** | Un System-Wide Action Plan |
| **UNEG** | United Nations Evaluation Group |
| **UNICEF** | United Nations Children's Fund |
| **VHWS** | Village Health Workers |
| **WASH** | Water, Sanitation and Hygiene |
| **WFNSC** | Ward Food & Nutrition Security Council |
| **WRA** | Women of Reproductive Age |

## CONTENTS


**EXECUTIVE SUMMARY** ..... I

**CHAPTER 1:** ..... 1

**INTRODUCTION AND OBJECT OF THE EVALUATION - ACARS PROGRAMME** ..... 1

1.1 Intervention Context ..... 2
1.2 Programme Introduction (Object of Evaluation) ..... 5
1.3 Programme Theory of Change (ToC) ..... 9

**CHAPTER 2:** ..... 11

**EVALUATION PURPOSE, OBJECTIVES, SCOPE, CRITERIA AND QUESTIONS** ..... 11

2.1 Evaluation Purpose and Objectives ..... 12
2.2 Evaluation Scope, Criteria and Key Questions ..... 12
2.3 Evaluation Stakeholders Role, Interest and Uses of Evaluation ..... 13
2.4 Evaluation Significance ..... 14

**CHAPTER 3:** ..... 16

**EVALUATION DESIGN, METHODOLOGY, QUALITY ASSURANCE AND ETHICS** ..... 16

3.1 Evaluation Design ..... 17
3.2 Evaluation Methods ..... 18
3.3 Training and Quality Assurance of the Data Collection ..... 21
3.4 Data Consolidation, Processing and Analysis ..... 22
3.5 Compliance with UNEG and UNICEF's Norms and Standards of Evaluation ..... 22
3.6 Limitations and Mitigation Measures ..... 23
3.7 Evaluation Management and Implementation ..... 24

**CHAPTER 4:** ..... 26

**EVALUATION FINDINGS, ANALYSIS AND PRELIMINARY CONCLUSIONS** ..... 26

4.1 Relevance ..... 27
4.2 Coherence ..... 33
4.3 Effectiveness ..... 36
4.4 Efficiency ..... 43
4.5 Impact ..... 47
4.6 Sustainability ..... 49
4.7 HRBA, Gender Equality, and Equity ..... 52

**CHAPTER 5:** ..... 57

**CONCLUSIONS, LESSONS LEARNED AND RECOMMENDATIONS** ..... 57

5.1 Conclusions ..... 59
5.2 Lesson Learned ..... 62
5.3 Recommendations ..... 63

**LIST OF APPENDICES** ..... 66

Appendix 1: Terms of Reference ..... 66
Appendix 2: Intervention Context ..... 67
Appendix 3: Legal and administrative framework around nutrition ..... 69
Appendix 4: Activities under each Result Area ..... 70
Appendix 5: Demographics of Target Districts (2015) ..... 72
Appendix 6: Evaluation Objectives ..... 73
Appendix 7: Evaluation Matrix ..... 74
Appendix 8: Evaluation Design ..... 83
Appendix 9: Programme Documents ..... 84
Appendix 10: Telephone Survey Tool (English) ..... 88
Appendix 10a: Telephone Survey Tool (Shona) ..... 96
Appendix 11: Telephone Survey Details ..... 103
Appendix 12: KII Guides ..... 104
Appendix 13: KIIs Participants ..... 113

APPENDIX 14: COMMUNITY INTERVIEW GUIDES (ENGLISH) ... 114
APPENDIX 14A: COMMUNITY INTERVIEWS (SHONA) ... 137
APPENDIX 15: TRAINING AGENDA ... 160
APPENDIX 16: QUALITY ASSURANCE MEASURES ... 163
APPENDIX 17: TELEPHONE SURVEY TABULATIONS ... 164
APPENDIX 18: COMPLIANCE TO UNEG AND UNICEF'S NORMS & STANDARDS OF EVALUATIONS ... 165
APPENDIX 19: DETAILS OF THE ROLE OF ERG & TREG ... 168
APPENDIX 20: TEAM COMPOSITION & ROLES ... 169
APPENDIX 21: ETHICAL APPROVAL ... 171
APPENDIX 22: EVALUATION PHASES & DELIVERABLES ... 172
APPENDIX 23: EVALUATION WORKPLAN ... 173
APPENDIX 24: DRIVERS OF STUNTING ... 174
APPENDIX 25: PROGRAMME LOGFRAME ... 176
APPENDIX 26: PLANNED VS ACHIEVED RESULTS (OUTPUT LEVEL) ... 178
APPENDIX 27: THEORY OF CHANGE ... 180
APPENDIX 28: EFFICIENCY ANALYSIS – OUTPUT ACHIEVEMENT TILL 2018 ... 181
APPENDIX 29: ACARS COMPLIANCE WITH UN-SWAP INDICATORS ... 182

## LIST OF FIGURES

Figure 1: Structure of the Report ... 2
Figure 2: WHO's Global Nutrition Targets ... 3
Figure 3: Zimbabwe's Progress on Nutrition Targets (MICS 2019) ... 4
Figure 4: Programme's Approach ... 5
Figure 5: Programme's Geographic Spread ... 6
Figure 6: Programme Strategies ... 6
Figure 7: Financial Resources ... 9
Figure 8: Programme ToC ... 10
Figure 9: Evaluation Criteria ... 13
Figure 10: Evaluation Design ... 17
Figure 11: Evaluation Methods ... 18
Figure 12: Types of Documents ReviewedFigure 11: Evaluation Methods ... 18
Figure 12: Types of Documents Reviewed ... 18
Figure 13: Sampling Distribution ... 19
Figure 14: Data Collection Events with Stakeholders ... 21
Figure 15: Quality Assurance Measures ... 21
Figure 16: Implementation Phases and Deliverables ... 25
Figure 17: Drivers of Stunting ... 31
Figure 18: Community Care Model ... 35
Figure 19: Cumulative Budget Allocation per Agency ... 44
Figure 20: Breakdown of Budget per Line Item ... 44
Figure 21: Funds Utilisation vs. Achievement (2017/18) ... 45
Figure 22: Screenshot of NRTM Dashboard ... 46
Figure 23: Stunting Rates in Target Districts (2015 & 2018) ... 48
Figure 24: Yearly Forecasted Change ... 48

## LIST OF TABLES

Table 1: Key Programme Stakeholders and their Role in the Programme ..... 7
Table 2: Programme Beneficiaries ..... 7
Table 3: Key Nutrition Indicators for Four Target Districts ..... 8
Table 4: Distribution of Targeted Population in Four Districts ..... 8
Table 5: Key Evaluation Questions ..... 13
Table 6: Stakeholders' Role, Interests in and Uses for the Evaluation ..... 13
Table 7: KIIs Conducted at National, Provincial, and District Stakeholders ..... 20
Table 8: KIIs with Communities ..... 20
Table 9: Evaluation Participants Disaggregated by Gender ..... 21
Table 10: Limitations and Mitigation Measures Adopted ..... 23
Table 11: Nutrition Status (National vs. Target Districts) ..... 27
Table 12: Alignment with Partners Priorities/Strategies ..... 29
Table 13: Internal Coherence Between UN and Public Sector Partners ..... 33
Table 14: Planned vs. Achieved Outcomes (ACARS) ..... 37
Table 15: Enabling and Disabling Factors & Implications on ACARS Implementation ..... 40
Table 16: Programme's Innovative Models/Strategies and Contributions to Results ..... 41
Table 17: Public Sector – Built and Required Capacities ..... 50
Table 18: Community – Built and Required Capacities ..... 51
Table 19: Programme's Compliance with HRBA Principles ..... 53
Table 20: ACARS Compliance with Gender Equality Principles ..... 54
Table 21: ACARS Compliance with Equity Principles ..... 55
Table 22: Recommendations ..... 63

## LIST OF BOXES

Box 1: Country Profile ..... 3
Box 2: Zimbabwe's Nutrition Factsheet ..... 4
Box 3: Regulatory Food and Nutrition Frameworks in Zimbabwe ..... 4
Box 4: Preliminary Conclusions: Relevance ..... 32
Box 5: Preliminary Conclusions: Coherence ..... 36
Box 6: Preliminary Conclusions: Effectiveness ..... 43
Box 7: Preliminary Conclusions: Efficiency ..... 47
Box 8: Preliminary Conclusions: Impact ..... 49
Box 9: Preliminary Conclusions: Sustainability ..... 52
Box 10: Preliminary Conclusions: HRBA, GE, and Equity ..... 56

## EXECUTIVE SUMMARY

This report is produced as part of the **Summative Evaluation** of the joint United Nations Children's Fund (UNICEF) Zimbabwe and the Food and Agriculture Organisation (FAO) intervention named **Accelerated Community Actions for Reducing Stunting** (hereinafter referred to as the 'ACARS' or simply as the 'Programme'), implemented in selected (four) districts of Zimbabwe from January 2017 to September 2020. The major donor was the European Union (EU). The Programme aimed to improve food and nutrition security and increase household resilience to repeated shocks in Zimbabwe. The implementation was led by the Government of Zimbabwe (GoZ), represented by Ministry of Health and Child Care (MoHCC), Ministry of Lands, Agriculture, Water, Climate and Rural Resettlement (MLAWCRR), and Food and Nutrition Council (FNC). AAN Associates (the contractor/consultants), implemented the evaluation between September 2020 and May 2021. The evaluation scope remained unchanged from what was detailed in the evaluation Terms of Reference (ToR). However, in view of the COVID-19 driven lockdown in Zimbabwe (enforced in January 2021), the proposed evaluation design, methodology and implementation was adapted to overcome the mobility and assembly-related restrictions. The evaluation took longer than initially anticipated due to delayed administrative and ethical approvals. The report comprises five chapters and appendices.

Picture: https://www.unicef.org/zimbabwe

## Context and Intervention:

Zimbabwe is situated in the Eastern and Southern African region. The country has population of 14.6 million (2019).[23] Malnutrition is widespread and considered to be one of the most serious health problems facing the country—particularly affected are women of reproductive age, infants and children. Stunting affects one in every four children under the age of five, putting them at risk of impaired physical and cognitive growth.[24] Main drivers of malnutrition include: i) poor maternal health and nutrition; ii) inadequate infant and young child feeding practices; and ii) infections. Addressing malnutrition (including stunting) is one of the health and nutrition priorities for the GoZ, as is listed in multiple sectoral policies and plans. To address the problem, the country has evolved a multi-sectoral community-based model (MCBM) approach.[25] The approach features multi-stakeholder coordination structures (at national and sub-national levels) known as the Food and Nutrition Security Committees (FNSCs) at provincial, district and ward levels.

## Object of Evaluation:

The Programme or intervention being evaluated is ACARS. It has been implemented in four target districts (Mwenezi, Mutasa, Chipinge and Chiredzi) from January 2017 to September 2020. The aim was to effectively implement policies and interventions to reduce chronic malnutrition and increase resilience to food insecurity and nutrition shocks in Zimbabwe. The Programme included a series of interventions under four result (strategic) areas: i) improving the multi-sector nutrition governance at all levels to achieve more effective coordination and accountability; ii) establishment and implementation of a multi-sectoral national information system on food and nutrition to enable evidence-based programming; iii) capacity development of MLAWCRR to better integrate nutrition in planning, policy, strategy development/operations; and iv) a national nutrition education campaign contributing to improved nutritional practices among the general population. The primary beneficiaries of the Programme were children under five and pregnant women and lactating mothers. The programme budget was EUR 3,363,820/-.

## Purpose, Objectives and Scope of Evaluation:

This is the end-of-programme evaluation and summative by purpose. The primary purpose is accountability with a secondary focus on learning to inform possible replication and scale-up in other districts. The evaluation objectives include: i) generating evidence of the Programme's achievements vis a vis planned results (outcomes and outputs); ii) identification and documentation of gaps and challenges in achieving programme results; iii) identification of opportunities and risks to sustainability of programme interventions and results; and iv) identification of lessons-learned and setting actionable recommendations for scale-up to other districts in Zimbabwe.

The scope (thematic and chronological) includes an assessment of all programme activities (at the national, sub-national, district and community levels) implemented from January 2017 to September 2020. The geographic scope includes all programme activities implemented at the national and sub-national levels in the four districts of Chipinge, Chiredzi, Mutasa and Mwenezi.

**Evaluation Design, Methodology and Limitations:** The overarching approaches that underpin the evaluation include: Mixed Method,[26] Theory-based,[27] and Participatory.[28] Keeping in view the evaluation expectations and programme design, the evaluators applied a **Hybrid Evaluation Design** featuring two sub-designs i.e., Contribution Analysis[29] and Quasi-experimental[30] (Before-After.)[31] The evaluators gathered quantitative and qualitative data using a mixed methods

[23] The World Bank, 'World Bank Statistics', https://data.worldbank.org/indicator/SP.POP.TOTL?locations=ZW, accessed October 2020.
[24] Zimbabwe 2019 Multi Indicator Cluster Survey (MICS).
[25] The MCBM is a people-centred approach that places ownership and control of the development process within the community.
[26] Mixed Methods research design is a procedure for collecting, analysing, and 'mixing' both quantitative and qualitative research and methods in a single study to understand a research problem.
[27] Theory-based approaches to evaluation use an explicit theory of change to draw conclusions about whether and how an intervention contributed to observed results.
[28] Participatory Evaluation is an approach that involves the stakeholders of a programme or policy in the evaluation process.
[29] Contribution analysis explores attribution through assessing the contribution a programme is making to observed results.
[30] Quasi-experimental research designs test causal hypotheses. In both experimental (i.e., randomized controlled trials or RCTs) and quasi-experimental designs, the programme or policy is viewed as an 'intervention' in which a treatment is tested for how well it achieves its objectives, as measured by a pre-specified set of indicators.
[31] Before-after design involves measuring the dependent variable both before and after the participants have been exposed to the independent variables (taken from FAO Marketing Research and Information Systems – Chapter 6).

approach. The methods included: a telephone survey (that replaced the planned household survey); key informant interviews (KIIs); and community interviews (that replaced the planned focus group discussions). The design and methodology adaptions included: dropping the data collection from control districts (due to inability to find uncontaminated districts) and replacement of the field survey with a telephone survey (with reduced sample size). The evaluators applied a remote data collection approach (with an increased role for national consultants and evaluation partners) and rigorous training and quality assurance mechanisms, overseen by the international team. The telephone survey was implemented in 394 households with mothers or primary caregivers as respondents (aged 15-49 years) and was implemented in all four districts. Qualitative data collection involved 32 KIIs (including 18 male and 14 female participants) with stakeholders including UNICEF, FAO, MLAWCRR, MoHCC, FNC and the EU, among others. The evaluators conducted 56 community interviews (involving 26 males and 30 females) with mothers, fathers, farmers, agriculture extension workers and village health workers. A total of 438 participants (telephone survey, KIIs, and community interviews) participated in the evaluation to share their feedback, views, and suggestions about the programme. The secondary data review included 112 documents. Evaluation design methods and implementation placed a considered focus on the integration of human rights-based programming, gender equality and equity. Integration was ensured by developing separate evaluation questions, tools, analysis and findings section for three cross-cutting programming priorities. The design and methodology adaptation led to limitations such as bias for the selection of respondents (inclusion of respondents who had access to phones). Furthermore, the data limitations constrained evaluators from conclusively assessing impact and efficiency.

## Evaluation Findings and Preliminary Conclusions:

### Relevance:

The evaluation team found that the Programme was **Relevant** because it: prioritised an evident community need (as identified in the 2015 baseline); appropriately selected districts based on need and vulnerability (higher malnutrition numbers reported compared to national averages); and was consistent with GoZ policies and plans (health, nutrition and agriculture). In 2015 when the Programme started, the need to address malnutrition was evident from the statistics. As many as 8.5% of children were underweight, 27.1% of children experienced stunting; and 1.1% experienced severe wasting. In 2018, the women's Minimum Dietary Diversity (MDD)[32] score was 44%. The Programme design is assessed to be appropriate (relevant) for taking a holistic approach, whereby it aimed to address both the supply and demand-side challenges to food and nutrition security, by applying MCBM. Moreover, appropriateness is evident for demonstrated overlaps and alignments of programme objectives and strategies with those of national policies and plans. The context changed significantly during programme implementation as the country was affected by natural calamities, economic crisis and the COVID-19 pandemic. The evaluation team noted that programme interventions did not adapt much despite significant contextual change, which implementers attribute to inflexible contractual arrangements with the donor.

### Coherence:

The evaluators assess the Programme as **Coherent** in terms of leveraging internal synergies and for demonstrated consistency with the United Nations and GoZ's mandates and policies. The Programme applied a holistic approach to tackle food and nutrition needs. The evaluators noted that the Programme could have done better with leveraging external complementarities had it prioritised stakeholder mapping to forge external partnerships (apart from the UN convergence assessment). A formal partnership with the Ministry of Rural Resources and Water Development (for implementation of WASH-related activities) and Ministry of Women Affairs, Gender and Community Development (for gender integration) may have resulted in securing greater commitment and participation from representatives of these ministries, particularly at the District / Ward Food & Nutrition Security Councils (D/WFNSCs) level. Despite this gap, the Programme was able to partner and leverage the skills and outreach of the implementing partner (Nutrition Action Zimbabwe - NAZ); research organisation (ZVITAMBO); and traditional leaders. Additionally, the

[32] Minimum Dietary Diversity: Consumed five of the ten food groups in the last 24 hours.

Programme has contributed to strengthening existing government and community structures, including the FNSCs. Some issues were reported to have impacted the smooth implementation of these committees, including: mobility constraints (limited transport allowances), limited budget allocation for implementation of micro plans, and inconsistency in participation and commitment by some committee members.

### Effectiveness:

The Programme is assessed as **Mostly Effective,** for being able to achieve most of outcome level results. This assessment is based on the achievements for 8 out of 10 outcome-level indicators (two were not assessed due to insufficient data). Based on the evaluation team's assessment,[33] three indicators were fully achieved; two were mostly achieved; two were slightly achieved and one was least achieved. It should be noted that the findings for five of the eight outcome indicators are drawn from the non-representative telephone survey undertaken as part of the evaluation, whilst the remaining three were drawn from the Programme's progress reports. The survey results demonstrate improvements in the nutritional status of children under five years of age as MDD[34] was measured at 51% (up from 17% at baseline in 2017); and Minimum Acceptable Diet (MAD)[35] was at 39% (up from 9% at baseline). The MDD for women was measured at 37% (no baseline available – nevertheless the target was missed as it was set at 60%). The household diet diversity score (HDDS) was measured at 50% (no baseline available and target was missed as it was set at 80%). The enabling factors that facilitated the Programme's achievements include: i) alignment of objectives and strategies with national policies and plans resulting in enhanced commitment and ownership by key GoZ partners; ii) use of MCBM to leverage complementarities and build linkages with relevant partners and community structures; and iii) engagement of traditional leaders that enhanced community trust and participation of programme interventions. The disabling factors that hindered achievements include: i) delayed recruitments and competing priorities of government partners caused implementation delays; ii) resource diversions to manage frequent emergencies caused both operational delays and constrained resource availability; and iii) limited resource allocations/reappropriations for some activities resulted in discontinuation of some interventions altogether.

Programme contribution resulted in several unintended results. These include the revival and capacity building of WFNSCs to contribute to and lead effective humanitarian response (whereby the forums led localised COVID-19 education and awareness campaigns); expansion in the mandate of care groups (whereby they were found to be disseminating gender-sensitive messaging and information on income generating activities); and a decrease in domestic violence. Several innovative models or strategies were applied, including the NRTM (which showed limited effectiveness as it was discontinued on account of operational and cost issues); model villages (limited evidence to assess their effectiveness); and care group model (demonstrated effectiveness in terms of uptake of nutrition and health seeking behaviour). The evaluators conclude that the ToC is largely complete (however some assumptions, risks and synergies were missing) and that the causal chain is valid.

### Efficiency:

Data limitations (not having access to expenditure statements for 2019 and 2020 and disconnect of budgets with results/outcomes) constrained the evaluation team's ability to comprehensively assess the Programme's efficiency. From the financial data that was available, it appears that 67% of programme resources were allocated to UNICEF while 26% were allocated to FAO, which is consistent with role distribution between the two UN agencies. Almost half of the total budget was allocated for grants to counterparts (for trainings, reviews, assessments and the implementing partner). Based on the expenditure data for 2017/2018, the Programme spent 43% (less than half) of available financial resources and managed to achieve 60% of the output targets, indicating efficient use of resources. The Programme faced delays for multiple reasons including general elections in Zimbabwe; lag in payment disbursement; procurement and recruitment delays

[33] Fully Achieved: 91% - 100%, Mostly Achieved: 66% - 90%, Slightly Achieved: 36% -65%, Least Achieved: 11% - 35%, and Not Achieved:0-10%.
[34] Minimum Dietary Diversity (children): Consumed four of the seven food groups.
[35] Minimum Acceptable Diet is a composite indicator of minimum dietary diversity and minimum meal frequency; it is the proportion of children 6–24 months of age who receive a minimum diversified diet and minimum meal frequency.

(particularly faced by FAO); competing priorities from the GoZ; and COVID-19 related mobility restrictions. These factors led to the Programme seeking a no-cost extension, resulting in extension until September 2020 (from December 2019). External monitoring and evaluation (M&E) initially focused on contributing information on key programme indicators to an existing system (developed by the Bill and Melinda Gates Foundation) called Near to Real Time Monitoring (NRTM). This system was marred by delayed reporting and operation issues. Both documentary evidence and stakeholders confirm that the Programme discontinued use of NRTM for cost and operational reasons, and the NRTM did not help to inform decision making nor did it help in efficient resource utilisation. With regards to internal monitoring, the Programme monitored its progress through reports from implementing partners (IP) and monitoring missions conducted by both agencies. The mechanism was deemed sufficient and timely by the implementers.

**Impact:**

There are two programme impact indicators i.e., to reduce stunting in children under five years of age to 25.6% in intervention districts and to reduce anaemia amongst women of reproductive age (with no target). The evaluation team could not find current data for the second indicator and therefore it was not assessed. For the stunting indicator, the evaluation team used the Programme's baseline (2015) and National Nutrition Survey (NNS 2018) to assess change in the stunting rates. It should be noted that the two studies have had different sampling approaches. Trends from the 2018 data suggest that the Programme was likely to miss the target of 25.6% by 2020 (the logframe includes an overall target for stunting despite variation in baselines, context, and risk/exposure within these districts). The data suggests that stunting rates in intervention districts on average have gone up from 27.78% (in 2015) to 28.1% (2018). If the Programme were to achieve the target, the projected numbers for the target districts should have been around 26.47% (in 2018), whereas they were 28.1% (missing the target by a margin of 1.63%). The numbers vary across districts. For instance, in two districts the stunting rates have come down marginally i.e., from 26.5% to 25.8% in Mwenezi, and from 32.2% to 31.4% in Mutasa. In the other two districts, the rates have gone up i.e., from 30.2% to 30.5% in Chipinge and 22.2% to 24.7% in Chiredzi. At the national level, the national stunting rates (unlike the results from target districts) have come down from 27.6% (MICS 2014) to 23.5% (MICS 2019). The evaluators are unable to explain the contradiction. However, plausible reasons for missing out on impact targets include repeated shocks or natural calamities in interventions districts; heightened level of deprivation for other socio-economic indicators; and religious beliefs and customs may have discouraged people from adopting new practices and behaviours.

**Sustainability:**

Despite not having an articulated exit strategy, programme implementation has visibly contributed to building public sector and community capacities which reinforce continuity of programme interventions and results. The key programmatic contributions to improved capacities include reviving existing structures such as Ward Food and Nutrition Security Council (WFNCS); capacitating public sector staff at the national and sub-national levels (of MoHCC, FNCs and MLAWCRR in particular); and creating new community structures such as care groups. In addition, integration of the Programme's approach and intervention in government structures is evident through the FNSCs (which are part of the government structure); food based dietary guidelines (FBDGs) (developed in collaboration of MoHCC, MLAWCRR and relevant stakeholders); the care group model (standard operating procedures developed for replication); and the MCBM approach (being implemented in 38 other districts). There is a need for continued support for system strengthening as the approach is scaled up in additional districts. Needed support includes planning refreshers for trained public sector staff; provision or advocacy of financial support to implement micro plans; provision or advocacy of incentives for village health workers (VHWs) for enhanced motivation; provision of mobilisation costs for extension and health workers; inclusion of mass media campaign to uniformly reach out to all community members (especially those who do not participate in community meetings); continued sensitization of religious leaders; and technical and logistical support in dissemination of FBDGs.

### HRBA, Gender Equality and Equity:

**HRBA:** The Programme is concluded to be consistent with Human Rights-Based Principles (HRBA) including: participation (by facilitating multi-stakeholders and multi-layered partnerships), non-discrimination and equality (no discrimination in implementation of programme activities for target beneficiaries), empowerment (by enabling access to knowledge leading to perceived sense of empowerment in women to make better food and health choices) and legality (compliant with child rights provisions enshrined in international and regional treaties). It was only partially compliant with the accountability principle due to lack of a formal tracking mechanism. A formal tracking mechanism would have helped in tracking actions taken to address challenges raised at community level and feedback from the community not documented after discontinuation of NRTM.

**Gender Equality:** The evaluation team found that the Programme was **partially compliant** with gender equality principles. The logframe had one indicator that allows for gender disaggregation (stunting of girls and boys). The Programme was implemented without any structured gender assessments to understand underlying reasons behind high prevalence of stunting in boys as compared to girls. A barrier analysis was conducted to understand the challenges or bottlenecks behind limited uptake of promoted behaviour. The Programme's communication component was informed by the findings from the barrier analysis in terms of inclusion of men and elderly women in sensitisation activities. The Programme's reporting on gender disaggregates was minimal. As for compliance to UN-SWAP 2.0 principles, the results are mixed. As a result of these factors, the evaluation team concluded that the Programme was partially compliant. Out of nine gender equity indicators, the Programme was found to be compliant on five indicators, and non-compliant on four.

**Equity:** The evaluation team found that the Programme was **partially compliant** with equity principles. The selection of target districts was driven by equity as the districts showed high prevalence of stunting at the time of programme design. The Programme relied on national nutrition and health surveys (including ZIMVAC) to identify vulnerable households. Key interventions that were equity-centric include: community care model promoting lead mothers to train their neighbours (equal opportunity for elderly and disabled women who could not travel); WFNSCs developing and implementing action plans to address drivers of stunting in communities prone to risk of malnutrition; use of traditional leaders to reach out to religious families that were prone to not seek healthcare (both for women and children). The Programme's progress reports do not present results on any equity disaggregates such as rich/poor, urban/rural or married/unmarried.

### Conclusions:

The evaluation concludes the Programme was relevant and mostly effective. The positive changes in food and nutrition indicators of children under five year of age and women underlines the need for programme continuity and scale-up in the other districts of Zimbabwe. Future interventions must continue to advocate for multi-sectoral efforts and seek financial commitments from public agencies for continued implementation. Additionally, linkages developed with the public sector and communities through care groups, FNSCs and traditional leaders have proven effective and merit replication.

### Lessons Learned:

Key learnings include: i) continued implementation of MCBM for demonstrated effectiveness in fostering wider acknowledgement that malnutrition is a complex problem and requires a multi-pronged multi-stakeholder approach, including the public sector, CSOs, technical agencies and community efforts in order to address it effectively and sustainably; and ii) there are benefits to continued use of the community care group model (community level initiatives such as income generating activities, food production, and cooking demonstrations added to the sustainability of care groups) and engagement of religious leaders (in message dissemination proved useful for the respect and influence they wield).

Picture: https://www.unicef.org/zimbabwe

# Recommendations:

**Recommendation 1: For the scale-up phase, programme design, where it merits continuation of MCBM approach, requires considered rethinking as per below:**
**Relevant Stakeholders:** UNICEF / FAO / FNC

- Undertake regular gender and risk assessments (before and during implementation) and use findings to add greater focus on gender equality and resilience (risk reduction and response) to programme interventions. Together with M&E assessments (elaborated further in Recommendation 3), use assessments to inform programmatic revisions as to demonstrate commitment to adaptive programming. Explore with donors the options to include a crisis modifier clause in the contract in order to adapt programme interventions to changing realities.
- Consult stakeholders to explore the possibility of including private sector and businesses (especially those working in the food and agriculture sectors) in the FNSCs (preferably at district/ward levels) to mobilise additional resources (financial and material), and leverage them to implement WFNSC's micro plans, particularly those interventions that public sector partners are unable to fund on their own.
- At the design stage, set realistic impact/outcome targets (programme targets were quite ambitious) and use district-based targets rather than overall targets, whilst keeping in view contextual variations in terms of baseline, risk exposure and overall level of development. Resources should be allocated accordingly. For the scale-up phase, the Programme logframe should include more WASH and gender-specific indicators (age and sex specific), for women (pregnant and lactating mothers). The Programme had only one indicator for each of the following: women, health and nutrition, and WASH (out of ten outcome indicators with no output level indicators).
- The budgeting process for the scale-up phase must link costs to results/outcomes. Moreover, planning should include development of a realistic budget (including devaluation risks) to avoid running into situations where it is either necessary to reduce scope or discontinue planned activities (e.g., as happened with FCTs and NRTM during ACARS).
- Reconfigure the existing C4D approaches/interventions and lay adequate focus and resources to leverage mass communication tools such as radio, TV, social media and others for community outreach and behavioural change especially for those who are residing in hard-to-reach areas or do not participate in care group meetings.

**Recommendation 2: Strengthen community level engagement and capacity development by implementing the following actions –**
**Relevant Stakeholders:** UNICEF / FAO / FNC / MoHCC / MLAWCRR

- To cultivate greater participation in D/WFNSCs, the job descriptions and performance assessment systems for representatives from relevant departments need to be adapted (by adding key performance indicators related to food and nutrition activities). Set mandatory conditions for stakeholders (such as attendance, participation, delivery of assigned tasks, approval of periodic plans and disbursement of financial resources).
- Continue supporting the GoZ with system strengthening and integration of programme activities in its delivery of food and nutrition-sensitive activities, especially capacity building of public sector staff (in terms of coordination, technical and oversight capacities; leveraging internal and external partnerships; and other potential avenues for resource generation).
- Develop and implement models for monetary and non-monetary incentives for extension workers, health workers and community volunteers/activists for sustained motivation. Develop cases for replication by the public sector. Non-monetary incentives such as identification (badge or shirt), personal growth and development (trainings), recognition (certificates of participation) and peer support, may contribute to boosting morale for continued implementation of programme activities.
- Continue implementing the care group model (including engagement of traditional leaders) and add components such as income generation activities (apart from the food and nutrition focus). This may result in higher participation and sustainability due to perceived economic value being attached to the care group activities.

**Recommendation 3: The M&E system will benefit from recommended changes to help produce quality and usable information to make informed decisions.**
**Relevant Stakeholders:** UNICEF / FAO / FNC

- Implement district-specific baselines for scale-up districts and use that for tracking of inputs, outputs and outcome achievements at the district-level (against district wide targets); lay adequate focus on measurement of gender equality and equity results; schedule regular outcome measurement assessments (midline and endline surveys); and make any adjustments (if needed) in programme activities and resources**.**
- Plan and implement bi-annual district level reviews and reflections to encourage critical thinking and documentation to contribute to adaptive programming. The lessons learned should be disseminated to other districts to help them benefit from the generated knowledge. The invitees can also include interested stakeholders/donors/NGOs to inform them of ongoing interventions. This may enable leveraging local and international network/partnerships to assist the GoZ in securing alternative sources of financing for the sustenance of Programmatic activities**.**
- Support tracking of actions suggested to stakeholders during coordination meetings and document communities' feedback to programme activities. The specific actions may include: i) introducing a tracker (an Excel-based tool will serve the purpose with FNC as its custodian) and systematically monitor whether suggested actions were taken to address challenges/bottlenecks identified in review meetings of D/WFNSCs. The tracker should be reviewed at the national level coordination meeting to hold stakeholders accountable and for greater transparency; and ii) introduce a formal feedback mechanism to promote social accountability (where community feedback is raised and documented). The care group meetings can be used as an avenue to collect feedback at the grassroot level, with D/WFNSCs held responsible to formally document and share it during the coordination meetings.

Chapter 1:

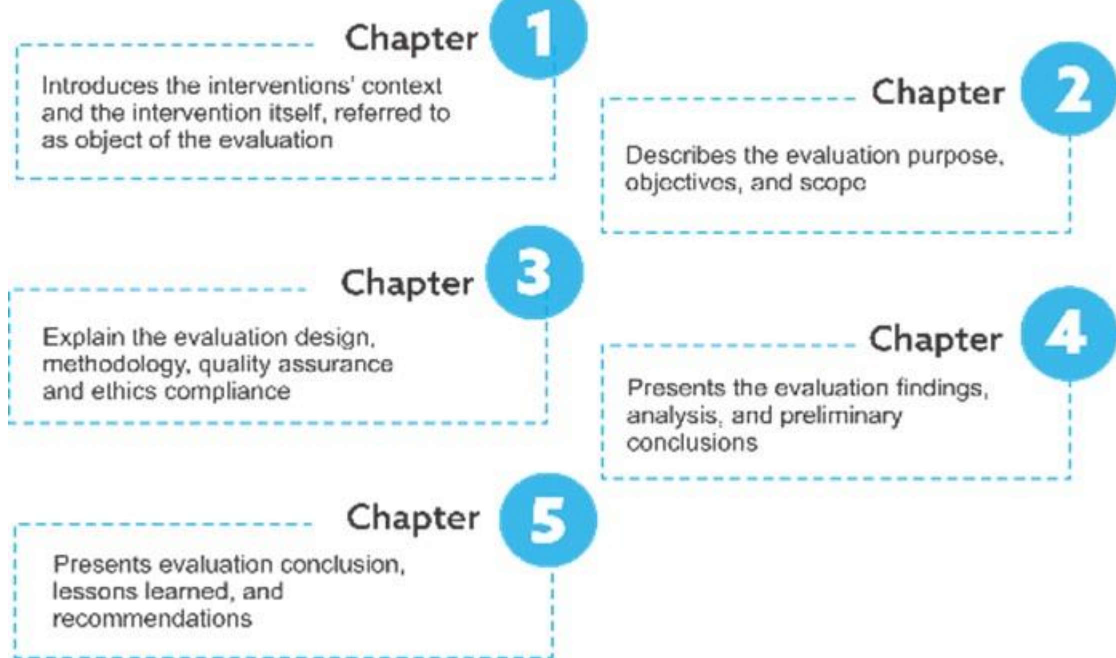
# Introduction and Object of the Evaluation - ACARS Programme

This is the final report produced as part of the **Summative Evaluation** of the joint United Nations Children's Fund (UNICEF) Zimbabwe and the Food and Agriculture Organisation (FAO) intervention named **Accelerated Community Actions for Reducing Stunting** (hereinafter referred to as the 'ACARS' or simply as the 'Programme'), implemented in four districts of Zimbabwe (including Mutasa, Mwenezi, Chipinge and Chiredzi) from January 2017 to September 2020. The major donor was the European Union (EU). The Programme aimed to improve food and nutrition security and increase household resilience to repeated shocks in Zimbabwe. The implementation was led by the Government of Zimbabwe (GoZ), represented by Ministry of Health and Child Care (MoHCC), Ministry of Lands, Agriculture, Water, Climate and Rural Resettlement (MLAWCRR), and Food and Nutrition Council (FNC). AAN Associates (the contractor/consultants), implemented the evaluation between September 2020 and May 2021.

The evaluation scope includes all programme activities implemented at the national level (with key ministries),[36] sub-national level (districts) and community level from January 2017 to September 2020. The evaluation objectives and scope are as outlined in the evaluation Terms of Reference (TOR – attached as Appendix 1). Implementation of the evaluation took longer than initially anticipated due to delayed ethical approvals (from Medical Research Council of Zimbabwe and Research Council of Zimbabwe) and the COVID-19 driven national lockdown (imposed in Zimbabwe on January 4, 2021). The evaluation team adapted the evaluation methodology in view of the national lock-down that resulted in movement and assembly restrictions. The household survey was replaced with a telephone survey and focus group discussions were replaced by community interviews. Primary data collection was done remotely.

This report comprises five chapters and a series of appendices. The contents of each chapter are outlined below:

Figure 1: Structure of the Report



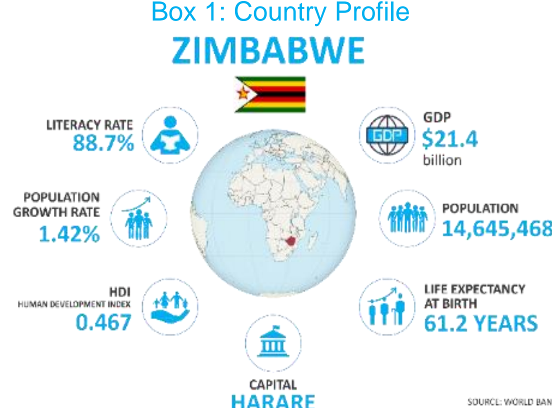

## 1.1 Intervention Context

This section describes the broader context in which the intervention was planned and implemented and includes a brief introduction to the country of Zimbabwe, focusing on the legal, institutional and political environment surrounding malnutrition and stunting (refer to Appendix 2 for further details).

[36] MoHCC, MLAWCRR and FNC.

### 1.1.1 Country Context

Box 1: Country Profile




The Republic of Zimbabwe is situated in Eastern and Southern Africa. The country has a total population of 14.6 million (2019)[37] with a gender balance of 52.3% females and 47.7% males.[38] Administratively, the country is divided into eight provinces and two cities with provincial status. Zimbabwe is a young country with 42.2% of the population under 14 years of age.[39] The birth rate is 33.68 births/1,000 (2018).[40] English is the official (business) language, with Shona and Ndebele being national languages.

The last decade has brought radical economic changes. Between 2010 and 2019 the annual growth rate fell from 19.7% to 8.1%.[41] Zimbabwe was hit by both severe drought and Cyclone Idai, leading to triple digit inflation levels (521%). In 2019, extreme poverty reached 40% (up from 33.4% in 2017). Projections indicate rising poverty levels; continuing economic contraction (largely due to COVID-19); and loss of employment and income. These factors are exacerbated by the restrictions on mobility, inflationary pressures and drought conditions.

### 1.1.2 Global and Regional Context of Malnutrition and Stunting

Malnutrition includes undernutrition (wasting,[42] stunting[43] or underweight[44]), inadequate vitamins or minerals, overweight, obesity, and resulting diet-related non-communicable diseases. Globally, undernutrition remains a key factor in 35% of child deaths, and irreversibly impairs the physical and mental development of children leading to a 10% reduction in lifetime earnings and up to 8% reduction in gross domestic product (GDP) in high burden countries.[45] In 2012, the World Health Assembly passed a resolution to endorse a 'Comprehensive Implementation Plan on Maternal, Infant, and Young Child Nutrition' outlining six global nutrition targets to be achieved by 2025 (refer Figure 2).[46]

Figure 2: WHO's Global Nutrition Targets

achieve a **40%** reduction in the number of children under-5 who are stunted;

achieve a **50% reduction of anaemia in women** of reproductive age;

achieve a **30% reduction** in **low birth weight;**

ensure that there is no increase in **childhood overweight;**

increase the rate of exclusive **breastfeeding** in the **first 6 months** up to at least 50%;

reduce and maintain **childhood wasting** to less than 5%.

**WHO GLOBAL NUTRITION TARGETS**

Stunting (low height-for-age) is an indicator of chronic undernutrition. Nearly two out of five stunted children live in sub-Saharan Africa, comprising 20% of the global total (2019). The underlying reasons are similar across countries within the region: **poor maternal health and nutrition; inadequate infant and young child feeding practices; and infections**. Contrary to the global trends, the stunting rates are on the rise in **Eastern and Southern Africa.**[47] Some regional countries have made progress in reducing stunting, however the average annual rate of reduction in stunting is lower than the average population growth rates,[48] resulting in an overall increase in numbers.

[37] The World Bank, https://data.worldbank.org/indicator/SP.POP.TOTL?locations=ZW.
[38] The World Bank, https://data.worldbank.org/indicator/SP.POP.TOTL?locations=ZW.
[39] The World Bank, https://data.worldbank.org/indicator/SP.POP.TOTL?locations=ZW.
[40] The World Bank, https://data.worldbank.org/indicator/SP.POP.TOTL?locations=ZW.
[41] The World Bank, https://data.worldbank.org/indicator/SP.POP.TOTL?locations=ZW.
[42] Low weight-for-height.
[43] Low height-for-age.
[44] Low weight-for-age.
[45] The Lancet Series on Child and Maternal Undernutrition, 2008.
[46] World Health Organisation, https://apps.who.int/iris/bitstream/handle/10665/149018/WHO_NMH_NHD_14.2_eng.pdf>.
[47] UNICEF, https://unicef.org/esa/reduce-stunting.
[48] Ibid.

### 1.1.3 Malnutrition and Stunting in Zimbabwe

Malnutrition is considered to be one of the most serious health problems in Zimbabwe. Most affected groups include infants, children and women of reproductive age. In 2019, about one in four children under five experienced stunting, putting them at risk of impaired physical and cognitive growth (See Box 2 for information on the micronutrient situation in Zimbabwe).[49] Reasons for these statistics include, but are not limited to, a lack of dietary diversity, inconsistent feeding practices and poor WASH conditions. Adolescent and young mothers are especially vulnerable to nutrient deficiencies. Refer to Figure 3 for key statistics (including progress) for Zimbabwe vis a vis global nutrition targets:[50]

Box 2: Zimbabwe's Nutrition Factsheet

**3%** of children 6-59 months - prevalence of wasting (2019)

**72%** of children 6-59 months and **62%** of women of childbearing age are iron deficient.

**21%** children (6-59 months) and **24%** women of childbearing age are vitamin A deficient.

Figure 3: Zimbabwe's Progress on Nutrition Targets (MICS 2019)

**WRA Anemia**
**50%** reduction of anemia in women of reproductive age
Prevalence: 28.8% (WHO 2016)

**Low birthweight**
**30%** reduction in low birth weight
Prevalence: 12.6% (MICS 2019)

**Exclusive Breastfeeding**
Increase rate of exclusive breastfeeding in the first 6 months up to at least **50%**.
Prevalence: 41.9% (MICS 2019)

**Under-five Stunting**
**40%** reduction in U5 Stunting
Prevalence: 23.5% (MICS 2019)

**Under-five Wasting**
Reduce and maintain childhood wasting to less than **5%**
Prevalence: 2.9% (MICS 2019)

**Under-five Overweight**
No increase in childhood overweight
Prevalence: 2.5% (MICS 2019)

The GoZ has ratified or signed several international and regional treaties related to food and nutrition. These include: the Universal Declaration of Human Rights (1948);[51] the Convention on the Rights of the Child (1989);[52] the International Covenant on Economic, Social and Cultural Rights (1976);[53] and the African Charter on the Rights and Welfare of the Child (2003).[54] The country has also joined the global community in seeking to address under-nutrition, particularly in the first 1000 days of life and is considered among the 'early risers',[55] under the Scaling Up Nutrition (SUN) movement.[56] The GoZ's commitment to improving the country's food and nutrition is further reflected in several national laws and policies governing the nutrition sector (refer to Box 3 – details on each policy are included as Appendix 3). Moreover, the country has embraced a multi-sectoral approach to stunting and has created a coordination secretariat (the Food and Nutrition Council) and formulated structures for vertical and horizontal coordination from the national to local levels through Food and Nutrition Security Committees (FNSCs).

Box 3: Regulatory Food and Nutrition Frameworks in Zimbabwe

- Constitution of Zimbabwe (section 77)
- Food and Nutrition Security Policy for Zimbabwe (2013)
- National Nutrition Strategy 2014-2018
- Zimbabwe Agenda for Sustainable Socio-Economic Transformation (2013 - 2018)
- Zimbabwe Interim Poverty Reduction Strategy Paper (I-PRSP) 2016-2018
- Zimbabwe's Health Strategy 2016-2020

In the last decade, the GoZ has made strides in developing and adopting a series of policy and strategic documents to address the problem of stunting. However, the GoZ required technical support in operationalizing policy documents and translating them into key action plans. This formed the basis for UNICEF and FAO to collaborate (through ACARS) in areas of their comparative advantage to provide technical support and build capacity of key government

[49] Evaluation ToR.
[50] Global Nutrition Report, 'Country Nutrition Profiles', https://globalnutritionreport.org/resources/nutrition-profiles/africa/eastern-africa/zimbabwe/#profile.
[51] **Article 25**: Right to an adequate standard of living.
[52] **Article 27**: Right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.
[53] **Article 11:** Every human being has the right to adequate food and the fundamental right to be free from hunger.
[54] **Article 14 2(c):** Commitment to food and nutrition security.
[55] Developing countries that have already started to implement actions on nutrition at the national level are known as 'early riser' countries.
[56] Scaling Up Nutrition, or SUN, is a movement led by countries committed to the understanding that good nutrition is the best investment of the future. The political leaders of SUN countries agree to engage all sectors of central and local governments in efforts to improve nutrition.

departments (MoHCC, MLAWCRR and FNC) to effectively implement policies and interventions to reduce chronic malnutrition and increase resilience to food security and shocks in Zimbabwe.

## 1.2 Programme Introduction (Object of Evaluation)

This section presents an overview of the intervention, referred to as the object of evaluation. The description includes programme goals, objectives, implementation status, timeline, resources, participants (beneficiaries), geographic scope, stakeholders and their roles, Theory of Change (ToC) and significance.

### 1.2.1 Programme Overview

The Programme was implemented in two provinces, Manicaland and Masvingo, from January 2017 to September 2020. Within these two provinces, four districts were selected: Matusa and Chipinge in Manicaland, and Chiredzi and Mwenezi in Masvingo. The Programme was designed to address three core issues[57] or bottlenecks including: i) weak coordination structures; ii) poor understanding of the determinants of stunting; and iii) poor targeting of nutritionally vulnerable households.

The Programme was built on an existing community-based model[58] (developed as part of the pilot implemented in selected wards) to reduce stunting in four target districts[59] known as the **Multi-Sectoral Community Based Model (MCBM)**.[60] As a follow-up to the pilot, the Programme implemented a comprehensive and integrated approach using the expertise and experience of the public sector, including relevant ministries (MoHCC, MLAWCRR and FNC) and brought together two United Nations agencies as technical partners - UNICEF and FAO. Furthermore, the MCBM relied on the FNSCs to address causes of stunting. These committees at higher levels provide policy direction and technical guidance. At the lowest implementation level, the Ward Food and Nutrition Security Committees (WFNSCs) are responsible for working closely with the communities to develop micro-plans for addressing challenges and delivering the prioritised evidence-based interventions for reduction in stunting.

Figure 4: Programme's Approach

National Level
Supporting and strenghtening multi-sectoral coordination
Capacity building & integration of nutrition into MLAWCRs policies, strategies, programmes and planning
Formulation of FBDG & food composition tables
Documentation & information management

Community/ District Level
Aiding in strenghtening multi sectoral FNSC for identification of drivers of stunting
Promotion of diversified agricultural production
Community level educative activities for reduction in stunting

A two-pronged approach with a series of interventions was developed and implemented to address these nutrition-related challenges at national and district levels[61] (refer to Figure 4). At the national level, the Programme planned to support relevant ministries with interventions around policy development, strategy formulation and implementation. At the district (including community) level, the approach entailed strengthening subnational coordination structures and implementation of a nutrition education campaign for improved nutritional practices among target beneficiaries.

### 1.2.2 Programme Goal and Expected Results

The Programme has one goal divided into four result areas. The goal is: **to improve food and nutrition security and increase household resilience to repeated shocks in Zimbabwe**.[62] The result areas are mentioned below:

[57] As per Programme's ToC.
[58] Developed in 2015 – as per the Programme's proposal.
[59] Programme's Proposal.
[60] Midterm EU commissioned ROM Report.
[61] Midyear Progress Update - January 2019 to June 2019.
[62] Programme ToR.

- **Result Area 1:** Improved multi-sector nutrition governance at all levels to achieve more effective coordination and accountability.
- **Result Area 2:** A multi-sectoral national information system on food and nutrition security is established and implemented to enable evidence-based programming.
- **Result Area 3:** Ministry of Lands, Agriculture, Water, Climate, and Rural Resettlement is capacitated to better integrate nutrition in planning, policy and strategy development/operations.
- **Result Area 4:** A national nutrition education campaign is contributing to improved nutritional practices among the general population.

### 1.2.3 Programme Timeline and Implementation Status

The Programme was implemented from January 2017 to September 2020. The implementation was concentrated in two provinces: Manicaland and Masvingo. Within these provinces, the Programme was implemented in four districts (Chipinge, Mutasa, Chiredzi and Mwenezi). The four districts (indicated in Figure 5) were prioritized due to relatively higher levels of chronic malnutrition; food insecurity; population density of children under five years; and high poverty rates over the past 10 years.[63] At the time of programme rollout in 2017, the average stunting rate in these four districts was 33% (the national rate was 26.2% in 2018), The total population of children under five in the four districts was around 160,000 in 2015, which comes to about 8% of the total number of children under five years of age in the country.[64]

Figure 5: Programme's Geographic Spread

### 1.2.4 Programme Strategies

The Programme identified and aimed to address three core nutrition-related challenges (explained under section 1.2.1). Key Programme strategies (taken from the ToC) are exhibited in Figure 6 (for activities[65] under each result area please refer to Appendix 4). In a nutshell, the Programme sought to:

- **Establish a coordination structure:** Ensure functionality of multisectoral coordination platforms.
- **Capacitate the coordination structure:** Build capacity to identify and analyse causes and evolve actions to find solutions to stunting (and malnutrition) within communities.
- **Implement targeted multi-sectoral high impact interventions to vulnerable households:** Foster community ownership and participation to find sustainable mechanisms in an effort to address stunting whilst exploring and implementing localised and context specific solutions and provide support to generate demand and uptake of nutrition services.

Figure 6: Programme Strategies

Capacitate the coordination structures to identify & analyze causes of stunting & other forms of malnutrition

Targeted multi-sectoral high impact interventions to nutritionally vulnerable households

Establish a coordination structure

[63] A Community Based Multi-Sectoral Food and Nutrition Security Approach to Address Stunting in selected Vulnerable Districts of Zimbabwe with a special focus on system strengthening (2015).
[64] A Community Based Multi-Sectoral Food and Nutrition Security Approach to Address Stunting in selected Vulnerable Districts of Zimbabwe with a special focus on system strengthening (2015).
[65] Programme ToR.

### 1.2.5 Programme Stakeholders and Roles

Several key stakeholders were involved in the design and implementation of the Programme. The key implementers from the GoZ include the MoHCC, FNC and MLAWCRR. Table 1 outlines key stakeholders with their specific roles in design and implementation.

Table 1: Key Programme Stakeholders and their Role in the Programme

| Stakeholder | Role in the Programme |
|---|---|
| **Primary Duty Bearers – Government** | |
| MoHCC | • Responsible for supporting implementation of activities under Result Area 4.[66]<br>• Responsible for formulating an intensive social mobilization strategy to scale-up coverage and uptake of nutrition specific activities. |
| FNC | • Responsible to support implementation of activities under Result Areas 1[67] and 2.[68]<br>• Engagement at the government level for policy and strategy development, and to ensure capacity and advocacy for multisector programming. |
| MLAWCRR | • Supported implementation of Result Area 3.[69]<br>• Responsible for building internal capacities to better integrate nutrition in planning, policy, strategy development and operations. |
| **Secondary Duty Bearers – Government** | |
| Community-level structures[70] | • WFNSCs:[71] Responsible for the implementation, monitoring and reporting of community actions plans, assessment of drivers of stunting, and community level data collection and analysis.<br>• Community Care Groups: Responsible to educate and influence household child feeding and care practices. |
| **Development Partners - Donors** | |
| FAO | • Responsible to technically lead implementation for Result Areas 3 and 4 (in partnership with UNICEF).<br>• The interventions were aimed at integrating nutrition into agriculture policies, strategies, and community level practices. |
| UNICEF Zimbabwe | • Responsible to technically lead implementation for Result Areas 1, 2 and 4 (in partnership with FAO).<br>• Ensured overall grant and financial management. |
| EU | • Provided funds and technical inputs around nutrition.<br>• Ensured accountability of UNICEF/FAO against target results. |
| **Civil Society Partners** | |
| Nutrition Action Zimbabwe (NAZ) | • Implementing Partner: Responsible for facilitating effective and efficient implementation of community level interventions in target districts. |

### 1.2.6 Programme Participants (Beneficiaries)

The Programme's target participants and intended benefits are presented below in the table below:[72]

Table 2: Programme Beneficiaries

| Beneficiary | Benefits |
|---|---|
| **Public Sector Partners** | |
| MLAWCRR | Developed curriculum to integrate nutrition into agriculture programming for pre-service extension workers. In addition, trained |

[66] **Result 4:** A national nutrition education campaign is contributing to improved nutritional practices among the general population.
[67] **Result 1:** Improved multi sector nutrition governance at all levels to achieve more effective coordination and accountability.
[68] **Result 2:** A multi-sector national information system on food and nutrition security is established and implemented through better informed scientific evidence-based analysis, surveys, and assessments.
[69] **Result 3:** Ministry of Lands, Agriculture, Water, Climate and Rural Resettlement is capacitated to better integrate nutrition in planning, policy, strategy development/operations.
[70] Community level structures include the Ward Food and Nutrition Security Committees, and the community care groups.
[71] Comes under FNC.
[72] Programme progress reports.

Table 2: Programme Beneficiaries

| Beneficiary | Benefits |
|---|---|
| | both in-service agriculture extension workers and members of the ministry on the module. |
| MoHCC | Village health workers and nurses trained on Infant and Young Child Feeding (IYCF), administration of Vitamin A, and growth monitoring. Food Based Dietary Guidelines and cost proposal for Food Composition Table developed. |
| FNC | Operationalized FNSCs at the ward level. FNC's capacities were increased through trainings and refreshers. |
| **Community Level** | |
| Pregnant and lactating women and children under five. | Knowledge sharing regarding nutrition (dietary diversity, acceptable diet, WASH practices) for themselves and their children; food processing, cooking and preservation demonstrations. |
| Farmers | Knowledge sharing regarding nutrition by crop, small livestock, food processing and preservation demonstrations and food preparation methods. Farmers were given access to community seed banks for farming and food fairs/field days for further learning. |

The Programme's primary beneficiaries are **children (boys and girls) under five years, pregnant and lactating women, and households** in Chipinge, Mutasa, Chiredzi and Mwenezi districts. The nutrition status of target beneficiaries in four districts at the time of the Programme design (2015)[73] is presented below:

Table 3: Key Nutrition Indicators for Four Target Districts

| Indicators | National Average | Chipinge | Chiredzi | Mwenezi | Mutasa |
|---|---|---|---|---|---|
| Proportion of children 6-59 months, stunted | **27%** | 43.8% | 27.4% | 32.5% | 29.9% |
| Proportion of children 6-59 months, wasted | **3%** | 3% | 0.9% | 3.5% | 2.8% |
| Proportion of children 6-59 months, severely wasted | **NA** | 3% | 0.9% | 3.5% | 1.8% |
| Exclusive breastfeeding in children 0-5 months | **48%** | 43.7% | 42.1% | 53.1% | 37.2% |
| Proportion children 6-23 months meeting Minimum Acceptable Diet | **NA** | 1% | 5.8% | 8.2% | 3% |

Compared to national averages, the numbers for four districts suggest a higher prevalence of malnutrition and therefore a need for nutrition-specific intervention. The Programme aimed to reach out to an estimated population within these four districts as mentioned below[74] (refer to Appendix 5 for more details on the demographics of target districts):

Table 4: Distribution of Targeted Population in Four Districts

| Districts | Total population | No. of households | Children under 5 | Children under 2 | Estimated population of women 15-49 | Estimated Pregnant women |
|---|---|---|---|---|---|---|
| Chipinge | 313,446 | 64,003 | 53,589 | 26,794 | 72,273 | 2,891 |
| Mutasa | 176,994 | 41,565 | 26,751 | 13,376 | 41,971 | 1,679 |
| Mwenezi | 175,154 | 63,459 | 31,401 | 15,701 | 39,569 | 1,583 |
| Chiredzi | 289,236 | 33,146 | 49,201 | 24,601 | 67,384 | 2,695 |
| **Total** | **954,830** | **202,173** | **160,942** | **80,472** | **221,197** | **8,848** |

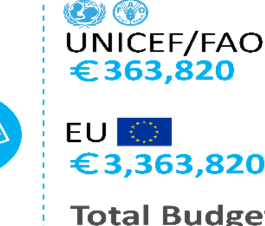
[73] Demographic Health Survey 2015.
[74] Numbers taken from Programme Proposal.

With programme interventions, at least 90% of children under two years of age (64,377) and 100% pregnant women (8,848) were targeted on optimal child caring practices.[75]

### 1.2.7 Programme Resources

The total programme budget was EUR 3,727,640 (as indicated in Figure 7). Almost 90% of funding came from the European Union (EUR 3,363,820). The remaining funding was to be equally contributed by UNICEF and FAO (EUR 363,820).[76] However, the Programme's financial reports (for 2017 and 2018[77]) indicate the total budget as EUR 3,363,820 with indication of whether the agencies contributed their share.

Figure 7: Financial Resources




### 1.2.8 Significance of the Programme

The Programme had significance for variety of reasons. A broad range of stakeholders were involved in design, implementation and funding, and communities benefitted from the Programme interventions. Find below an overview of significance as seen by different stakeholders: the GoZ (represented by MoHCC, MLAWCRR and FNC), UNICEF Zimbabwe, FAO, communities and the donor (EU).

- **Government of Zimbabwe (GoZ):** The Programme supported government efforts to address chronic malnutrition through systemic and community actions. It holds significance for strengthening the existing multi-sectoral governance structures (FNCSs)[78] and enabling them to achieve food and nutrition security in vulnerable communities. In addition, the Programme provided much needed technical assistance to the MLAWCRR to strengthen its capacities in implementing nutrition-sensitive agriculture programming, potentially to enable year-round access to safe, diverse, and nutritious food for Zimbabweans. It is significant for its contributions to help the GoZ achieve global commitments (i.e., Goal 2 of SDG – Target 2.2).[79]
- **UNICEF and FAO:** The Programme is significant for strengthening partnership between two United Nations system organizations to achieve shared objectives. It is significant for demonstrating how inter-agency partnership helps leverage internal and external complementarities. Moreover, the success of the Programme could open gates for future inter-agency collaborations and joint interventions to achieve shared goals.
- **Communities:** The Programme is significant to the communities, who are the ultimate beneficiaries of programme interventions. The benefits include improved food and nutrition status (including reduction in stunting numbers); improved community awareness on maternal and child nutrition (may lead to improved health and nutrition in pregnant, lactating and infants); and better engagement with public service providers and participation in innovative practices.
- **Donor (European Union):** The Programme is aligned with EU's development priorities in Zimbabwe (including improved health and agriculture-based economic development). The efforts to reduce stunting, improve nutritional status (in particular women and children) and build resilience (through improved agriculture practices) are further contributing to EU's specific objectives for providing development assistance to Zimbabwe.

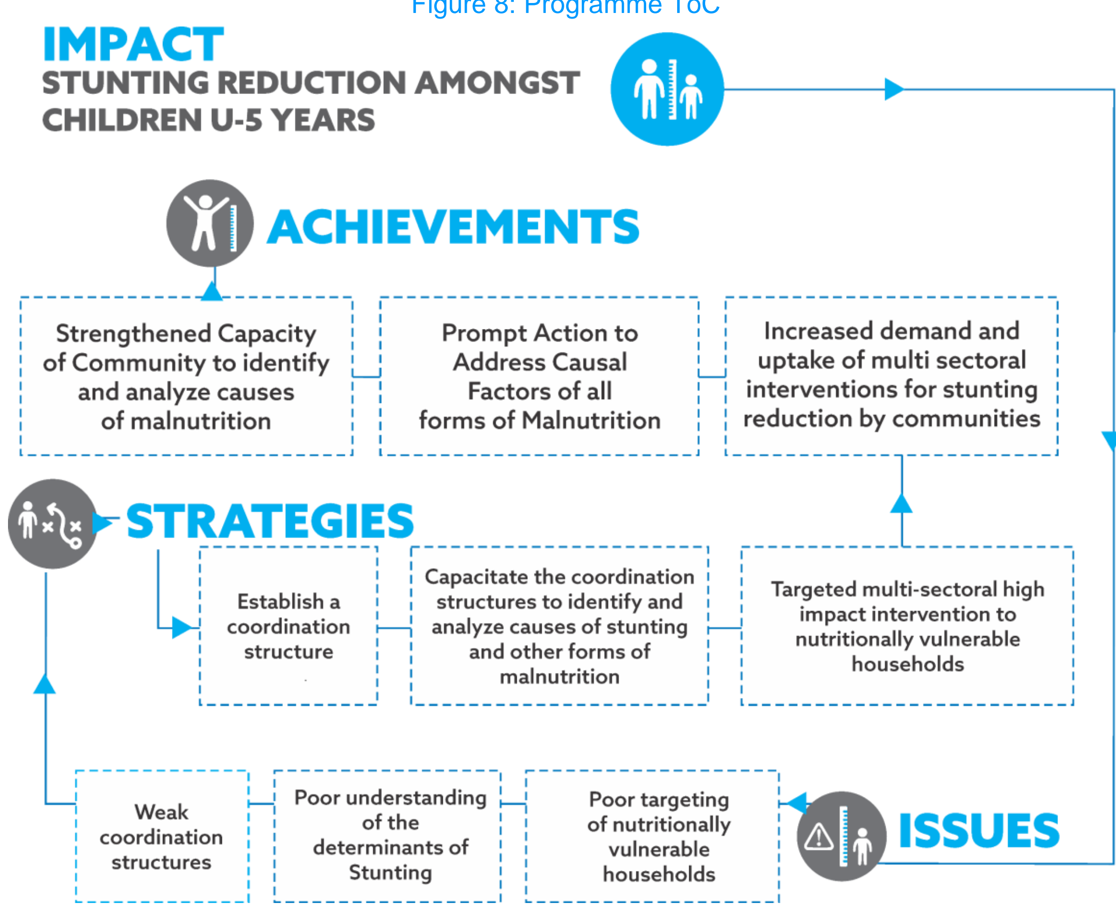
## 1.3 Programme Theory of Change (ToC)

This section presents the Programme's Theory of Change (ToC) with a short commentary on its contents. **More details on the ToC's completeness and validity are included under section 4.3.3.**

[75] Taken from Programme Proposal.
[76] Numbers taken from evaluation ToR.
[77] The evaluators only received financial reports for 2017 and 2018.
[78] At district level, these are called District Food and Nutrition Security Committee (DFNSCs). At the ward level, these are called Ward Food and Nutrition Security Committees (WFNCS).
[79] **Goal 2.2:** By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

The Programme operated with a ToC (presented below) that presents how the intended change might occur. The visual outlines the desired state of change i.e., reduced stunting in children under five and links them to conditions that may contribute to the desired change in terms of strengthened community capacity to identity and analyse causes of malnutrition, strengthened public sector capacity to take prompt action to address causal factors of malnutrition, and increased uptake of multi-sectoral interventions to reduce stunting. It traces the realisation of these results to the strategies and links them back to the bottlenecks/issues that need to be addressed. However, the strategies and results identified in the ToC do not holistically capture the Programme's interventions or intended results (for example, the Programme's four result areas[80] are not adequately captured in the ToC). Additionally, there are some elements omitted from the visual, including assumptions, synergies/linkages with related sectors, and risks.

Figure 8: Programme ToC




[80] **Result 1:** Improved multi-sector nutrition governance at all levels to achieve more effective coordination and accountability; **Result 2:** A multi-sectoral national information system on food and nutrition security is established and implemented to enable evidence-based programming; **Result 3:** Ministry of Lands, Agriculture, Water, Climate, and Rural Resettlement is capacitated to better integrate nutrition in planning, policy, strategy development/operations; and **Result 4:** A national nutrition education campaign is contributing to improved nutritional practices among the general population.

Chapter 2:

# Evaluation Purpose, Objectives, Scope, Criteria and Questions

This chapter describes the evaluation purpose, objectives, criteria, scope (chronological, thematic and geographic), key evaluation questions, significance, stakeholders' interests, and possible use of the evaluation results.

## 2.1 Evaluation Purpose and Objectives

This is a **Summative Evaluation** with demonstrated accountability focus. The evaluation was commissioned with the aim of generating evidence of the Programme's achievements vis a vis planned results (outcomes and outputs). The evaluation also had learning focus, whereby it expected the evaluators to capture key learning and outline recommendations for scale-up to other districts.

The evaluation objectives as outlined in the evaluation ToR are mentioned below (refer to Appendix 6 for a complete list of objectives).

- To assess the Programme's achievements vis a vis results (including intermediate outcomes, long-term outcomes and impact);
- To identify and document gaps and challenges in achieving programme results;
- To identify opportunities or risks for sustainability of programme interventions and results; and
- To identify opportunities for learning to inform future programming and scale-up to 40 districts in Zimbabwe.

## 2.2 Evaluation Scope, Criteria and Key Questions

This subsection outlines the evaluation scope, criteria and key questions separately.

### 2.2.1 Evaluation Scope

Find below the evaluation scope with respect to thematic, chronological and geographic aspects. The evaluation's scope did not change as defined in the evaluation ToR.

**Thematic:** The evaluation's thematic scope included an assessment of all programme activities (at the national, sub-national, district and community levels) implemented through the complete programmatic cycle.

**Chronological:** The chronological scope includes all programme activities implemented from January 2017 to September 2020.

**Geographic:** All programme activities implemented at the:

- **National Level:** MoHCC, FNC and MLAWCRR.
- **Sub-national Level:** Four target districts including Chipinge, Chiredzi, Mutasa and Mwenezi; inclusive of all wards within these districts.

### 2.2.2 Evaluation Criteria

In line with the ToR, evaluation criteria are based on the components prescribed by the Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC)[81] including: Relevance,[82] Coherence,[83] Effectiveness,[84] Efficiency,[85] Impact,[86] and Sustainability.[87]

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[81] The Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC), www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm.

[82] **Relevance:** The extent to which the intervention objectives and design respond to beneficiaries, global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.

[83] **Coherence:** The compatibility of the intervention with other interventions in a country, sector, or institution.

[84] **Effectiveness:** The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.

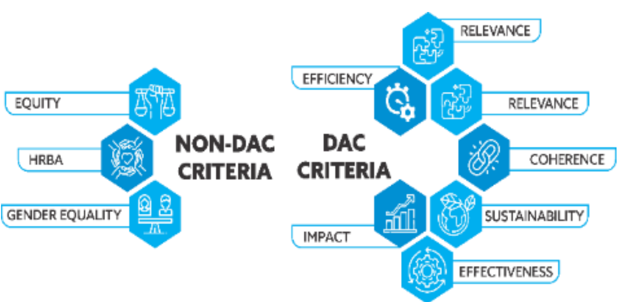
[85] **Efficiency:** The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.

[86] **Impact:** The extent to which the intervention has generated or is expected to generate significant positive or negative intended or unintended, higher-level effects.

[87] **Sustainability:** The extent to which the net benefits of the intervention continue or are likely to continue.

The **non-DAC** criteria included an assessment of the Programme's compliance with cross-cutting priorities including the Human Rights-Based Approach (HRBA), particularly concerning Child Rights, Gender Equality including the UN System-wide Action Plan (UN-SWAP), and Equity. The ToR only included Gender Equality and HRBA, but the evaluators have included Equity as one additional criterion combining three non-DAC criteria to adequately capture UNICEF's cross-cutting programming priorities.

Figure 9: Evaluation Criteria




### 2.2.3 Key Evaluation Questions

The evaluation questions (as listed in the TOR) were critically reviewed, discussed (internally and with UNICEF Zimbabwe and FAO) and rephrased (listed in Table 4) to fit into the Evaluation Matrix (see Appendix 7). These changes were approved in advance by the Evaluation Reference Group (ERG). The Evaluation Matrix was developed following the scoping discussions to establish consensus and evaluation expectations between the ERG and the evaluation team. Find below the final list of key evaluation questions for DAC and Non-DAC criteria.

Table 5: Key Evaluation Questions

| Key Evaluation Questions – Against each DAC/Non-DAC Criteria |
|---|
| **Relevance:** EQ1 - To what extent did programme objectives and interventions respond to the priorities and needs of intended beneficiaries, partners/institutions, the operating environment (at national and sub-national levels), and adapt to contextual changes? |
| **Coherence:** EQ2 - To what extent did the Programme create and utilise internal (in terms of synergies, interlinkages and consistency with sector norms) and external (in terms of complementarities, harmonisation and coordination) partnerships and linkages between key stakeholders (public, technical agencies, private sector and communities)? |
| **Effectiveness:**<br>EQ3 – To what extent did the Programme achieve intended (and unintended) results and what factors either enabled and/or hindered the Programme's achievements?<br>EQ4 – To what extent did the Programme apply innovative strategies and models including their effectiveness? |
| **Efficiency:** EQ5 – To what extent were the Programme's resources (financial, organizational capacities, human resources) sufficient and utilized for timely achievement of results? |
| **Impact:** EQ6 – To what extent did the Programme manage to contribute to the desired impact and create unintended impact in target communities? |
| **Sustainability:** EQ7 – To what extent did the Programme create institutional and community ownership and capacities (including what may need to be done further) for sustaining interventions and results? |
| **HRBA, Gender Equality and Equity** EQ8 - To what extent did the Programme incorporate (in terms of design, implementation and results) a HRBA, gender equality and equity approaches/principles? |

## 2.3 Evaluation Stakeholders Role, Interest and Uses of Evaluation

Several key stakeholders remained involved in the evaluation with varied interests. Table 6 below outlines the stakeholders' roles and interests, and possible uses of the evaluation.

Table 6: Stakeholders' Role, Interests in and Uses for the Evaluation

| Stakeholder(s) | Role, Interest in and Possible Uses for the Evaluation |
|---|---|
| **PRIMARY USERS** | |
| FAO | • **Role:** Support coordination with local stakeholders for field data collection.<br>• **Interest:** An objective assessment of the Programme's results and achievements. |

Table 6: Stakeholders' Role, Interests in and Uses for the Evaluation

| Stakeholder(s) | Role, Interest in and Possible Uses for the Evaluation |
|---|---|
| | • **Uses:** To bolster policy advocacy for strengthening nutrition-sensitive agricultural programming. In addition, to define the role and pathways of agriculture towards stunting reduction initiatives. |
| UNICEF Zimbabwe | • **Role:** Commissioned the evaluation, management and oversight of the evaluation, and provided the evaluators with the relevant programme documents and data.<br>• **Interest:** An objective assessment of the Programme's results and achievements. The evaluation findings will help in identification of gaps and lessons learned to inform UNICEF's future programming.<br>• **Uses:** To advocate and lobby for strengthened multisectoral collaboration in stunting reduction. In addition, to inform UNICEF nutrition strategies and the next country programme cycle. |
| GoZ (MoHCC, FNC and MLAWCRR) | • **Role:** To provide access to relevant documents/data, identify stakeholders to consult, and facilitate meetings with the staff at national, regional, and district levels.<br>• **Interest:** To assess the Programme's achievements, challenges, gaps, lessons learned for scale-up.<br>• **Uses:** To inform future planning of similar interventions and to establish an evidence repository for stunting reduction. To scale up programme activities to other districts given the Programme is proven effective/successful. |
| Donors (EU) | • **Role:** Holds significance as key respondent(s) in terms of informing the evaluation with thoughts and inputs as programme donors.<br>• **Interest:** In accountability of the funds given to the UNICEF/FAO. The evaluation findings will also inform design and implementation for scale-up.<br>• **Uses:** To inform strategic investment decisions in the future. In addition, to establish a community of practice (COP) for stunting reduction and similar initiatives. |
| **SECONDARY USERS** | |
| Implementing Partner (NAZ) | • **Role:** Holds significance as a key respondent.<br>• **Interest:** To understand their contribution to programme results.<br>• **Uses:** To improve formulation and implementation of similar programmes. |
| Communities in the four districts | • **Role:** Served as respondents of telephone survey and community interviews (converted from focus group discussions).<br>• **Interest:** To better understand the Programme's contribution in reducing stunting in target districts.<br>• **Uses:** To reflect on the community actions that yield positive results for stunting reduction. |

## 2.4 Evaluation Significance

The evaluation is significant to all the key stakeholders for a variety of reasons. Find below an overview of evaluation significance for different stakeholders i.e., the GoZ; UNICEF and FAO; Donor (the EU); and the communities (of four target districts).

- **GoZ:** The evaluation is significant for all public sector partners including MoHCC, FNC and MLAWCRR for offering them an objective assessment of programme achievements, challenges and learnings. Moreover, it offers insights into the effectiveness of the MCBM. The evaluation is significant for offering a measured assessment of improved capacities (of public stakeholders) and level of ownership and commitment to sustain and scale-up the model and interventions.

- **UNICEF and FAO:** In addition to what has been outlined for the GoZ, the evaluation is significant for both United Nations agencies to demonstrate organisational commitment to vertical and lateral accountability. Moreover, it is significant for offering a measured assessment of how joint partnership (between UNICEF and FAO) helped leverage the complementarities and coherence to achieve common objective. Moreover, the evaluation will inform their strategic choices around joint programming and opportunities for engagement with government partners in future for replication and scale-up.
- **Donor (EU):** In addition to those listed above, the evaluation is significant for the EU to understand the Programme's social impact. Moreover, the evaluation will inform the EU on its future assistance strategy around health, nutrition and food security for the GoZ. The evaluation may enable the EU to lobby with other donors for aid alignments and coherence.
- **Communities (particularly children under five years, pregnant and lactating women, and households) in four districts:** The evaluation provides communities with the opportunity to share experiences and reflections on any changes (in their lives) the Programme may have contributed to. Moreover, the evaluation offers suggestions to implementers on how to improve the Programme to meet community expectations.

# Chapter 3:

# Evaluation Design, Methodology, Quality Assurance and Ethics

This chapter describes evaluation design, methodology and data sources, sampling strategy, data analysis approach, compliance to United Nations Evaluation Group (UNEG) norms and standards, limitations and mitigation measures, and evaluation implementation and management.

## 3.1 Evaluation Design

The selection of evaluation design was guided by overarching approaches and more importantly by the evaluation purpose and questions. In the interest of space, the description below has been kept short, however a detailed version is attached as Appendix 8.

Figure 10: Evaluation Design

CONTRIBUTION ANALYSIS
QUASI-EXPERIMENTAL
Mixed Methods, Theory-Based Evaluation cum Participatory Design

The evaluation was guided by three overarching approaches including **mixed method,**[88] **theory-based**[89] **and participatory**.[90] The mixed-method approach (featuring desk review, telephone survey, and key informant interviews with programme stakeholders and interviews with communities) helped collect information from varied sources to overcome any method-related deficiencies and gather rich and complementary information for cross validation and triangulation. Using a theory-based approach enabled the evaluators to assess the ToC's completeness and validity. Similarly, the participatory approach facilitated engaging all relevant stakeholders (e.g., the ERG) and Technical Research and Evaluation Group (TREG)) to inform the evaluation as well as provide oversight. The evaluation was informed by the opinions, experiences and suggestions of key stakeholders, including service providers (at national, provincial, district and ward levels); rights holders (pregnant and lactating women, and mothers of children aged two to five; fathers of children under five; farmers, and traditional leaders in four programme districts); technical and financial partners (UNICEF Zimbabwe, FAO and the EU); and the implementing partner (NAZ).

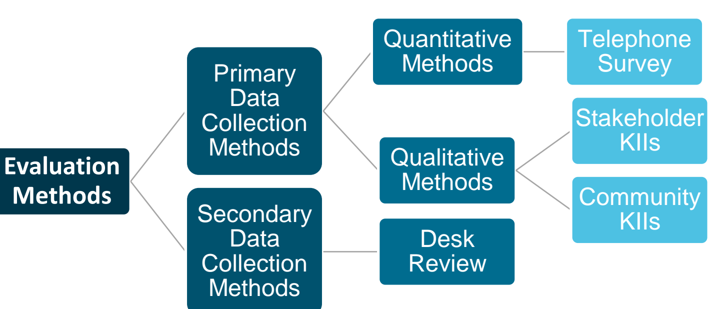
The evaluators developed and applied a **Hybrid Design** keeping in view evaluation expectations. Evaluation design combined two design typologies i.e., **contribution analysis**[91] and **quasi-experimental.**[92] Contribution analysis has been applied for measurement of outcome achievements, to relate them back to programme interventions (to establish or ascertain programme contributions) to the observed (outcome level) change/s. The causal analysis enabled validity assessment or measurement of the Programme's ToC (more details in section 4.3.3). The evaluators applied quasi-experimental design for selected (five in number)[93] outcome indicators (refer to 3.2.2 for more details). The ToR required a 'Treatment/Control' comparison (as part quasi-experimental design); however, the approach was dropped due to inability to find non-contaminated control districts in two programme provinces (more details in section 3.2.2). Instead, the data was collected only from districts where the Programme was implemented and compared by applying 'Before-After Design[94] (to draw baseline and endline comparisons).

[88] **Mixed Methods** research design is a procedure for collecting, analysing, and 'mixing' both quantitative and qualitative research and methods in a single study to understand a research problem.
[89] **Theory-based** approaches to evaluation use an explicit theory of change to draw conclusions about whether and how an intervention contributed to observed results.
[90] **Participatory Evaluation** is an approach that involves the stakeholders of a programme or policy in the evaluation process. This involvement can occur at any stage of the evaluation process, from the evaluation design to the data collection and analysis and the reporting of the study.
[91] **Contribution analysis** explores attribution through assessing the contribution a programme is making to observed results.
[92] **Quasi-experimental** research designs, like experimental designs, test causal hypotheses. In both experimental (i.e., randomized controlled trials or RCTs) and quasi-experimental designs, the programme or policy is viewed as an 'intervention' in which a treatment – comprising the elements of the programme/policy being evaluated – is tested for how well it achieves its objectives, as measured by a pre specified set of indicaToR. A quasi-experimental design lacks random assignment, however. Assignment to conditions (treatment versus no treatment or comparison) is by means of self-selection (by which participants choose treatment for themselves) or administrator selection (e.g., by officials, teachers, policymakers and so on) or both of these routes.
[93] The inception report indicated seven outcome indicators, however, two (related to WASH and breastfeeding) were dropped to reduce the duration of the survey as it was converted from household to telephone survey.
[94] Before-after design involves measuring the dependent variable both before and after the participants have been exposed to the independent variables (taken from FAO Marketing Research and Information Systems – Chapter 6).

## 3.2 Evaluation Methods

Data collection was conducted from February 10, 2021 to March 8, 2021. The evaluation employed a **Mixed-Methods** approach (refer to Figure 11), whereby both quantitative and qualitative methods were applied to generate usable evidence to inform evaluation analysis, conclusions and recommendations. Methodology was adapted in view of the national lockdown imposed in Zimbabwe due to COVID-19. Find below an overview of evaluation methodology.

Figure 11: Evaluation Methods




### 3.2.1 Desk Review

The evaluators reviewed 112 documents including internal and external sources (refer to Figure 12 for different categories of documents reviewed). The desk review continued throughout the evaluation and enabled better understanding of the context, interventions, results, and challenges and learning. A systematic approach was applied during desk research which entailed initial screening and classification (whereby documents were organised and catalogued according to the type of documents), broader themes were identified (keeping in view the Evaluation Matrix), and relevant information was extracted through general reading. The information thus gathered was used to appropriately respond to evaluation questions either on its own or with the support of the primary data collected through field research. Please refer to Appendix 9 for a complete listing of programme documents reviewed throughout the evaluation.

Figure 14: Types of Documents Reviewed

### 3.2.2 Quantitative Methods of Data Collection

For quantitative data collection, a telephone survey was administered with 394 households in the four target districts. Although a household survey (HHS) was proposed in the inception report, the COVID-19 pandemic and the resulting national lockdown in Zimbabwe made it necessary to change the data collection modality. After discussion with UNICEF Zimbabwe, the HHS was changed to a telephone survey. In addition, the evaluators have taken a departure from the ToR where a quasi-experimental design with a comparison group was proposed. With a range of development actors implementing food and nutrition interventions in Zimbabwe, it was difficult to find non-contaminated districts i.e., districts which have not benefited from similar interventions. After a considered look at the stakeholder mapping document (shared by UNICEF and FAO), the

evaluators were unable to identify non-contaminated districts in two target provinces, and therefore replaced quasi-experimental with a comparison group with before-and-after design[95] to compare endline values against baseline values and measure the 'net impact' for the five outcome indicators. The telephone survey assessed the Programme's achievement against the following outcome indicators (refer to Appendix 10 and 10a for telephone survey tool in English and Shona):

1. Proportion of women of reproductive age consuming a minimum dietary diversity.
2. Proportion of children 6-23 months consuming a minimum dietary diversity (MDD-children)
3. Proportion of children under five years receiving minimum acceptable diet.
4. Proportion of food secure households
5. Proportion of households growing new, nutritious crops and small livestock.

The survey sample is 394 households with 95% Confidence Interval (CI) and ±5% Margin of Error[96] in four programme districts (the draft inception report proposed a sample size of 741 households).[97] The survey respondents were mothers of reproductive age (15-49 years) who have at least one child under five years old (for more details on the survey, refer to Appendix 11). The sampling distribution is presented in Figure 13 proportionate to the population of women (aged 15-49 years) residing within these districts.

Figure 15: Sampling Distribution



### 3.2.3 Qualitative Data Collection

Key informant interviews (KIIs) with stakeholders and interviews communities were used to collect qualitative data. The evaluators replaced focus group discussions with interviews with community members in view of national lockdown imposed in Zimbabwe due to COVID-19. Before providing details on each individual method, the following description highlights the sampling approach that was applied for scope and distribution of qualitative data collection methods:

**Sampling for Qualitative Data Collection:** In terms of geographic sampling, the evaluators have selected all four districts where the Programme was implemented. The evaluators employed a purposive sampling approach to identify stakeholders for KIIs, driven by the purpose to include all those stakeholders who have been involved directly or indirectly in programme design and implementation. This ensured gathering a diverse range of opinions to inform the evaluation findings. For KIIs with communities, the evaluators have mainly relied on snowball sampling whereby village heads, lead mothers, or village health workers were approached to identify eligible respondents under each respondent category.

The description below outlines the key aspects of each data collection method:

**Key Informant Interviews (KIIs) – Stakeholders**

The evaluators conducted a total of **32**[98] KIIs (18 male and 14 female participants) with stakeholders including UNICEF Zimbabwe, FAO, MoHCC, FNC, MLAWCRR, EU and NAZ. The evaluators employed semi-structured guidelines (refer to Appendix 12 for KII guides), which were approved by the ERG to interview key informants at various levels. The following table shows the breakdown of the stakeholders interviewed (see Appendix 13 for summary details, including a list of respondents and their institution, and position).

[95] The ERG team is on board with respect to these changes.

[96] The total sample comes to 384, however, to control possible methodological errors, the evaluators increased the required sample size by 10 households. (https://www.surveysystem.com/sscalc.htm>.

[97] As the data collection methodology was revised (to telephone survey), the evaluators have reduced the sample size. This was done in consultation with UNICEF Zimbabwe.

[98] The inception report indicates 33 KIIs. However, the evaluators were unable to reach one nurse in charge despite repeated attempts.

Table 7: KIIs Conducted at National, Provincial, and District Stakeholders

| Stakeholders | Participants | | |
|---|---|---|---|
| | Male | Female | Total |
| UNICEF Zimbabwe | 3 | 2 | 5 |
| FAO | 1 | 2 | 3 |
| MoHCC | 1 | 1 | 2 |
| FNC | 1 | 2 | 3 |
| MLAWCRR | 1 | 1 | 2 |
| NAZ | 1 | 1 | 2 |
| ZVITAMBO | 0 | 1 | 1 |
| EU | 1 | 0 | 1 |
| Provincial Food and Nutrition Security Committees (PFNSCs) | 2 | 0 | 2 |
| District Level (Nutritionist, AGRITEX, Nurse in Charge) | 7 | 4 | 11 |
| **Total** | **18** | **14** | **32** |

**Interviews with Communities (Replaced FGDs)**
The evaluators conducted **56** KIIs (26 male and 30 female participants) with communities. Eligible respondents (from four districts) were recruited for each category with the support of village heads and lead mothers. The interviews were conducted over the telephone and guides developed for FGDs were used. Minor adjustments were made to the guides during refresher training (see Appendix 14 and 14a for the guides in English and Shona, respectively). Table 8 shows the number of participants recruited against each group category.

Table 8: KIIs with Communities

| Respondent Group | Participants | | |
|---|---|---|---|
| | Male | Female | Total |
| Pregnant, lactating and mothers of children aged 2-5 | 0 | 8 | 8 |
| Fathers/male head of households | 8 | 0 | 8 |
| Farmers | 4 | 4 | 8 |
| Agriculture extension officers | 7 | 1 | 8 |
| Village health workers | 2 | 6 | 8 |
| DFNSCs | 2 | 6 | 8 |
| WFNSCs | 3 | 5 | 8 |
| **Total** | **26** | **30** | **56** |

**National Reflection Workshop:** As a result of the national lockdown in Zimbabwe and assembly-related restrictions, the reflection workshop was not implemented.

**Field Photography:** Data collection was conducted remotely, therefore, it was not possible to take pictures of field activities.

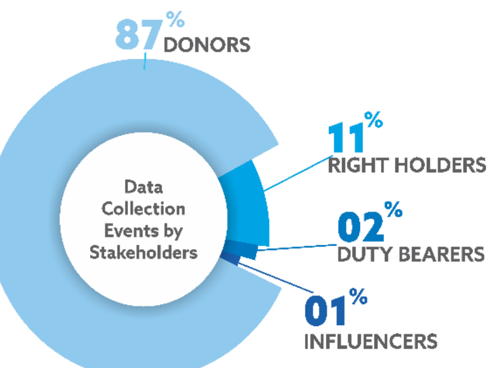
### 3.2.4 Evaluation Methods and Integration of HRBA, Gender Equality and Equity

UNICEF's cross-cutting programming priorities i.e., HRBA, gender equality and equity were prioritised across all stages of the evaluation – formulation of the evaluation matrix and data collection tools; selection of evaluation design and methods; field planning and implementation; and analysis and reporting. See below for further details on how these programming priorities have been integrated into the evaluation methodology.

**HRBA:** Integration of the HRBA began with framing a separate evaluation question that combines the three cross-cutting programming priorities, including a specific sub-question for HRBA. The evaluation tools had specific questions to unravel different aspects of HRBA. The respondent selection took a considered view to have the evaluation informed by the key HRBA actors – duty bearers, rights holders and influencers (including donors, UN agencies and the IP). The evaluation respondents included 11% duty bearers, 87% rights holders, 1% donors and 2% influencers (refer

Figure 14 for details). The report has an exclusive section on findings around HRBA. The evaluation conclusions and recommendations have been framed applying the HRBA lens.

Figure 16: Data Collection Events with Stakeholders




**Gender integration:** The evaluation took note of gender equality considerations across varied stages and aspects of the evaluation i.e., evaluation matrix, tools, methods and respondents' selection, field implementation, gender-balanced team composition (national and international), data analysis (see section 3.4 for more details), and report writing. Respondents of the telephone survey were mothers aged 15-49 years from programme districts. Additionally, men (partners/heads of household) form one of the categories for community interviews and a separate guide was developed to speak to them. Where appropriate, the evaluation findings, conclusions and recommendations are analysed and presented using the gender lens. The following table presents the gender disaggregation of the evaluation participation. Out of 438 participants, 91% were women and 9% were men in line with the Programme's programmatic priorities in terms of women (both pregnant and lactating) forming one of the target participants.

Table 9: Evaluation Participants Disaggregated by Gender

| Interaction | Male | Female | Total | % Male | % Female |
|---|---|---|---|---|---|
| Community Interviews | 26 | 30 | 56 | 46% | 54% |
| KIIs with Stakeholders | 18 | 14 | 32 | 56% | 44% |
| Telephone Survey | - | 394 | 394 | 0% | 100% |
| **Total** | **44** | **438** | **482** | **9%** | **91%** |

**Equity considerations:** The revised data collection methodology included limited equity consideration. For the telephone survey, the sampled respondents included 10% adolescent mothers. However, for interviews with communities, the evaluators purposively selected those respondents who had access to telephone which may have resulted in selection bias resulting in exclusion of community members who live in far-flung areas or do not have access to telephones.

## 3.3 Training and Quality Assurance of the Data Collection

The data collection tools including telephone survey, KIIs and FGD guides (used for community interviews) were translated into Shona. Prior to starting data collection, the evaluation team remotely moderated comprehensive training on data collection tools for the national team and local partner on December 1-4, 2020 (see Appendix 15 for training agenda). The data collection tools were pre-tested and finalised during the field staff training. However, due to considerable delays in initiating fieldwork and change in data collection modalities, refresher trainings (remotely) were planned and executed on February 8-10, 2021. Some notable quality assurance measures implemented by the team during the evaluation can be visually seen in Figure 15 (refer to Appendix 16 for further details on the application of quality assurance measures).

Figure 17: Quality Assurance Measures

Deployed comprehensively **trained, gender balanced, and relevant** local and international sector **experts**

Deployed field monitors to back check **10% of telephone survey** interviews

**Secured audio recordings** and the timely completion of notes with inputs from the senior team members

**Consent** obtained & anonymity maintained for **all respondents** where required

Use of **CAPI devices** (for telephone survey) with inbuilt **quality checks** around skip patterns

## 3.4 Data Consolidation, Processing and Analysis

A parallel mixed methods data analysis approach was employed whereby data from each strand (qualitative and quantitative) was collected, processed, and analysed to draw findings, conclusions and recommendations.

**Quantitative Data Analysis:** The telephone survey was collected using computer-assisted personal interviewing (CAPI) devices whereby data was uploaded on the local partner's server. The quantitative data analysis utilised cross tabulation and frequency tables using SPSS (see Appendix 17 for telephone survey tabulations). Findings from the analysis of survey results were corroborated and triangulated with qualitative data and secondary information to formulate valid arguments against the evaluation questions and sub-questions. The evaluators also utilised and analysed data from secondary sources (progress reports, budget/expense sheets, national policies) to validate and triangulate evaluation findings.

**Qualitative Data Analysis:** The qualitative data analysis utilised a content and thematic analysis approach[99] using MaxQDA.[100] The process involved (1) transcribing the qualitative data collected through KIIs; (2) compiling and consolidating field notes; (3) coding qualitative data; and (4) collating and summarising data into categories and themes, as deemed necessary to answer evaluation questions and sub-questions.

The evaluators have conducted methodological triangulation by using more than one method of data collection including HHS, KIIs and community interviews. Additionally, the evaluation findings and analyses were triangulated across varied sources (primary and secondary) of information to enrich and validate the findings before forming valid judgments and conclusions. Refer to the evaluation matrix annexed as Appendix 7 to review the complete list of evaluation questions and the different sources of information used to respond to each question.

**HRBA, Gender Equality and Equity Analysis:** The evaluation matrix and tools included a separate section on HRBA, Gender Equality and Equity (see sections 3.2.4) to ensure compliance with the UNEG, UNICEF and UN-SWAP guidelines and standards. The evaluation team conducted data analysis to segregate feedback obtained from respondents (male and female, national and district level stakeholders, service providers and rights-holders) and the findings have been presented using HRBA, gender equality and equity lens.

## 3.5 Compliance with UNEG and UNICEF's Norms and Standards of Evaluation

A brief overview of the measures planned and implemented to ensure compliance to UNEG[101] and UNICEF's adapted norms and ethical standards can be seen below (for more details, refer to Appendix 18).

- **Integrity:**[102] The selection and deployment of the evaluation team was undertaken after ascertaining that none of the team members have an evident conflict of interest, nor had any role in the design and implementation of the Programme. Similarly, the team was both guided and enable to perform tasks without any influence.
- **Accountability:**[103] The evaluation team provided justifiable findings with consideration to stakeholder input while ensuring the evaluators' independence for transparent and accountable reporting.
- **Respect:**[104] The evaluation design and implementation remained inclusive and participatory. The training of local teams and partners and the data collection methodology

[99] Vaismoradi, M., H. Turunen and T Bondas T, 'Qualitative Descriptive Study', *Nurs Health Sci*, 15, 2013, pp.398-405, doi:10.1111/nhs.12048.
[100] MAXQDA is a software for qualitative and mixed methods data analysis. MAXQDA can help with systematic analysis and interpretation of the data. It allows the user to develop a system of categories and mark important information in the data with different codes using MAXQDA flexible and powerful coding features.
[101] UNEG Ethical Guidelines for Evaluation, 2016, www.unodc.org/documents/evaluation/Guidelines/UNEG_Ethical_Guidelines_for_Evaluation_2020.pdf.
[102] Integrity is the active adherence to moral values and professional standards, which are essential for responsible evaluation practice.
[103] **Accountability:** The obligation to be answerable for all decisions made and actions taken; to be responsible for honouring commitments, without qualification or exception; and to report potential or actual harms observed through the appropriate channels.
[104] Involves engaging with all stakeholders of an evaluation in a way that honours their dignity, well-being, and personal agency.

emphasized upholding the dignity, honour and respect of all those involved in the evaluation (see section 3.2).

- **Beneficence:**[105] A series of measures were evolved and applied for the safety and well-being of both the evaluation team and respondents e.g., remote data collection, remote training in view of the national lockdown imposed in Zimbabwe due to COVID-19. The evaluation findings, conclusions and recommendations should enable key stakeholders to improve services and amplify associated social impact.
- **Credibility:**[106] The evaluation was implemented by AAN Associates, a firm that specialises in research and evaluations. Just in the past decade, AAN has carried over 100 evaluations across 35 countries, working extensively with a range of development partners including UN agencies. A competent and professional team was deployed to work independently and impartially to implement this evaluation.
- **Independence:**[107] The evaluation team worked independently and without any interference or influence from relevant stakeholders. The ERGs (both in-country and at the regional level) extended support and enabled the evaluators to work autonomously. Both the ERGs and UNICEF are committed to publish and disseminate duly quality-assured evaluation reports in the public domain without undue influence by any party.

## 3.6 Limitations and Mitigation Measures

Table 10 outlines the limitations and the mitigation measures taken to address constraints.

Table 10: Limitations and Mitigation Measures Adopted

| Limitations | Mitigation Measures |
|---|---|
| Delays in awarding ethical approval and the national lockdown in Zimbabwe pushed back the evaluation implementation by a couple of months. The delays resulted in changes to data collection methodology and fieldwork was conducted remotely. These changes resulted in bias towards community members who had with access to telephones. | Although requested in December, ethical approval for remote data collection was obtained towards end of January. The national lockdown caused further delays and changes in data collection methodology due to restrictions on movement. The evaluation team replaced the HH survey with a telephone survey and FGDs with community interviews. Additionally, change in data collection methodology resulted in respondent bias towards community members with access to telephones. Although the evaluators tried to mitigate this limitation by asking lead mothers to share their phones with other eligible respondents (to participate in interviews), this remains an important limitation of the evaluation. |
| Difficulties in identifying 'non-contaminated' control group districts for comparison resulting in change in evaluation design. | There are range of development actors implementing food and nutrition interventions in Zimbabwe, which made it difficult to find non-contaminated districts i.e., districts which have not benefited from similar interventions. After a considered look at the stakeholder mapping document (shared by UNICEF), the evaluators were unable to identify non-contaminated districts in two target provinces, and therefore modified the evaluation design from quasi-experimental with a comparison group to a before-and-after design. |
| Availability of the Programme's financial data was limited resulting in incomplete efficiency analysis. | The evaluators only received financial reports for 2017/18 and forecasts for 2019/20. Furthermore, the financial reports do not track budgets and expenses with results. This resulted in incomplete efficiency analysis of the Programme. |

[105] Beneficence means striving to do good for people and planet while minimizing harms arising from evaluation as an intervention.
[106] UNEG Ethical Guidelines for Evaluation 2016, www.unodc.org/documents/evaluation/Guidelines/UNEG_Ethical_Guidelines_for_Evaluation_2020.pdf.
[107] UNEG Ethical Guidelines for Evaluation, 2016, www.unodc.org/documents/evaluation/Guidelines/UNEG_Ethical_Guidelines_for_Evaluation_2020.pdf.

Table 10: Limitations and Mitigation Measures Adopted

| Limitations | Mitigation Measures |
|---|---|
| The difference in sampling approaches used by nutrition surveys (ZIMVAC, MICS, and the National Nutrition Survey) made it difficult for the evaluators to conclusively assess the Programme's impact. | The nutrition surveys conducted in Zimbabwe use different sampling approaches resulting in variance in progress reported against the nutrition indicators. To assess impact (for stunting), the evaluators relied on the National Nutrition Survey (NNS) and compared the numbers with the Programme's baseline. Results should be viewed with a caveat that the difference in methodology (for sampling) may make findings less accurate and made it difficult to conclusively assess the Programme's impact in intervention districts. |

## 3.7 Evaluation Management and Implementation

This section covers the evaluation management arrangements, evaluation team and functions, and implementation phases and deliverables under each evaluation phase.

### 3.7.1 Evaluation Management & Oversight – Evaluation Reference Group (ERG) and Technical Research and Evaluation Group (TREG) Role

UNICEF Zimbabwe and FAO commissioned this evaluation. The overall management of the evaluation was under UNICEF Zimbabwe's purview. The oversight function was performed by ERG (comprising MoHCC, MLAWCRR, FNC, EU) and TREG (within UNICEF). For more details on the role of ERG and TREG, refer to Appendix 19.

### 3.7.2 Evaluation Partners, Team, and Roles

AAN Associates, a Pakistan-based consulting firm led the evaluation design and implementation. Local data collection was supported by Zimbabwe based partner, Jimat Development Consultants. A team of international and national experts with complementary training and skills was deployed to implement various evaluation activities. The team had adequate representation of female team members (refer Appendix 20 for team composition and roles).

### 3.7.3 Evaluation's Implementation Phases and Deliverables

The evaluation was implemented from October 2020 to May 2021. Implementation of the field work faced delays due to multiple factors including securing ethical clearance for fieldwork (refer to Appendix 21 for a copy of the ethical approval) and national lockdown in Zimbabwe (imposed on January 4, 2021). The evaluation was implemented with a participatory approach engaging all relevant stakeholders (through ERG). Key informant interviews were conducted with service providers at the national, provincial, district and ward levels. The evaluation team also conducted community interviews with rights holders in four programme districts. Community interviews included pregnant and lactating women, mothers of children ages two to five; fathers of children under five; farmers; and traditional leaders.

The evaluation followed a phased approach with five key phases i.e., pre-inception, inception, fieldwork, data processing and analysis, and reporting and dissemination. Each phase had a series of activities/tasks (implemented both concurrently and sequentially) and associated deliverables as indicated in Figure 16 (for more details refer to Appendix 22). The evaluation followed an evolving work plan appended as Appendix 23.

Figure 18: Implementation Phases and Deliverables

| EVALUATION PHASES | ACTIVITIES | DELIVERABLES |
|---|---|---|
| PRE-INCEPTION: PREPARATION AND PLANNING | • Kick-off meeting<br>• Literature review<br>• Request for additional documents | • Draft Evaluation Matrix (EM) |
| INCEPTION | • Continued literature review<br>• EM finalized<br>• Development of field plan/methodlogy/tools<br>• Drafting of inception report<br>• Peparation of data collection<br>• Preparation for ethical clearance | • Draft Inception Report<br>• Final Inception Report<br>• Draft Field Plan |
| REMOTE DATA COLLECTION | • Preparation for data collection completed<br>• Data collection/coding done simultaneously | • Community & Stakeholder KIIs Completed<br>• Telephone Survey Completed |
| DATA PROCESSING: CONSOLIDATION AND ANALYSIS | • Consolidation of primary/secondary data completed<br>• Transcriptions of KIIs completed<br>• Data analysis started | • Data Analysis Completed<br>• Draft Final Report Initiated |
| REPORTING AND DISSEMINATION | • Evaluation report started<br>• Report finalized on UNICEF feedback | • Draft Evaluation Report<br>• Final Evaluation Report<br>• Final Presentation with Key Evaluation Findings<br>• Brochure |

Chapter 4:

# Evaluation Findings, Analysis and Preliminary Conclusions

This chapter presents the evaluation findings, analysis and preliminary conclusions. The description includes key findings for each question (and sub-questions) under each criterion. The findings are drawn from both primary and secondary data sources. Preliminary conclusions for each question are placed at the end of each sub section.

## 4.1 Relevance

**EQ1 – To what extent did programme objectives and interventions respond to the priorities and needs of intended beneficiaries, partners/institution, operating environment (at national and sub-national levels), and adapt to contextual changes?**

The relevance criterion has one key question with two sub-questions. The two sub-questions are dealt with separately, and the description ends with preliminary conclusion.

**EQ 1.1 – To what extent did programme objectives and interventions respond to the needs and priorities of intended beneficiaries and partners?**

The findings are structured in two parts: i.e., (1) the Programme's responsiveness to beneficiary needs; and (2) the Programme's responsiveness (in terms of objectives and interventions) to partners objectives and priorities.

### 4.1.1 ACARS Responsiveness to Beneficiary Needs

The Programme's overall objective is "to improve food and nutrition security and increase household resilience to repeated shocks in Zimbabwe". The intended beneficiaries were children under-five (boys and girls), pregnant and lactating women and households in four target districts (Mutasa, Chipinge, Chiredzi and Mwenezi).

To ascertain the relevance to community needs, the evaluators looked at series of nutrition and food security indicators (at the time of programme design - 2015),[108] both at national and sub-national levels with a focus on targeted districts (refer to Table 11). The data from the Programme baseline results (conducted in 2015) suggest widespread malnutrition and food insecurity. The statistics provide a substantial justification for an intervention (relevance of the objective to community needs) and justifies the prioritization of four districts (being among the most affected by high stunting levels).

Table 11: Nutrition Status (National vs. Target Districts)

| Indicators | National Averages | Chipinge (2015) | Chiredzi (2015) | Mwenezi (2015) | Mutasa (2015) |
|---|---|---|---|---|---|
| Stunting (U5) | **27.1%** | 30.2% | 22.2% | 26.5% | 32.2% |
| Underweight (U5) | **8.5%** | 11.8% | 9.8% | 7.9% | 15% |
| Severe Wasting (U5) | **1.1%** | 1.4% | 0.7% | 0.7% | 2.5% |
| Low Birth Weight (U5) | **12.6%** | 24.9% | N/A | 5% | 8.7% |
| Exclusive breastfeeding (below six months) | **47.1%** | 34.5% | 44.9% | 46% | 20% |
| Minimum Dietary Diversity (Women)[109] | **44%**[110] (2018) | Not Available | Not Available | Not Available | Not Available |
| Minimum Acceptable Diet (Children) [111,112] | **9%** (2017) | 13.5% | 10.8% | 9% | 2.5% |
| Experienced shocks/hazards | **N/A** | 50.7% (2014-2015) | N/A | N/A | 32% (2012-2015) |

[108] Numbers have been taken from the Programme baseline conducted in 2015.
[109] Women consuming foods from five or more of the selected ten food groups.
[110] Zimbabwe 2018 National Nutrition Survey Report.
[111] Programme logframe.
[112] Baseline Report 2015.

- Discussions with community members (including pregnant and lactating mothers and fathers) indicate stunting as a widely pervasive health issue in all four districts, both at the time of programme rollout in 2017 and today (post implementation – 2021). Reflecting on possible reasons, the community referred to: food shortages; frequent droughts and other natural calamities; rampant poverty; and limited knowledge on balanced feeding practices. These reasons are validated by the study (on drivers of stunting) conducted by the Programme (2015) indicating inadequate dietary intake, diseases, food insecurity, access to clean water, social norms (food taboos), and inadequate care practices as main contributors to stunting (refer to Appendix 24 that maps drivers for stunting in each district).

> "People were not aware of the implications of not giving the children nutritious food for them to grow healthy. Mothers were not aware of benefits of breastfeeding and they start to feed porridge to their infants which negatively affect the growth of the children".
> **Community Interviews**

> "Lack of access to food caused by the drought and the other reason is some people had no knowledge of the nutritious foods that should be given to children. Some people will just rush to the shops to buy unhealthy foods leaving the nutritious foods that they have harvested".
> **Community Interviews**

- Malnutrition among women of reproductive age was confirmed by majority of respondents of community interviews (47[113] of 56 participants including mothers, fathers, farmers, village health workers, etc.). The reasons reported include lack of access to nutritious food, limited knowledge on what to consume, early marriages, food taboos and lack of education.
- Discussions with communities (43 out of 56 participants[114]) confirmed food insecurity as a chronic issue within target communities. Reasons identified include poverty, unemployment, natural disasters (especially droughts), limited knowledge (on modern farming and distinction between nutritious and non-nutritious food), and lack of resources (shortage of water and access to fertilizers).
- Based on the desk review and discussions with key stakeholders, the Programme's interventions were appropriately designed to address supply and demand side challenges to food and nutrition security. Result Areas 1,[115] 2[116] and 3[117] included supply side interventions where the Programme worked with the relevant government entities (MoHCC, FNC and MLAWCRR) to address capacity building issues of coordination structures (FNSCs), developing a national information management system for informed decision making around food and nutrition, developing a nutrition module for agriculture curriculum, and capacitating the agriculture extension workers. Result Area 4[118] included demand side interventions that sought to educate and sensitize households (including pregnant and lactating mothers) on child and mother nutrition and farming practice.

[113] Three respondents shared malnutrition was/is not an issue while the remaining six could not provide an answer.
[114] Five respondents said there is no food insecurity, and eight respondents were unable to respond to the questions.
[115] **Result 1:** Improved multi-sector nutrition governance at all levels to achieve more effective coordination and accountability.
[116] Result 2: A multi-sectoral national information system on food and nutrition security is established and implemented to enable evidence-based programming.
[117] **Result 3:** Ministry of Lands, Agriculture, Water, Climate, and Rural Resettlement is capacitated to better integrate nutrition in planning, policy, strategy development/operations.
[118] **Result 4:** A national nutrition education campaign is contributing to improved nutritional practices among the general population.

### 4.1.2 ACARS Responsiveness to Partners Priorities

The evaluators have assessed the Programme's responsiveness to partners' priorities by looking at overlaps between the Programme's objectives and intervention areas with those of the GoZ and the UN (UNICEF and FAO), defined as per the country programme documents. Find below the matrix with overlaps and evaluators overall assessment:

Table 12: Alignment with Partners Priorities/Strategies

| ACARS Programme | GOZ's Policies/Strategies | UN Partners | Evaluators Assessment |
|---|---|---|---|
| **Objectives** | | | |
| To improve food and nutrition security and increase household resilience to repeated shocks in Zimbabwe. | **ZIMASSET (2013-2018):** To provide an enabling environment for sustainable economic empowerment and social transformation to the people of Zimbabwe (Page 9).[119]<br>**I-PRSP (2016-2018):** To improve livelihoods of the population, particularly, the vulnerable segments of the society (Page 3).<br>**Food and Nutrition Security Policy (2013):** To promote and ensure adequate food and nutrition security for all in Zimbabwe, particularly amongst the most vulnerable and in line with our cultural norms and values and the concept of rebuilding and maintaining family dignity (Page 2).<br>**National Nutrition Strategy (2014-2018):** To implement evidence-based nutrition interventions that are integrated within a broad multi-sectoral collaboration framework to achieve zero hunger and decrease malnutrition (Page 8).<br>**National Food Fortification (2015):** To reduce prevalence of micronutrient deficiencies in the country, leading to improved nutritional status, human wellbeing, and productivity among the population (Page 10).<br>**National Health Strategy (2016 – 2020):** To reduce mortality and morbidity due to malnutrition by 50% (Page 37).<br>**Food and Nutrition Security Advocacy and Communication Strategy:** The overall purpose of this strategy is to promote prioritization of food and nutrition security through encouraging a multi- sectoral approach (Page 7). | **UNICEF Country Programme Document (2016-2021):**<br>1) To improve service quality and access and building national and subnational capacity to provide high-impact interventions to reach all children, including the most vulnerable (Page 4).<br>2) To strengthen the capacity for climate change adaptation and disaster risk reduction and response, particularly focusing on the effects on children and families (Page 4).<br>**FAO Country Programming Framework 2016 to 2020:**<br>1) Targeted households in rural and urban areas have improved food and nutrition security.<br>2) Communities are equipped to cope with climate change and build resilience for household food and nutrition security (Page 8). | Overall, the Programme's objective to improve food and nutrition security and increase household resilience in Zimbabwe is well aligned with GoZ and both UN agencies objectives. |
| **Intervention Areas** | | | |
| Improved multi-sector nutrition governance at all levels to achieve more effective coordination and accountability. | **Food and Nutrition Security Policy (2013):** To strengthen collaboration across sectors, minimize duplication, and foster collective accountability towards a shared goal (Page 11).<br>**National Nutrition Strategy (2014-2018):** Strengthen collaboration across sectors, minimize duplication, and foster collective accountability towards a shared goal of nutrition security for all (Page 9). | **UNICEF Country Programme Document (2016-2021):** Strengthening systems and reinforcing national and subnational capacity to plan, deliver and monitor social services for children, with a special focus on | Programme's intervention areas were used to assess its responsiveness to partners (GoZ and UN agencies) priorities. Multiple |

[119] The focus is on four clusters including 1) Food Security and Nutrition; 2) Social Services and Poverty Eradication; 3) Infrastructure and Utilities; and 4) Value Addition and Beneficiation.

Table 12: Alignment with Partners Priorities/Strategies

| ACARS Programme | GOZ's Policies/Strategies | UN Partners | Evaluators Assessment |
|---|---|---|---|
| | **National Food Fortification (2015):** Implement synergistic public health interventions to address widespread burden of micronutrient malnutrition in Zimbabwe (Page 9).<br>**National Health Strategy (2016 – 2020):** Multi-sectoral coordination and collaboration towards an integrated response to stunting (Page 44). | effective coordination and reaching the most disadvantaged groups (Page 4). | government strategies and policies outline malnutrition, stunting as a priority area. Both UN agencies country's mandate also prioritise working with government entities to improve food and nutrition situation within the country. |
| A multi-sectoral national information system on food and nutrition security is established and implemented to enable evidence-based programming. | **ZIMASSET (2013-2018):** Investing in sustainable and robust solutions to address the challenges of food insecurity and undernourishment (Page 33).<br>**Food and Nutrition Security Policy (2013):** Ensuring a national integrated food and nutrition security information system that provides timely and reliable information (Page 11).<br>**National Nutrition Strategy (2014-2018):** Prioritise investments in proven and universally accepted high-impact nutrition interventions to maximise results from limited resources (Page 9). | N/A | |
| MLAWCRR capacitated to better integrate nutrition in planning, policy, strategy development / operations. | **Food and Nutrition Security Policy (2013):** Ensuring food security for all, including access to adequate, diverse, and nutritious food. | **FAO Country Programming Framework 2016 to 2020:** Ensuring nutrition sensitive agriculture and food safety throughout the value chain (Page 9). | |
| A national nutrition education campaign is contributing to improved nutritional practices among the general population. | **I-PRSP 2016-2018:** 1) To scale up high impact child survival interventions; 2) Promotion of family-focused behaviour change communication on appropriate maternal, and childcare practices (Page 173).<br>**Food and Nutrition Security Policy (2013):** To reinforce the central role and responsibility that communities and civil society have in ensuring food and nutrition security (Page 11).<br>**National Nutrition Strategy (2014-2018):** Addressing knowledge gaps and promoting sustainable nutrition social behaviour change (Page 9).<br>**National Food Fortification (2015):** Disseminate nutrition education to address widespread burden of micronutrient malnutrition in Zimbabwe (Page 9).<br>**National Health Strategy 2016 – 2020):** Multi-sectoral coordination and collaboration towards an integrated response to stunting (Page 44).<br>**Food and Nutrition Security Advocacy and Communication Strategy:** Promotion of healthy diets: recognition that families, including young children can be well-nourished with a diet of local foods promoting the production and access to these foods, their use as well as storage and preservation (Page 9). | **UNICEF Country Programme Document (2016-2021):** Children, caregivers and communities in selected districts apply optimal nutrition and care practices, and seek preventive, promotive and curative nutrition services (Page 11). | |

- The stakeholders referred to national policies and national surveys largely informing the Programme's design. The National Nutrition Strategy and National Food and Nutrition Security Policy highlight applying a multi sectoral approach to address food and nutrition specific challenges within the country. In line with the national priorities, the Programme utilised a multi-sector community-based model (MCBM) where several relevant GoZ stakeholders (MoHCC, MLAWCRR and FNC) and two UN agencies led the design and implementation of programme activities.

> "Government priorities were articulated in the food and nutrition security policy. Especially with regards to the multi-sectoral approach to address the problems of malnutrition. We also have a national strategy at that time, which was also relevant in addressing the problems of stunting in the target districts, I think essentially those are the key priorities".
> **Key Informant Interviews**

- The integrated approach enabled the Programme to design activities that could potentially address various causes of stunting and malnutrition. For instance, operationalisation of coordination structures (implementation with the support of FNC); integrated food and nutrition database for improved decision making (supported by all three ministries); inclusion of nutrition in agricultural programming (with the support of MLAWCRR) and adoption of promoted behaviour (awareness campaigns run with the support of all ministries).

### EQ 1.2 – To what extent did programme design incorporate the national and sub-national contextual factors (social, environmental, economics, emergency and others) and adapt to changing environment?

- The Programme followed a pilot conducted in the same four districts (the pilot was implemented in selected wards). In terms of the design, the Programme relied on national nutrition and health surveys and baseline assessments (conducted in 2015) to understand the extent of the problem within the target districts. To augment the learnings from the baseline assessment, the Programme conducted four separate studies (one for each district) to understand the drivers of stunting. The studies identified underlying factors behind stunting within each district listed under Figure 17.
- As the Programme's design and MCBM model was developed as part of the pilot (in 2015), findings indicate that use of baseline studies to inform programme design was limited. Discussions with key stakeholders indicate that the Programme's design was mainly developed prior to conducting these assessments (which were done as part of the pilot). Baselines and assessments on the drivers of stunting helped in validating the design and interventions rather than informing it.
- Even after conducting these assessments, the Programme did not go through any major revisions in its design. The one exception to this was Result Area 4[120] which was revised after the Programme conducted a barrier analysis (during implementation in 2018) to better understand key barriers to the adoption of the promoted behaviour and included the findings in its behaviour change component (to develop communication material and care group

Figure 19: Drivers of Stunting

> "I have no evidence that these baselines were used to its fullest to inform a revised design of the programme - different from what was written in the first place. What I could see from the initial proposal that it was written even before the inception phase, and the baseline, the activities were pretty much already crafted."
> **Key Informant Interviews**

> "The baseline was done after we formulated the MCBM approach. I think the report is kind of part of the monitoring and evaluation process for us to assess ourselves whether we were shooting in the dark or not".
> **Key Informant Interviews**

[120] A national nutrition education campaign is contributing to improved nutritional practices among the general population.

modules/lessons). Additionally, in line with the findings from the barrier analysis, men, elderly women, religious and traditional leaders were involved in dissemination activities to promote inclusion of key decision makers in the Programme's behaviour change component.

- The context changed (from 2017 to 2020) within the four target districts. Some of these changes include the macroeconomic situation (high inflation, devaluation of currency, multi-currency system), emergencies (droughts, Cyclone Idai[121]), and COVID-19 (from January to September 2020). Discussions with key stakeholders indicate that these contextual factors negatively affected implementation and delivery. For example, implementation was impacted because of the need to pause community meetings due to the COVID-19 pandemic; delays in procurement (especially for FAO due to currency fluctuations); and destruction of nutrition gardens as a result of Cyclone Idai, among others. Despite these contextual changes, the Programme's design and implementation approach did not significantly change. One key reason highlighted by the Programme team was the lack of flexibility in the contract (with the donor); and amendments in the Programme's deliverables would have triggered a lengthy contractual amendment resulting in further delays. Provision of a crisis modifier in the contract would have enabled faster response through the existing structures supported through the Programme and would have protected the gains that were otherwise compromised by the impacts of the repeated shocks in target districts.

> "I think that was major weakness. As far as I know there were not any major changes to the design despite some of these shocks that affected some of our target communities. Probably that's because these things happened towards the end of the project and there was a feeling that not much could be done to change".
> **Key Informant Interviews**

Box 4: Preliminary Conclusions: Relevance

- **REL 1:** The Programme is concluded as relevant at multiple levels. Foremost is the extent of the problem when the Programme started in 2017 i.e., malnutrition in children under age five and women, and food insecurity. The national stunting rates were 27.1% (2015), underweight (8.5%); severe wasting 1.1% (2015); and MDD in women was 44% (2018). The communities referred to these as priority problems for infants, children, adolescent and women. Numbers for four intervention districts were even worse than the national numbers. These statistics amplify the Programme's relevance in terms of addressing problems that were widespread.
- **REL 2:** The Programme is found relevant for evident overlaps between programme objectives and strategies with those of GoZ. There are several national policies and plans (including National Nutrition Strategy, ZimAsset, National Health Strategy, etc.) that identify malnutrition (in particular for infants/children and women) and food insecurity as key problems and underline host of interventions or actions to address them. The objectives and strategies or intervention areas therein were found to be aligned to those of the Programme. The Programme design is found to be responsive to beneficiary needs as it envisaged addressing both supply and demand side challenges to food and nutrition security. Result Areas 1, 2 and 3 included supply side interventions while Result Area 4 included demand side interventions. Similarly, the programme objectives and strategies found coherent to the UN partners (UNICEF, FAO) global mandates and country priorities/plans for Zimbabwe.
- **REL 3:** The Programme relied primarily on national surveys to inform its design. From the views shared by the stakeholders, programme design could not leverage fully the Programme-supported baselines and studies on drivers of stunting. Most of these assessments were conducted during implementation and major changes were not made as a result of these assessments.
- **REL 4:** The context changed due to several factors (including natural disasters, economic crisis, COVID-19), but the Programme did not make significant changes in its design and interventions. The implementation, therefore, reflects limited use of adaptive programming which stems from Programme's contractual arrangement with the donor (allowing for limited flexibility for changes).

[121] Occurred in 2019. Out of four districts, Chipinge and Chiredzi were affected by the cyclone.

## 4.2 Coherence

**EQ2 – To what extent did the Programme create and utilise internal (in terms of synergies, interlinkages, and consistency with sector norms) and external (in terms of complementarities, harmonisation and coordination) partnerships and linkages between key stakeholders (public, technical agencies, private and communities)?**

The coherence criterion has one key question with two sub-questions.

**EQ 2.1 – To what extent did the Programme create and utilise internal (in terms of synergies, interlinkages and consistency with sector norms) and external (in terms of complementarities, harmonization and coordination) coherence?**

The findings are grouped into two parts, whereby the first part looks at internal coherence whereas the second presents the external coherence. The findings revolve around partners' ability to leverage complementarities and synergies; coordinate planning and implementation to reduce duplications; and adherence to sector norms and standards.

### 4.2.1 Internal Coherence[122]

The evaluation team's findings related to internal coherence are presented in Table 13 below.

Table 13: Internal Coherence Between UN and Public Sector Partners

| UN Partners | Public Sector Partners | Policy Guidelines, Standards and Norms | Evaluators Assessment |
|---|---|---|---|
| **UNICEF** led the nutrition-specific and intersectoral nutrition governance activities (Results 1,[123] 2,[124] and 4[125]) through nutrition, WASH, and C4D departments.<br><br>**FAO** supported MLAWCRR with strengthening the role of nutrition in agriculture programming and governance, and production and consumption of diverse nutritious foods (Result 3[126] and 4). | **FNC:** With the mandate to promote a cohesive national response to the prevailing household food insecurity and malnutrition through coordinated multi-sectoral action, FNC supported capacity building and establishment of subnational coordination structures.<br><br>**MoHCC:** With well-established structures and cadres stationed at the health facilities, the ministry was the most relevant stakeholder to lead the implementation of nutrition specific interventions through its nutrition department.<br><br>**MLAWCRR:**<br>A nutrition coordination unit was formed to support nutrition integration in the | **Alignment with GoZ Policies:**<br>- I-PRSP (2016-2018)<br>- ZIMASSET (2013-2018).<br>- Food and Nutrition Security Policy (2013)<br>- National Nutrition Strategy (2014-2018).<br>- National Food Fortification (2015)<br><br>**UN Partners:**<br>- UNICEF Global Strategy for Health (2016 – 2030)[127]<br>- The Strategic Objectives of FAO (2019)[128]<br>- UNICEF Strategic Plan (2018 – 2021)[129]<br><br>**Norms and Standards:**<br>- Use of MCBM Model.<br>- Develop FBDGs as recommended by FAO. | The Programme's objectives and intervention areas are aligned with those of GoZ and UN's partners and stakeholders, ensuring a holistic approach to tackle food and nutrition needs of the target communities. Some missed opportunities for improved participation and commitment include a formal partnership with Ministry of Rural Resources and Water Development for WASH-related activities and Ministry of Women Affairs, Gender and Community Development (for improved gender integration) for greater participation and commitment from |

[122] Internal coherence addresses the synergies and interlinkages between the intervention and other interventions carried out by the same institution/government, as well as the consistency of the intervention with the relevant international norms and standards to which that institution/government adheres. OECD DAC Criteria, www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf.
[123] **Result 1:** Improved multi-sector nutrition governance at all levels to achieve more effective coordination and accountability.
[124] **Result 2:** A multi-sectoral national information system on food and nutrition security is established and implemented to enable evidence-based programming.
[125] **Result 4:** A national nutrition education campaign contributes to improved nutritional practices among the general population.
[126] **Result 3:** Ministry of Lands, Agriculture, Water, Climate, and Rural Resettlement is capacitated to better integrate nutrition in planning, policy, strategy development/operations.
[127] The strategy recognises UNICEF potential to leverage its multi-sectoral capabilities to address not only the proximate causes of leading health challenges to pregnant women, children and adolescents, but also the root causes and social determinants of these challenges (including nutrition, WASH, education, etc.), pp. 10.
[128] **Strategic Objective:** Help eliminate hunger, food insecurity, and malnutrition, pp. 3.
[129] **Change Strategy 4:** Developing and leveraging resources and partnerships for children, pp. 25.

Table 13: Internal Coherence Between UN and Public Sector Partners

| UN Partners | Public Sector Partners | Policy Guidelines, Standards and Norms | Evaluators Assessment |
|---|---|---|---|
| | sector (mainly under Result 3). | | members of these ministries. |

### 4.2.2 External Coherence[130]

> "To address nutrition, you have to bring different comparative advantages which is what we have done with this Programme. UNICEF has its comparative advantages (health, child protection) and FAO has other comparative advantage in terms of building capacity and ensuring that people in the communities have food sources to put on the table."
> **Key Informant Interviews**

- **Stakeholder mapping used to leverage complementarities and harmonisation:** Discussions with stakeholders and document review indicate that a mapping exercise was only conducted to identify areas of convergence between UNICEF, FAO and WFP. Additionally, this exercise was conducted during implementation and did not include other external stakeholders (non-UN agencies). It may have been helpful to identify other actors working within the target districts (to leverage external partnerships). The Programme engaged the implementing partner (NAZ) who had a physical presence in the target districts and supported community actions for all four result areas. Furthermore, a research organisation ZVITAMBO was engaged to disseminate findings from the Sanitation, Hygiene in Nutrition Efficacy (SHINE)[131] study. Overall, stakeholders expressed their satisfaction with the linkages formed.
- **Coordination Structures (National and Subnational Levels) for Programme Implementation**:
  - At the national level, stakeholders from UNICEF and FAO reported frequent review and coordination meetings between the two agencies. The UN Nutrition Network[132] and a steering committee (chaired by UNICEF and FAO, with participation of GoZ partners and the EU) was formed to provide oversight, review progress, and discuss potential challenges. Stakeholders shared that the roles and responsibilities were clearly defined in a project document and government counterparts (FNC, MoHCC and MLAWCRR) committed to actively lead and coordinate implementation of programme activities through commitment letters shared with the EU.
  - At the subnational level, the Programme supported devolution of food and nutrition security committees to the ward level (operational in all 110 wards of four target districts). WFNSCs were supported to strengthen multisectoral coordination to identify and address key drivers of stunting (through action plans developed on a regular basis); promote production of diversified agricultural products for a diversified diet; conduct community level education activities on stunting reduction, and support implementation and supervision of a community care group model. The WFNSCs were mostly useful in collecting information and developing micro-plans.
- **Involvement of Traditional Leaders:** The traditional leaders and village heads provided support mechanisms to mobilise community members (especially vulnerable households) to attend meetings (for awareness sessions) and enforced adoption of promoted behaviour as gatekeepers of societal and cultural norms. The traditional leaders acted as a bridge by relaying community's interests and priorities to concerned public entities.

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[130] External coherence considers the consistency of the intervention with other actors' interventions in the same context. This includes complementarity, harmonisation and co-ordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort. OECD DAC Criteria, <www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>.

[131] Led by ZVITAMBO and MoHCC. Findings from these studies need to be shared with all stakeholders including government policy makers to ensure it influences food security and nutrition programming in Zimbabwe.

[132] UN Nutrition Network provides a platform to increase un coherence, coordination, and convergence on nutrition, enabling countries to employ a holistic, integrated approach for addressing all forms of malnutrition, it brought together the expertise and clout of the United Nations agencies to harness the full potential of nutrition as a driver of sustainable development.

### Q 2.2 – To what extent did the Programme develop and strengthen partnerships and linkages between stakeholders (public, technical agencies, the private sector and communities)?

The findings for this question are provided in two parts. The first part looks at programme interventions to strengthen the existing partnerships/linkages between/across key programme stakeholders i.e., public entities, technical agencies, private sector, and communities. The second part looks new interventions that enabled building linkages between communities and public entities.

**Strengthening Existing Partnerships/Linkages Across Stakeholders:**

> "In my group we were taught how to cook and that a child should be breastfed only up to 6 months and start to supplement with porridge. We were also doing poultry projects that they would come to inspect."
> **Community Interviews**

> "I as the village health worker lead the group together with the lead mothers and lead fathers, aiming to educate the mothers on nutritious food which is good for children and the pregnant mothers as well as the importance of pregnancy registration."
> **Community Interviews**

- The scope of existing sub-national level **FNSCs** broadened to reach out at the ward level where members from relevant departments (health, agriculture, WASH, education, gender, etc.) were brought together to plan, implement, monitor and evaluate actions to enhance food and nutrition security at community level. While the district and ward committees were mostly successful in meeting their mandate, some key issues reported during the fieldwork include: i) mobility constraints (lack of transportation allowances for the D/WFNSC members); ii) limited budget allocation to implement cost-heavy micro plans (budget was mostly raised by communities); and iii) inconsistency in participation and commitment by some members (such as the education department). Furthermore, it was identified that the business community could potentially be represented in the district and ward level committees to leverage corporate social responsibility (CSR) and bring in added financial and material support to help with implementation of cost-heavy micro plans.
- The interventions with **MLAWCRR** (including nutrition module developed and capacity building of pre- and in-service extension staff) further strengthened meaningful participation of the agriculture sector in national and subnational food and nutrition security coordination structures. Discussions with community members indicate that the engagement with agriculture extension workers (through food fairs, nutrition gardens, cooking demonstrations, etc.) remained informative. For instance, cooking demonstrations helped community members to observe how locally produced/available food items can be cooked to make nutritious food for their families.

**New Interventions/Model to Improve Linkages Between Communities and Public Sector:**

- **Community care groups:** In target districts, groups were formed to provide an environment for peer learning, information sharing, and social support for maternal, infant and child nutrition (see Figure 18 for visual presentation of how the model works). The care group model works by capacitating lead mothers who in turn reach out to neighbour women within their proximity. The care group model was developed to reach out to target populations (pregnant and lactating women and children under five years) with monthly behaviour change messages on health, IYCF, WASH and gender practices for the attainment of optimum health and nutrition.[133] Interviews with

Figure 20: Community Care Model



[133] Mid-Term Review of the Care Group Model Used in Five Pilot Districts in Zimbabwe.

community members indicate that the majority of the respondents (63%) were aware of the existence of these groups. Participants who were aware of the care groups shared that these groups provided them with gardening techniques and educated community members (specifically pregnant and lactating women) on merits of breastfeeding, IYCF, antenatal and prenatal check-ups, and WASH practices. A mid-term of the care group model (in 2019) indicated that these groups have led to adoption of healthy WASH practices in target communities reflected by construction of tippy taps, rubbish pits and toilets. The report further highlighted visible reduction of open defecation in the target district resulting from households constructing and using toilets.[134]

- **Support mechanism for local farmers:** Agriculture extension workers provided support to farmers and households by organising cooking demonstrations, supporting establishment of nutrition gardens, food fairs, and development of recipes for complementary feeding using locally available foods to reinforce the knowledge acquired from the community care groups.
- **Pregnant and Lactating Mothers' Access to VHWs and EHTs strengthened:** VHWs and environmental health technicians (EHTs) were engaged to disseminate nutrition and WASH-specific messages, respectively. Respondents found the government extension workers were more available and they relied on them for information on maternal and child health.

> "In my village, women have started to listen to the teachings of health workers and now they go to the clinic to register as soon as they realize they are pregnant and seek medical care. We are now aware that we should breastfeed our babies and the importance of good hygiene".
> **Community Interviews**

Box 5: Preliminary Conclusions: Coherence

- **COH 1:** The Programme is assessed to be coherent for leveraging internal synergies within the two UN agencies and GoZ partners to evolve a holistic approach to tackle food and nutrition needs. The Programme is further found to be consistent with partners' mandates and policies. A formal partnership with Ministry of Rural Resources and Water Development (for implementation of WASH-related activities) and Ministry of Women Affairs, Gender and Community Development (for gender integration) would have helped in improved commitment and participation from representatives of these ministries.
- **COH 2:** There is limited evidence to comprehensively assess external coherence as a result of the lack of stakeholder mapping to leverage complementarities (apart from the UN convergence assessment). The Programme managed to leverage the external complementarities: i) by drawing partnerships with qualified IP (with physical presence in target districts); ii) partnering with research organisation (that conducted the SHINE study); and iii) involving traditional leaders in programme activities.
- **COH 3:** The Programme contributed to strengthening existing linkages through operationalising WFNSCs and coordination among FNSCs. Some issues reported for improved functionality of FNSCs include: mobility constraints (lack of transportation allowances); ii) no budget allocation to implement cost-heavy micro plans; and iii) inconsistency in participation and commitment by some members. It was further identified that the business community could potentially be represented in the district and ward level committees to leverage CSR for financial and material support with implementation of cost-heavy micro plans.
- **COH 4:** The Programme supported new interventions such as the community care group model; use of agriculture extension workers to support and educate farmers and improving access to VHWs/EHTs for pregnant and lactating mothers.

## 4.3 Effectiveness

### EQ3 – To what extent did the Programme achieve intended (and unintended) results and what factors either enabled and/or hindered programme achievements?

The effectiveness criterion has two key questions with three sub-questions.

[134] Mid-Term Review of the Care Group Model Used in Five Pilot Districts in Zimbabwe.

### EQ3.1 – To what extent did the Programme achieve intended and unintended results?

The findings for this sub-question are structured into two parts: i) planned vs achieved results (both at outcome and output levels); and ii) unintended results resulting from the Programme.

## 4.3.1 Planned vs. Achieved Results (Outcomes and Outputs)

As per the Programme's logframe, there are 10 outcomes and 16 outputs (logframe attached as Appendix 25). To keep the achievement rating process objective, a rating grid or measuring scale was developed and applied (refer to the bar at the bottom of achievement matrix). Find below the outcomes achievement and rating matrix (8 out of 10 outcomes[135] have been rated), drawn based on the telephone survey (substituted for planned HHS) and secondary data. A similar matrix for outputs achievements and rating is attached as Appendix 26.

The evaluators have outlined following notes for readers to consider before moving on to the outcome achievements:

1. The evaluators had limited endline data for outcome indicators, hence the results (for five out of eight indicators) from the telephone survey have been used for measurement of outcomes to determine the Programme's effectiveness.
2. The assessment is available for only eight outcome indicators (two dropped for limited information), of which data for three are drawn from secondary sources and for the remaining five, data has come from the telephone survey.
3. Instead of treatment-control comparison, the evaluation used a before-and-after design. The control districts were dropped (two in total). For COVID-19 related restrictions, the field survey as replaced with a telephone survey and the sample size was reduced from 741 HHs to 394 HHs (or survey respondents). Stratified randomised sampling was replaced with snow-ball sampling. The respondents' profile also changed as only those were selected who had a mobile phone/connection. In order to do this, evaluators replaced the wards/locations with poor network connectivity, with those with better coverage. The changes in survey approach resulted in creating respondent bias, which may have affected the achievements measurement (also listed as an evaluation limitation, see section 3.6 for details). This could potentially be a factor for inconsistency in outcome and impact level results.
4. The readers may note that the results indicated below are not consistent with results reported in ZIMVAC 2019 / 2020 and MICS 2019.
5. The change in outcome level results is assessed from 2015 as the baseline was conducted in that year. However, ACARS started in 2017 and the observed change cannot entirely be attributed to the Programme itself.

Table 14: Planned vs. Achieved Outcomes (ACARS)

| Indicator | Baseline & Target[136] | Achievement | Rating and Evaluators' Analysis |
|---|---|---|---|
| Proportion of children 6-23 months consuming a minimum dietary diversity (MDD-children)[137] | Baseline: 17%<br>Target: 60% | **51%[138]**<br><br>**Boys: 52%**<br>**Girls: 50%** | **Rating: Mostly Achieved**<br>Analysis: 51% of the children (6-23 months) met minimum dietary diversity criterion (85% of the planned target). Discussions with communities further validate that feeding practices have changed around breastfeeding, meal variety, meal frequency, hygiene and sanitation. |
| Proportion of women of reproductive age consuming a minimum | Baseline: Not Available<br>Target: 60% | **37%[140]** | **Rating: Slightly Achieved**<br>About 37% (62% of the planned target) respondents from telephone survey met the minimum dietary diversity criterion. Overall, interviews with communities indicate that |

[135] Two outcomes were not assessed due to unavailability of data: 1) proportion of children under 6 months who are exclusively breastfed and 2) proportion of households practicing basic WASH.
[136] As per the logframe.
[137] **MDD-Children:** Consumed four of the seven food groups.
[138] Source: Telephone Survey. N = 109.
[140] Source: Telephone Survey. N = 394.

Table 14: Planned vs. Achieved Outcomes (ACARS)

| Indicator | Baseline & Target[136] | Achievement | Rating and Evaluators' Analysis |
|---|---|---|---|
| dietary diversity (MDD-W)[139] | | | pregnant and lactating women have started to consume livestock, chicken eggs, which were not part of their diet before mainly due to lack of knowledge and food taboos around consumption of protein (such as fish). |
| Proportion of children under five years receiving a minimum acceptable diet[141] | Baseline: 9%<br>Target: 25% | **39%[142]**<br><br>**Boys: 43%**<br>**Girls: 34%** | **Rating: Fully Achieved**<br>Significant change was reported against this indicator. Community members reported that awareness sessions (especially with mothers) have improved their knowledge around feeding practices (for children) in terms of when, what and how many times to feed their children. Mothers reported that they are aware of the dietary change of their children with age, and they have started to incorporate healthy and nutritious food in their daily diet. |
| Proportion of food secure households (HDDS)[143] | Baseline: Not Available<br>Target: 80% | **50%[144]** | **Rating: Slightly Achieved**<br>50% (63% of the target) households were found to be food secure. Discussions with community members indicate this is mainly due to changed consumption patterns. Households mainly consumed sadza (porridge), however, due to several programme activities including food fairs, nutrition gardens and cooking demonstrations the consumption pattern has started to change. |
| Proportion of households growing new, nutritious crops and small livestock | Baseline: Not Available<br>Target: 80% | **65%[145]** | **Rating: Mostly Achieved**<br>Majority of the households reported to be growing different and new types of crops and vegetables. However, on the volume of production, 77% (of 219 respondents) reported that the production volume remains unchanged in the past three years mainly due to the climatic conditions (droughts, cyclone) and more recently COVID-19. |
| Proportion of households that have minimum acceptable diet | Baseline: Not Available<br>Target: 54% | **6%[146] (2018)** | **Rating: Least Achieved**<br>The indicator was last updated in the 2018 progress report. The low Minimum Acceptable Diet was in line with the national number (national average was 4% in 2018) due to multiple factors including care practices, limited access to diversified foods as well as cultural norms and beliefs relating to food. |
| Proportion of staff in MLAWCRR with acceptable nutrition Knowledge, Attitudes and Practice (KAP) | Baseline: 0%<br>Target: 80% | **87%[147]** | **Rating: Fully Achieved**<br>This is an output level indicator but categorized as outcome in the Programme's logframe. The Programme conducted Healthy Harvest trainings for agriculture extension staff and administered pre- and post-test assessments for participants as a proxy for improved nutrition knowledge and attitude. An acceptable measure for the post- |

[139] **MDD-W:** Consumed five of the ten food groups in the last 24 hours.
[141] **MAD:** Minimum acceptable diet is a composite indicator of minimum dietary diversity and minimum meal frequency; it is the proportion of children 6–24 months of age who receive a minimum diversified diet and minimum meal frequency.
[142] Source: Telephone Survey – for breastfed children only.
[143] Each food group is assigned a score of 1 (if consumed) or 0 (if not consumed). The household score will range from 0 to 12 and is equal to the total number of food groups consumed by the household.
[144] Telephone survey. N=394.
[145] N= 219. Household growing at least two different types of crops or vegetables (compared to 2017).
[146] Progress against this indicator was not reported in 2019 and 2020 progress reports.
[147] Progress Report (2020).

Table 14: Planned vs. Achieved Outcomes (ACARS)

| Indicator | Baseline & Target[136] | | Achievement | Rating and Evaluators' Analysis |
|---|---|---|---|---|
| | | | | test score was 60% or above with the final post-test score calculated as a positive change from the pre-test score. Against a target of 80%, the Programme overachieved and reported 87% as KAP score. |
| Proportion of agricultural colleges using the revised agriculture training curriculum (including nutrition) | Baseline: 0%<br>Target: 80% | | **100%**[148] | **Rating: Fully Achieved**<br>All eight agriculture colleges are reportedly using the new module, as it has been included in the curriculum. Although discussions with the stakeholders from MLAWCRR indicated that only one hard copy was received by each agriculture college and students do not have access to additional copies for their consumption. |
| Fully Achieved | Mostly Achieved | Slightly Achieved | Least Achieved | Not Achieved |
| | | | | |
| 91% - 100% | 66% - 90% | 36% -65% | 11% - 35% | 0-10% |

- Telephone survey results indicate that adolescent and young women (under the age of 20) were more prone to poor feeding practices. MDD in women under 20 was reported as 25% (as opposed to 38% for 21-30 and 39% for 31-40). Children of young women were also more likely to be malnourished. MDD for children of mothers under 20 was 40% compared to 58% in children of mothers 21-30.
- Results from the telephone survey indicate that women who had acquired secondary or higher education reported better feeding practices (for instance, 41% of respondents who attended secondary school or higher education met the minimum dietary score compared to 31% of respondents who had attended primary or had no education).

### 4.3.2 Unintended results

- **Enabling WFNSCs Revival and Use for Humanitarian Response (COVID-19):** The Programme helped revive the WFNSCs in all 110 wards (20 were revived as part of the pilot) and enabled them to maintain regular contact with communities or community groups in those wards. While the revival was intended to enable them to work on food and nutrition needs, the forums were successfully deployed for humanitarian response (education and awareness campaigns) during COVID-19.
- **Expanded Mandate of Community Care Groups:** The Programme helped form and build capacities of care groups, with the mandate to lead food and nutrition activities and discussions. The field discussions suggest that these groups have started acting like change agents and are raising awareness around gender inequities (division of labour, domestic violence and communication) and income-generating activities which comes as a positive extension of the original mandate. There is limited evidence as to the expanded mandate of community care groups and the resultant change, if any.
- **Reduction in Domestic Violence:** Several stakeholders reported anecdotal evidence of reduction in domestic violence in target districts (stemming from the gender-sensitive messages disseminated in community care meetings). However, the evaluators were unable to access data on domestic violence to validate this finding from secondary sources.

**EQ3.2 – What factors (internal and external) either enabled or hindered programme achievements and how did the Programme react to these factors?**

A series of enabling and disabling factors contributed to the Programme's achievements and otherwise. Find below the list of factors that either supported or hindered achievement.

[148] Progress Report (2020).

Table 15: Enabling and Disabling Factors & Implications on ACARS Implementation

| Enabling Factors | Findings & Assessment of Implications |
|---|---|
| Programmatic coherence with GoZ policies and plans enabled cultivating partnerships and leveraging resources (staff time, existing platforms, and other non-financial contributions) from key public sector partners. | The GoZ's willingness to support programme activities was instrumental. The GoZ support was evident through in-kind contribution including provision of human resource and coordination mechanisms (in terms of food and nutrition security committees at all levels; village and community health workers; nurses; and agriculture extension workers) for the implementation of interventions. This helped to create a conducive environment and indicated strong commitment and ownership by the GoZ. |
| Use of MCBM approach helped in establishing synergies and complementarities with different stakeholders. | Because malnutrition is multifaceted it required a multisectoral approach to address bottlenecks. The Programme's approach (MCBM) enabled establishing synergies with relevant GoZ stakeholders (including MoHCC, FNC, MLAWCRR), UN agencies (UNICEF and FAO), and implementing partner (NAZ). The results in children and women's nutritional status (see section 4.3.1 for more details) are indicative of relative effectiveness of the approach. However, in its present format the MCBM approach is based on volunteerism rather than a statutory requirement. The new roles and responsibilities that take into account mainstreaming nutrition do not appear on the performance assessment and general reporting structure of concerned officers, and therefore, there is no incentive for full participation which may have an effect on sustainability of the approach. |
| Engagement of traditional leaders helped leverage influence and respect for community mobilisation and harness community support. | Involvement of influential people (traditional leaders and chiefs) resulted in greater acceptability of programme interventions in target communities. The traditional leaders and village heads provided support mechanisms to mobilise community members (especially vulnerable households) to attend meetings and enforced adoption of promoted behaviour as gatekeepers of societal and cultural norms. Some traditional leaders were reportedly very actively involved in disseminating messaging which positively contributed to desired change in behaviour within the targeted communities. |
| **Disabling Factors** | **Implications on ACARS Implementation** |
| Delays in recruitment and competing priorities caused implementation delays. | Competing GoZ priorities caused some delays at the start of the Programme. Furthermore, due to the delay in recruitment of IP (NAZ) and staff (FAO faced delays while hiring technical consultants), there were delays in completing some of the programme interventions, e.g., development of food and nutrition guidelines (which took almost three years to develop) and establishment of crop and livestock demonstrations. |
| Contextual changes in the form of economic crisis and frequent humanitarian situations negated some of the Programme's contribution to intended results. | There were several contextual changes in target districts which resulted in delays and had an impact on the Programme's achievements. Some of these include new leadership in relevant ministries (post-election the appointment of new leadership meant more efforts had to be channelled towards engagement); economic crisis (high inflation, multi-currency systems, devaluation); natural disasters (Cyclone Idai, droughts), and more recently COVID-19. Although incorporated at the time of the Programme's proposal as a potential risk, the extent of the changes and natural calamities were unexpected and there was limited ability to address them. These factors may have negated some of the Programme's contribution to stunting levels in target districts (see section 4.5.1 for discussion on the Programme's impact). |
| Resource constraint environment affected consistent and smooth implementation of programme activities. | The Programme was implemented in a resource poor environment. The GoZ supported with in-kind contributions in terms of provision of human resources, coordination platforms (FNSCs) and logistics. However, some of the activities associated with the Programme's implementation required additional resources. For instance, limited transportation support affected mobility of FNSCs to monitor/supervise district and ward activities; equipment shortages affected trainings for farmers |

Table 15: Enabling and Disabling Factors & Implications on ACARS Implementation

| Enabling Factors | Findings & Assessment of Implications |
|---|---|
| | (equipment was not available to demonstrate modern farming practices), WFNSC action plans received limited financial support (especially for implementation of cost-heavy micro plans to comprehensively address reported challenges); NRTM was discontinued (largely due to high recurring costs); Food Composition Table (FCT) was not developed (only a cost-proposal was submitted); and lack of incentives for volunteers affected morale and motivation (with reported increase in the workload). |

## EQ4 – To what extent did the Programme apply innovative strategies and models including their effectiveness?

### EQ4.1 –To what extent did the Programme apply innovative strategies and models (for implementation and M&E) and to what effect?

Find below the list of programme strategies and models and their contribution to achieving the results. For ease of readers this has been presented in matrix below.

Table 16: Programme's Innovative Models/Strategies and Contributions to Results

| Key Strategies/ Models | Contributions to Results & Evaluators Assessment of Relative Effectiveness |
|---|---|
| Evolving and applying the Near-Real-Time Monitoring (NRTM) | The NRTM was an innovative approach which provided access to food and nutrition-specific data (of targeted communities) to its relevant stakeholders. NRTM aimed to improve availability and use of local level data with a feedback mechanism using SMS alerts and dashboards to flag poor coverage of key interventions and sub-optimal nutrition and health practices by the target group for early action as well as citizen engagement on social accountability. Although set up through the efforts of the previous intervention (Bill and Melinda Gates Foundation and the US Fund for UNICEF),[149] the Programme continued and invested its efforts to strengthen the system. However, the intervention (which formed part of the Result Area 2) was discontinued towards the tail end of 2019 due to excessive recurring costs (airtime, maintenance of tablets, lack of incentives for VHWs to collect data, cost of refresher trainings, mobility costs) and the Programme's inability to pay for them. The idea of near real time data evidence and informed decision making did not materialise in the initially proposed form. Learnings from NRTM were used by the Programme to support GoZ's information system. For example, the ZIMVAC rapid assessment triggered at the onset of the COVID-19 utilised NRTM data collection tools. |
| Model Villages | Towards the tail end of the Programme, model villages (in select villages) were implemented to provide comprehensive evidence of results that can be achieved by implementing nutrition specific and nutrition-sensitive interventions concurrently. These villages aimed to define the idea of convergence of activities and efforts in one particular village in a ward and potentially replicate it in other villages through exchange visits. Discussions with subnational teams indicate that these villages were useful for relevant duty bearers, communities and development partners to witness change through collective implementation. However, there is limited evidence to suggest if these model villages were replicated in other villages. |
| Community Care Group Model | The Programme utilised the care group model to implement most of its behaviour change activities. The Programme trained lead mothers (volunteers) on key health and nutrition topics. These lead mothers in turn were expected to reach out to women in their neighbourhood and pass on the messaging received from the training. Telephone survey results show that 75% of the respondents (n=394) confirmed existence of a community |

[149] MCBM for addressing food and nutrition insecurity to reduce stunting NRTM national review – workshop.

Table 16: Programme's Innovative Models/Strategies and Contributions to Results

| Key Strategies/ Models | Contributions to Results & Evaluators Assessment of Relative Effectiveness |
|---|---|
| | care group within their communities. The relative effectiveness of the model can be further gauged through the results achieved against child and women nutrition-related indicators (see section 4.3.1). More importantly, the model was effective in a resource-poor environment, where training or conducting multiple sessions with community members would have been costly. Discussions with community members further indicate that the communication material was effective in instilling desired change in food consumption behaviour. The Programme utilised multiple formats including storytelling, manuals and picture books to convey messages around infant and childcare, breastfeeding, meal frequency, meal diversity etc. Mothers shared that these messages were easy to understand and encouraged them to adopt the promoted behaviour. Most of the respondents felt that these messages resonated especially with those who were single or first-time mothers. Findings further indicate that while the care group model was effective; some of the community members (25% of the respondents[150]) were unaware of the existence of a group within their communities. This highlights a need for a mass media campaign (such as social media, posters, recurring radio, or TV campaign) to uniformly reach out to all target community members especially those who are vulnerable and reside in hard-to-reach areas. |

### 4.3.3 Assessment of ACARS Theory of Change (ToC)

This section offers evaluation team's perspective on completeness and validity of the Programme ToC (Refer to Appendix 27 for ToC).

**Completeness:** The evaluators have used the standards components used to develop a ToC and assess it as mostly complete. The ToC lists the desired change in terms of intended impact to reduce stunting in children under age five. However, this is inconsistent with the logframe as there is another impact indicator included in it, i.e., reduction of anaemia amongst women. The ToC identifies the necessary conditions for change (to achieve intended impact) as achievements. There are corresponding strategies under each condition/achievement. The evaluators took note that strategies and results identified in the ToC do not holistically capture the Programme's interventions or intended results (the Programme's four result areas are not adequately captured in the current visual). There are also evident omissions in the ToC, such as that it lacks indicators, working assumptions, associated risks, and linkages and synergies (with key ministries).

**Validity:** The ToC appears to be valid as far as the achievement of results (or outcomes) are concerned. It should be noted that the Programme was not on track to achieve the desired impact as the stunting rates for children under five have marginally come down in two districts, whereas they have gone up in the other two districts.[151] This trend contradicts the national numbers, which went down by 4.1% between 2014-2019. The telephone survey results (with its limitations) demonstrate improvements in the nutritional status of children under five (as MDD in children under five has gone up to 51% from 17% at baseline 2017); and the Minimum Acceptable Diet (MAD) in children under five has gone up to 39% (up from 9% at baseline). The results indicate that the casual linkages appear to be working in improving community capacities to identify, analyse and address causes of malnutrition, strengthen public sector capacity to take prompt action to address causal factors of malnutrition, and increase uptake of multi-sectoral interventions to reduce stunting.

[150] The telephone survey respondents were mostly those who had access to telephone with good mobile coverage in their areas (in order to reach out to them). The number may have been higher had the survey reached out to respondents who lived in hard-to-reach areas.
[151] Although a nonconclusive assessment due to difference in sampling approach used by the Programme's baseline and national nutrition survey, still indicates the direction of change in target districts.

Box 6: Preliminary Conclusions: Effectiveness

- **EFF 1**: The Programme is rated as 'Mostly Effective' for demonstrated achievement of most of outcome or intended results/targets. Findings for most of the outcome indicators are drawn from the non-representative survey undertaken as part of the evaluation. Improved nutritional status of children (under five) is assessed through MDD which was measured at 51% (up from 17% at baseline in 2017) and Minimum Acceptable Diet (MAD) at 39% (up from 9% at baseline). The MDD for women is measured at 37% (no baseline available and missed the target set at 60%) and HDDS at 50% (no baseline and missed the target set at target 80%).
- **EFF 2:** The Programme contributed to some unintended results, which include enabled WFNSCs revival resulting in effective humanitarian response (whereby the forums lead the localised COVID-19 education and awareness campaigns); expansion in the mandate of care groups (whereby they were found to be active in disseminating gender sensitive messaging and information on income generating activities); and reduction in domestic violence (reported by several stakeholders although the evaluators were unable to validate this finding through secondary sources).
- **EFF 3:** Multiple factors contributed to help the Programme achieve what it could. These include i) alignment of programme objectives and interventions with those of national policies and plans (resulting in stronger commitment and buy-in from key GoZ ministries); ii) use of MCBM (helped to establish synergies and complementarities with different stakeholders although the approach is based on volunteerism leading to variance in member participation); and iii) engagement of traditional leaders in programme activities (resulted in greater acceptability by the community members). The disablers include delays in recruitment and competing priorities causing implementation delays; contextual changes in the form of economic crisis and frequent humanitarian situations negated some of the Programme's contribution to intended results; and resource constraint environment affected consistent and smooth implementation of programme activities.
- **EFF 4:** The Programme applied or continued to apply innovative models or interventions:
  - Strengthen the NRTM system: Limited effectiveness as the system was discontinued during the Programme's duration.
  - Model Villages: Villages with nutrition specific and nutrition sensitive interventions implemented for possible replication in surrounding villages. The evaluators did not find evidence of scale-up or of replication.
  - Care Group Model: The community care model is innovative and proved effective in having trained community activists to educate and sensitize other community groups. Although lack of awareness in some of the respondents from the telephone survey indicate a need for an integrated mass media campaign for uniform outreach of awareness messages.
- **EFF 5:** ToC is mostly complete (although assumptions, risks and synergies were missing) and causal chain is valid.

## 4.4 Efficiency

### EQ5 – To what extent were programme resources (financial, organizational capacities, human resources) sufficient and utilized for timely achievement of results?

There is one key evaluation question and two sub-questions for the efficiency criterion.

The efficiency analysis remains incomplete as a result of unavailability of usable financial data. Whatever was made available had limited disaggregation, making it difficult to relate it to the results i.e., outcomes and outputs.

### EQ5.1: To what extent were allocated funds used to achieve planned targets and what programmatic and financial re-adjustments were made during implementation (including why)?

UNICEF Zimbabwe shared financial reports for 2017 and 2018. For 2019 and 2020, the data shared includes cashflow forecast (implying budgets only) without data on actual expenditures or utilisation. The 2017-2018 financial data is activity-based and is unrelatable to programme

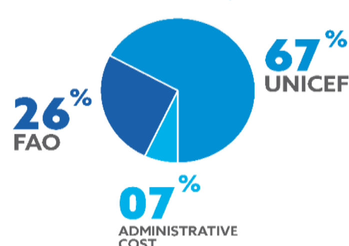
outcomes and outputs. Moreover, the data lacks disaggregation across years. The evaluators have used the available financial and achievements information to develop the following write-up.

### 4.4.1 Funds Allocations and Adequacy

Find below the cumulative budgetary analysis (2017-2020) in terms of:

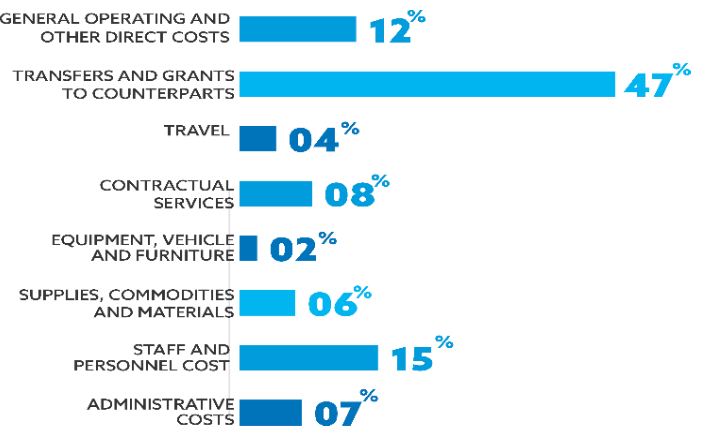
1. Funds distribution across UN partners (UNICEF Zimbabwe and FAO);
2. Allocations per expenditure category (budget lines/heads); and
3. Expenditures across outputs (for 2017 and 2018)

Figure 21: Cumulative Budget Allocation per Agency




UNICEF Zimbabwe received 2/3 of allocated resources compared to FAO which received 1/4 (total portfolio comes to EUR 3,363,820, refer to Figure 19 for budget breakdown). The pattern is justified given the fact that UNICEF Zimbabwe was responsible for implementing three out of the four result areas[152] whilst FAO was responsible for the remaining one[153] (with partial involvement in Result Area 4). The remaining 7% of the budget was allocated as administrative costs for the UN headquarters. The cumulative budget distribution shows that almost half of the funds (47%) were used to as grants to partners, implying funds spent on trainings of FNSCs, reviews, assessments, and the implementing partner, NAZ). The second biggest component or budget line is staff and personnel costs that comes to 15% (refer to Figure 20 for the breakdown of total budget per line item).

Figure 22: Breakdown of Budget per Line Item




Regarding adequacy of resources, analysis is based on qualitative primary data. Most stakeholders (involved in implementation) referred to financial resources being available to implement programme-specific activities. However, many associated activities such as M&E by FNSCs; mobility of agriculture extension workers; incentives for village and community health workers and volunteers; funds for coordination meetings; and implementation of action plans lacked adequate resources. The WFNSCs representatives shared that fund shortages prevented them from convening regularly and prevented implementation of cost-heavy activities from the action plans. The agriculture extension workers referred to constrained mobility because of funding shortages. Some activities were altogether discontinued due to funding challenges including the NRTM (in 2019) as the Programme could not pay for recurring costs (airtime,

> "For mobility of extension staff, I would not want to link because the programme was not covering the mobility of extension staff. But yes, mobility is a challenge or was from the inception of the programme. Since last year, the government is making sure that mobility is improved by procuring motorcycles for all extension workers in the country."
> **Key Informant Interviews**

> "I think the estimated costs were not correct to develop the food composition tables under this intervention. In terms of planning maybe there was a need to have more to it to accurately estimate the required resources."
> **Key Informant Interviews**

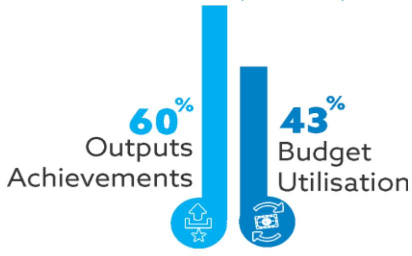
[152] Result Areas 1,2 and 4.
[153] Result Area 3.

maintenance of tablets, lack of incentives for VHWs to collect data, refresher trainings, mobility costs). The activity to develop Food Composition Tables (FCTs) was changed to only developing a cost proposal.

### 4.4.2 Funds Utilisation vs. Output Results (2017-18)

Find below a fund utilisation vs outputs achievement analysis for 2017-18 (years for which expenditure data is available). For valuation of output achievements, the evaluators have used the binary scale, where outputs fully achieved are valued as 1 and others are treated as unachieved and valued as 0. The data suggests that the Programme was able to produce 60% (9 out of 15 outputs – see Appendix 28 for the assessment) of output results by spending 43% of allocated resources, reflecting that the Programme performed efficiently in 2017/2018.

Figure 23: Funds Utilisation vs. Achievement (2017/18)




**Alternative approaches for improved efficiency:** The Programme's stakeholders suggested the following alternative approaches or strategies to achieve similar results with lower inputs.

- Integrate health and nutrition training modules to train village health workers on health and nutrition at the same time.
- More virtual meetings and trainings (especially at the national and provincial levels) could have saved cost incurred on travel and logistics.

"With COVID and the reality that we can conduct meetings virtually. Back then maybe we could not comprehend, or we did not fully appreciate that. Maybe that is one way we could have saved resources by conducting some of these consultation or consultative meetings virtually. Instead of bringing people from all over the country into one place.
**Key Informant Interviews**

### 4.4.3 Programmatic delays and financial adjustments

**Implementation Delays:** The Programme faced some delays in implementation. Reasons for delay include: General Elections in Zimbabwe (July 2018) resulted in suspension of activities for a few months; lag in payment disbursement (from the EU in 2019); procurement and recruitment challenges (particularly faced by FAO); competing priorities at the GoZ end; and the COVID-19 pandemic (January to September 2020) resulted in mobility and assembly-related restrictions where some of the activities could not be implemented. These delays resulted in a no cost extension that was granted for nine months (from December 2019 to September 2020) to complete the remaining programme activities.

"We have the pre-election period maybe over month or two prior to elections so we couldn't conduct gatherings and movement as those based in the field was also restricted. So, things were either at a standstill completely or they were moving slowly."
**Key Informant Interviews**

**Financial adjustments**:

- Discontinuation of NRTM resulted in financial adjustments in the budget which went toward FNS information management (with implementation of ZIMVAC 2019 and ZIMVAC 2020).
- Due to the delay in developing, pretesting and finalising the FBDGs, the Programme was unable to disseminate printed copies. Although identified as one of the outputs, it is unclear from the financial reports where the resources were readjusted.

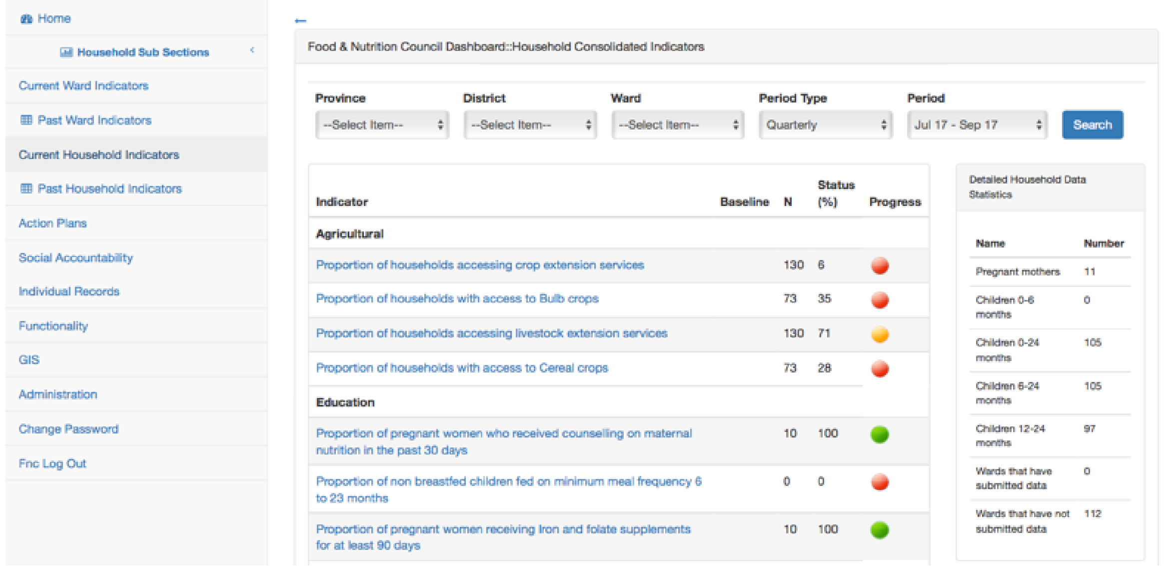
**EQ5.2: To what extent did the Programme's M&E system support efficient resource utilization? Was it timely and of quality?**

Find below a brief overview of the Programme's M&E system and its ability to gather quality and timely information to enable time and costs efficiencies.

**External Monitoring:** The Programme mainly relied on the GoZ partners (especially ZIMVAC assessments that generate district level data on food and nutrition security) and the NRTM for external monitoring. The NRTM was set up through the efforts of the previous intervention (Bill and Melinda Gates Foundation and the US Fund for UNICEF), however, the Programme continued to make investments in the system. The NRTM component was designed to strengthen monitoring and feedback for actions at village, ward, and district levels to address factors that contribute to stunting across health, WASH, education, agriculture, social protection, and HIV sectors. The system also featured an individual tracking mechanism, a citizenship engagement module, and a dashboard that displayed data at ward and village levels. Discussions with stakeholders and document review suggest that the Programme struggled to streamline this monitoring system to ensure tracking of information. Although NRTM was useful in terms of consolidating information and identifying villages where food and nutrition situation needed attention, due to associated challenges the timeliness was severely affected. Data collection was mainly done by village health workers and volunteers who lacked motivation due to limited incentives. Furthermore, data was not consistently uploaded as there were issues with airtime, internet connectivity and maintenance of tablets. This resulted in significant delays and the system did not display real-time information as it was intended to in order to make timely decisions which may have helped with cost efficiencies. These challenges and recurring costs (airtime, maintenance of tablets, lack of incentives for VHWs to collect data, refresher trainings, and mobility costs) led to the discontinuation of NRTM towards the end of 2019. In the absence of NRTM, the ministries have gone back to using their own system and databases for monitoring progress within the target districts (DHIS and sector-based monitoring).

"So, the data was sent from the ward to an extent, but it wasn't useful because you would find out that the dashboard would have nothing and was not updated. There were issues with network, airtime, village health workers competing priorities which made this system, a very demanding exercise".
**Key Informant Interviews**

Figure 24: Screenshot of NRTM Dashboard




**Internal Monitoring:** For internal monitoring, both UNICEF and FAO relied on the IP (NAZ) to track progress and produce monthly monitoring reports. Progress against activities along with data against output level indicators was reported. In addition to this, challenges, good practices, recommendations and stories of human interest were also shared. Both UNICEF and FAO personnel shared that they received timely information to keep a track of the Programme's progress and to make timely decisions. Apart from this, the Programme team (UNICEF and FAO) also conducted frequent monitoring visits to the target districts for spot checks and to assess progress.

"We relied on the government and NAZ for day-to-day monitoring. FAO also conducted monitoring missions either us or jointly with UNICEF. I think we received enough information from the ground to know what was happening and make decisions if needed".
**Key Informant Interviews**

Box 7: Preliminary Conclusions: Efficiency

- **ECY 1:** The evaluators are unable to conclude the Programme's efficiency vis a vis achieved results as a result of limited information (disconnect of budget and expenditure statements with programme results).
- **ECY 2:** Using the financial data, the evaluators conclude that UNICEF Zimbabwe received almost two-thirds of the budget (for Result Areas 1,2 and partially for 4) whereas FAO received one-fourth (for Result Area 3 and partially for 4), which is justified given the distribution of responsibilities between the partners. Almost half of the total budget was allocated for grants to counterparts (for trainings, reviews, assessments). On the adequacy of funds, findings indicate that some of the activities could not be implemented due to lack of/limited financial resources (such as NRTM and FCTs).
- **ECY 3:** Programme implementation faced delays as a result of a series of internal and external factors such as lag in payment disbursement; procurement and recruitment challenges (particularly faced by FAO); the general election and political transition in Zimbabwe; competing priorities of the GoZ staff; and COVID-19 related restrictions. The Programme sought one no-cost extension, granted from December 2019 to September 2020.
- **ECY 4:** From the expenditure records for 2017-2018, the Programme appears to have made efficient use of resources. The Programme spent 43% (less than half) of the financial resources and managed to achieve 60% of output targets. It should be noted that a few cost-heavy activities such as the development of FBDGs, FCT proposal and crop and vegetable demonstrations were implemented in 2019/2020.
- **ECY 5:** The Programme invested in resuscitating the existing NRTM for external monitoring. The monitoring system did not produce usable monitoring inform to enable users make informed decisions. In 2019, the Programme discontinued the NRTM for being a cost heavy system and for significant delays in posting updated information. The system did not help much with timely information collection to inform programmatic decisions to achieve cost efficiencies. As per stakeholders' feedback, the Programme's internal progress against its activities was adequately and timely monitored through IP reports and monitoring missions conducted by UNICEF and FAO.

## 4.5 Impact

**EQ6 – To what extent did the Programme manage to contribute to the desired impact and created unintended impact in target communities?**

The impact criterion has one key question and two sub-questions. It should be noted that this is not an impact evaluation, but rather a summative evaluation. As a result, the evaluation design did not include rigorous impact measurement. Moreover, the Programme is not mature enough for impact measurement with only three-year implementation cycle (2017-2020). The impact measurement is drawn primarily from the secondary data sources. The evaluators have used the baseline and National Nutrition Survey (available for 2018) for district level data comparisons.

**EQ6.1 – How far did the Programme contribute to the intended impact (including unintended)?**

### 4.5.1 Contribution towards Intended Impact

The Programme logframe includes the following two impact indicators, used for impact measurement.

1. Prevalence of anaemia in women of reproductive age; and
2. Number (or prevalence) of children under five years of age who are stunted.

**Anaemia:** As a result of limited availability of recent credible data, the evaluators are unable to comment. It should be noted that this indicator does not relate directly to the ToC impact statement which is about reduction in stunting among children under five.

**Stunting:** Readers may note that Zimbabwe's nutrition surveys show variation in stunting numbers reported over the years due to the differences in sampling methodology. For instance, ZimVAC's methodology includes oversampling of vulnerable households resulting in relatively higher

numbers compared to the National Nutrition Survey or MICS. While noting this as a limitation, the evaluators have relied on the National Nutrition Survey 2018 to measure changes from 2015 (when the Programme's baseline was conducted). Both baseline and the NNS indicate a confidence interval of 95% for numbers reported against prevalence of stunting.

Due to the lack of recent numbers, the evaluators could only assess change until 2018 (half-way through the Programme). The numbers show mixed results for target districts. While stunting rates slightly reduced in Mwenezi (by 1.2%) and Mutasa (by 0.6%), they increased in Chipinge (by 0.3%) and Chiredzi (by 2%). On average, the Programme was unable to make any significant dent in the stunting numbers (in fact the average number increased by 0.6%) and was not on track to meet its intended target (to reduce stunting to 25.6% by end of the Programme).

Figure 25: Stunting Rates in Target Districts (2015 & 2018)

| | CHIPINGE | CHIREDZI | MWENEZI | MUTASA | AVERAGE |
|---|---|---|---|---|---|
| 2015 | 30.20% | 22.20% | 26.50% | 32.20% | 27.78% |
| 2018 | 30.50% | 24.70% | 25.80% | 31.40% | 28.10% |

Figure 24 shows the direction of intended change in target districts from 2015-2020. In 2018, the stunting rate in target districts should have been around 26.47%; however, was reported as 28.1% (as per the NNS) indicating that the Programme missed its target by 1.63% in 2018 and may have missed it in 2020 as well. Additionally, to assess whether change in target districts was aligned with national trends, the evaluation team relied on figures reported in the MICS. In 2014, the national stunting rate was 27.6%[154] which was reduced to 23.5% in 2019[155] indicating a 4.1% reduction in the national stunting rates. This is reflective of the fact that the Programme's impact was not in line with the national trend.

Figure 26: Yearly Forecasted Change

Although the Programme's interventions were similar in design and implementation across districts, some factors that may explain the trends are mentioned below:

- **Socio-economic Factors (Economic Crisis, Natural Disasters):** Stunting rates may have increased due to the overall economic crunch and environmental events (droughts, cyclones affecting Chipinge and Chiredzi). Findings suggest that the Programme did not adequately incorporate (especially when setting the targets) the impact of external influences on programme activities within these districts.
- **Religious and Cultural Beliefs:** Some communities were found to be resistant to the behaviour change component due to religious and

> "It is a country that has high inflation and multi-currency kind of system. You have 900% inflation rates on basic commodities. So, you have a programme that tells people to eat better, but at the same time, they are the same people that do not see their disposable income increasing but see food prices going up by 900%. And this is what people do for control and really had a major impact on some of our programme.
> **Key Informant Interviews**

[154] MICS (2014).
[155] MICS (2019).

social beliefs. There are certain food taboos (consumption of certain food groups is prohibited including poultry and dairy products) and some communities were resistant to accepting alternative messaging/information. This may have resulted in variance in behaviour change across communities within the target districts.

### 4.5.2 Unintended results:

This section is addressed under section 4.3.2. The reader is advised to refer to the relevant section.

**EQ6.2 – What measures did the Programme undertake to mitigate the negative unintended impact?**

Discussions with stakeholders, community members, and the document review do not indicate any unintended negative impact.

Box 8: Preliminary Conclusions: Impact

- **IMP 1:** The Programme impact measurement is done vis a vis reduction in stunting (for children under five) only using 2015 and 2018 data. Due to limited availability of data for anaemia in women of reproductive age, the impact has not been measured for this indicator. The evaluation has relied on the Programme's baseline and NNS to assess change in the stunting rate with a caveat that the difference in methodology (for sampling) impacts the evaluation team's ability to conclusively assess the Programme's impact.
- **IMP 2:** Using NNS 2018, findings indicate that stunting rates slightly reduced in Mwenezi (by 1.2%) and Mutasa (by 0.6%), while it increased in Chipinge (by 0.3%) and Chiredzi (by 2%).
- **IMP 3:** On average, the Programme was unable to make any significant dent in the stunting numbers (increased by 0.6% by 2018) and was not on track to meet its intended target (reduce stunting to 25.6% by end of the Programme). The Programme logframe includes one target for stunting for four districts, despite variation in baselines, context, and risk/exposure within these districts.
- **IMP 4:** Based on projections on the intended change in 2018, the stunting rate in target districts should have around 26.47% but was reported as 28.1% indicating that the Programme missed its target by 1.63% in 2018. The intended change was also not in line with the national trend where stunting was reduced from 27.6% (MICS 2014) to 23.5% (MICS 2019) indicating a 4.1% reduction in the national stunting rates.
- **IMP 5:** Possible factors that may have contributed to this under/non-achievement include massive devaluation triggered by the economic crisis; repeated shocks in view of frequent natural disasters – droughts and cyclones; and religious and cultural beliefs discouraging the adoption of new practices and habits.
- **IMP 6:** Unintended negative impact was not shared or observed.

## 4.6 Sustainability

**EQ7 – To what extent did the Programme create institutional and community ownership and capacities (including what may need to be done further) for sustaining interventions and results?**

There is one key evaluation question and two sub-questions for the sustainability criterion.

It should be noted that the Programme had no explicit sustainability plan, nor interventions that could be tagged as sustainability interventions. The implementation did include a series of untagged activities meant to contribute to building capacities and ownership of public sector partners and communities to sustain interventions and results.

**EQ7.1 – How well did the Programme manage to create ownership and capacities in the public sector to sustain interventions and results including additional capacities?**

Find below the list of programme interventions that contributed to building the public sector (of key GoZ entities i.e., MoHCC, MLAWCRR and FNC) capacities and foster ownership to enable continuity of both the interventions and results. The matrix below lists the systemic interventions

(related to systemic gaps) that are needed to enable sustainability. The findings and analysis are drawn from both programme records[156] and consultations with stakeholders.

Table 17: Public Sector – Built and Required Capacities

| Stakeholders | Interventions – Capacities Built & Ownership | Required Systemic Capacities |
|---|---|---|
| MoHCC | - Capacitated 56% of VHWs on community IYCF integrated package.<br>- Capacitated 60% of primary health care facilities on knowledge and skills on growth monitoring and community IYCF integrated package.<br>- Developed the FBDGs for evidence-based programming.<br>- Developed FCT cost proposal. | - For improved sustainability prospects, the motivation of village health workers (in the shape of incentives) was noted as a serious concern during the fieldwork.<br>- Support required to disseminate the FBDGs at all levels (including the scientific community and policymakers). While the government may use its Health Promotion department for dissemination, it requires additional support (mainly financial) to fully disseminate the dietary guidelines to achieve the intended purpose. |
| MLAWCRR | - Developed a Healthy Harvest module to aid the integration of nutrition into the pre-service training curriculum of agriculture extension officers.<br>- All eight agriculture colleges (trained 21 lecturers) utilising the nutrition in agriculture module.<br>- Capacitated 49% of MLAWCRR staff on the nutrition module.<br>- Established 224 crop and livestock demonstrations to promote the production and consumption of nutritious foods. | - Support to conduct regular refreshers of the agriculture extension officers and MLAWCRR staff on the module. |
| FNC | - Established and capacitated WFNSCs (100% of wards) on strengthened functionality, learning and documentation.<br>- Supported regular coordination meetings (at all levels of FNSCs).<br>- Supported 100% WFNSCs to collect, analyse, and utilise nutrition specific and nutrition sensitive (agriculture, WASH, social protection, education) data through the NRTM system.<br>- Supported FNC information system (including ZIMVAC 2019 and 2020) – post NRTM. | - FNC would require financial support to continue the momentum especially in terms of refresher training, coordination meetings, and implementation of micro plans.<br>- Need for reflections and learning documentation sessions for cross district learning and knowledge exchange.<br>- Inclusion of business community could potentially be represented in district and ward level committees to leverage CSR for financial and material support with implementation of cost-heavy micro plans.<br>- FNC information systems (in the form of ZIMVAC 2019 and 2020) was supported through the Programme and may require continued support for future assessments. |

### EQ7.2 – To what extent did the Programme create and capacitate community systems to sustain interventions and results including additional capacities needed?

[156] Progress Report (2019).

Find below the list of programme interventions that contributed to building community capacities to enable continuity of both the interventions and results. The matrix below lists the systemic interventions that are needed to enable sustainability.

Table 18: Community – Built and Required Capacities

| Forum / Structure | Interventions – Capacities Built & Ownership | Required Capacities |
|---|---|---|
| Community Care Groups | - Established 660 Community care groups to reach 6,600 caregivers.[157]<br>- Findings indicate that the care group model and community meetings have a high potential to be sustained as community members see these meetings not only as an opportunity to learn about food and nutrition, but also about income generating activities and gender mainstreaming (with increased mandate).<br>- The care group model[158] led to adoption of healthy WASH practices in target communities reflected by construction of tippy taps, rubbish pits, and toilets. | - Due to the perceived economic benefit, participation in care group meeting was reportedly high and is likely to continue even after the end of the Programme. However, some of the community members highlighted that the meetings were discontinued due to the COVID-19 related restrictions, which could potentially affect the overall momentum of the care group activities. Financial support required to revive community meetings as these were previously being arranged and implemented by the Programme's implementing partner.<br>- Findings further indicate that while the care group model was effective and shows potential of sustainability, some of the community members (assessed as part of the telephone survey and community interviews) were unaware of the existence of a group within their communities. This highlights a need for a mass media campaign (such as social media, posters, recurring radio, or TV campaign) to uniformly reach out to all target community members especially those who are vulnerable and reside in hard-to-reach areas. |
| Linkages between public sector and community | - Through food fairs, cooking demonstrations, crops and livestock demonstrations, nutrition gardens, counselling, Vitamin A supplements, etc.<br>- Community members reported increased access to service providers (agriculture extension workers, nurses, village health workers). | - The community's feedback on increased access to extension workers shows increased prospects of sustainability in terms of continued knowledge sharing and dissemination of food and nutrition messages/interventions as community members reach out to these service providers.<br>- Challenges around mobility (due to budget constraints) of the agriculture extension workers and incentives for VHWs would require attention for continued motivation to implement the Programme's activities. |
| Traditional Leaders | - Sensitisation meetings[159] held with traditional leaders.[160]<br>- Traditional leaders supported in mobilising people; advocating for promoted behaviour (diverse diets, exclusive breastfeeding, reduce/no to child marriages, | - For continued momentum and motivation, the traditional leaders would require regular sensitisation meetings. |

[157] Progress Report (2019).
[158] Mid-Term Review of the Care Group Model Used in Five Pilot Districts in Zimbabwe.
[159] Total number of meetings were not reported in the progress reports.
[160] Total number of traditional leaders involved in programme activities were not reported in the progress reports.

Table 18: Community – Built and Required Capacities

| Forum / Structure | Interventions – Capacities Built & Ownership | Required Capacities |
|---|---|---|
| | WASH); and removing myths and misconceptions around food within their communities. | |

Box 9: Preliminary Conclusions: Sustainability

- **SUS 1:** Despite no exit strategy, the Programme has contributed to building public sector capacities (MoHCC, FNC, MLAWCRR) in terms of development of a nutrition module; training on the nutrition module (49% of MLAWCRR staff); development of FBDGs, FCT cost proposal developed; trainings of VHWs (56%); and operationalised and capacitated 100% WFNSCs.
- **SUS 2:** The Programme's contribution to integration of the programmatic approach and intervention in government structures is evident through FNSCs (part of government structure); FBDGs (developed in collaboration of MoHCC, MLAWCRR, and relevant stakeholders); care group model (standard operating procedures developed for replication) and the MCBM approach (being implemented in 38 other districts). There is a need for continued support for system strengthening by planning refreshers for trained public sector staff; provision or advocacy of financial support to implement micro plans; provision or advocacy of incentives for VHWs for enhanced motivation, provision of mobilisation costs for extension and health workers; and technical and logistical support in dissemination of FBDGs.
- **SUS 3:** At the community level, the Programme has contributed to develop and train 660 community care group models (reaching 6600 caregivers); created linkages made between the public sector and the community (by organising food fairs, cooking demonstrations, nutrition gardens etc.) and including traditional leaders as agents of change in programme activities.
- **SUS 4:** Additional support required at community level includes support to implement community meetings of the community care group model; inclusion of mass media campaign to uniformly reach out to all community members; continued sensitisation of traditional leaders; incentives for VHWs; and mobilisation costs for agriculture extension workers for continued access and support to communities.

## 4.7 HRBA, Gender Equality, and Equity

**EQ8 - To what extent did the Programme incorporate (in terms of design, implementation, and results) a human-rights based approach (HRBA), gender equality, and equity approaches/principles?**

There is one key question with three sub-questions, one each for the three cross-cutting priorities.

This evaluation question was added to demonstrate a considered focus on evaluating how far the Programme integrated UNICEF's programming priorities of HRBA, gender equity and equity. The assessment looks at integration of the Programme's design, implementation and measurement of results across these, also referred to as Non-DAC criterion.

**EQ8.1 – To what extent did the Programme (both design and implementation) incorporate the HRBA principles?**

In this sub-section, the evaluators have assessed the Programme's compliance with the HRBA principles. Key elements of HRBA[161] include Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality (often referred to as PANEL).

### 4.7.1 Integration of HRBA in ACARS Design, Implementation and Results

Find below key findings and analysis as to the Programme's compliance with HRBA principles:

[161] ENNHRI, 'Human Rights Based Approach', http://ennhri.org/about-nhris/human-rights-based-approach/.

Table 19: Programme's Compliance with HRBA Principles

| HRBA Principles | Evaluators' Assessment |
|---|---|
| **Participation**[162] | The Programme's consistency with the participation principle is evident with its engagement with all key actors that form the architecture of human rights-based programming - service providers (duty-bearers), service users (right-holders), and influencers (NGOs/CSOs). The Programme successfully partnered with key government agencies (MoHCC, FNC, NAC, NatPharm) for implementation and mirrors its priorities as highlighted in the National Health Strategy. The steering committee also contributed to inclusion of all relevant stakeholders (convened on quarterly basis) where progress, challenges, and way forward was discussed. Although discussion with the stakeholders indicate that participation of relevant stakeholders (participants who were directly contributing to HDF) should have been ensured (to effectively utilise the platform). The Programme worked closely with range of community groups and conducted community dialogues through religious and community leaders and village health worker to engage productively with service users (mothers and their families). HDF also successfully partnered with several NGOs/CSOs to bridge the two (duty bearers and rights holders) and build capacities to engage meaningfully. |
| **Accountability**[163] | The Programme was found to be partially aligned with the accountability principle. It trained duty bearers (including WFNSCs, VHWs, nurses) on their obligations. A steering committee was developed to keep a track of programme activities and report progress to the donor. Besides, reports from the coordination meetings conducted at the lowest levels were shared with the national food and nutrition security committee to keep a track of the progress and challenges that were being reported in these meetings. However, discussion with the stakeholders indicates that a formal tracking mechanism was not developed which would have helped in holding relevant stakeholders accountable to take actions to address challenges raised during these meetings. An accountability system was built in the NRTM where feedback from the community members was uploaded in order to be addressed. However, after the discontinuation of the system (in 2019), this aspect of social accountability was not addressed through other programme interventions. |
| **Non-discrimination and Equality**[164] | The Programme design and implementation appears non-discriminatory but for some interventions it was equity centric which meant focusing on priority groups. For instance, the Programme's services focused on all pregnant and lactating women and children under five (irrespective of sex or economic background). Similarly, the selection of districts appears equity centric, as these appear to have highest rates of stunting and malnutrition. |
| **Empowerment**[165] | The Programme's coherence with the empowerment principle is evident as it enabled improved knowledge and awareness among mothers around causes of stunting and malnutrition; and has empowered them to make better choices about food and nutrition practices. The community-led structures in shape of community care group have created ownership and empowered community to plan and address issues around malnutrition. |
| **Legality**[166] | The Programme was responsive to specific child rights provisions enshrined in international and regional treaties and national legislative commitments, e.g., Convention on the Rights of the Child[167] (1989); International Covenant on Economic, Social and Cultural Rights[168]; and African Charter on the Rights and Welfare of the Child[169] (2003). The Programme is also aligned with national |

[162] **Participation:** Everyone is entitled to active participation in decision-making processes which affect the enjoyment of their rights.
[163] **Accountability:** Duty-bearers are held accountable for failing to fulfil their obligations towards rights-holders. There should be effective remedies in place when human rights breaches occur.
[164] **Non-discrimination and Equality:** All individuals are entitled to their rights without discrimination of any kind. All types of discrimination should be prohibited, prevented, and eliminated.
[165] **Empowerment:** Everyone is entitled to claim and exercise their rights. Individuals and communities need to understand their rights and participate in the development of policies which affect their lives.
[166] **Legality:** Approaches should be in line with the legal rights set out in domestic and international laws.
[167] **Article 27:** Right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.
[168] **Article 11:** Every human being has the right to adequate food and the fundamental right to be free from hunger.
[169] **Article 14 2(c):** Commitment to food and nutrition security.

Table 19: Programme's Compliance with HRBA Principles

| HRBA Principles | Evaluators' Assessment |
|---|---|
| | policies including ZIMASSET (2013 – 2018); I-PRSP (2016-2018); Food and Nutrition Security Policy (2013); National Health Strategy (2016 – 2020). |

**EQ8.2 – To what extent did programme design and implementation integrate gender equality and results produced for men, women, adolescent and young mothers, boys and girls?**

This description presents key findings around integration of gender equality at design, implementation and results levels. A light touch analysis of integration of UN System-wide Action Plan (UN-SWAP)[170] has also been incorporated.

### 4.7.2 Integration of Gender Equality in Design, Implementation and Results

Table 20: ACARS Compliance with Gender Equality Principles

| Design | Implementation | Results |
|---|---|---|
| - The Programme's logframe had only one indicator on gender disaggregation (proportion of stunting).<br>- Expenditures statements do not reflect separate expenditures for gender specific results.<br>- Stunting was higher in boys (32.4%) as compared to girls (23%)[171]. However, discussions with stakeholders suggest that a structured assessment (national or otherwise) was not conducted to understand the underlying reasons or designed any specific intervention/s to address this gap.<br>- The Programme conducted a barrier analysis (in all four districts) to identify potential causes or bottlenecks behind limited uptake of promoted behaviour (in terms of exclusive breastfeeding; meal frequency for children; food variety for children; hand washing with soap or ash). The barrier analysis was conducted during (2018) and resulted in informing approach, modules, and lessons for the care group sessions. | - Based on the findings from the barrier analysis, the community education interventions focused on women (pregnant and lactating), men, and elderly women to educate and sensitize.<br>- The community care group model was also used for dissemination of messages around gender mainstreaming.<br>- Cooking demonstrations conducted with both male and female participants to promote division of household work.<br>- Education sensitisation activities directed to improve mothers' health and nutrition and hygiene promotion by encouraging community members to construct tippy taps for hand washing, rubbish pits for disposal of waste material, construction of toilets for human excreta disposal and construction of double staged pot racks for household hygiene. | - The Programme's outcome or output indicators do not disaggregate (against boys and girls, male and female) for results to be presented as such.<br>- The progress reports do not explicitly report results on gender disaggregates against trainings (conducted for MLAWCRR, WFNSCs, VHWs, caregivers). This reflects a gap in reporting which could have helped in generating information to facilitate better planning and implementation of interventions.<br>- In terms of nutrition-specific outcome indicators[172] (assessed as part of the evaluation), the numbers reported for boys were higher as compared to girls (MDD - boys 52% and girls 50%; MAD - boys 43% and girls 34%). |

[170] CEB, www.unsystem.org/content/un-system-wide-action-plan-gender-equality-and-empowerment-women-swap.
[171] Taken from the Programme's Baseline (2015).
[172] Limitations of the telephone survey are to be considered when reviewing these results.

**UN-SWAP:** The evaluators have reviewed the Programme's logframe to assess if the design incorporated gender equality principles as per UN-SWAP 2.0.[173] There are 17 indicators[174] broadly divided under results-based management; oversight; accountability; human and financial resources; capacity; and knowledge, communication & coherence. Of the nine indicators that the evaluators were able to assess, the Programme was found to be compliant on five indicators, and non-compliant on four. Refer to Appendix 29 for a matrix that includes GE indicators and discussion on the Programme's compliance and non-compliance with those indicators.

### EQ8.3 – To what extent did the programme design and implementation appropriately assess, identify and address the special needs of vulnerable groups (including adolescent and young mothers, children with disabilities, elderly caregivers, men and others)?

The evaluators have used UNICEF's definition[175] of 'equity' for equity assessment. For UNICEF, equity means that all children have an opportunity to survive, develop and reach their full potential without discrimination, bias or favouritism.

Table 21: ACARS Compliance with Equity Principles

| Design | Implementation | Results |
|---|---|---|
| - No evidence is available to suggest that the Programme undertook a structured equity assessment. The Programme mainly relied on national nutrition and health surveys (including ZIMVAC) to determine vulnerability.<br>- The Programme's logframe has no indicator allowing for equity disaggregation (rich/poor; urban/rural; married/adolescent mothers).<br>- The Programme expenditures do not offer a way to assess whether resources were allocated and spent on specific groups often referred to as vulnerable or deprived.<br>- There are some aspects where equity integration seems to have taken place. For instance, the selection of districts was done due to higher prevalence of stunting and poverty rates. | - Use of community care model where lead mothers trained their neighbours (equal opportunity for disable and elderly women who cannot travel), therefore, promoting inclusivity.<br>- WFNSCs conducted drivers of stunting assessments. Based on the findings from these assessments, WFNSCs developed community action plans to address the observed drivers of stunting. Activities were targeted to those population groups and communities that are at more risk (in other words, vulnerable) to malnutrition.<br>- Use of traditional leaders to reach out to religious families that were prone to not seek healthcare (both for women and children). | - Programme reports do not offer disaggregate results on equity parameters for evaluators to offer any commentary on them.<br>- Results from the telephone survey (with its limitations) indicate young (under 20) and less educated women and their children are more prone to malnutrition. For instance, MDD for under 20 reported as 25% (as opposed to 38% for 21-30 and 39% for 31-40). MDD for children of mothers under 20 was 40% compared to 58% for children of mothers who were 21-30 years old.<br>- Similarly, 41% of respondents who attended secondary school or higher education met minimum dietary score compared to 31% of respondents who had attended primary or no education. |

[173] The second phase is designed to focus on results and includes monitoring activities and outcomes for gender-related Sustainable Development Goal results.
[174] PI-1: Strategic planning gender-related SDG results; PI-2: Reporting on gender-related SDG results; PI-3: Programmatic gender-related SDG results; PI-4: Evaluation; PI-5: Audit; PI-6: Policy; PI-7: Leadership; PI-8: Gender-responsive performance management; PI-9: Financial resource tracking; PI-10: Financial resource allocation; PI-11: Gender architecture; PI-12: Equal representation of women; PI-13: Organizational culture; PI-14: Capacity assessment; PI-15: Capacity development; PI-16: Knowledge and communication; PI-17: Coherence.
[175] UNICEF, 'What does UNICEF mean by equity approach? Civil society partnerships.

Box 10: Preliminary Conclusions: HRBA, GE, and Equity

- **HRBA 1:** The Programme was consistent with the HRBA principles of participation (partnerships at several levels), non-discrimination and equality (activities are equally implemented and available for all target beneficiaries), empowerment (by enabling access to knowledge leading to perceived sense of empowerment in women to make better food and health choices) and legality (compliant with child rights provisions enshrined in international and regional treaties). It was partially compliant with accountability principle (due to lack of a formal mechanism to track actions taken to address challenges raised at community level and feedback from the community was not documented after discontinuation of NRTM).
- **GE 1:** The Programme was partially compliant to gender equality principles. The logframe has one indicator that allows for gender disaggregation (stunting of girls and boys). The Programme was implemented without any structured gender assessments to understand underlying reasons behind high prevalence of stunting in boys compared to girls. A barriers analysis was conducted to understand the challenges or bottlenecks behind limited uptake of promoted behaviour. The Programme's communication component was informed by the findings from the barrier analysis in terms of inclusion of men and elderly women in sensitisation activities. Programme's reporting on gender disaggregates was minimal.
- **GE 2:** As for UN-SWAP 2.0 principles, out of nine gender equity indicators, the Programme was found to be compliant on five indicators, and non-compliant on four.
- **EQU 1:** The Programme is concluded as partially compliant with equity principles. A structured equity assessment was not conducted although the Programme relied on national nutrition and health surveys (including ZIMVAC) to identify vulnerable households. The logframe has no indicator that would allow for equity disaggregation (rich/poor; urban/rural). The selection of target districts was driven by equity reasons as the districts showed high prevalence of stunting in 2017. Key interventions that were equity-centric include: community care model promoting lead mothers to train their neighbours (equal opportunity for elderly and disabled women who cannot travel); WFNSCs developing and implementing action plans to address drivers of stunting in communities prone to risk of malnutrition; use of traditional leaders to reach out to religious families that were prone to not seek healthcare (both for women and children). The Programme's reporting on equity disaggregates was minimal.

Chapter 5:

# Conclusions, Lessons Learned and Recommendations

This chapter presents the evaluation conclusions, lessons learned and recommendations. The conclusions are drawn from the findings and the preliminary conclusions as listed in the previous chapter. It lists the lessons learned during programme implementation. The chapter ends with the recommendations intended to inform the scale-up to other districts.

## 5.1 Conclusions

The conclusions are divided into three parts, the first part recaps and presents conclusions vis a vis evaluation criteria and questions. The second part concludes the achievements vis-a-vis evaluation objectives. The last section presents conclusions regarding the future of the Programme.

**Relevance:** The evaluation team conclude that the Programme was relevant in terms of need for an intervention to address widespread stunting (27.1% in 2015), severe wasting (1.1% in 2015), underweight (8.5% in 2015) and malnutrition in women (minimum dietary diversity reported as 44% in 2018). It was relevant for prioritising districts that were more deprived in terms of food and nutrition security. The design was relevant for taking a holistic approach whereby it aimed to address both the supply and demand-side challenges to food and nutrition security. Moreover, the Programme objectives and strategies were found to be aligned with those of national policies and plans. Despite significant evolution of context (due to frequent natural calamities, economic challenges, and COVID-19), Programme implementation reflects limited use of adaptive programming which results from the Programme's contractual arrangement with the donor, disallowing significant changes without amending the contract.

**Coherence:** The Programme is assessed to be coherent for leveraging internal synergies within the two UN agencies and GoZ partners and demonstrates consistency with partners' mandates and policies. There is limited evidence to comprehensively assess external coherence, due to a lack of stakeholder mapping to leverage complementarities (apart from the UN convergence assessment). The Programme managed to leverage external complementarities by: i) developing partnerships with qualified IP (with physical presence in target districts); ii) partnering with a research organisation (that conducted the SHINE study); and iii) involving traditional leaders in programme activities. There are evident gaps in terms of forging partnerships with potential allies such as Ministry of Rural Resources and Water Development (for WASH-related activities) and Ministry of Women Affairs, Gender and Community Development (with the potential role to improve gender equality integration). The Programme contributed to strengthening existing linkages through operationalising WFNSCs and coordination among different FNSCs. Some issues reported for improved functionality of FNSCs include: i) mobility constraints (lack of transportation allowances); ii) no budget allocation to implement micro plans; and iii) inconsistency in participation and commitment by some members.

**Effectiveness:** The evaluation team found that the Programme is 'Mostly Effective', for being able to achieve most outcome level targets (the rating is based on achievements for 8 out of 10 outcome indicators). It should be noted that the evaluators have drawn five outcomes from a non-representative telephone survey (with limitations around sampling and respondent selection) administered as part of the evaluation while the remaining three were drawn from programme progress reports. As per the survey results, there is an improvement in the nutritional status of children under five as MDD[176] was measured at 51% (from a baseline of 17%) and MAD[177] at 39% (from a baseline of 9%). The MDD for women was measured at 37% (no baseline was available and missed the target set at 60%) and HDDS at 50% (no baseline and missed the target set at target 80%). The Programme contributed to some unintended results, which include enabling the revival of WFNSCs resulting in effective humanitarian response (whereby the forums lead the localised COVID-19 education and awareness campaigns); expansion of the mandate of community care groups (whereby they were found to be disseminating gender-sensitive messaging and information on income generating activities); and reduction in domestic violence (reported by several stakeholders although the evaluators were unable to validate this finding

[176] Minimum Dietary Diversity (children): Consumed four of the seven food groups.
[177] Minimum Acceptable Diet is a composite indicator of minimum dietary diversity and minimum meal frequency; it is the proportion of children 6–24 months of age who receive a minimum diversified diet and minimum meal frequency.

through secondary sources). The enabling factors for the Programme's achievements include: i) alignment of objectives and strategies with national policies and plans resulting in enhanced commitment and ownership by key GoZ partners; ii) use of MCBM to leverage complementarities and build linkages with relevant partners and community structures; and iii) engagement of traditional leaders that enhanced community trust and participation of programme interventions. The aspects that undermined effectiveness include: i) delayed recruitments and competing priorities of government partners caused implementation delays; ii) contextual changes in the form of economic crisis and frequent humanitarian situations negated some of the Programme's contribution to intended results; and iii) resource constraint environment affected consistent and smooth implementation of programme activities. The Programme applied or continued to apply several innovative models and strategies including the continuation of NRTM (limited effectiveness as the system was discontinued in 2019); model villages (evidence on efficacy for replication in other districts is limited); and community care group model (effective in generating demand and uptake of better and improved diets in target communities). On the care group model, lack of awareness in a quarter of telephone survey respondents highlight a need for a mass media campaign for uniform outreach. The evaluators conclude that the ToC is mostly complete and valid, as the assumed causal linkages have worked to produce the intended results.

**Efficiency:** The evaluators are unable to offer conclusions on efficiency because of data limitations – disconnect between expenditures tracking vis a vis result area (for 2017 and 2018); yearly disaggregated budget unavailable; and not having expenditure statements 2019 and 2020. From the data available, the evaluators may conclude that UNICEF received 2/3 of the allocated budget as compared to 1/4 to FAO, which is commensurate with distribution of results or activities between partners. From 2017-18 results, the Programme managed to achieve 60% of stated output (targets) by spending 43% resources, which bodes well for efficient use of resources. The Programme faced significant delays for multiple reasons such as general elections and postelection transition; delayed payments; procurement and recruitment challenges; competing priorities at the GoZ partners; and COVID-19 restrictions, which resulted in a no cost extension in contract from December 2019 until September 2020. The Programme's external M&E system was NRTM which did not provide timely data (due to issues with data uploading) and did not help to inform the decision making nor did it help efficient resource utilisation. The NRTM was discontinued for cost and operational reasons in 2019. The Programme's internal progress (against planned activities) was monitored in a timely way, through IP reports and monitoring missions conducted by UNICEF and FAO.

**Impact:** The evaluation has relied on the Programme's baseline (2015) and National Nutrition Survey (2018) to assess change in the stunting rate with a caveat that the difference in methodology (for sampling) may not accurately depict the change for the evaluators to conclusively assess the Programme's impact in intervention districts. The impact data indicates that the Programme was most likely to miss the impact targets in 2020 (to bring stunting down to from 27.78% to 25.6% - one target was set for all districts despite variation in baselines, context, and risk/exposure within these districts). By 2018, the stunting rate was reduced in Mwenezi (by 1.2%) and Mutasa (by 0.6%), while it increased in Chipinge (by 0.3%) and Chiredzi (by 2%). The average stunting rates in intervention districts had increased from 27.78% (in 2015) to 28.1% (2018) which were not in line with the national numbers that dropped from 27.6% (MICS 2014) to 23.5% (MICS 2019). To the evaluators, possible reasons may include repeated shocks or natural calamities in interventions districts; heightened level of deprivation for other socio-economic indicators; and religious beliefs and customs may have discouraged people to adopt new practices and behaviours. As a result of limited availability of reliable data for anaemia in women of reproductive age, the impact has not been measured for this indicator.

**Sustainability:** Despite not working with a documented exit strategy, the Programme has successfully contributed to supporting the public sector (MoHCC, FNC, MLAWCRR) in terms of: reviving the existing structures such as WFNCS; building public sector capacities at national and sub-national levels (of MoHCC, FNCs, MLAWCRR in particular); developing the FBDGs; finetuning the MCBM approach; and creating new community structures and building capacities across community groups – men, women, farmers, religious and traditional leaders, and others. The Programme has contributed to integration of its approaches in government plans and structures

(especially FNSCs, FBDGs, care group model), however there is a need for continued support for system strengthening (especially given UNICEF is supporting GoZ with scaling up the Programme in 18 other districts) in the form of refreshers for trained public sector staff; financial support to implement cost-heavy micro plans; incentives for VHWs for enhanced motivation, inclusion of a mass media campaign to uniformly reach out to all community members (especially those who do not participate in community meetings); mobilisation costs for village extension workers; continued sensitization of religious leaders; and dissemination of FBDGs.

**HRBA, Gender Equality and Equity:**

**HRBA:** The Programme is consistent with the HRBA principles including: participation by facilitating multi-stakeholders and multi-layered partnerships; non-discrimination and equality (activities are equally implemented and available for all target beneficiaries); empowerment (by enabling access to knowledge leading to perceived sense of empowerment in women to make better food and health choices); and legality (compliant with child rights provisions enshrined in international and regional treaties). The Programme demonstrated weaker consistency with the principle of accountability, for affording limited opportunities for rights holders to hold service providers accountable (lack of a formal tracking mechanism which would have helped in tracking actions taken to address challenges raised at community level and a community feedback system ceased to exist after discontinuation of NRTM).

**Gender Equity:** The Programme is partially compliant with gender equality principles. The Programme was implemented without any structured gender assessments. The interventions were mostly sex neutral with no design consideration to address higher prevalence of stunting in boys as compared to girls. The logframe shows only one indicator that allows for collection of gender disaggregated data. As for compliance to UN-SWAP 2.0 principles, the results are mixed hence it can only be considered partially compliant. Out of nine indicators, the Programme was found to be compliant on five indicators whereas non-compliant on four. Programme reports reflect minimal disaggregation based on gender.

**Equity:** The Programme is concluded to be partially compliant with equity principles. A structured equity assessment was not conducted although the Programme relied on national nutrition and health surveys (including ZIMVAC) to identify vulnerable households. The logframe does not include any indicator that would allow for equity disaggregation (rich/poor; urban/rural). The selection of target districts was driven by equity as the four targeted districts showed high prevalence of stunting (and other indicators for malnutrition) at the start of the Programme. Some interventions that have had equity lens include: community care model promoting lead mothers to train their neighbours (equal opportunity for elderly and disabled women who cannot travel); WFNSCs developing and implementing action plans to address drivers of stunting in communities prone to risk of malnutrition; use of traditional leaders to reach out to religious families that were prone to not seek healthcare (both for women and children). The Programme reports reflect minimal disaggregation based on equity indicators (rural/urban; rich/poor).

**Conclusions on Evaluation Objectives:** The evaluation managed to achieve the objectives set out in the ToR. The evaluation findings and conclusions present an objective assessment of the Programme's achievements vis a vis results (refer 4.3.1 and 4.5.1 in Chapter 4) as expected per Objective 1.[178] For Objective 2,[179] the gaps and challenges were identified as disablers under EQ 3.2. A detailed commentary is made on Programme's prospects for sustainability (refer to 4.6 for objective 3[180]). The evaluation identified lessons learned and recommendations (refer section 5.2 and 5.3), hence meets Objective 4.[181]

[178] To assess the Programme's achievements vis a vis results (including intermediate outcomes, long-term outcomes, pathways of outcome of impact).
[179] To identify and document gaps and challenges in achieving programme results.
[180] To identify opportunities or risks for sustainability of programme interventions and results.
[181] To identify opportunities for learning to inform future programming and scale up to 40 districts in Zimbabwe.

**Conclusions on the Way Forward:**

The Programme has done well with reinforcing that malnutrition and food insecurity are complex problems and merit multi-pronged and multi-sectoral efforts to address them. There are useful lessons for GoZ and UN partners to inform future interventions for addressing malnutrition and food insecurity. This becomes even more important given the fact that UNICEF Zimbabwe has been engaged in scaling up programming and implementation of the MCBM approach in 18 districts (including these four target districts). The future interventions must continue to advocate for multi-sectoral efforts and seek financial commitments from public agencies for continued implementation. The GoZ has shown commitment with integration of Programme activities in its plans and structures (including FNCs, FBDGs, MCBM, care group model). Additionally, linkages developed with public sector and communities through care groups, FNSCs, and traditional leaders have proven effective and merit replication.

## 5.2 Lesson Learned

Find below the lessons learned during Programme implementation. These have been gleaned by using information gathered from both secondary and primary data sources. The lessons have been framed in line with general guidance (including GEROS). The description offers perspective as to the replicability (or usability) of these lessons across contexts and sectors.

1. The MCBM has proven effective and have reinforced the idea that malnutrition and food security are complex problems and merit multi-sector and multi-pronged efforts to address them. The application of MCBM through ACARS have done well in fostering wider acknowledgement that these are multifaceted problems that would only be addressed effectively and sustainably if all actors (public, CSOs and technical agencies) are committed to coordinated efforts. Scaling up the MCBM is the viable and sustainable solution to address malnutrition and stunting in target districts. The approach is likely to work well across contexts and services/sectors, where problem to be addressed has multiple dimensions and need multi-stakeholder efforts.
2. The Care Group Model and engagement of religious leaders for community-based actions have worked well and merit continuity in future. The Model has had a multiplier effect and enabled reaching out to increased percentage of the target population (pregnant and lactating women and children under five) with behaviour change messages. Moreover, community level initiatives like income generating activities, food production, and cooking demonstrations add to the sustainability of the approach. Similarly, involvement of traditional leaders in message dissemination (importance of diverse diets, exclusive breastfeeding, environmental management, child marriages, WASH), proved useful for the respect and influence they wield. These approaches are equally applicable across sectors and similar contexts, featuring resource constraints and conservatism.

## 5.3 Recommendations

Find below series of recommendations framed as a broader recommendation with series of associated actions that need to be taken by the planners and implementers. The recommendations have taken into account the fact that UNICEF Zimbabwe would support GoZ with the scale up in 18 other districts. The recommendations have been structured to focus on various aspects of the Programme design and implementation and cross cutting priorities i.e., HRBA, equity and gender equality. For the ease of the reader, the recommendations have been tagged with their respective preliminary conclusions (PCs) and include suggestions by the key stakeholders and evaluation team's internal discussions. The evaluators have proposed order of priority[182] (immediate and short to medium-term) and assigned the responsibility by listing relevant stakeholders for each recommendation and associated actions.

The process to draw recommendations included a series of questions (in each evaluation instrument or tool) that were asked from different stakeholders (UNICEF, public sector partners, IP, donor, and communities) to understand their experiences and aspirations for the future. Moreover, these have benefitted from the expertise and experiences of the evaluation team. Last yet not least, the recommendations were further based on the feedback received on draft report shared with ERG.

Table 22: Recommendations

| Recommendations | Priority | Relevant Stakeholders |
|---|---|---|
| **Recommendation 1: Continue implementing the MCBM approach with suggested improvements to the Programme design –** | | |
| - Undertake regular gender and risk assessments (before and during implementation) and use findings to add greater focus to gender equality and resilience (risk reduction and response) to Programme interventions. Together with M&E assessments (elaborated further in Recommendation 3), use assessments to inform programmatic revisions as to demonstrate commitment to adaptive programming. Explore with donors the options to include crisis modifier clause in the contract, to adapt Programme interventions to changing realities **(PCs – REV 4 & GE 1).** | Short to medium term | UNICEF<br>FAO |
| - Consult stakeholders to explore the possibility of including private sector and businesses (especially those working in the food, agriculture sectors) in the FNSCs (preferably at district/ward levels) to mobilise additional resources (financial and material), and leverage them to implement WFNSCs micro plans, particularly those interventions that public sector partners are unable to fund on their own **(PC – COH 3).** | Immediate | UNICEF<br>FAO<br>FNC |
| - At the design stage, set realistic impact/outcome targets (Programme targets were quite ambitious) and use district district-based targets rather than overall targets, whilst keeping in view the contextual variations in terms of baseline, risk exposure, and overall level of development. Resources should be allocated accordingly. For the scale-up phase, the Programme logframe should include more WASH and gender-specific indicators (age and sex specific) for women (pregnant and lactating mothers). The Programme had only one indicator for each of the following: women, health and nutrition and WASH (out of ten outcome indicators with no output level indicators) **(PC - IMP 3).** | Immediate | UNICEF<br>FAO |

[182] Immediate (3 to 6 months) and Short to Medium term (6-12 months).

Table 22: Recommendations

| Recommendations | Priority | Relevant Stakeholders |
|---|---|---|
| - The budgeting process for the scale-up phase must link costs to results/outcomes. Moreover, planning should include development of a realistic budget (including devaluation risks) to avoid any chances of running into situations where it is either necessary to reduce scope or discontinue planned activities (e.g., as happened with FCTs & NRTM during ACARS) **(PC - ECY 2).** | Immediate | UNICEF<br>FAO |
| - Reconfigure the existing C4D approaches/interventions and lay adequate focus and resources to leverage mass communication tools such as radio, TV, social media and others for community outreach and behavioural change especially for those who are residing in hard-to-reach areas or do not participate in care group meetings **(PCs - EFF 4 & SUS 4).** | Immediate | UNICEF<br>FAO |
| **Recommendation 2: Strengthen community level engagement and capacity development by implementing the following actions -** | | |
| - D/WFNSCs membership is defined, however the ownership and participation vary across departments. To cultivate greater participation, the job descriptions and performance assessment systems for representatives from relevant departments need to be adapted (by adding key performance indicators related to food and nutrition activities). Set mandatory conditions for (such as participants attendance, participation, delivery of assigned tasks) approval of periodic plans and disbursement of financial resources **(PC – COH 3 & EFF 3).** | Short to medium term | UNICEF<br>FAO<br>FNC |
| - Continue supporting the GoZ with system strengthening and integration of programme activities in its delivery of food and nutrition sensitive activities, especially capacity building of public sector staff (in terms of coordination, technical and oversight capacities; leveraging internal and external partnerships; and other potential avenues for resource generation) **(PC – SUS 2).** | Immediate | UNICEF<br>FAO |
| - Develop and implement models for monetary and non-monetary incentives for extension workers, health workers and community volunteers/activists for sustained motivation. Develop cases for replication by the public sector. Non-monetary incentives such as identification (badge or shirt), personal growth and development (trainings), recognition (certificates of participation) and peer support may contribute to boosting morale for continued implementation of Programme activities. **(PC – SUS 4).** | Immediate | MoHCC<br>UNICEF<br>FAO<br>MLAWCRR |
| - Continue implementing the care group model (including engagement of traditional leaders) and add components such as income generation activities (apart from the food and nutrition focus). This may result in higher participation and sustainability due to perceived economic value being attached to the care group activities **(PC - EFF 2 & EFF 4).** | Immediate | UNICEF<br>FAO |
| **Recommendation 3: The M&E system will benefit from recommended changes (especially during the scale up phase) to help produce quality and usable information to make informed decisions.** | | |
| - Implement district specific baselines for scale-up districts and use that for tracking of inputs, outputs and outcome achievements at the district-level (against district wide targets); lay adequate focus on measurement of gender equality and equity results; schedule regular outcome measurement assessments (midline and endline surveys); and make any adjustments (if needed) in Programme activities and resources **(PCs - GE 1 & EQU 1).** | Immediate | UNICEF<br>FAO |
| - Plan and implement bi-annual district level reviews and reflections to encourage critical thinking and documentation to contribute to adaptive programming. The lessons learned should be disseminated for other districts to help them benefit | Immediate | UNICEF<br>FAO |

Table 22: Recommendations

| Recommendations | Priority | Relevant Stakeholders |
|---|---|---|
| from the generated knowledge. The invitees can also include interested stakeholders/donors/NGOs to inform them of ongoing interventions. This may enable leveraging local and international network/partnerships to assist the GoZ in securing alternative sources of financing for the sustenance of Programmatic activities **(PC – SUS 2).**<br>- Support tracking of actions suggested to stakeholders during coordination meetings and document communities' feedback to Programme activities. The specific actions may include: i) introducing a tracker (an Excel-based tool will serve the purpose with FNC as its custodian) and systematically monitor whether suggested actions were taken to address challenges/bottlenecks identified in review meetings of D/WFNSCs. The tracker should be reviewed at the national level coordination meeting to hold stakeholders accountable and for greater transparency; and ii) introduce a formal feedback mechanism to promote social accountability (where community feedback is raised and documented). The care group meetings can be used as an avenue to collect feedback at the grassroot level, with D/WFNSCs held responsible to formally document and share it during the coordination meetings **(PC - HRBA 1)**. | Short to medium term | UNICEF<br>FAO<br>FNC |

# List of Appendices

## Appendix 1: Terms of Reference

UNICEF_FAO_EUD
Final Evaluation Fin

## Appendix 2: Intervention Context

The description below gives a light touch overview of the global and regional context of malnutrition (and stunting) and then dwells on the specifics in Zimbabwe. The intent is to enable readers get a good sense of situation in Zimbabwe and relate it to how things are globally and regionally.

**Global and Regional Sector Context**

Malnutrition, in all its forms, includes undernutrition (wasting[183], stunting[184], underweight[185]), inadequate vitamins or minerals, overweight, obesity, and resulting diet-related non-communicable diseases. It is important to highlight that undernutrition remains a key factor in 35% of child deaths, and irreversibly impairs the physical and mental development of survivors leading to a 10% reduction in lifetime earnings, and up to 8% reduction in GDP in high burden countries[186].

Stunting is an indicator of chronic undernutrition. It remains a global challenge, affecting approximately quarter of all children under 5 years of age[187]. **In 2000, approximately 32.4% (199.5 million) children under 5 were stunted; however, the numbers have fallen to 21.3% (144.0 million) by 2019**[188]. Nearly two out of five (20% of total) stunted children are living in South Asia, whilst another two live in sub-Saharan Africa (in 2019)[189]. The underlying reasons are similar across regions and include factors such as: poor maternal health and nutrition, inadequate infant and young child feeding practices, and infections.[190] These numbers illuminate the importance of nutrition during the first 1,000 days i.e., from conception to child's second birthday, a period associated with risks of irreversible effects.

The readers must take note that whilst the global stunting numbers may have fallen, the statistics show that that numbers are on the rise in **Eastern and Southern Africa**[191]. Where some regional countries have made progress in reducing the stunting, however, the average annual rate of reduction in stunting is lower than the average population growth rates[192]. The net effect is that the number of stunted children is increasing. Moreover, the regional progress (in terms of rate of reduction in stunting) is below the requisite 3 per cent, essential to achieve the target of 40% reduction in stunting by 2030, as listed in the Sustainable Development Goals (in SDG 02) i.e., end hunger, achieve food security and improved nutrition and promote sustainable agriculture (refer Target 2.2[193]).

**Zimbabwe's Sector Context**

Malnutrition is reckoned as one of the most serious health problems, affecting infants, children, and women of reproductive age in Zimbabwe. The socio-economic environment and the multiple humanitarian crises in Zimbabwe (discussed under section 1.1.1) has negatively affected the nutrition status of women and children. About 1 in 4 children (under 5) are stunted, hence at risk of impaired physical and cognitive growth (micronutrient situation in Zimbabwe is presented in Box 3)[194]. In addition to these poor nutrition indicators, around 24% of women give birth before the age of 18[195]. Adolescent and young mothers are especially more vulnerable to nutrient deficiencies as their bodies are growing themselves and simultaneously competing for the same micro-nutrients as their babies.

Most rural households in Zimbabwe live off subsistence agriculture, and this remains main source of food and income for them. The country has consistently reported poor dietary diversity with only

[183] Low weight-for-height
[184] Low height for age
[185] Low weight-for-age
[186] The Lancet Series on Child and Maternal Undernutrition, 2008
[187] Global Nutrition Report 2020: Action on equity to end malnutrition.
[188] UNICEF/WHO/World Bank Joint Child Malnutrition Estimates, March 2020 edition
[189] Ibid
[190] https://www.who.int/nutrition/topics/globaltargets_stunting_policybrief.pdf
[191] https://www.unicef.org/esa/reduce-stunting Accelerating the scale up of early childhood and maternal nutrition interventions through regional platforms and partnerships in Africa & Asia.
[192] Ibid.
[193] Goal 2.2: By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.
[194] ToR.
[195] Ibid.

17% of children age 6-23 months consuming foods from the recommended number of food groups per day[196]. A study conducted by FAO (2014) revealed that limited **dietary diversity; daily feeding frequency; and the quantity of food (volume) offered per meal**, are amongst the key reasons behind high stunting rates. The underlying reasons for prevailing micronutrient malnutrition (deficiency) are the same, as both co-exist amongst children[197]. Despite good agricultural potential in districts[198], less than 10 percent of households are offering a minimum acceptable diet (MAD) to their children aged 6- 23 months. The numbers suggest that there are other causal factors such as, caregivers time constraints; possible knowledge gaps (around food and nutrition); and limited diversity of cropping systems in areas of high agricultural potential.

[196] MICS 2019
[197] Programme Proposal
[198] In 9 out of 12 districts that were included as part of the study (FAO Nutrition Desk Review Study, January 2014).

## Appendix 3: Legal and administrative framework around nutrition

A series of laws, regulations, and policy frameworks govern the food and nutrition sector in Zimbabwe. Table below lists the relevant international and regional human rights conventions that are ratified by the Government of Zimbabwe (GoZ).

Table: Zimbabwe's Global Legal Commitments around Nutrition

| Treaty/Convention | Commitment |
|---|---|
| International Covenant on Economic, Social and Cultural Rights' (ICESCR) | **Article 11:** Every human being has the right to adequate food and the fundamental right to be free from hunger. |
| Universal Declaration of Human Rights | **Article 25**: Right to an adequate standard of living |
| African Charter on the Rights and Welfare of the Child | **Article 14 2(c):** Commitment to food and nutrition security |
| Convention on the Rights of the Child | **Article 27:** Right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. |
| The International Conference on Nutrition (ICN2) Rome Declaration on Nutrition | **Commitment 15a:** To eradicating hunger and all forms of malnutrition16 |
| Sustainable Development Goals (SDGs) | **Target 2.2:** 40 percent reduction in the number of children affected by stunting by 2025. |

- Constitution of Zimbabwe (section 77)
- Food and Nutrition Security Policy for Zimbabwe (2013)
- National Nutrition Strategy 2014-2018
- Zimbabwe Agenda for Sustainable Socio-Economic Transformation (2013-2018)
- Zimbabwe Interim Poverty Reduction Strategy Paper (I-PRSP) 2016-2018
- Zimbabwe's Health Strategy 2016-2020

Refer to Box that outlines the national laws and policy frameworks around food and nutrition (and stunting) in Zimbabwe. It starts with the Constitution of Zimbabwe (Section 77) that states that every person has a right to safe, clean, and potable water, and sufficient food (food security, quality, and safety). Food and Nutrition Security Policy's (2013) goal is to promote and ensure adequate food and nutrition security for all people at all in times in Zimbabwe. The National Nutrition Strategy (NNS) 2014-2018 (contributes to the Food and Nutrition Security Policy) strives to achieve the vision of "a Zimbabwe free from hunger and malnutrition" and a mission to "implement evidence-based nutrition interventions that are integrated within a broad multi-sectoral collaboration framework". Moreover, the National Health Strategy for Zimbabwe 2016-2020[199], aims to 'having the highest possible level of health and quality of life for all its citizens'.

Additionally, Zimbabwe has carried through her commitments to address food and nutrition security through country's economic blueprint – the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (ZIMASSET) 2013-2018[200] and the Zimbabwe Interim Poverty Reduction Strategy Paper (I-PRSP) 2016-2018[201]. The country has embraced a multi-sectoral approach to stunting; created a coordination secretariat (the Food and Nutrition Council); and formulated structures for vertical and horizontal coordination from national to local level. Structures for coordination in the form of Food and Nutrition Security Committees (FNSCs) have been established at Cabinet, Provincial, District, and Ward levels. At subnational level, each FNSC is a sub-committee of the development coordination structure[202].

[199] Objective 13.1: To reduce the prevalence of stunting among children under 5 years of age.
[200] Strategy 1: Investing in sustainable and robust solutions to address the challenges of food insecurity and undernourishment.
[201] Pillar I: Agriculture Productivity, Growth and Rural Food Security
[202] ToR.

## Appendix 4: Activities under each Result Area

| **RESULT 1 Activities: Improved multisector nutrition governance at all levels to achieve more effective coordination and accountability** |
|---|
| 1.1.1 Conduct Refresher training of WFNSc and their roles and responsibilities. |
| 1.2.1 Support Parliamentary Engagement to sensitize Parliamentarians on key nutrition issues including stunting reduction for increased advocacy at policy level |
| 1.2.2. Support convening of monthly WFNSCs in 4 districts. Capacitate WFNSCs on assessment of drivers of stunting and development of actions plans |
| 1.3.1. Support participation in Sun network meeting for learning and highlighting Zimbabwe work on SUN |
| 1.3.2. Support SUN donor and Civil Society function to strengthen coordination |
| 1.3.3. Provide technical support to the Zimbabwe SUN convener / FNC to organize SUN network meeting with all stake holders to improve coordination |
| **RESULT 2: A multisectoral national information system on food and nutrition security is established and implemented to enable evidence based programming** |
| 2.1.1. Strengthen data flow from village to ward for near real time data management system and multisectoral dashboard |
| 2.1.2. Support implementation of near real time food and nutrition security assessments (internet bundles support) |
| 2.1.3. Nutrition Research Evidence building support ZVITAMBO Shine study |
| **Result 3: Ministry of Lands, Agriculture, Water, Climate and Rural Resettlement is capacitated to better integrate nutrition in planning, policy, strategy development/operations.** |
| 3.1.1 Develop guidelines for integrating nutrition in the work of all MLARR departments |
| 3.1.2 Establish crop demonstrations for a wide variety of nutrition crops showcasing sustainable crop production methods |
| 3.1.3 Conduct quarterly Nutrition Trainings for MLAWCRR staff through the MLAWCRR Training Branch |
| 3.1.4 Monitor and track progress with integration of nutrition in MLARR |
| 3.2.1 Recruit Consultant to support revision of Agriculture Extension Officers Training to integrate nutrition |
| 3.2.2 Review and revise the agriculture extension officers training curriculum through stakeholder consultations and produce a draft revised curriculum |
| 3.2.3 Develop support materials for nutrition training to operationalize the revised curriculum. |
| 3.2.4 Train agriculture training college lecturers in nutrition and integrating nutrition in the training of extension officers |
| 3.3.1 Train all AGRITEX and LPD extension officers in Mutasa, Chipinge, Chiredzi and Mwenezi in nutrition using the Heathy Harvest and capacitate them to support farmers to produce for nutrition |
| 3.3.2 Establish crop demonstrations for a wide variety of nutrition crops showcasing sustainable crop production methods |
| 3.3.3 Establish community seed banks for key nutritious crops |
| 3.3.4 Establish small livestock demonstrations for rapidly multiplying stock like rabbits, indigenous chickens, broilers, quail, and goats |
| 3.3.5 Establish food processing and preservation demonstrations at community level |
| 3.3.6 Conduct food fairs and field days in the four target districts to showcase agriculture production for nutrition and exhibit prepared dishes to promote dietary diversification |
| 3.3.7 Conduct food preparation demonstrations to demonstrate appropriate food preparation methods |
| **RESULT 4: A national nutrition education campaign is contributing to improved nutritional practices among general population** |
| 4.1.1 Engage International consultant to lead the development of National Food Based Dietary Guidelines for Zimbabwe |
| 4.1.2 Establish a committee to lead the development of FBDG for Zimbabwe |
| 4.1.3 Develop FBDG through multi-stakeholder Consultations |
| 4.1.4 Develop draft guidelines and pretest messages |
| 4.1.5 Launch National FBDG |
| 4.1.6 Disseminate key FBDG messages through a coordinated communication plan |

| |
|---|
| 4.2.1 Engage an International Consultant to lead the development of National Food Composition tables for Zimbabwe |
| 4.2.2 Identify all foods representative of national food habits and consumption patterns in Zimbabwe. |
| 4.2.3 Create a database of the commonly consumed foods in INFOODS an identify those with and without nutrient analysis |
| 4.2.4 Identify laboratories with capacity to analyse nutrient content for all foods without existing nutrient references in INFOODS |
| 4.2.5 Develop a proposal for collection and analysis of food samples and development of the FCTs for Zimbabwe |
| 4.3.1 Facilitate complementary feeding demonstrations in 100 rural wards for participation of at least 60% households of under twos in 4 districts through ward development coordinators focusing on minimum acceptable diet for children from 6-24 months |
| 4.3.2 Facilitate social mobilization activities to improve community awareness on critical maternal and child nutrition with active participation of community group also include IEC and dissemination behavior change communication materials. |
| 4.3.3 Development and dissemination of radio messages |
| 4.3.4 Follow up and strengthening community counsellor through community mentorship for quality delivery of IYCF counseling |
| 4.3.4 Capacitate community Village Health Workers (VHWs) in administering routine Vitamin A at village level (training, stationery and equipment) |
| 4.3.5. Conduct combined IYCF and Growth standards training targeting 2 to 3 health workers per health facility in 4 districts (3 batches of training per districts) |
| 4.3.6. Conduct quarterly nutrition mentorship visits in the 4 targeted districts |

## Appendix 5: Demographics of Target Districts (2015)[203]

| Indicator | Chipinge | Mutasa | Mwenezi | Chiredzi | Total |
|---|---|---|---|---|---|
| Total Population | 333686 | 168747 | 166263 | 30594 | 699290 |
| Under 5 population | 57061 | 25481 | 26602 | 4895 | 161467 |
| Under 2 population | 21055 | 12740 | 11638 | 2141 | 47574 |
| Under 1 population | 12013 | 5588 | 5980 | 9725 | 33306 |
| Expected deliveries | 12546 | 8796 | 5704 | 3642 | 30688 |
| Women of childbearing age | 78417 | | 9975 | 1835 | 90227 |
| Expected pregnancies | 15682 | 7036 | 7731 | | 43372 |
| Adolescent girls 15-19 years | 13168 | 8522 | 8685 | 1384 | 31759 |
| Total Number of wards | 38 | 31 | 18 | 41 | 128 |
| Urban Wards | 8 | 0 | 0 | 8 | 16 |
| Rural wards | 30 | 31 | 18 | 33 | 112 |
| Number of villages | 337 | | 760 | | 2394 |
| Number of health facilities | 51 | 43 | 20 | 34 | 148 |
| Number of District Nutritionists | 1 | 1 | 1 | 1 | 4 |
| No of Nutrition assistants | 1 | 1 | 1 | 1 | 4 |
| No of EHTS | 17 | 17 | 14 | 15 | 71 |
| Number of EHTs with motorcycles | 8 | 8 | 11 | 11 | 47 |
| No of Village Health workers | 425 | 361 | 185 | 167 | 1103 |
| **Source MHIS** | | | | | |

[203] A Community Based Multi-Sectoral Food and Nutrition Security Approach to Address Stunting in selected Vulnerable Districts of Zimbabwe with a special focus on system strengthening.

## Appendix 6: Evaluation Objectives

### Objectives of the evaluation:

The overall objective of this evaluation is to assess the progress towards achievements of the four program results, (including intermediate outcomes, long-term outcomes and pathways of outcome to impact); gaps and challenges in achieving results, opportunities or risks to sustainability as well as opportunities for learning.

### Specific evaluation objectives:

1. To assess the extent to which the program objectives and design responded to the nutritional needs and priorities of young mothers, boys and girls, including the disabled within the target group; and global and national needs, policies and priorities and continue to do so in change of circumstances including emergency and any other changes in context.
2. To assess the synergies and interlinkages between the program and other interventions carried out by UNICEF, FAO and the government, and how consistent the program is with other similar interventions in the country (i.e. to what extent is the program adding value to while avoiding duplication of efforts).
3. To assess the extent to which the program achieved its results including any differential results across groups such as: boys and girls under five years, pregnant and lactating women; young mothers, children and women living with disabilities, children and women in hard-to-reach communities and adolescents.
4. To assess the extent to which the program inputs (funds, expertise, time.) where converted into outputs, outcomes and impacts in the most cost-effective way possible and within the intended timeframe or reasonably adjusted timeframe to address the demands of the evolving context.
5. To assess the extent to which the program has generated or is expected to generate significant positive or negative, intended, or unintended, higher level changes in food and nutrition security and household resilience to repeated shocks in Zimbabwe.
6. To examine the financial, economic, social, environmental, and institutional capacities of the systems to sustain the net benefits of the program over time including an analysis of resilience, risks, and potential trade - offs.
7. To assess to what extent the program incorporated human rights-based approach, results-based management, addressed issues of disability, promoted equity and applied a gender perspective including male involvement and participation of elderly women and other influential household and community members in nutrition decision making.
8. To identify internal and external enabling and hindering factors to achievement of the intended results and identify innovations that were utilized in the programme cycle and identify those that worked well and can be replicated.
9. To identify the stakeholder feedback mechanisms that were put in place and assess the extent to which the feedback was incorporated to make the program more relevant, effective, efficient, and sustainable.

## Appendix 7: Evaluation Matrix

| Key Evaluation Questions | Sub Questions | Indicators | Data Collection & Analysis Methods | Information Sources |
|---|---|---|---|---|
| **Relevance**<br>• **Did the programme respond to the needs and priorities of the targeted and final beneficiaries and communities? 1.1.1, 1.1.2**<br>• **Did the program respond to the needs and priorities of partners/institutions? 1.1.3, 1.1.4**<br>• **To what extent was the program sensitive to the economic, environmental, equity, social, political, economic, and capacity conditions at the national and sub-national levels where the program was implemented? 1.2.1, 1.2.2, 1.2.3**<br>• **To what extent was the program responsive and adaptive to the changing context and circumstances? 1.2.4** | | | | |
| **EQ1 –** To what extent the Programme objectives and interventions respond to the priorities and needs of intended beneficiaries, partners/institution, operating environment (at national and sub-national levels), and adapted to contextual changes? | **EQ1.1 –** To what extent did Programme objectives and interventions respond to the needs and priorities of intended beneficiaries and partners? | **1.1.1** Number/percentage of (at national level and in selected districts including by sex, age, and disability where appropriate):<br>- Children under 5 who are stunted<br>- Women (of reproductive age) who are anemic.<br>- Women of reproductive age consuming a minimum dietary diversity (MDD-W)<br>- Children under five years receiving a minimum acceptable diet (MDD-children)<br>- Children under 6 months who are exclusively breastfed. | • Literature / Document Review<br>• Descriptive Analysis | Documents including UNICEF Country Programme Document; GoZ Nutrition Strategy, Programme Proposal, among others.<br><br>KIIs with key programme stakeholders including but not limited to UNICEF, FAO, MOHCC, FNC, MLAWCRR.<br><br>FGDs with pregnant and lactating women; mothers of children 2-5; male head of households, agriculture extension workers, farmers, DFNSCs, WFNSCs, among others |
| | | **1.1.2** Community groups (all groups including adolescents and people with disability) identified malnutrition in infants/children and women (mothers) as critical health issue. | • Focus Group Discussions<br>1. Thematic Analysis | |
| | | **1.1.3** Key Programme stakeholders (UNICEF, FAO MOHCC, FNC, and MLAWCRR, herein after referred as Programme stakeholders) referred to Programme objectives and interventions (around stunting, nutrition, and food security) as institutional priorities. | • Key Informant Interviews<br>• Thematic Analysis | |
| | | **1.1.4** Evidence of stunting, nutrition, and food security as institutional priorities (policies and plans) for key Programme stakeholders. | • Literature / Document Review<br>• Descriptive Comparison Analysis | |
| | **EQ1.2 -** To what extent did Programme design incorporate the national and sub-national contextual factors (social, environmental, economics, emergency, | **1.2.1** Evidence of national/sub-national nutrition and food security assessments outlining contextual factors – economic, social, equity, political, and institutional capacity, behind stunting, malnutrition, and food insecurity (of different population groups) and have informed Programme interventions. | • Literature / Document Review<br>• Descriptive Analysis | |
| | | **1.2.2** Number and types of Programme interventions that Programme stakeholders identified as having been | • Literature / Document Review<br>• Descriptive Analysis | |

| | and others) and adapted to changing environment? | informed of the listed/known contextual factors - economic, social, equity, political, and institutional capacity. | | |
|---|---|---|---|---|
| | | **1.2.3** Evidence of number and types of changes in Programme interventions in view of the evolving contextual factors (including emergencies). | • Literature / Document Review<br>• Descriptive Analysis | |
| | | **1.2.4** Key Programme stakeholders identified number and types of changes in Programme interventions to address evolving contextual changes (including emergencies). | • Key Informant Interviews<br>• Thematic Analysis | |
| **Coherence**<br>• **To what extent did the program create and utilize internal synergies and inter linkages with other interventions carried out by UNICEF, FAO, and the government and to what extent did UN interagency coordination mechanisms were successfully established? 2.1.1, 2.1.2**<br>• **To what extent was the program consistent with the respective international norms and standards? 2.1.4**<br>• **To what extent was the program consistent with other interventions on food and nutrition implemented in Zimbabwe with other actors including the extent of coordination and harmonization of this program with other similar programs? 2.1.5**<br>• **To what extent did communities establish linkages with program stakeholders (public, private and civil) that they can utilize to increase their food and nutrition security and resilience? 2.2.1, 2.2.3**<br>• **To what extent did the partnerships built during programme implementation, scale up and strengthen the engagements and relationships between governments and communities and across sectoral bodies? 2.2.2**<br>• **Were the program's networks and strategic partnerships including of UNICEF and FAO effective towards influencing a common agenda around Nutrition? 2.1.3** | | | | |
| **EQ2 –**To what extent did the Programme create and utilise internal (in terms of synergies, interlinkages, and consistency with sector norms) and external (in terms of complementarities, harmonisation, and coordination) partnerships and linkages between key stakeholders (public, technical agencies, private and communities)? | **EQ2.1 -** To what extent did Programme create and utilise internal (in terms of synergies, interlinkages, and consistency with sector norms) and external (in terms of complementarities, harmonization, and coordination) coherence? | **2.1.1** Number and types of Programme interventions that were jointly implemented / supported (funded, facilitated and others) by the units/divisions of key Programme stakeholders. | • Literature / Document Review<br>• Descriptive Analysis | Documents including progress reports, proposal, among others<br><br>KIIs with key programme stakeholders including but not limited to UNICEF, FAO, MOHCC, FNC, MLAWCRR<br><br>FGDs with pregnant and lactating women; mothers of children 2-5; male head of households, agriculture extension |
| | | **2.1.2** Number and types of UN inter-agency coordination mechanisms (for planning, review, monitoring, trouble shooting and others) established/strengthened and implemented that facilitated Programme delivery and set common agenda around nutrition. | • Literature / Document Review<br>• Descriptive Analysis | |
| | | **2.1.3** Key Programme stakeholders showed satisfaction over Programme's ability to leverage internal and external coherence (pre-implementation stakeholders mapping, joint implementation, facilitation, and compliance to international norms and standards etc.). | • Key Informant interviews<br>• Thematic analysis | |
| | | **2.1.4** Evidence of Programme's (design and implementation) to align to the sector's international norms and standards and other partners work in Zimbabwe. | • Literature / Document Review<br>• Descriptive Analysis | |
| | | **2.1.5** Evidence of stakeholders mapping (pre/during Programme) to have informed the external coherence (for | • Literature / Document Review<br>• Descriptive Analysis | |

| | | | | |
|---|---|---|---|---|
| | | drawing complementarities & harmonisation, and to avoid duplications). | | workers, farmers, DFNSCs, WFNSCs, among others |
| | **EQ2.2 –** To what extent did Programme develop and strengthen partnerships and linkages between Programme stakeholders (public, technical agencies, private and. communities)? | **2.2.1** Evidence of number and types of interventions implemented by the Programme to strengthen community engagement (for enhanced food security and nutrition) with Programme partners in particular public institutions (across sectors). | • Literature / Document Review<br>• Descriptive Analysis | |
| | | **2.2.2** Key Programme stakeholders identified the number and types of interventions (including results) planned and implemented to strengthen community engagement with public institutions (across sectors). | • Key Informant interviews<br>• Thematic analysis | |
| | | **2.2.3** Community respondents (all groups including adolescents and people with disability) reported that:<br>- Community groups/forums exist in the community with nutrition/food security mandate<br>- Public sector extension workers (health, agriculture) have become more accessible for advice/support on nutrition and food security<br>- Government (health and agriculture workers) has introduced new packages/services for nutrition | • Focus Group Discussions<br>• Thematic Analysis | |
| **Effectiveness**<br>• **What are the enabling and hindering factors that influenced the performance of the program positively or negatively? Was there enough flexibility within the programme to enable the programme to react to these factors? 3.2.1, 3.2.2**<br>• **To what extent did these activities generate unexpected or unintended positive or negative effects and if so, what were the effects and who was affected? 3.1.1, 3.1.2, 3.1.3**<br>• **To what degree were the results achieved equitably distributed amongst the targeted groups? (addressed under equity - 8.3)**<br>• **Did the programme implement any innovative strategies and models for implementation, monitoring and reporting? How effective were these innovations and can they be scaled up in similar contexts? What else could have been done and what can be done better? 4.1.1, 4.1.2, 4.1.3, 4.1.4, 4.1.5** | | | | |
| **EQ3 –** To what extent did the Programme achieve intended (and unintended) results and factors that either enabled and/or hindered Programme achievements? | **EQ3.1 –**<br>To what extent did Programme achieve the intended including the unintended results? | **3.1.1** Evidence of Programme's achievement vis a vis planned outputs/outcomes. | • Literature / Document Review<br>• Comparative Analysis | Documents including Programme Results Framework; Programme Progress Reports, annual assessments, baseline reports, and others |
| | | **3.1.2** Types of intended and unintended results (positive and negative) produced by the Programme and for whom. | • Key Informant Interviews<br>• Thematic Analysis | |
| | | **3.1.3** Proportion of community respondents (all groups including adolescents and people with disability) reported that they:<br>- Received key nutrition messages in past 12 months<br>- Are more aware of importance of maternal and child nutrition<br>- Aware of key food items (food fortification) to consume (for child and pregnant and lactating women) for nutritional and healthy eating | • Household Survey<br>• Cross-Tabulation<br>• Frequency Analysis | KIIs with key programme |

| | | | | |
|---|---|---|---|---|
| | | - Aware of Infant and Young Child Feeding (IYCF) practices. | | stakeholders including but not limited to UNICEF, FAO, MOHCC, FNC, MLAWCRR<br><br>Household Survey with pregnant and lactating women in target districts<br><br>FGDs with pregnant and lactating women; mothers of children 2-5; male head of households, agriculture extension workers, farmers, DFNSCs, WFNSCs, among others |
| | **EQ3.2 –** What factors (internal and external) either enabled or hindered Programme achievements and how did Programme react to these factors? | **3.2.1** Key Programme stakeholders identified enabling and disabling factors (including mitigation strategies of disabling factors) and how did those affect the Programme achievements. | • Key Informant Interviews<br>• Thematic Analysis | |
| | | **3.2.2** Evidence of number and types of design/ implementation changes made to mitigate/ address the hindering factors. | • Literature / Document Review<br>• Descriptive Analysis | |
| **EQ4 –** To what extent did Programme apply innovative strategies and models including their effectiveness? | **EQ4.1 –**To what extent the Programme apply innovative strategies and models (for implementation and M&E) and to what effect? | **4.1.1** Key Programme stakeholders identified number and types of innovative strategies and models applied for implementation and M&E including results produced | • Key Informant Interviews<br>• Thematic Analysis | |
| | | **4.1.2** Community respondents reported:<br>- They have applied innovative strategies and models for implementation<br>- Results produced by use of innovative strategies and/or model for implementation | • Focus Group Discussions<br>• Thematic Analysis | |
| | | **4.1.3** Evidence of number and types of innovative strategies/models applied for implementation and M&E and results produced. | • Literature / Document Review<br>• Descriptive Analysis | |
| | | **4.1.4** Key Programme stakeholders' views on alternative strategies and models to achieve improved results | • Key Informant Interviews<br>• Thematic Analysis | |
| | | **4.1.5** Evidence of Programme monitoring data able to track benefits for different groups including the vulnerable. | • Literature / Document Review<br>• Descriptive Analysis | |
| **Efficiency:**<br>• **Did the programme utilize funding as per the agreed work plan to achieve the projected targets? 5.1.1, 5.1.2**<br>• **To what extent did the Monitoring and Evaluation system add value to the utilization programme resources? What was the timeliness and quality of the reporting by the programme? 5.2.1, 5.2.2**<br>• **Have any programmatic or financial adjustments made during implementation of the programme? And why? 5.2.1, 5.2.2**<br>• **Were resources (financial, organizational capacities, human resources) well utilized, considering activities implemented and programme results achieved? Were objectives achieved on time? Were there alternate methods of implementation that could have delivered the same result at a lower cost? 5.1.1, 5.2.3** | | | | |
| **EQ5 –** To what extent were Programme resources (financial, organizational capacities, human resources) sufficient and utilized for timely | **EQ5.1:** To what extent allocated funds were used to achieve planned targets & any programmatic and financial re-adjustments made during implementation (including why)? | **5.1.1** Key Programme stakeholders' views on:<br>- Funds used as per agreed work plan<br>- Efficient use of resources for achieved results<br>- Achievement of objectives in time<br>- Feasible alternative approaches that may have saved resources to produce similar results. | • Key Informant Interviews<br>• Thematic analysis | Programme financial documents (budgets, expense sheets); Progress Reports, and others<br><br>KIIs with key programme stakeholders including but not |
| | | **5.1.2** Evidence of:<br>- Funds used as per agreed work plan<br>- Efficient use of resources for achieved results<br>- Achievement of objectives in time | • Literature / Document Review<br>• Descriptive Analysis | |

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| achievement of results? | | - Programme and financial adjustments and associated reasons. | | limited to UNICEF, FAO, MOHCC, FNC, MLAWCRR |
| | **EQ5.2:** To what extent did Programme's M&E system support in efficient resources utilization? Was it timely and of quality? | **5.2.1** Key Programme stakeholders' views on:<br>- Monitoring systems enabling timely and quality information<br>- Instances where monitoring data may have been used to help improve time or/and cost efficiencies<br>- Rationale for Programmatic and financial adjustments and associated reasons. | • Key Informant Interviews<br>• Thematic analysis | |
| | | **5.2.2** Evidence of:<br>- Monitoring systems enabling timely and quality information<br>- Instances where monitoring data may have been used to help improve time or/and cost efficiencies<br>- Rationale for Programmatic and financial adjustments and associated reasons. | • Literature / Document Review<br>• Descriptive Analysis | |
| **Impact**<br>• **Did the programme bring about desired changes towards stunting reduction? 6.1.1, 6.1.2**<br>• **Were there any unintended positive or negative impacts arising from outcomes/results? 6.2.1, 6.2.2**<br>• **Did the programme take measures to mitigate against unplanned negative impacts? 6.2.3**<br>• **To what extent did the programme impact on men, women, and children in terms of food and nutrition security, and household resilience to repeated shocks (including most significant changes)? 6.1.3** | | | | |
| **EQ6 –** To what extent did the Programme manage to contribute to desired impact and created unintended impact in target communities? | **EQ6.1 –** How far did Programme contribute to the intended impact (including unintended)? | **6.1.1**[204] Proportion of households (disaggregated by age, sex, income, location) where:<br>- Women of reproductive age consuming a minimum dietary diversity (MDD-W)<br>- Children of 6-23 months consuming a minimum dietary diversity (MDD-children)<br>- Children under five years receiving a minimum acceptable diet<br>- Children under 6 months who are exclusively breastfed<br>- are ranked as food secure households (HDDS & HFCS)<br>- Households practicing basic WASH<br>- Households growing new, nutritious crops and small livestock | • Household Survey<br>• Literature / Document Review<br>• Frequency Distribution Analysis<br>• Cross Tabulation | Documents including Progress Reports, Food and Nutrition Dashboard, Baseline Reports, Annual Assessments, and others<br><br>Household Survey with parents and/or pregnant and lactating women in target regions<br><br>KIIs with key programme stakeholders including but not |
| | | **6.1.2** Key Programme stakeholders' views on:<br>- Types and extent of impact of Programme interventions on stunting, food security, and household resilience<br>- Types of additional social, economic, and environmental impact to which Programme may have contributed to. | • Key Informant Interviews<br>• Thematic Analysis | |

[204] Note: if the information is available from secondary sources, it shall be used

| | | 6.1.3 Community respondents (all groups including adolescents and people with disability) views on:<br>- Types and extent of impact of Programme interventions on stunting, food security, and household resilience. (including the adolescent and people with disabilities)<br>- Types of additional social, economic, and environmental impact to which Programme may have contributed to. | • Focus Group Discussions<br>• Thematic Analysis | limited to UNICEF, FAO, MOHCC, FNC, MLAWCRR<br><br>FGDs with pregnant and lactating women; mothers of children 2-5; male head of households, agriculture extension workers, farmers, DFNSCs, WFNSCs, among others |
|---|---|---|---|---|
| | **EQ6.2 –** What measures did Programme undertaken to mitigate the negative unintended impact? | **6.2.1** Evidence of types and extent of unintended (positive and negative) impact Programme may have contributed to. | • Literature / Document Review<br>• Descriptive Analysis | |
| | | **6.2.2** Key Programme stakeholders' (including communities) views on:<br>- Types and extent of unintended (positive and negative) impact Programme may have contributed to<br>- Number and types of measures undertaken to mitigate negative impact from Programme results | • Key Informant Interviews<br>• Focus Group Discussions<br>• Thematic Analysis | |
| | | **6.2.3** Evidence of number and types of measures undertaken to mitigate negative impact of Programme. | • Literature / Document Review<br>• Descriptive Analysis | |
| **Sustainability**<br>• **What are the institutional capacities needed to ensure benefits accrued continue over time after the end of the program? And to what extent are the institutions ready to sustain the benefits? 7.1.1, 7.1.2**<br>• **What are the social, cultural, political, economic systems needed to sustain the benefits over medium- to long-term period? And to what extent have these been established? 7.1.1, 7.1.2**<br>• **What are the community level systems and capacities needed to sustain the benefits and how ready are these systems to sustain the benefits over the medium- and long-term period? 7.2.1, 7.2.2, 7.2.3**<br>• **What is the level of ownership (effective commitment by stakeholders) and extent of participation by local institutions and beneficiaries? 7.2.1, 7.2.2, 7.2.3**<br>• **To what extent is the current nutrition coordination and systems resilient against likely shocks? 7.1.1, 7.1.2** | | | | |
| **EQ7 –** To what extent did the Programme create institutional and community ownership and capacities (including what may needs to be done further) for sustaining interventions and results? | **EQ7.1 –** How well did Programme manage to create ownership and capacities in public sector to sustain interventions and results including additional capacities? | **7.1.1** Key Programme stakeholders' views on:<br>- Number and types of interventions (including results) made to build capacities & create ownership of public sector partners to sustain Programme interventions and results<br>- Types of institutional systems required to sustain Programme interventions and results<br>- Social, cultural, political, and economic systems. needed to sustain benefits over medium to long term<br>- Level of resilience (against shocks) of the current nutrition coordination system. | • Key Informant Interviews<br>• Thematic Analysis | Documents including programme progress reports, research reports, media materials, surveys (e.g. annual surveys, annual assessments, ROM report)<br><br>KIIs with key programme stakeholders including but not limited to UNICEF, |
| | | **7.1.2** Evidence of:<br>- Number and types of interventions (including results) made to build capacities & create ownership of public | • Literature / Document Review<br>• Thematic Analysis | |

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| | | sector partners to sustain Programme interventions and results<br>- Types of institutional systems required to sustain Programme interventions and results<br>- Social, cultural, political, and economic systems. needed to sustain benefits over medium to long term<br>- Level of resilience (against shocks) of the current nutrition coordination system. | | FAO, MOHCC, FNC, MLAWCRR<br><br>FGDs with pregnant and lactating women; mothers of children 2-5; male head of households, agriculture extension workers, farmers, DFNSCs, WFNSCs, among others |
| | **EQ7.2 –** To what extent did Programme create and capacitate community systems to sustain interventions and results including additional capacities needed? | **7.2.1** Key Programme stakeholders' views on:<br>- Community representatives (traditional leaders and others) are represented on ward level forums that make decision about nutrition and health.<br>- Types of community system and capacities built to sustain interventions and results.<br>- Level of community motivation to sustain interventions and results including during shocks.<br>- Community system and capacities needed to sustain interventions and results | • Key Informant Interviews<br>• Thematic Analysis | |
| | | **7.2.2** Evidence of:<br>- Community representatives (traditional leaders and others) are represented on ward level forums that make decision about nutrition and health.<br>- Types of community system and capacities built to sustain interventions and results.<br>- Level of community motivation to sustain interventions and results including during shocks.<br>- Community system and capacities needed to sustain interventions and results | • Literature / Document Review<br>• Descriptive Analysis | |
| | | **7.2.3** Community respondents' (all groups including adolescents and people with disability) views on:<br>- Community representatives (traditional leaders and others) are represented on ward level forums that make decision about nutrition and health.<br>- Types of community system and capacities built to sustain interventions and results.<br>- Level of community motivation to sustain interventions and results including during shocks.<br>- Community system and capacities needed to sustain interventions and results | • Focus Group Discussions<br>• Thematic Analysis | |
| **HRBA, Gender Equality and Equity**<br>• **To what extent did the programme embed a human rights-based approach? How did the programme address issues related to human rights, gender and people with disabilities? 8.1.1, 8.1.2, 8.2.1, 8.3.1** | | | | |

| • **How effectively did the programme address issues of equity? Which groups benefited, and which groups contributed to the interventions under review? (Groups need to be disaggregated by relevant criteria: disadvantaged and advantaged groups depending on their gender or status, age, etc.) 8.3.1, 8.3.2, 8.3.3, 8.3.4**<br>• **How did the programme address the needs of special groups like adolescent and young mothers, children with disabilities, elderly caregivers, and men? 8.3.1, 8.3.2, 8.2.2, 8.2.3**<br>• **To what extent did the stakeholders of the interventions exercise their rights to be consulted and participate in decisions about program implementation? 8.1.1, 8.1.2**<br>• **To what extent did the program incorporate results-based management approach? (addressed under effectiveness 4.1)** | | | | |
|---|---|---|---|---|
| **EQ8 -** To what extent did the Programme incorporate (in terms of design, implementation, and results) human-rights based approach (HRBA), gender equality, and equity approaches/principles? | **HRBA:**<br>**EQ8.1 –** To what extent the Programme (both design and implementation) incorporated the HRBA principles? | **8.1.1** Key Programme stakeholders' views on Programme interventions complying with HRBA principles of:<br>- Participation[205]<br>- Accountability<br>- Non-discrimination<br>- Equality<br>- Empowerment<br>- Legality. | • Key Informant Interviews<br>• Thematic Analysis | Documents including references to UN Convention of Human Rights and Gender; Programme Monitoring data, reports<br><br>KIIs with key programme stakeholders including but not limited to UNICEF, FAO, MOHCC, FNC, MLAWCRR<br><br>FGDs with pregnant and lactating women; mothers of children 2-5; male head of households, agriculture extension workers, farmers, DFNSCs, WFNSCs, among others |
| | | **8.1.2** Evidence of Programme's design and implementation demonstrating compliance to HRBAP principles:<br>- Participation<br>- Accountability<br>- Non-discrimination<br>- Equality<br>- Empowerment<br>- Legality. | • Key Informant Interviews<br>• Thematic Analysis | |
| | **Gender Equality:**<br>**EQ8.2 –** To what extent Programme design and implementation integrate gender equality and results produced for men, women, adolescent and young mothers, boys. and girls? | **8.2.1** Evidence of structured gender assessment undertaken and having informed the Programme design and implementation – targets, interventions, resources, implementation, and monitoring. | • Literature / Document Review<br>• Descriptive Analysis | |
| | | **8.2.2** Key Programme stakeholders' views on:<br>- Programme interventions to promote gender equality<br>- Type of results produced for different groups based on gender (including Prevention of Sexual Exploitation and Abuse - PSEA)– men, women, boys, and girls<br>- Programme interventions that addressed the underlying reasons/barriers causing gender inequality<br>- Reasons that promote gender inequality that remain unaddressed. | • Key Informant Interviews<br>• Thematic Analysis | |

[205] This includes participation of multiple groups such as pregnant and lactating women; young mothers, children and women living with disabilities, children and women in hard to reach communities and adolescents, in decision making.

| | | | | |
|---|---|---|---|---|
| | | **8.2.3** Evidence of Programme results produced:<br>- For men, women, boys, and girls (including PSEA)<br>- Reducing reasons/barriers that promote gender equality<br>- Barriers that promote gender inequality that remain unaddressed. | • Literature / Document Review<br>• Descriptive Analysis | |
| | | **8.2.4** Community respondents' views on:<br>- Programme benefitting the men, women, women, girls (including PSEA)<br>- Programme interventions successfully addressed the causes of inequality between boys and girls. | • Focus Group Discussions<br>• Thematic Analysis | |
| | **Equity:**<br>**EQ8.3 –** To what extent did Programme design and implementation appropriately assess, identify, and address the special needs of vulnerable groups (including adolescent and young mothers, children with disabilities, elderly caregivers, men, and others)? | **8.3.1** Evidence of structured equity assessment undertaken and having informed the Programme design and implementation – targets, interventions, resources, implementation, and monitoring. | • Literature / Document Review<br>• Descriptive Analysis | |
| | | **8.3.2** Key Programme stakeholders' views on:<br>- Programme interventions to promote equity<br>- Results produced for vulnerable groups<br>- Programme interventions that successfully addressed the underlying reasons for inequity<br>- Reasons that promote inequity that remain unaddressed. | • Key Informant Interviews<br>• Thematic Analysis | |
| | | **8.3.3** Evidence of Programme's monitoring data disaggregated by age, status, gender, income, and disabilities to provide basis for course-correction/decision-making if needed. | • Literature / Document Review<br>• Descriptive Analysis | |
| | | **8.3.4** Community respondents' views on:<br>- Programme benefitting the most vulnerable<br>- Programme interventions addressed the causes of inequity<br>- Vulnerable groups that did not receive assistance<br>- Programme interventions that successfully addressed the underlying reasons for inequity<br>- Reasons that promote inequity that remain unaddressed. | • Focus Group Discussions<br>• Thematic Analysis | |

## Appendix 8: Evaluation Design

The evaluation was guided by three overarching approaches that include **mixed method**[206]**, theory-based**[207] **and participatory**[208]**.** The mixed-method approach (featuring desk review, household survey, key informant interviews, focus group discussions, case studies, and field observations) underpined this evaluation, to generate usable evidence to inform evaluation findings, analysis, and recommendations. The use of mixed methods enabled gathering comprehensive and rich information (from varied sources); cross-verification and triangulation of data gathered. The proposed theory-based approach fit the design for the fact that Programme was implemented with a pre-defined Programme ToC and its validity was assessed based on the evidence gathered. The evaluation was participatory, as it entailed engagement of key stakeholders during all stages of the evaluation - planning, implementation, analysis, and dissemination. The stakeholders were engaged in evaluation coordination and oversight in the form of Evaluation Reference Group (ERG). Moreover, the evaluation was informed by the opinions, experiences, and suggestions of key stakeholders. - service providers (at national, provincial, district, and ward levels); rights holders (pregnant and lactating women; fathers of children under five; farmers, and traditional leaders in four Programme districts); technical and financial partners (UNICEF Zimbabwe, FAO, and EU); and the implementing partner (NAZ).

Keeping in view the Programme's design and evaluation expectation, the Evaluators developed a **Hybrid Evaluation Design,** featuring two sub-designs i.e., the **contribution analysis** and the **quasi-experimental.** To establish a causal relationship between inputs, interventions, and results (as given in the ToC), the Evaluators used contribution analysis. It is pertinent to underline that the Programme design met the requisite pre-conditions for its application i.e., availability of Programme ToC; evidence of implementation of Programme; and evidence that change (output/outcome) has occurred. This is to be complemented by using the quasi-experimental design for assessment of results[209]: around community knowledge, attitude, and practice related changes. The design belongs to the family of 'Experimental Designs' and is considered appropriate and equally rigorous for offering adequate statistical basis to establish a clear correlation of the **cause and effect,** by analysing the causal chains. This sub-design enabled assessing the cause-and-effect relationship between community level interventions around awareness and practices (nutrition) and observed changes in selected Programme indicators[210]. The TORs required a 'Treatment: Control' comparison, however this was possible for not having non-contaminated control districts in two Programme provinces. In lieu of the above, the Evaluators proposed (non-control design option) i.e., 'Before-After Design.[211] This implied that the Evaluators drew baseline and endline comparison for treatment districts only. For this, the Evaluators administered a telephone survey in all Programme districts. The baseline tool was tweaked where required, and focus was on priority indicators that are listed in the TORs (except two indicators that were taken out due to changes in data collection modality including one on exclusive breastfeeding and WASH. The endline values were compared against the baseline to measure the 'net impact'. Please note that the changes was approved by the ERG.

[206] **Mixed Methods** research design is a procedure for collecting, analysing, and 'mixing' both quantitative and qualitative research and methods in a single study to understand a research problem.

[207] **Theory-based** approaches to evaluation use an explicit theory of change to draw conclusions about whether and how an intervention contributed to observed results. https://www.canada.ca/en/treasury-board-secretariat/services/audit-evaluation/centre-excellence-evaluation/theory-based-approaches-evaluation-concepts-practices.html

[208] **Participatory Evaluation** is an approach that involves the stakeholders of a programme or policy in the evaluation process. This involvement can occur at any stage of the evaluation process, from the evaluation design to the data collection and analysis and the reporting of the study.

[209] Will be assessed by comparing results against these indicators: i) Proportion of women of reproductive age consuming a minimum dietary diversity (MDD-W); ii) Proportion of children 6-23 months consuming a minimum dietary diversity (MDD-children); iii) Proportion of children under 6 months who are exclusively breastfed, iv) Proportion of children under five years receiving minimum acceptable diet; v) Proportion of food secure households; vi) Proportion of households practicing basic WASH - Water, Sanitation and Hygiene; and vii) Proportion of households growing new, nutritious crops and small livestock.

[210] Ibid.

[211] Before-after design involves measuring the dependent variable both before and after the participants have been exposed to the independent variables (taken from FAO Marketing Research and Information Systems – Chapter 6).

## Appendix 9: Programme Documents

| Sr. | Category | Document Title |
|---|---|---|
| 1 | Annual Report | Nutrition Grant Annual Report Jan 2017 - December 2017 |
| 2 | Annual Report | Nutrition Grant Annual Report Jan 2018 - December 2018 |
| 3 | Annual Report | Nutrition Grant Annual Report Jan 2019 - June 2019 |
| 4 | Annual Report | Nutrition Grant Annual Final Report |
| 5 | Annual Report | FNC Detailed Annual Report 2017 |
| 6 | Annual Report | FNC Detailed Annual Report 2018 |
| 7 | Annual Report | FNC Detailed Annual Report 2019 |
| 8 | Barrier Analysis | Bottle Neck/Barrier Analysis Report (NAZ) |
| 9 | Barrier Analysis | Barriers and facilitators of exclusive breastfeeding: Findings from a Barrier Analysis Conducted in Mwenezi and Chiredzi Districts, Zimbabwe |
| 10 | Baseline Report | Baseline Report Mwenezi |
| 11 | Baseline Report | Baseline Mutasa |
| 12 | Baseline Report | Baseline Report Chiredzi |
| 13 | Baseline Report | Baseline Report Chipinge |
| 14 | Baseline Report | Baseline Survey Questionnaire |
| 15 | Care Group Document | Behavior Change Story Book |
| 16 | Care Group Document | Behaviour Change Schedule |
| 17 | Care Group Document | Counselling Cards for Care Groups |
| 18 | Care Group Document | Monthly Meeting Guides for Care Groups |
| 19 | Care Group Document | Household Handbook for Care Groups |
| 20 | Care Group Document | Recipe Book for Care Groups |
| 21 | Care Group Document | Project Banner for Care Groups |
| 22 | Census Report | Census Report 2012 |
| 23 | Census Report | Census Report 2012 Manicaland |
| 24 | Census Report | Census Report 2012 Mashonaland C |
| 25 | Census Report | Census Report 2012 Mashonaland E |
| 26 | Census Report | Census Report 2012 Mashonaland W |
| 27 | Census Report | Census Report 2012 Masvingo |
| 28 | Census Report | Census Report 2012 Matabeleland N |
| 29 | Census Report | Census Report 2012 Matabeleland S |
| 30 | Census Report | Census Report 2012 Midlands |
| 31 | Concept Note | Concept Note: UNICEF Zimbabwe Institutional Strengthening Support in Programme Monitoring and Response |
| 32 | Convergence Document | UN convergence in Mutasa |
| 33 | Convergence Document | UNICEF-WFP – FAO Opportunities for Convergent Programming |

| 34 | Country Programme Document | Country Programme Document 2015 |
|---|---|---|
| 35 | Evaluation Report | Evaluation of ESAR Institutional Strengthening Support Initiative on Decentralized Programme Monitoring and Response |
| 36 | Expense Report | Expenditure report April 2018 |
| 37 | Framework | Multisectoral Community Based Model (MCBM) Strategic Framework |
| 38 | Framework | Reduction of Stunting-Conceptual Framework (003) |
| 39 | Intervention Mapping | Joint program for Stunting Reduction - Mapping of Intervention Package for the proposed districts: |
| 40 | Intervention Mapping | 2020 Response tracking matrix - Who Does-What-Where-For Whom and When (5Ws) |
| 41 | Inventory of UN Nutrition Action | Inventory of UN Nutrition Actions |
| 42 | Mid-Term Review | Mid-Term Review of the Care Group Model Used in Five Pilot Districts in Zimbabwe |
| 43 | Needs Assessment | Zimbabwe joint needs assessment by FAO, UNICEF, WFP |
| 44 | Policy/Strategy Document | Food and Nutrition Security Policy |
| 45 | Policy/Strategy Document | The National Health Strategy 2016-2020 |
| 46 | Policy/Strategy Document | National Nutrition Strategy 2018 |
| 47 | Policy/Strategy Document | Food and Nutrition Security Advocacy and Communication Strategy |
| 48 | Policy/Strategy Document | Zimbabwe National Food Fortification Strategy |
| 49 | Policy/Strategy Document | Strategy for national upscaling through enhancing functionality |
| 50 | Programme Document | NDS Indicative Programme Nutrition |
| 51 | Programme Document | Multi-sectoral Community-based model in action: The Power behind Working Together |
| 52 | Programme Proposal | Joint UNICEF and FAO Funding Proposal to the European Union (EU) |
| 53 | Programme Strategy Document | Strategic Document on Stunting Model |
| 54 | Programme Strategy Document | A Community Based Multi-Sectoral Food and Nutrition Security Approach to Address Stunting in selected Vulnerable Districts of Zimbabwe with a special focus on system strengthening |
| 55 | Register | Infant and Young Child Feeding register |
| 56 | ROM Report | Results-oriented monitoring (ROM) Report |
| 57 | Scale-Up Document | Report for the 15 MCBM scale-up districts |
| 58 | Scale-Up Document | Strengthening the Citizen Engagement and Social Accountability in Zimbabwe's Multi-sectoral Community Based Approach for Reduction of Stunting (MSCBARS): NRTM Model Consolidation & Scale-Up (to be completed by April 2018) |
| 59 | Scale-Up Document | District Food and Nutrition Security Committee Inter district exchange visits and functionality Assessment Report for the 15 MCBM Scale-Up Districts |
| 60 | Security Indicators | Food and nutrition security indicators |
| 61 | Stunting Assessment | Stunting Assessment Chiredzi |
| 62 | Stunting Assessment | Stunting Assessment Mwenezi |
| 63 | Stunting Assessment | Stunting Assessment Chipinge |
| 64 | Stunting Assessment | Mutasa district drivers of stunting |
| 65 | Survey | Demographic and Health Survey 2015 |

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| 66 | Survey | MICS 2019 |
| 67 | Survey | Zimbabwe Agenda for Sustainable Socio-Economic Transformation (ZIMASSET) Oct 2013 - Dec 2018 |
| 68 | Survey | National Nutrition Survey 2018 |
| 69 | Survey | Multiple Indicator Cluster Survey 2014 |
| 70 | Survey | ZIMVAC 2016 Urban Livelihoods Assessment Report |
| 71 | Survey | ZIMVAC 2018 Urban Livelihoods Assessment Report |
| 72 | Survey | ZIMVAC 2016 Rural Livelihoods Assessment Report |
| 73 | Survey | ZIMVAC 2017 Rural Livelihoods Assessment Report |
| 74 | Survey | ZIMVAC 2018 Rural Livelihoods Assessment Report |
| 75 | Survey | ZIMVAC Lean Season Monitoring Report 2019 |
| 76 | Survey | ZIMVAC 2019 Rural Livelihoods Assessment Report |
| 77 | Survey | ZIMVAC 2019 Urban Livelihoods Assessment Report |
| 78 | Survey | ZIMVAC 2020 Food and Nutrition Security Update Report |
| 79 | Survey | ZIMVAC Rapid Assessment Final |
| 80 | Survey | Stunting reduction citizen engagement Survey May 2018 |
| 81 | ToRs FBDGs | Terms of Reference Zimbabwe FBDGs Technical Committee |
| 82 | Travel Report | Regular travel report - part i |
| 83 | Workplan | Work Plan - Health, Nutrition & HIV 2017 |
| 84 | Workplan | Work Plan - Health 2018 |
| 85 | Workplan | Rolling Work Plan - Health 2017 |
| 86 | Workplan | Rolling Work Plan - Health 2019-2020 |
| 87 | Workplan | Rolling Work Plan - Nutrition 2017 |
| 88 | Workplan | Work Plan - Nutrition 2018 |
| 89 | Workplan | Rolling Work Plan - Nutrition 2019-2020 |
| 90 | Workplan | Rolling Work Plan - Nutrition 2016-2017 |
| 91 | Workshop/Meeting/Training Report | Report on the Inter-District Learning Workshop |
| 92 | Workshop/Meeting/Training Report | MLARR Senior Managers Meeting Report |
| 93 | Workshop/Meeting/Training Report | Midlands and Mashonaland West Healthy Harvest Training Reports |
| 94 | Workshop/Meeting/Training Report | UNICEF-FNC Task Team Initial Meeting (Proposed list of indicators) |
| 95 | Workshop/Meeting/Training Report | MBCM Strategy Review Validation Workshop (July 2019) |
| 96 | Workshop/Meeting/Training Report | Community Based Model for Addressing Food and Nutrition Insecurity (CBM) - Review Meeting |
| 97 | Workshop/Meeting/Training Report | Food and Nutrition Security Committee Mentorship Visits Report |
| 98 | Workshop/Meeting/Training Report | Establishment of Model Villages: Ward Sensitization Report |
| 99 | Workshop/Meeting/Training Report | Report of the NRTM Mass Registrations and Field Testing Support Visit to Chipinge and Mutasa Districts (Masvingo Province) |
| 100 | Workshop/Meeting/Training Report | Report of the NRTM Technical Support Field Visit to Mwenezi, Chipinge, Chiredzi and Mutasa Districts |
| 101 | Workshop/Meeting/Training Report | NRTM National Review Report 2017 |

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|---|---|---|
| 102 | Workshop/Meeting/Training Report | Report of the Monitoring Field Visit to Mutasa District |
| 103 | Workshop/Meeting/Training Report | Traditional Leaders Sensitization Meetings Report |
| 104 | Workshop/Meeting/Training Report | Summary operational report MCBM |
| 105 | Workshop/Meeting/Training Report | Multisectoral Community Based Model for Stunting Reduction (MCBM) District Training Report |
| External Sources | | |
| 106 | International Report | 2020 Global Nutrition Report – Data set |
| 107 | International Report | 2020 Global Nutrition Report |
| 108 | International Report | Global targets Country Progress Report 2019 Zimbabwe |
| 109 | Policy/Strategy Document | Constitution of Zimbabwe (No. 20) |
| 110 | Policy/Strategy Document | Zimbabwe I-PRSP 2016-2018 |
| 111 | Research Study | The impact of food fortification on stunting in Zimbabwe: does gender of the household matter? Kairiza et al 2020 |
| 112 | Research Study | Boys are more stunted than girls in Sub-Saharan Africa: a meta-analysis of 16 demographic and health survey. Wamani et al 2007 |

## Appendix 10: Telephone Survey Tool (English)

Good day, we talked earlier, let me introduce myself again, my name is ____________________________ and I am working with Jimat Development Consultants for an evaluation on a nutrition programme conducted by UNICEF Zimbabwe and FAO._We are conducting a telephonic survey that asks households about various aspects of food and nutrition security. The survey should take about 20-25 minutes to complete. We will ensure anonymity and confidentiality of your responses.

Questionnaire Id: ____________

### MODULE A: HOUSEHOLD IDENTIFICATION (to be filled prior to calling the respondent)

| Q # | Question | Response options |
|---|---|---|
| A1 | Survey Date | DD / MO / YYYY: __ / __ / 2021 |
| A2 | Name of Enumerator | |
| A3 | Province | 1. Manicaland<br>2. Masvingo |
| A4 | District | 1. Chipinge<br>2. Mutasa<br>3. Chiredzi<br>4. Mwenezi |
| A5 | Ward number | |
| A6 | Village Name | |
| A7 | Location | 1. Rural<br>2. Urban |

### MODULE B: HOUSEHOLD DEMOGRAPHICS

| Q # | Question | Response options |
|---|---|---|
| B1 | Name of the respondent: | ______________________ |
| B2 | Do you have any children aged under 5 (up to 59 months)? | 1. Yes<br>2. No **(end interview)** |
| B3 | What is your age? **(in complete years)** | _______________________ |
| B4 | What is your relationship to head of the household?<br><br>**(Do not read, mark only one)** | 1. Head<br>2. Wife<br>3. Daughter<br>4. Daughter-in-law<br>5. Granddaughter<br>6. Mother<br>7. Not related<br>8. Other (Specify):___________________ |
| B5 | What is your religion?<br><br>**(Do not read, mark only one)** | 1. Roman Catholic<br>2. Protestant<br>3. Pentecostal<br>4. Apostolic sect<br>5. Zion<br>6. Other Christian<br>7. Traditional<br>8. No religion |

|  |  | 9. Other religion (Specify)________________<br>99. Refused to answer |
|---|---|---|
| B6 | What is your current marital status?<br><br>**(Do not read, mark only one)** | 1. Currently married/in union<br>2. Married and living apart<br>3. Widowed<br>4. Divorced<br>5. Separated<br>6. Never married/in union<br>7. Others (Specify)___________________<br>99. Refused to answer |
| B7 | What is your highest attained level of education? ***(completed level)***<br><br>**(Do not read, mark only one)** | 1. Pre-primary or none<br>2. Primary school<br>3. Secondary school<br>4. Higher education<br>99. Refuse to answer |
| B8 | How many under 5 children do you have? | 1. Boys (write number)<br>2. Girls (write number) |
| B9 | Are all these your own children or are you a guardian/caregiver?<br><br>**(Do not read, mark only one)** | 1. Own children **(go to B11)**<br>2. Guardian/caregiver<br>3. Own children and caregiver<br>4. Prefer not to disclose **(go to B11)** |
| B10 | What is your relationship to the children?<br><br>**(Do not read, mark only one)** | 1. Mother<br>2. Grand mother<br>3. Aunt<br>4. Sister<br>5. Other (Specify)__________________ |
| B11 | Is any member of your household disabled? | 1. Yes<br>2. No |
| B12 | What is your monthly household income (in Zimbabwean dollars)? **Probe:** inclusive of all income sources | _________________________ |
| B13 | Please fill the table below for children (up to 59 months) who are member of your HH. |  |

| Child ID | Gender | Own Child or Caregiver | Age in months | Is this child physically or mentally challenged? |
|---|---|---|---|---|
| 1 |  |  |  | 1. Yes<br>2. No |
| 2 |  |  |  | 1. Yes<br>2. No |
| 3 |  |  |  | 1. Yes<br>2. No |
| 4 |  |  |  | 1. Yes<br>2. No |
| 5 |  |  |  | 1. Yes<br>2. No |

## MODULE C: PROPORTION OF CHILDREN 6-23 MONTHS CONSUMING A MINIMUM DIETARY DIVERSITY (MDD-CHILDREN)[212]

[212] Questions taken from Programme baseline (2.7 - .2.9)

**Note to enumerator:** Administer this module if the respondent has a child/children between 6-23 months. In case there is more than one child (between 6-23 months) then the younger child should be selected.

| Q# | Question | Response option |
|---|---|---|
| Now, I will name some key foods items and if you could please answer if you have provided this to your child during the last 24 hours (for children age between 6-23 months).<br>**(Please tick against each food item if responded has given it the child in last 24 hours).** | | |
| C0 | Age of the child? | 1. __________ months |
| C1 | Breastmilk | 1. Yes<br>2. No |
| C1a | How many times was the child breastfed in the last 24 hours? | 1. One<br>2. Two<br>3. Three<br>4. Four<br>3. Other (Specify) |
| C2 | Grains, roots and tubers (like sadza, porridge, sweet potatoes, potatoes, rice, bread) | 4. Yes<br>5. No |
| C3 | Legumes and nuts (like beans, peas, groundnuts, dovi) | 1. Yes<br>2. No |
| C4 | Dairy products (milk, yoghurt, cheese, sour milk, butter) | 1. Yes<br>2. No |
| C5 | Flesh food (meat, fish, poultry) | 1. Yes<br>2. No |
| C6 | Eggs | 1. Yes<br>2. No |
| C7 | Vitamin A rich fruits and vegetables (spinach, orange-fleshed sweet potatoes. carrots, squashes/pumpkins yellow maize. mangoes, papayas) | 1. Yes<br>2. No |
| C8 | Other vegetables and fruits (bananas, tomatoes, water melon, magaka, cauliflower, derere) | 1. Yes<br>2. No |
| C9 | How many meals did your child take in the past 24 hours? | 1. One<br>2. Two<br>3. Three<br>4. Four<br>5. Other (Specify) |
| C10 | Has (name of child) received minimum number of meals (solid, semi solid or soft foods).<br><br>**6-8 months infants who are breastfed need at least 2 meals a day.**<br>**9-23 months infants who are breastfed need at least 3 meals a day.**<br>**6-23 months infants who are not breastfed need at least 4 meals** | 1. Yes<br>2. No |

## MODULE D: MINIMUM ACCEPTABLE DIET FOR CHILDREN UNDER FIVE YEARS[213]

**Note:** This part of the questionnaire is to be administered if the respondent has a child/children between 6-23 months. If there is more than one child (between 6-23 months) then the younger child should be selected

| Q# | Questions | Response option |
|---|---|---|
| Please list or name me the type of food you provided to your 6-23 months child/children during the last 24 hours. **Listen to respondent and mark the group of food item respondent is referring to. Respondent may not refer to the food group in the same text but you judge to which group of food the respondent is referring to. This is multiple response option question i.e. respondent can refer to more than one food group items.** | | |
| D1 | Grains, roots and tubers (like sadza, porridge, sweet potatoes, potatoes, rice, bread) | 1. Yes<br>2. No |
| D2 | Legumes and nuts (like beans, peas, groundnuts, dovi) | 1. Yes<br>2. No |
| D3 | Flesh foods (meat, fish, poultry and liver/organ meats | 1. Yes<br>2. No |
| D4 | Eggs | 1. Yes<br>2. No |
| D5 | Vitamin-A rich fruits and vegetables (like mango, water mellon, red grape fruit, Papya, Apricot, carrot, sweet potatoes, spinach) | 1. Yes<br>2. No |
| D6 | Other fruits and vegetables. | Specify ______________________ |

## MODULE E: WOMEN DIETARY DIVERSITY[214]

**Note:** This part of the questionnaire is to be administered from all respondents.

| Q# | Question | Response Options |
|---|---|---|
| Now, lets have some questions about the food you ate during the last 24 hours. Please take your time to recall this. **Listen to respondent and mark the group of food item respondent is referring to. Respondent may not refer to the food group in the same text but you judge to which group of food the respondent is referring to. This is multiple response option question i.e. respondent can refer to more than one food group items.** | | |
| E1 | Grains, roots and tubers (like sadza, porridge, sweet potatoes, potatoes, rice, bread) | 1. Yes<br>2. No |
| E2 | Pulses | 1. Yes<br>2. No |
| E3 | Nuts and seeds | 1. Yes<br>2. No |
| E4 | Dairy | 1. Yes<br>2. No |
| E5 | Meat, poultry and fish | 1. Yes<br>2. No |
| E6 | Eggs | 1. Yes<br>2. No |

[213] https://apps.who.int/iris/bitstream/handle/10665/44306/9789241599290_eng.pdf;jsessionid=52B9CD8A87EA9D72860CB8FFB8E77C6E?sequence=1

[214] http://www.fao.org/3/a-i5486e.pdf

| E7 | Dark green leafy vegetable (pumpkin, cassava leaves, bean leaves) | 1. Yes<br>2. No |
|---|---|---|
| E8 | Vitamin-A rich fruits and vegetables (like mango, water melon, red grape fruit, papaya, apricot, carrot, sweet potatoes, spinach) | 1. Yes<br>2. No |
| E9 | Other vegetables (Specify) | |
| E10 | Other fruits (Specify) | |

## MODULE F: AGRICULTURAL PRACTICES[215]

| Q. # | Question | Response options |
|---|---|---|
| F1 | Do you apply any treatment to your cereals and pulses before storage? | 1. Yes<br>2. No |
| F2 | Does this household have access to garden for growing vegetables and crops? | 1. Yes<br>2. No **(go to F7)** |
| F3 | If yes, what different variety of vegetables and crops are you growing in the garden?<br><br>**Ask for names please.** | Name the vegetables and crops<br>1. _____<br>2. _____<br>3. _____<br>4. _____ |
| F4 | In 2017, can you remember what different variety of vegetables and crops you were growing at that time? | Name the vegetables and crops<br>1.<br>2. _____<br>3. _____<br>4. _____ |
| F5 | In the past three years, is there a change in the volume of crops and vegetables production in your household?<br>**Multiple options** | 1. Remained unchanged for both<br>2. Increased for crops<br>3. Increased for vegetables<br>4. Decreased for crops<br>5. Decreased for vegetables |
| F6 | What can be the reason behind this change?<br><br>**Options are not be read - Multiple options** | 1. Increase in awareness on diverse crops production<br>2. Received seeds from seed banks<br>3. Food fairs (to grow nutritious food)<br>4. Attended demonstrations on crop production (for improved agricultural practices)<br>5. COVID-19<br>6. Drought<br>7. Cyclone/Floods<br>8. Gain/loss of labour<br>9. Others (Specify): ____________________ |
| F7 | In 2017, can you remember how many animals your household possessed at that time?<br><br>**Multiple options** | 1. Milk Cows or Bulls ____________________<br>2. Other Cattle ____________________<br>3. Horses, Donkeys or Mules _______________<br>4. Goats ______________________<br>5. Sheep ____________________<br>6. Chickens ____________________<br>7. Pigs __________________ |

[215] Question F1 – F3 taken from baseline questionnaire (6.1- 6.3)

| | | |
|---|---|---|
| | | 8. Turkeys ________________<br>9. Guinea Fowls _________________<br>10. Rabbits ________________________ |
| F8 | How many animals your household has now? | 1. Milk Cows or Bulls<br>____________________<br>2. Other Cattle ____________________<br>3. Horses, Donkeys or Mules<br>______________<br>4. Goats ______________________<br>5. Sheep ___________________<br>6. Chickens ____________________<br>7. Pigs __________________<br>8. Turkeys ________________<br>9. Guinea Fowls _________________<br>10. Rabbits ________________________ |

## MODULE G: FOOD SECURITY (HDDS)[216]

| Q # | Question | | Answer | |
|---|---|---|---|---|
| G1 | How many meals did the members in your household aged 5yrs and above eat yesterday?<br>**(Number of meals)** | | ___________ | |
| G2 | Is this the usual number of meals these members have in a day? | | 1. Yes<br>2. No | |
| G3 | Over the last seven days, how many days did your household consume the following food items and what was the main source of each food item? How were these foods were acquired?<br>**(ask each food category, mark the main source of how did the respondent source that food, and whether it was consumed in the last 24 hours)** | | | |
| | | Number of days eaten in past 7 days<br>**(If 0 move to next food item)** | What was the main source of food for the past 7 days?<br>1 = Own production<br>2 = Purchases (cash and barter)<br>3 = Remittance from Outside Zimbabwe<br>4 = Remittances from Within Zimbabwe<br>5 = Government Food Assistance (In-kind, cash or vouchers)<br>6= Non-State Agencies Food Assistance (In-kind, cash or vouchers)<br>7= Gifts (from non-relative well-wishers)<br>8 = Labour exchange<br>9= Borrowed<br>10 = Hunting and gathering from wild<br>11 = Gleaning<br>12= Other…………<br>99=NA | Did your household consume the following food items yesterday (breakfast, lunch, dinner? |
| | Cereals and grain | | | 1. Yes<br>2. No |

[216] Questions taken from ZimVac.

| | | | | |
|---|---|---|---|---|
| | Roots and tubers | | | 1. Yes<br>2. No |
| | Pulses | | | 1. Yes<br>2. No |
| | Vegetables | | | 1. Yes<br>2. No |
| | Fruits | | | 1. Yes<br>2. No |
| | Meat | | | 1. Yes<br>2. No |
| | Eggs | | | 1. Yes<br>2. No |
| | Milk and other dairy products | | | 1. Yes<br>2. No |
| | Oil/ fat/ butter | | | 1. Yes<br>2. No |
| | Sugar, or sweet | | | 1. Yes<br>2. No |
| | Condiments/ spices | | | 1. Yes<br>2. No |

## MODULE H: COMMUNICATION COMPONENT

| Q# | Question | Response options |
|---|---|---|
| H1 | Are there any community care groups (of pregnant and lactating mothers, fathers/men, and older women) in your village/community that works on nutrition and food security issues? | 1. Yes<br>2. No |
| H2 | Did you receive any message/s about nutrition and food security in past 12 months? | 1. Yes<br>2. No **(Go to H4)** |
| H3 | What was the source of these messages?<br><br>**Do not read the options. Mark multiple** | 1. Village health worker<br>2. Traditional/Community leaders<br>3. Care groups<br>4. Agriculture Extension Officer<br>5. Partner / Head of Household<br>6. Family member<br>7. Neighbours<br>8. Radio<br>9. Others (specify)___________ |
| H4 | Which source of information do you trust/prefer the most?<br><br>**Do not read the options. Mark one** | 1. Village health worker<br>2. Traditional/Community leaders<br>3. Care group<br>4. Agriculture Extension Officer<br>5. Partner / Head of Household<br>6. Family member<br>7. Neighbours<br>8. Radio<br>9. Others (specify):__________ |
| H5 | In your opinion, are you more aware (now in comparison to a year or more earlier), about types of food that you (as a mother) should eat to meet your dietary requirements? | 1. Yes<br>2. No |

| H6 | In your opinion, are you more aware (now in comparison to a year or more earlier), about types of food that you should make your children (U5) eat to meet their dietary requirements? | 1. Yes<br>2. No |
|---|---|---|

## CONCLUSION

Thank the participant for her time and close the survey.

## Appendix 10a: Telephone Survey Tool (Shona)

**Cherechedza:**

**Pachi pamwe. Tambokurukura munguva pfupi yapfuura, zita rangu ndini____________________ uye ndinoshandira Jimat Development Consultants pachirongwa ne zvehutano chirikuitwa neUNICEF Zimbabwe pamwe chete neFAO. Tirikuita ongororo padzinhare tichibvunza vagary vemisha maererano nekudya kwakanaka kunehutano. Ndichatora nguva inokwana maminetsi makumi maviri ndichikubvunzai mibvunzo.**

HH ID : Nhamba inonongedza musha ___________

Questionnaire ID : ___________

### CHIKAMU A : ZVINONONGEDZA/RATIDZA MUSHA

| Q # | Mibvunzo | Mhinduro |
|---|---|---|
| A1 | Zuva retsvakurudzo | DD / MO / YYYY: __ / __ / 2021 |
| A2 | Zita reakuita tsvakurudzo | |
| A3 | Dunhu guru | 1. Manicaland<br>2. Masvingo |
| A4 | Dunhu diki | 1. Chipinge<br>2. Chiredzi<br>3. Mutasa<br>4. Mwenezi |
| A5 | Nhamba yewadhi | |
| A6 | Zita renharaunda | |
| A7 | Kwariri | 1. Kumusha<br>2. Mudhorobha |

### CHIKAMU B : ZVINGADA KUZIVIKAMWA PAMUSORO PEMUSHA/PAMBA

| Q # | Mubvunzo | Mhinduro |
|---|---|---|
| B1 | Zita: | ____________________ |
| B2 | Pane vana vari pasi pemakore mashanu pamusha uno? | 1. **Hongu**<br>2. **(chirega kuendera mberi neongororo )** |
| B3 | Mune makore mangani?(**makore akazara)** | ____________________ |
| B4 | Mune hukama hupi nasamusha?<br><br>**(Usaverenga sarudza mhinduro imwe chete)** | 1. Samusha<br>2. Mudzimai<br>3. Mwanasikana<br>4. Muroora<br>5. Muzukuru<br>6. Amai<br>7. Hapana hukama<br>8. Zvimwe (Tsanangura):________________ |
| B5 | Munotenda muchitendero chipi?<br><br>**(Usaverenga sarudza mhinduro imwe chete)** | 1. MuRoma<br>2. Purositendi<br>3. Chipendekositi<br>4. Chipostori<br>5. Zioni<br>6. ChimweChitendero<br>7. Chivanhu<br>8. Handina chitendero |

| | | |
|---|---|---|
| | | 9. Zvimwe (Tsanangura)_______________<br>99. Aramba kupindura |
| B6 | Makamira papi panyaya dzewanano?<br><br>**(Usaverenga sarudza mhinduro imwe chete)** | 1. Ndichiri muwanano<br>2. Akafirwa<br>3. Vakarambana<br>4. Havasiri pamwechete<br>5. Hasati awanikwa/ ana kuva muwanano<br>6. Zvimwe (Tsanangura)__________________<br>99. Aramba kupindura |
| B7 | Makadzidza kusvika pagwaro ripi?<br><br>**(Usaverenga sarudza mhinduro imwe chete)** | 1. Kukireshi/kana hapana<br>2. Puraimari<br>3. Sekondari<br>4. Zvidzidzo zvepamusoro<br>99. Aramaba kupindura |
| B8 | Vana vangani vanogara pamusha uno vari pasi pemakore mashanu? | 1. Vakomana (nyora nhamba)<br>2. Vasikana ( Nyora nhamba) |
| B9 | Vana ava ndevenyu here kana kuti muri muchengeti / mutariri wavo?<br><br>**(Usaverenga sarudza mhinduro imwe chete)** | 1. Vana vako **(enda pa B11)**<br>2. Muchengeti/mutariri<br>3. Kusabuda pachena **(Enda pa B11)** |
| B10 | Ndehupi hukama hwenyu nevana?<br><br>**(Usaverenga, sarudza mhinduro imwe chete)** | 1. Amai<br>2. Mbuya<br>3. Vatate<br>4. Sisi<br>5. Zvimwe (Tsanangura):________________ |
| B11 | Pamba penyu pane akaremara here? | 1. Hongu<br>2. Kwete |
| B12 | Munowana mari yakawanda zvakadii pamwedzi wega wega? (Mari yemuZimbabwe) | |
| B13 | Nyora pazasi apa vana vane (mwedzi makumi mashanu nemipfumbabwe/59) vanogaro mumba menyu. | |

| Nhamba Yemwana | Munhui | Zera remwana (mumwedzi) | Mwana uyu akaremara kana Anorwara nepfungwa |
|---|---|---|---|
| 1 | | | 1. Hongu<br>2. Kwete |
| 2 | | | 1. Hongu<br>2. Kwete |
| 3 | | | 1. Hongu<br>2. Kwete |
| 4 | | | 1. Hongu<br>2. Kwete |
| 3 | | | 1. Hongu<br>2. Kwete |

## CHIKAMU C: CHIKAMU CHEVANA VANE MWEDZI MITANHATU KUSVIKA MAKUMI MAVIRI NEMATATU VARIKUDYA CHIKAFU CHINEKUDYA KUNOVAKA KWAKASIYANA-SIYANA (MDD-VANA)[217]

Tarisa QB29- Bunza chikamu ichi kana mumba umu mune vana vane mwedzi mitanhatu kusvika makumi maviri nematatu (6-23).

| Q# | Mubvunzo | Mhinduro |
|---|---|---|
| Parizvino , ndichakudomerai zvimwe zvikafu mondiudzawo kana mwana wenyu makamupa mumaawa makumi maviri nemana apfuura( Izvi ndezvevana vari pakati pemwedzi mitanhatu kusvika | | |

[217] Questions taken from Programme baseline (2.7 - .2.9).

| makumi maviri nematatu **( Ndapota , makayi pane chimwe nechimwe chikafu kana mupinduri akapa mwana mumaawa makumi maviri nemana apfuura)** | | |
|---|---|---|
| C0 | Zera remwana? | 1. ___________ mwedzi |
| C1 | Mazamu | 1. Hongu<br>2. Kwete |
| C1a | Mwana akayamwiswa kangani mumaawa makumi maviri apfuura? | 1. Poshi<br>2. Piri<br>3. Tatu<br>4. Ina<br>5. Zvimwe (Tsanangura):_________________ |
| C2 | Tsanga, midzi, zvicherwa (zvakaita sesadza, bota, mbambaira, mbatatisi, mupunga, nechingwa) | 1. Hongu<br>2. Kwete |
| C3 | Nzungu nenyemba (zvakaita sebhinzi, nyemba, nzungu, nedovi) | 1. Hongu<br>2. Kwete |
| C4 | Chikafu chinogadzirwa nemukaka (mukaka, yogati, chizi, mukaka wakakora, bhata) | 1. Hongu<br>2. Kwete |
| C5 | Chikafu chenyama (Nyama, hove, huku) | 1. Hongu<br>2. Kwete |
| C6 | Mazai | 1. Hongu<br>2. Kwete |
| C7 | Chikafu chakapfuma ne Vitamin A nemiriwo (Spinachi, mbambaira yeruvara rweorenji, makarotsi, manhanga, chibage cheyero, mango, nemapopo) | 1. Hongu<br>2. Kwete |
| C8 | Mimwe miriwo nemichero (mabanana, matomatisi, mavise, magaka, korifurawa, derere) | 1. Hongu<br>2. Kwete |
| C9 | Mwana wenyu akadya kangani mumaawa makumi maviri nemana apfuura? | 1. Kamwe chete<br>2. Kaviri<br>3. Katatu<br>4. Kana<br>5. Zvimwe (Tsanangura |
| C10 | Iye (zita remwana) akawana zvekudya zvishoma zvinotarisirwa (zvakaomarara, zvakaoma zviri pakati nepakati, kana zvakapfava) **vacheche vane mwedzi mitanhatu kusvika misere vanoyamwiswa vanoda kudya kungangoita kaviri pazuva.**<br>**Vacheche vane mwedzi mipfumbamwe kusvika makumi maviri nemitatu vanoyamiswa vanoda kudya kungangoita katatu pazuva.**<br>**Vacheche vane mwedzi mitanhatu kusvika makumi maviri nemitatu vasinga chayamwi vangangoda kudya kana pazuva.** | 1. Hongu<br>2. Kwete |

## CHIKAMU D : KUDYA KUNO GAMUCHIRWA KWEVANA VARI PASI PEMAKORE MASHANU[218]

**Noyevero:** Chikamu chino chemibvunzo chinofanirwa kubvunzwa kuvanhu vose

| Q# | Mibvunz0 | Mhinduro |
|---|---|---|
| Ndapota nyorai kana kundipa zita rechikafu chamakapa mwana ane mwedzi makumi maviri nemina kusvika makumi mashanu nemipfumbamwe mumaawa makumi maviri nemana apfuura. **Terera ari kupindura wobva wamaka chikwata chechikafu chiri kutaurwa nemupinduri. Mupinduri anokwanisa kutadza kusarudza chikafu chiri muchikwata chimwe chete iwe sarudza kuti mupinduri akureva chikwata chipi chechikafu .Imhinduro dzakawanda dzirikupinda muchikamu ichi , zvichireva kuti mupinduri anogona kudoma zvikwata zvechikafu zvinopfuura chimwe chete.** | | |
| D1 | Tsanga, midzi nezvimwe zvino cherwa | 1. Hongu<br>2. Kwete |
| D2 | Nyemba ne nzungu | 1. Hongu<br>2. Kwete |
| D3 | Chikafu chenyama(nyama, hove, huku, chiropa/nyama yemukati, ) | 1. Hongu<br>2. Kwete |
| D4 | Mazai | 1. Hongu<br>2. Kwete |
| D5 | Michero yakapfuma neVitamin A nemiriwo (semango,mavise,magrapes matsvuku,popo,maapirokoti,makarotsi,mbambaira sipinachi) | 1. Hongu<br>2. Kwete |
| D6 | Mimwe michero nemiriwo | Tsanangura ______________________ |

## CHIKAMU E : KUDYA KWEMADZIMAI KWAKASIYANA-SIYANA[219]

**Note:** Cherechedza: Ichi chikamu chemubvunzo chinofanira kubvunzwa kubva kune vese vakapindura

| Q# | Mibvunzo | Mhinduro |
|---|---|---|
| Parizvino, ndipeiwo mhinduro pamusoro pezvokudya zvamakawana mumaawa makumi maviri nemana apfuura.Torai nguva yenyu kurangarira izvi . **Terera mupinduri wobva wamaka chikwata chechikafu chaari kutaura. Mupinduri anokwanisa kutadza kusarudza chikafu chiri muchikwata chimwe chete iwe sarudza kuti mupinduri akureva chikwata chipi chechikafu. Imhinduro dzakawanda dzirikupinda muchikamu ichi , zvichireva kuti mupinduri anogona kudoma zvikwata zvechikafu zvinopfuura chimwe chete.** | | |
| **E1** | Tsanga, midzi zvicherwa. | 1. Hongu<br>2. Kwete |
| **E2** | Mhando dzenyemba | 1. Hongu<br>2. Kwete |
| **E3** | Nzungu nemhodzi | 1. Hongu<br>2. Kwete |
| **E4** | Zvinogadzirwa nemukaka | 1. Hongu<br>2. Kwete |
| **E5** | Nyama, huku, nehove | 1. Hongu<br>2. Kwete |
| **E6** | Mazai | 1. Hongu<br>2. Kwete |
| **E7** | Miriwo inemashizha akasvibira (mobocrat, sipinachi) | 1. Hongu<br>2. Kwete |
| **E8** | Michero yakapfuma neVitamin A nemiriwo (semango,mavise,magrapes | 1. Hongu<br>2. Kwete |

[218]https://apps.who.int/iris/bitstream/handle/10665/44306/9789241599290_eng.pdf;jsessionid=52B9CD8A87EA9D72860CB8FFB8E77C6E?sequence=1
[219] http://www.fao.org/3/a-i5486e.pdf

| | | |
|---|---|---|
| | matsvuku,popo,maapirokoti,makarotsi,mbambaira sipinachi) | |
| **E9** | Mimwe miriwo | **(Tsanangura)** |
| **E10** | Mimwe michero | **(Tsanangura)** |

## CHIKAMU F: NZIRA DZAMUNO SHANDISA PAKURIMA220

| Q. # | Mibvunzo | Mhinduro |
|---|---|---|
| F1 | Munezvamunoisa here muzviyo nemhando dzenyemba dzenyu musati madzichengetedza? | 1. Hongu<br>2. Kwete |
| F2 | Mune bindu ramunorima miriwo here? | 1. Hongu<br>2. **Kwete (Enda pa G7)** |
| F3 | Kana vati hongu , ndeipi mhando yemiriwo yakasiyana siyana yamuri kudzvara mubindu renyu.<br><br>**Ndapota bvunza mazita.** | Doma ziita remiriwo<br>1. ______<br>2. ______<br>3. ______<br>4. ______ |
| F4 | Mugore ra2017, muchiri kurangarira kuti ndeipi mhando yemiriwo yakasiyana siyana yamaiwana munguva yacho. | Doma zita remiriwo<br>1. ______<br>2. ______<br>3. ______<br>4. ______ |
| F5 | Mumakore matatu akapfuura, pane zvachinja here muuwandu hwezvirimwa kana miriwo yamaiwana mumba menyu? | 1. Hapana chakachinja<br>2. Zvakachinja<br>3. Zvakaderera |
| F6 | Chii chingava chakakonzera shanduko iyi?<br><br>**Mhinduro dzakawanda** | 1. kweruzivo rwekugadzira mhando dzembeu dzakasiyana siyana<br>2. Kupiwa mbeu kubva kumabhanga evanouchika mbeu<br>3. Kuzviratidzwa zvechikafu(kurima chikafu chino vaka hutano)<br>4. Kuenda kumisangano inoratidza nzira dzekurima mbeu(kuvandudza nzira dzekurima)<br>5. Chirwere che Covid -19<br>6. Njodzi dzinongoitika dzoga<br>7. Zvimwe (Tsanangura)____________________ |
| F7 | Mugore ra2017, muchiri kuyeuka kuti mumba menyu maiva nezvipfuyo zvingani munguva yacho ?<br><br>**Mhinduro dzakawanda** | 1. Mombe<br>2. Mbudzi<br>3. Hwai<br>4. Nguruve<br>5. Huku<br>6. Zvimwe (Tsanangura)________________ |
| F8 | Mune zvipfuyo zvingani mumba menyu? | 1. Mombe<br>2. Mbudzi<br>3. Hwai<br>4. Nguruve<br>5. Huku<br>6. Zvimwe ( Tsanangura)________________ |

## CHIKAMU G: FOOD SECURUTY (HDDS)[221]

| Q # | | Minbunzo | Mhinduro |
|---|---|---|---|

[220] Question G1 – G3 taken from baseline questionnaire (6.1- 6.3)
[221] Questions taken from ZimVac.

<table>
<tr><td>G1</td><td colspan="2">Mhuri yenyu yamunogara nayo ine makore mashanu zvichienda mberi yakakwanisa kuwana kudya kangani nezuro.( Nhumba yekudya kwavakaita)</td><td colspan="2">____________</td></tr>
<tr><td>G2</td><td colspan="2">Ndiwo here huwandu hwechikafu hwunowanzowanikwa nemhuri yanyu pazuva?</td><td colspan="2">1. Hongu<br>2. Kwete</td></tr>
<tr><td rowspan="10">G3</td><td colspan="4">Mumazuva manomwe adarika, mazuva mangani vanhu vamunogara navo pavakadya mhando yekudya inotevera uyezve kudya uku mainyanyo kuwanepi? Kudya uku kwaiwanikwa nenzira dzipi?<br>(Bvunza chikwata chechikafu, maka kunonyanyo wanikwa kuti mupinduri akawana kupi , uye chakadyiwa mumaawa makumi maviri nemanomwe apfuura.</td></tr>
<tr><td></td><td>Uwandu hwemazuva amakadya pamazuva manomwe apfuura (kana pasina enda pachikafu chinotevera)</td><td>Chikafu chenyu chizhinji chaibvepi pamazuva manomwe apfuura<br>1 = Zvamunorima mega<br>2 = zvamunotenga (nemari kana hinjana nezvimwe)<br>3 = Kutumirwa kubva kunze kwe Zimbabwe<br>4 = Kutumirwa kubva muno muZimbabwe<br>5 = Rubatsiro kubva ku hurumende (chikafu,mari kana mavoucha)<br>6= Rubatsiro runobva kumasangano asiri ehurumende(chikafu, mari kana mavhaucha)<br>7= Zvipo (Zvisingabve kuhama)<br>8 = Kushanda<br>9= kukwereta<br>10 = Kuvhima nekutsvaga michero musango<br>11 = Kuunganidza<br>12= Zvimwe…………<br>99=NAN/A</td><td>Mhuri yako yakadya zvinotevera here mangwanani,masikati kana manheru?</td></tr>
<tr><td>Zvirimwa zvinopa tsanga sezviyo, chibage</td><td></td><td></td><td>1. Hongu<br>2. Kwete</td></tr>
<tr><td>Midzi nezvicherwa</td><td></td><td></td><td>1. Hongu<br>2. Kwete</td></tr>
<tr><td>Mhando dzenyemba</td><td></td><td></td><td>1. Hongu<br>2. Kwete</td></tr>
<tr><td>Miriwo</td><td></td><td></td><td>1. Hongu<br>2. Kwete</td></tr>
<tr><td>Michero</td><td></td><td></td><td>1. Hongu<br>2. Kwete</td></tr>
<tr><td>Nyama</td><td></td><td></td><td>1. Hongu<br>2. Kwete</td></tr>
<tr><td>Mazai</td><td></td><td></td><td>1. Hongu<br>2. Kwete</td></tr>
<tr><td>Mukaka nezvimwe zvinogadzirwa nemukaka</td><td></td><td></td><td>1. Hongu<br>2. Kwete</td></tr>
</table>

| | | | | |
|---|---|---|---|---|
| | Mafuta/Ruomba | | | 1. Hongu<br>2. Kwete |
| | Tsvigiri kana zvinotapira | | | 1. Hongu<br>2. Kwete |
| | Zvekubikisa zvinonhuwira | | | 1. Hongu<br>2. Kwete |

## CHIKAMU H ZVEKUFAMBISWA KWEMASHOKO

| Q# | Mibvunzo | Mhinduro |
|---|---|---|
| H1 | Iripo here mibatanidzwa yenharaunda inoona(nezvanamai vakazvitakura nevanoyamwisa, vanhurume, nemadzimai achembera) vanoshanda nezvekudya kunovaka muviri nekuchengetedzeka kwechikafu.? | 1. Hongu<br>2. Kwete |
| H2 | Makagamuchira mashoko pamusoro pekudya kunovaka muviri nekuchengetedzeka kwechikafu mumwedzi gumi nemivri yapfuura? | 1. Hongu<br>2. **Kwete ( Enda pa J8)** |
| H3 | Mashoko/mameseji aibva kupi?<br><br>**Nyora mhinduro dzose dzataurwa** | 1. Vanoona nezvehutano munharaunda<br>2. Vatungamiri vechinyakare<br>3. Care group Chikwata chevanopa rubatsiro<br>4. Mudhumeni/murimisi<br>5. Mumwe wangu/Samusha<br>6. Vehukama<br>7. Vavakidzani<br>8. Wairesi<br>9. Zvimwe (Tsanangura)___________ |
| H4 | **Ndeipi nzira yamunovimba nayo/kana yaungada pane dzimwe?**<br><br>**Nyora imwe chete** | 1. Vanoona nezvehutano munharaunda<br>2. Vatungamiri vechinyakare<br>3. Chikwat chevanopa rubatsiro<br>4. Mudhumeni/murimisi<br>5. Umwe wangu/samusha<br>6. Vehukama<br>7. Vavakidzani<br>8. Radio Wairesi<br>9. Zvimwe (Tsanangura):__________ |
| H5 | Semaonero enyu, munoziva here (takatarisa parizvino kusvika gore rinouya), mhando yechikafu imi (saamai) ingadiwa kudya mumuviri menyu. | 1. Hongu<br>2. Kwete |
| H6 | Semaonero enyu, munoziva here (takatarisa parizvino kusvika gore rinouya) mhando yechikafu yamunofanirwa kupa mwana wenyu (ari pasi pemakore mashanu) kuti adye akwanise? | 1. Hongu<br>2. Kwete |

## MAGUMO

Tenda mupinduri nenguva yake nekupedza ongororo.

## Appendix 11: Telephone Survey Details

For quantitative data collection, the Evaluators conducted a telephone survey to assess Programme's achievement in outcome level indicators including:

1. Proportion of women of reproductive age consuming a minimum dietary diversity.
2. Proportion of children 6-23 months consuming a minimum dietary diversity (MDD-children).
3. Proportion of children under five years receiving minimum acceptable diet.
4. Proportion of food secure households.
5. Proportion of households growing new, nutritious crops and small livestock.

The details around sampling and contents of the survey are as follows:

The telephone survey was administered with the respondent who is a mother (aged 15-49 years) with at least one under-five child. Although initially the evaluators proposed to collect data from 741 households, due the change in modality and the complexities to administer a telephone survey, the sample was reduced to 394 households (or respondents) in four districts. This sample is generated with a 95% Confidence Interval (CI) and ±5% Margin of Error[222]. The revised sample distribution is mentioned below:

| Province | Districts | Total Women Population (15-49) | Sample Size |
|---|---|---|---|
| Manicaland | Chipinge | 72,273 | 124 |
| | Mutasa | 41,971 | 90 |
| Masvingo | Mwenezi | 39,569 | 72 |
| | Chiredzi | 67,384 | 108 |

UNICEF shared a database which included contact details of lead mothers and village health workers. Through snowball sampling, the local partner (Jimat Development Consultants) used these individuals (including village/community heads, health workers, lead mothers) to help in identification of potential respondents in selected villages.

The original household survey questionnaire was designed to assess seven Programme indicators[223]. However, due to the changes in modality, two indicators were taken out (one on breastfeeding and the other one on WASH). This allowed the evaluators to trim the household survey questionnaire to include questions for those indicators which reduced the time to complete the interview. Keeping in line with best practices around telephone surveys[224], AAN kept the interview duration to 20=25 minutes per respondent. The questionnaire was piloted with 10-15 persons to ensure the wording is clear and to check the time the survey takes in case it needs to be further shortened. The pilot helped the evaluators to establish the response rate and aided us in calculating the sample frame needed to reach 394 responses.

[222] https://www.surveysystem.com/sscalc.htm
[223] 1. Proportion of women of reproductive age consuming a minimum dietary diversity, 2. Proportion of children 6-23 months consuming a minimum dietary diversity (MDD-children), 3. Proportion of children under 6 months who are exclusively breastfed, 4. Proportion of children under five years receiving minimum acceptable diet, 5. Proportion of food secure households, 6. Proportion of households practicing basic WASH - Water, Sanitation and Hygiene, 7. Proportion of households growing new, nutritious crops and small livestock.
[224] https://www.betterevaluation.org/en/evaluation-options/telephone_questionnaires

## Appendix 12: KII Guides

### Key Informant Interview – National Level Interviews

Good Morning/Afternoon/Evening! Hi, my name is _________________________ and I work with AAN Associates, Pakistan. These are my colleagues' __________ (moderator to introduce the other member(s) present and their role in the interview). On behalf of UNICEF Zimbabwe and FAO, we are conducting an Evaluation of the Accelerated Community Actions for Reducing Stunting in Zimbabwe. As part of data collection and taking into account the key role of your office/department/section, we would like to do an interview from you for this evaluation, in which we will ask you various questions on the Programme). We hope that you will allow us to interview you for this evaluation. As UNICEF and FAO staff with direct knowledge of the Programme, your inputs are important to us and we would very much appreciate your uninterrupted availability for this interview.

The information that you will share will be used to synthesize evaluation findings and recommendations. The evaluation findings and recommendations will help UNICEF and FAO to better plan and implement this Programme. This will also enable UNICEF/FAO to revisit its current strategies and future plans to support Government of Zimbabwe (MOHCC, FNC, MLAWCRR) for improving and strengthening food and nutrition services. The interview should take an hour to complete.

Your participation for this interview is voluntary. If we ask you any questions you don't want to answer, let us know and we will go on to the next question. You can also stop the interview at any time.

This conversation will be recorded on tape, so that we do not miss any of your comments. Please be assured that the information you provide will be kept confidential and will not be shared with anyone other than the evaluation team members. Your responses will also be kept anonymous and not tied back to you in anyway.

Do you have any questions about the evaluation or the interview at this time?

May I begin the interview now?

**INTRODUCTORY QUESTIONS**

1. Could you describe your position and role in the organization?
    a. How long have you been in the current role? What was your previous role (only ask if the person is newly appointed)?
    b. Were you directly involved in Programme design and/or implementation? What was your role?

**RELEVANCE**

2. Prevalence of stunting remains high in Zimbabwe, what was the situation back in 2017?
    a. In your view what were the key reasons for stunting in U5, please elaborate? Why stunting is higher in boys as compared to girls?
    b. Were these four districts the lowest performing districts?
    c. Do you think any other district should have been selected and why?
    d. Please refer us some reliable secondary sources to verify the numbers and reasons.

3. Prevalence of malnourishment (women) is high in Zimbabwe, what was the situation back in 2017?
    a. Please refer us some reliable secondary sources to verify national average and for four target districts.
    b. Were these districts the lowest performing districts?
    c. In your view what are the key reasons for women of reproductive age's malnourishment, please elaborate?

4. Food insecurity is a chronic issue in high in Zimbabwe, what was the situation back in 2017?
    a. In your view what are the key reasons for household food insecurity, please elaborate?
    b. Please refer us some reliable secondary sources to verify the numbers and reasons.

5. In your view, what were (back in 2017 and current) policy priorities of Government of Zimbabwe (relevant ministries and departments like health) to address food insecurity, malnutrition in women of reproductive age (15-49) and stunting U5?
    a. Please elaborate and refer us the secondary sources we should look into?

6. Are you aware of ACARS objectives and interventions? Please share your thoughts how these objectives and interventions of GoZ (FNC, MOHCC, MLAWCRR) for food security, nutrition (of women of reproductive age) and stunting (U5) overlap with those of ACARS?
    a. Would appreciate more specific references to how you see the overlaps?
    b. Do you see if ACARS objectives and interventions contradict the objectives and interventions of GOZ, please elaborate and make clear reference?

7. Are you aware of national/subnational assessment/s carried out (by the Programme or other actors) around food insecurity, malnutrition in women of reproductive age and stunting (U5)?
    a. Did those assessment/s identify economic, social, political, and institutional capacity (of public agencies) factors/reasons behind these problems?
    b. Please elaborate and make specific references and refer us to the assessment/s?
    c. In your view, how did ACARS interventions design and implementation address/incorporate those underlying reasons, please elaborate?
    d. Can you share if there are any reasons that have not been addressed by ACARS interventions, please elaborate?

8. In your view, what has changed in the operating context since 2017– in terms of social, economic, political, institutional, emergency, etc. and how did these affect the Programme?
    a. In your view how did Programme respond to these changes?
    b. Please share any specific examples where Programme interventions and implementation modalities may have changed? **Probe:** Especially in light of the elections of 2018, Cyclone Idai and droughts. Please share evidence of changes made.
    c. Please do share your thoughts if those changes helped address the changes in the context (ask for level of satisfaction – as timely and appropriate)?
    d. **Only from UNICEF and FAO:** The ROM report made some suggestions, were the suggestions incorporated in the Programme design? If not, why not? If yes, the interventions have not been changed in the programme reports, can you provide us additional documents to validate these changes?

**COHERENCE**

9. Please share with us the background about the partnership between FAO and UNICEF for this Programme?
    a. What brought the two agencies to form partnership for this?
    b. What are the roles of two partners, please elaborate?
    c. Please share with us what are different oversight/management and coordination mechanisms (forums, groups, committees) been formed between UNICEF-FAO for this Programme?
    d. How are these working, share instances where these joint mechanisms may have helped with delivery of Programme interventions?
    e. Are there areas for improvement for this UN inter-agency coordination between UNICEF-FAO, and what you suggest should be done (actions to be taken) to improve this partnership and how would it benefit the Programme?

10. Are there any Programme interventions that were supported by other divisions/units/sections in your organization?
    a. Please give us specific instances/interventions where other divisions/units/sections may have supported the implementation?
    b. How did it benefit the Programme (cost and time reduction, quality etc)?
    c. Can you share any evidence to support your claim? Are you satisfied with support you received internally?

   d. **Probe:** The progress reports mention involvement of WFP in Mutasa, can you tell me more about how WFP was involved and also share documents to validate their involvement.

11. Did your organisation (including Programme) undertake/support any stakeholders mapping exercise to know who is doing what and where?
    a. If yes, did your organisation/Programme use the results to form partnerships with other stakeholders working on nutrition, stunting and food security?
    b. Please refer the interventions implemented with other actors and what results been produced? Please do share supporting evidence.

12. Are you aware of any national and international Programming norms and standards around nutrition (stunting and women of reproductive age), food security?
    a. Please share more about those.
    b. In your view, if ACARS interventions followed those norms and standards, please be specific and share supporting evidence?

13. Are you satisfied with the level of coherence (joint implementation internally and externally) achieved by the Programme?
    a. Please outline any gaps and weaknesses in coherence and how could these be improved in future?

14. Can you identify Programme interventions which may have helped with bringing communities (care groups formed, existing community groups strengthened etc) in contact with/closer to the public agencies (MoH, MOA in particular)?
    a. What was done and how did it help to bridge the communities with public sector representatives?
    b. How did these interventions help communities and the public agencies?
    c. Are there any areas of improvement, what are those and what should be done to address bridging gap between communities and public agencies?

15. What are the new services that have been added to the mandate of Agriculture Extension Workers and Health Workers and how are they benefitting communities?
    a. Do you see that that communities are now more engaged with these workers and is that because of the Programme?

**EFFECTIVENESS**

16. In your view what the most significant achievements of the Programme vis a vis stunting reduction, malnutrition of women of reproductive age and household food security?
    a. In your view has Programme been achieve the intended outputs and outcomes?
    b. **Probe for UNICEF**: Some targets and indicators were changed; can you share why?
    c. Are there any outputs and outcomes that Programme could not achieve (partly or fully), what are the reasons for low achievements?
    d. What are the most significant un-intended results (positive and negative) that Programme was able to achieve or contribute to?
    e. Who benefitted (or otherwise) from these unintended results?

17. In your views, what are some of the key enabling factors which helped the programme in implementation, management and delivering results: **Probe**: Ask for internal and external factors.

18. In your views, what are some of the factors which hindered the programme progress and achievements of results? **Probe**: Ask for internal and external factors.

19. How were the hindering factors addressed during Programme implementation?

a. **Probe**: change of implementation strategy, change of targets, change of results, change of key Programme stakeholders' responsibilities, elections, changes in leadership, emergencies.

20. What were some of the key innovative practices/models adopted by the Programme for implementation, M&E, and reporting purposes?
    a. **Probe:** partnership, national level coverage, establishment of community groups, real time monitoring, technology use for monitoring, etc.

21. What results have been produced by these innovative practices and for whom?
    a. What are the underlying reasons for success (or otherwise) for these innovative practices or models?
    b. Can these be improved, please elaborate how?

22. How does the Programme conduct its monitoring?
    a. Who is responsible for it? What is the frequency? Are there any monitoring tools that you can share with us?
    b. How have you used these monitoring results for decision making?

**EFFICIENCY**

23. In your view, did the Programme have had sufficient resources (human, financial, and technical) to achieve the intended results? Please share the budget/expense sheets with us.
    a. If not sufficient, did the Programme ask for additional resources? And did the programme receive them? If not, why?
    b. **Probe for UNICEF/FAO:** How many positions/people are charged to the Programme?
    c. Did the Government make any financial or in-kind contribution? Can you share evidence/breakdown with us?

24. What was the criteria/approach to distribute resources across different components/outputs?
    a. Was inclusion (gender and marginalized/vulnerable group) a consideration for resource allocation (e.g., a community group with especially high stunting rate, specifically targeted for awareness raising campaigns and/or other interventions)?

25. What alternative approaches Programme has or could have adopted to save resources and produce the same desired results?
    a. Did the Programme undertake any cost-saving measures and of what type?
    b. **Probe:** Types of cost minimization approaches, results maximization approaches, success/failure of these approaches etc.

26. Please share with us how the monitoring and evaluation system worked of the Programme? What are the key parts of the system and responsibilities clearly defined? Has the Programme M&E system been able to:
    a. Trace and report Programme benefits for different groups including vulnerable (poorest, disable, women)? **Probe**: disaggregated data/indicators, results by gender, location, age, vulnerability etc.
    b. Helped Programme to be cost effective?
    c. Provide/inform Programme to make inform decisions for instance programme and financial adjustments?
    d. Areas for improvement and how could it be improved? **Probe:** ask for key examples when programme made key decisions from M&E findings/suggestions

27. What programmatic and financial adjustments programme has adopted to ensure use of resources as per work plan and produce intended results?
    a. Do think these adjustments proved well?

**IMPACT**

28. Do you think that the situation in stunting, food security and nutrition (especially for U5 year's children, PLW and reproductive age women) in Zimbabwe has changed over the past 3 years?
    a. Has Programme contributed to any other impact – social, environmental, economic for these groups? If yes, please elaborate

29. In your views, how did the Programme contribute to this changed situation?
    a. How did the Programme address the issue of stunting, food security and HH resilience? **Probe**: Type of improvement in these key issues, if no improvement, why it is the case?
    b. Are there any specific communities or groups for which the results are quite different? Who are these sub-groups? Why the results are different for these sub-groups?
    c. **Probe**: Progress reports mention a positive impact on women empowerment, school attendance and learning. Can these be validated by documents? If so, please share.

30. In your view, did Programme take action to mitigate the negative effects?
    a. Please elaborate?
    b. Please list those measures and how did they address the negative effects/impact?

**SUSTAINABILITY**

31. In your opinion, which of the Programme interventions and results are likely or unlikely will continue beyond Programme life/2020?
    a. In your views, what key factors are making the Programme results sustainable/unsustainable?
    b. What strategies/approaches do you think may have contributed to strengthen GoZ capacity to sustain Programme's interventions and results?

32. In your view, what additional capacities/measures are needed and could be done in the public sector (ministry of health, agriculture, FNC and GoZ) to sustain the Programme interventions and results?
    a. **Probe**: Taking ownership, adopting, and scaling the programme design/strategy, allocating more resources, develops public-private partnership etc.
    b. An Institutional review and exit strategy had to be developed to ensure long term sustainability, kindly share the document with us?
    c. How will this strategy ensure sustainability?

33. What are the additional social, cultural, political, and economic interventions need to be done to sustain benefits of the Programme, please elaborate?
    a. Would Programme supported coordination mechanisms at national and sub-national levels sustain if there is any shock or disaster in future?
    b. What would make them sustain or not sustain and what could be done to further improve their resilience.

34. In your view what interventions have been implemented by the Programme and capacities built in the communities to sustain Programme interventions and results? Please give examples.
    a. How are community representatives represented at the ward level?
    b. What additional capacities would communities need to sustain interventions and results?
    c. What should be done to build community capacities?
    d. What steps have been taken to add the element of sustainability.

**HRBA, Gender Equality and Equity**

35. Has the Programme been assessed with HRBA lens, such as enabling access to rights, balanced investments on services delivery improvement, focus on communities to raise awareness of entitlements and obligations and others?

a. How did Programme ensure compliance with HRBAP principles of: Participation, Accountability, Non-discrimination, Equality, Empowerment, and Legality? Can you share some evidence?

36. Was there any gender assessment to understand the context and address gender specific needs?
    a. How this assessment helped the programme in setting targets, allocating resources, and designing implementation and monitoring strategies?
    b. In your opinion, how effectively Programme focused on gender equality in the interventions and results?
    c. How did the programme ensure inclusion of different segments of the population including boys, girls, men, women, men, and disabled people?
    d. **Probe:** Stunting remains higher in boys, was this barrier addressed by the programme?

37. Did the Programme conduct an equity assessment to identify marginalized/vulnerable group and understand their food and nutrition needs?
    a. How was the Programme design and implementation informed to cater to the needs of the marginalized/vulnerable group?
    b. In your opinion, has the Programme contributed to the improving food and nutrition needs in vulnerable/marginalized communities? Any evidence to back this?
    c. Which Programme strategies/interventions may have contributed to this change?
    d. In your view, what are the main ongoing challenges faced by marginalized vulnerable groups in improving their food and nutrition needs?
    e. In your view, what should change in the future to determine and respond to these current needs of marginalized/vulnerable group? Kindly provide us with evidence.

**CLOSING QUESTIONS**

Do you want to add anything else about the Programme and things we discussed today?

**Informant Interview – District Level - Traditional Leaders and Health Facility Staff**

Good Morning/Afternoon/Evening! Hi, my name is ___________________________ and I work with AAN Associates, Pakistan. These are my colleagues' ___________ (moderator to introduce the other member(s) present and their role in the interview). On behalf of UNICEF Zimbabwe and FAO, we are conducting an Evaluation of the Accelerated Community Actions for Reducing Stunting in Zimbabwe. As part of data collection and taking into account the key role of your office/department/section, we would like to do an interview from you for this evaluation, in which we will ask you various questions on the Programme). We hope that you will allow us to interview you for this evaluation. As UNICEF and FAO staff with direct knowledge of the Programme, your inputs are important to us and we would very much appreciate your uninterrupted availability for this interview.

The information that you will share will be used to synthesize evaluation findings and recommendations. The evaluation findings and recommendations will help UNICEF and FAO to better plan and implement this Programme. This will also enable UNICEF/FAO to revisit its current strategies and future plans to support Government of Zimbabwe (MOHCC, FNC, MLAWCRR) for improving and strengthening food and nutrition services. The interview should take an hour to complete.

Your participation for this interview is voluntary. If we ask you any questions you don't want to answer, let us know and we will go on to the next question. You can also stop the interview at any time.

This conversation will be recorded on tape, so that we do not miss any of your comments. Please be assured that the information you provide will be kept confidential and will not be shared with anyone other than the evaluation team members. Your responses will also be kept anonymous and not tied back to you in anyway.

Do you have any questions about the evaluation or the interview at this time?

May I begin the interview now?

**INTRODUCTORY QUESTIONS**

1. Could you describe your role in this programme?
    a. How long have you been involved?

**RELEVANCE**

2. Prevalence of stunting remains high in Zimbabwe, what was the situation back in 2017?
    a. In your view what were the key reasons for stunting in U5, please elaborate? Why stunting is higher in boys as compared to girls?
    b. Were these four districts the lowest performing districts?
    c. Do you think any other district should have been selected and why?
    d. Please refer us some reliable secondary sources to verify the numbers and reasons.

3. Prevalence of malnourishment (women) is high in Zimbabwe, what was the situation back in 2017?
    a. Please refer us some reliable secondary sources to verify national average and for four target districts.
    b. Were these districts the lowest performing districts?
    c. In your view what are the key reasons for women of reproductive age's malnourishment, please elaborate?

4. Food insecurity is a chronic issue in high in Zimbabwe, what was the situation back in 2017?
    a. In your view what are the key reasons for household food insecurity, please elaborate?
    b. Please refer us some reliable secondary sources to verify the numbers and reasons.

**COHERENCE**

5. Can you identify Programme interventions which may have helped with bringing communities (care groups formed, existing community groups strengthened etc) in contact with/closer to the public agencies (MoH, MOA in particular)?
   a. What was done and how did it help to bridge the communities with public sector representatives?
   b. How did these interventions help communities and the public agencies?
   c. Are there any areas of improvement, what are those and what should be done to address bridging gap between communities and public agencies?

6. What are the new services that have been added to the mandate of Traditional Leaders/Health Workers and how are they benefitting communities?
   a. Do you see that that communities are now more engaged with leaders/workers and is that because of the Programme?

**EFFECTIVENESS**

7. In your view what the most significant achievements of the Programme vis a vis stunting reduction, malnutrition of women of reproductive age and household food insecurity?
   a. Do you think there were any un-intended results (positive and negative) that Programme was able to achieve or contribute to?
   b. Who benefitted (or otherwise) from these unintended results?

8. In your view, what are some of the key enabling factors which helped the programme in implementation, management and delivering results in this district.
   a. In your view, what are some of the factors which hindered the programme progress and achievements of results in this district?

9. What were some of the key innovative practices/models adopted by the Programme to implement activities in this district?
   a. **Probe:** partnership, establishment of community groups, village health workers, working with traditional leaders, etc.

10. What results have been produced by these innovative practices and for whom?
    a. What are the underlying reasons for success (or otherwise) for these innovative practices or models?
    b. Can these be improved and scaled, please elaborate how?

**IMPACT**

11. Do you think that the situation in stunting, food security and nutrition (especially for U5 year's children, PLW and reproductive age women) in this district has changed over the past 3 years?
    a. Has Programme contributed to any other impact – social, environmental, economic for these groups? If yes, please elaborate.

12. In your views, how did the Programme contributed to this changed situation?
    a. How did the Programme address the issue of stunting, food security and HH resilience?
    b. **Probe**: Type of improvement in these key issues, if no improvement, why it is the case?
    c. Are there any specific communities or groups for which the results are quite different? Who are these sub-groups? Why the results are different for these sub-groups?

13. In your view, did Programme take action to mitigate the negative impact?
    a. Please elaborate?
    b. Please list those measures and how did they address the negative effects/impact?

**SUSTAINABILITY**

14. In your opinion, which of the Programme interventions and results are likely or unlikely will continue beyond Programme life/2020 in this district?
    a. In your views, what key factors are making the Programme results sustainable/unsustainable?
    b. What strategies/approaches do you think may have contributed to strengthen GoZ capacity to sustain Programme's interventions and results?

15. In your view, what interventions have been implemented by the Programme and capacities built in the communities to sustain Programme interventions and results? Please give examples.
    a. What additional capacities would communities need to sustain interventions and results?
    b. What should be done to build community capacities?

**HRBA, Gender Equity and Equality**

16. How did Programme ensure compliance with HRBAP principles such as such as enabling access to rights, balanced investments on services delivery improvement, focus on communities to raise awareness of entitlements and obligations and others?

17. In your opinion, how effectively Programme focused on gender equality in the interventions and results?

    a. How did the programme ensure inclusion of different segments of the population including boys, girls, men, women, men, and disabled people?
    b. **Probe:** Stunting remains higher in boys, was this barrier addressed by the programme?

18. In your opinion, has the Programme contributed to the improving food and nutrition needs in vulnerable/marginalized communities? Any evidence to back this?

    a. Which Programme strategies/interventions may have contributed to this change?
    b. In your view, what are the main ongoing challenges faced by marginalized vulnerable groups in this district in improving their food and nutrition needs?
    c. In your view, what should change in the future to determine and respond to these current needs of marginalized/vulnerable group in this district?

**CLOSING QUESTIONS**

Do you want to add anything else about the Programme and things we discussed today?
Interviewer observations and comments.

## Appendix 13: KIIs Participants

| Stakeholders | Designation | Interview Day |
|---|---|---|
| UNICEF | Nutrition Officer | February 15, 2021 |
| | Nutrition Manager | February 10, 2021 |
| | Deputy Representative - Programmes | March 8, 2021 |
| | Nutrition Consultant | February 15, 2021 |
| | Chief of Health & Nutrition | March 1, 2021 |
| FAO | Nutrition and Food Safety Specialist | March 2, 2021 |
| | M&E Specialist | February 17, 2021 |
| | Nutritionist | February 12, 2021 |
| MoHCC | Deputy Director Nutrition | February 15, 2021 |
| | Nutrition Intervention Manager | February 15, 2021 |
| FNC | Deputy Director | March 1, 2021 |
| | Multi Sectoral Coordination Manager | February 26, 2021 |
| | Programme Assistant | February 25, 2021 |
| MLAWCRR | Chief Agricultural Extension Specialist (Training and Information) | February 25, 2021 |
| | Deputy Director -Agriculture Education | February 18, 2021 |
| NAZ | Programs Support Manager | February 24, 2021 |
| | SBCC Specialist | February 24, 2021 |
| ZVITAMBO | Professor, Center for Human Nutrition, Department of International Health | March 4, 2021 |
| EU | Attaché - Task Manager (Agriculture, Private Sector and Trade Section) | February 18. 2021 |
| PFNSCs | Provincial Nutritionist | February 26, 2021 |
| | Social Services Officer | March 3, 2021 |
| District Level (Nutritionist, AGRITEX, Nurse in Charge) | District Education Officer | February 23, 2021 |
| | District Agritex Extension Officer | February 17, 2021 |
| | Village Head | February 24, 2021 |
| | District Nutritionist | February 19, 2021 |
| | District Nutritionist | February 17, 2021 |
| | District Enviromental Health Officer | February 16, 2021 |
| | District Nutritionist | February 23, 2021 |
| | District Agritex Head | February 19, 2021 |
| | Agritex Officer, Paidamoyo Clinic, Ward 9, Chipinge | March 4, 2021 |
| | Nurse in Charge Sakupwanya Clinic | February 19, 2021 |
| | Nurse in Charge | March 2, 2021 |
| Total | 32 KIIs | |

# Appendix 14: Community Interview Guides (English)

## Guide Questions – Community Interviews (Replaced FGDs)

These guides are meant to generate a discussion with key informants and then guide the conversation. The guide covers the following stakeholders:

1. Pregnant and lactating women; and mothers of children aged 2-5 years (including adolescent girls)
2. Fathers / male head of households of children under 5 years
3. Farmers
4. Agriculture extension officers
5. Village Health Workers
6. DFNSCs/WFNSCs

## Interview Guide for Pregnant, Lactating women and Mothers (of children 2-5)

Good day, we talked earlier, let me introduce myself again, my name is ____________________________ and I am working with Jimat Development Consultants for an evaluation on a nutrition programme conducted by UNICEF Zimbabwe and FAO. We are speaking with community members about various aspects of food and nutrition security. The interview should take about 30 minutes to complete. We will ensure anonymity and confidentiality of your responses.

May I begin the interview now?

| | | | |
|---|---|---|---|
| Q101. | Interview date | DD_______ MM_______ YYYY | |
| Q102. | Locality | 1=Urban | 2=Rural |
| Q103. | Ward/Village | | |
| Q104. | District | | |
| Q105. | Province | | |
| Q106. | Moderator | | |
| Q107. | Note taker | | |
| Q108. | Transcriber | | |

**Relevance**

1. Let us go back to 2017 - in your community, do you think that children under five were malnourished/stunted (**Instructions:** Explain stunting – children height is not as per the age)? Probe further by asking the following:
    a. On average how many under five children (out of 10) were stunted? [**Instructions:** Take note of the number shared by most participants].
    b. What were the reasons for children (U5) to be malnourished/stunted? [**Probe**: was it due to limited knowledge of dietary requirement of children by mothers, knowledge about food types and nutritious values, unavailability of different types of food/nutritious food, or others – take note of all reasons identified by mothers].
    c. Were there any particular households where children were either stunted or more likely to be stunted? [**Probe**: identify the type of households (poor, children with disabilities, children of adolescent mothers, households located in hard-to-reach areas); what were the reasons behind their vulnerability]

2. In 2017, do you think that mothers (pregnant, lactating and those of U2) in your community were malnourished (**Instructions:** Explain malnourishment – lack of proper nutrition due to not having enough to eat or not eating enough of the right things)? Probe further:
    a. On average how many of mothers (out of 10) were malnourished? [**Instructions:** Take note of the number shared by most participants].
    b. What were the reasons for mothers to be malnourished? [**Probe**: was it due to limited knowledge of minimum dietary requirements, knowledge about food types and nutritious values, unavailability of different types of food/nutritious food, or others – take note of all reasons identified by mothers?
    c. Were there any particular households where mothers were either malnourished or more likely to be malnourished? [**Probe**: identify the type of households (poor, mothers with disabilities, adolescent mothers, households located in hard-to-reach areas); what were the reasons behind their vulnerability]

3. In your community, do you feel that children under five are still (2020) malnourished/stunted?
    a. What measures/actions do households/families take to address: child malnutrition and stunting? How does malnutrition/stunting affect children? [**Probe:** in terms of their health, wellbeing, school/education, mental health, etc.]
    b. In your community, do you feel that mothers (pregnant, lactating and those of U2) are still malnourished? What measures/actions do households/families take to

address mother malnutrition and how does this affect mothers? How does malnutrition affect mothers?

4. Do you think most of the community members (individuals and households) have access to nutritionally adequate food and have means available to acquire food? Probe further:
    a. On average how many families (out of 10) do not have access to adequate and nutritious food available, and have means to acquire food? [**Instructions:** Take note of the number shared by most participants.]
    b. What are the reasons for households to not have access to adequate and safe food or not have means to acquire food? Please elaborate – take note of all reasons identified.
    c. Are there any particular households who neither have access to nor have means to acquire adequate and healthy food? [**Probe**: identify the type of households (poor, households with members who have disabilities, households located in hard-to-reach areas); what were the reasons behind their vulnerability]
    d. What measures/actions do households/families take to address inaccessibility to adequate and healthy food?

**Coherence**

5. Are you aware of any food and nutrition-related community care groups or forums in your community?
    a. What type of groups and/or forums are available and when were these established? [**Instructions:** if the participants list multiple structures then take note of all and verify whether all are related to food and nutrition].
    b. What is the mandate of these groups? Who are the members of these groups/ forums? How frequently do community care groups or forums convene?
    c. Do people in your community actively participate in activities conducted by these community care groups or forums? [**Probe:** explore reasons for active participation or non-participation; for non-participation, ask how participation in their community can be improved]
    d. Do you think that the community care groups or forums have increased your access to relevant food and nutrition government bodies and their representatives? [**Probe:** how has access improved and what can be done to improve it further]
    e. Through these structures, has the government introduced any additional food and nutrition related services (through village health workers or agriculture extension workers) that was not available before? [**Probe:** explore what these additional services are and how satisfied participants are with them].

**Effectiveness & Impact:**

6. In your community, were any interventions implemented in past 2-3 years to improve nutrition of children (U5 - particularly for stunting), mothers (pregnant and lactating), and food security of households? Please share more about these interventions and who is implementing these interventions? Probe further around following:
    a. What are different types of activities being performed by community/care groups (ask them to list those activities) and how are these benefitting different groups - children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disable children etc.) and households/families? In your view how could these groups be more effective?
    b. Please share with what new activities (around nutrition and food security) have been implemented by village health workers (VHWs) and community counsellors? How are these benefitting different community groups - children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disable children etc.) and households/families? In your view how could their activities be made more effective?

c. Please share with what new activities have been implemented by AgriTex & LPD workers (Ministry of Agriculture) with community and in particular farmers and communities (enquire about seed banks, crops and livestock demo interventions, food processing and. preservation, food fairs, food preparation demonstrations, and others)? How are these benefitting different community groups - children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disable children etc.) and households/families? In your view how could their activities be made more effective?

7. Inadequate dietary intake is one of the most important reasons for stunting in your community. Do you feel a change in your community's dietary intake after these interventions? If Yes, why? If No, why not?
    a. Have dairy (eggs and milk), meat and pulses been incorporated in your family's diet? (especially children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disable children etc.)
    b. If yes what is the minimum meal frequency of these groups (especially children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disable children etc.) and has it changed in comparison to 2017?
    c. Are you aware of vitamin A supplementation and its benefits? Has vitamin A been incorporated in your family's diet? (especially children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disable children etc.)
    d. After these dietary changes, have frequent illnesses (diarrhoea, fever, and cough) in children (6 to 59 months) you know reduced?
    e. What can be done to ensure equal access to food and nutrition services and/or information to all these groups?

8. Did your community receive any messages related to maternal and child's food and nutritional needs in the past 1-3 years? If yes, how many of you have received those? [**Instructions**: count how many have received these messages?] Let us discuss the messages that you may have received.
    a. Please help us in identifying the source of messages – community care group, VHWs, traditional leaders, partners/husbands.
    b. Can you recall what was information passed on in those messages (**Instructions:** take note of the messages)
    c. Were the messages easy to understand and in local language/dialect?
    d. From a source that you consider reliable. [**Probe**: if not reliable, then ask what other sources could have been used for greater acceptability of the messages]
    e. What should improve (ask separately for contents, language, medium / sources, etc.) to influence the receivers to change their behaviour around consumption of necessary food (for improved nutrition)
    f. Do you think there are certain groups of people/households in your community who may not receive such messages? **[Probe:** identify the type of households (poor, households with members who have disabilities, households located in hard-to-reach areas)] Why they did not receive these messages and what can be done to reach them?

9. What would be the long-term impact of these interventions for different groups children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disable children etc.) and households/families?
    a. Are there any unintended benefits/results (negative or positive) that these interventions have contributed to and for whom? Please elaborate.

**Sustainability and Scale-up**

10. In your community, which of these activities and results/benefits have sustained or may likely to sustain and why?
    a. **Probe for each**: Community care groups and other forums; Activities of VHWs and Counsellors; AgriTech and LPD workers; Community education and awareness.
    b. Which of these activities may not sustain and please elaborate the reasons for non-sustainability? What could be done to make these more sustainable?

11. The interventions implemented under this Programme may be implemented in other districts as well, please share with us what should the Government of Zimbabwe (along with UNICEF and FAO) do the up-scale these interventions (explain who should do what and how)?
    a. What changes should be made and/or new interventions should be added when other districts are targeted?
    b. What should be done differently to make this Programme more useful and effective to reduce stunting (U5), improved health and nutrition of mothers, and food security of households?

**HRBA, Gender Equality, and Equity**

12. Are you aware of any feedback mechanism in your community through which you can launch or complain about lack of food, lack of maternal and child care knowledge, health services for pregnant and lactating women, food and nutrition needs of disable children, etc.?
    a. What is the mechanism? How many have you used it? [**Instructions:** take note of how many have used it]
    b. How satisfied are you with the response that you may have received from government representatives?

13. Which of the following groups are more vulnerable to malnutrition and/or stunting? Please give specific examples to elaborate your answer for each category below:
    a. Women and girls.
    b. Poor versus rich households.
    c. Households that are in hard-to-reach areas.
    d. Children who are born with disabilities.
    e. Children of adolescent mothers.
    f. Any specific ethnic/religious group.

## Interview Guide for Fathers/Male head of households of children under five

Good day, we talked earlier, let me introduce myself again, my name is ______________________________ and I am working with Jimat Development Consultants for an evaluation on a nutrition programme conducted by UNICEF Zimbabwe and FAO. We are speaking with community members about various aspects of food and nutrition security. The interview should take about 30 minutes to complete. We will ensure anonymity and confidentiality of your responses.

May I begin the interview now?

| Q101. | Interview date | DD_______ MM_______ YYYY | |
|---|---|---|---|
| Q102. | Locality | 1=Urban | 2=Rural |
| Q103. | Ward/Village | | |
| Q104. | District | | |
| Q105. | Province | | |
| Q106. | Moderator | | |
| Q107. | Note taker | | |
| Q108. | Transcriber | | |

**Relevance**

1. Let us go back to 2017 - in your community, do you think that children under five were malnourished/stunted (**Instructions:** Explain stunting – children height is not as per the age)? Probe further by asking the following:
    a. On average how many under five children (out of 10) were stunted? [**Instructions:** Take note of the number shared by most participants].
    b. What were the reasons for children (U5) to be malnourished/stunted? [**Probe**: was it due to limited knowledge of dietary requirement of children by mothers, knowledge about food types and nutritious values, unavailability of different types of food/nutritious food, or others – take note of all reasons identified by mothers].
    c. Were there any particular households where children were either stunted or more likely to be stunted? [**Probe**: identify the type of households (poor, children with disabilities, children of adolescent mothers, households located in hard-to-reach areas); what were the reasons behind their vulnerability]

2. In 2017, do you think that mothers (pregnant, lactating and those of U2) in your community were malnourished (**Instructions:** Explain malnourishment – lack of proper nutrition due to not having enough to eat or not eating enough of the right things) Probe further by asking the following:
    a. On average how many of mothers (out of 10) were malnourished? [**Instructions:** Take note of the number shared by most participants].
    b. What were the reasons for mothers to be malnourished? [**Probe**: was it due to limited knowledge of minimum dietary requirements, knowledge about food types and nutritious values, unavailability of different types of food/nutritious food, or others – take note of all reasons identified by fathers.
    c. Were there any particular households where mothers were either malnourished or more likely to be malnourished? [**Probe**: identify the type of households (poor, mothers with disabilities, adolescent mothers, households located in hard-to-reach areas); what were the reasons behind their vulnerability]

3. In your community, do you feel that children under five are still (2020) malnourished/stunted?
    a. What measures/actions do households/families take to address: child malnutrition and stunting? How does malnutrition/stunting affect children? [**Probe:** in terms of their health, wellbeing, school/education, mental health, etc.]

   b. In your community, do you feel that mothers (pregnant, lactating and those of U2) are still malnourished? What measures/actions do households/families take to address mother malnutrition and how does this affect mothers? How does malnutrition affect mothers?

4. Do you think most of the community members (individuals and households) have access to nutritionally adequate and safe food and have means available to acquire food? Probe further by asking following:
   a. On average how many families (out of 10) do not have access to adequate and nutritious food available, and have means to acquire food? [**Instructions:** Take note of the number shared by most participants.]
   b. What are the reasons for households to not have access to adequate and safe food or not have means to acquire food? Please elaborate– take note of all reasons identified.
   c. Are there any particular households who neither have access to nor have means to acquire adequate and healthy food? [**Probe**: identify the type of households (poor, households with members who have disabilities, households located in hard-to-reach areas); what were the reasons behind their vulnerability]
   d. What measures/actions do households/families take to address inaccessibility to adequate and healthy food?

**Coherence**

5. Are you aware of any food and nutrition-related community care groups or forums in your community?
   a. What type of groups and/or forums are available and when were these established? [**Instructions:** if the participants list multiple structures, then take note of all and verify whether all are related to food and nutrition].
   b. What is the mandate of these groups? Who are the members of these groups/ forums? How frequently do community care groups or forums convene?
   c. Do people in your community actively participate in activities conducted by these community care groups or forums? [**Probe:** explore reasons for active participation or non-participation; for non-participation, ask how participation in their community can be improved]
   d. Do you think that the community care groups, or forums have increased your access to relevant food and nutrition government bodies and their representatives? [**Probe:** how has access improved and what can be done to improve it further]
   e. Through these structures, has the government introduced any additional food and nutrition related services (through village health workers or agriculture extension workers) that was not available before? [**Probe:** explore what these additional services are and how satisfied participants are with them].

**Effectiveness & Impact:**

6. In your community, were any interventions implemented in past 2-3 years to improve nutrition of children (U5 - particularly for stunting), mothers (pregnant and lactating), and food security of households? Please share more about these interventions and who is implementing these interventions? Probe further around following:
   a. What are different types of activities being performed by community/care groups (ask them to list those activities) and how are these benefitting different groups - children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disabled children etc.) and households/families? In your view how could these groups be more effective?
   b. Please share with what new activities (around nutrition and food security) have been implemented by village health workers (VHWs) and community counsellors? How are these benefitting different community groups - children (U5 - boys and

girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disabled children etc.) and households/families? In your view how could their activities be made more effective?

  c. Please share with what new activities have been implemented by AgriTex & LPD workers (MoLARR) with community and in particular farmers and communities (enquire about seed banks, crops and livestock demo interventions, food processing and. preservation, food fairs, food preparation demonstrations, and others)?

7. Inadequate dietary intake is one of the most important reasons for stunting in your community. Do you feel a change in your community's dietary intake after these interventions? If Yes, why? If No, why not?
    a. Have dairy (eggs and milk), meat and pulses been incorporated in your family's diet? (especially children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disabled children etc.)
    b. If yes what is the minimum meal frequency of these groups (especially children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disabled children etc.) and has it changed in comparison to 2017?
    c. Are you aware of vitamin A supplementation and its benefits? Has vitamin A been incorporated in your family's diet? (especially children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disabled children etc.)
    d. After these dietary changes, have frequent illnesses (diarrhoea, fever, and cough) in children (6 to 59 months) you know reduced?
    e. What can be done to ensure equal access to food and nutrition services and/or information to all these groups?

8. Did your community receive any messages related to maternal and child's food and nutritional needs in the past 1-3 years? If yes, how many of you have received those? [**Instructions**: count how many have received these messages?] Let us discuss the messages that you may have received.
    a. Please help us in identifying the source of messages – community care group, VHWs, traditional leaders, partners/husbands.
    b. Can you recall what was information passed on in those messages (**Instructions:** take note of the messages)
    c. Were the messages easy to understand and in local language/dialect?
    d. From a source that you consider reliable. [**Probe**: if not reliable, then ask what other sources could have been used for greater acceptability of the messages]
    e. What should improve (ask separately for contents, language, medium / sources, etc.) to influence the receivers to change their behaviour around consumption of necessary food (for improved nutrition)
    f. Do you think there are certain groups of people/households in your community who may not receive such messages? **[Probe:** identify the type of households (poor, households with members who have disabilities, households located in hard-to-reach areas)] Why they did not receive these messages and what can be done to reach them?

9. What would be the long-term impact of these interventions for different groups children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disabled children etc.) and households/families?
    a. Are there any unintended benefits/results (negative or positive) that these interventions have contributed to and for whom? Please elaborate.

**Sustainability and Scale-up**

10. In your community, which of these activities and results/benefits have sustained or may likely to sustain and why?
    a. **Probe for each**: Community care groups and other forums; Activities of VHWs and Counsellors; AgriTech and LPD workers; Community education and awareness.
    b. Which of these activities may not sustain and please elaborate the reasons for non-sustainability? What could be done to make these more sustainable?

11. The interventions implemented under this Programme may be implemented in other districts as well, please share with us what should the Government of Zimbabwe (along with UNICEF and FAO) do to up-scale these interventions (explain who should do what and how)?
    a. What changes should be made and/or new interventions should be added when other districts are targeted?
    b. What should be done differently to make this Programme more useful and effective to reduce stunting (U5), improved health and nutrition of mothers, and food security of households?

**HRBA, Gender Equality, and Equity**

12. Are you aware of any feedback mechanism in your community through which you can launch or complain about lack of food, lack of maternal and childcare knowledge, health services for pregnant and lactating women, food and nutrition needs of disabled children, etc.?
    a. What is the mechanism? How many have you used it? [**Instructions:** take note of how many have used it]
    b. How satisfied are you with the response that you may have received from government representatives?
13. Which of the following groups are more vulnerable to malnutrition and/or stunting? Please give specific examples to elaborate your answer for each category below:
    a. Women and girls
    b. Poor versus rich households
    c. Households that are in hard-to-reach areas
    d. Children who are born with disabilities
    e. Children of adolescent mothers
    f. Any specific ethnic/religious group

## Interview Guide for Farmers

Good day, we talked earlier, let me introduce myself again, my name is ____________________________ and I am working with Jimat Development Consultants for an evaluation on a nutrition programme conducted by UNICEF Zimbabwe and FAO. We are speaking with community members about various aspects of food and nutrition security. The interview should take about 30 minutes to complete. We will ensure anonymity and confidentiality of your responses.

May I begin the interview now?

| Q101. | Interview date | DD_______ MM_______ YYYY | |
|---|---|---|---|
| Q102. | Locality | 1=Urban | 2=Rural |
| Q103. | Ward/Village | | |
| Q104. | District | | |
| Q105. | Province | | |
| Q106. | Moderator | | |
| Q107. | Note taker | | |
| Q108. | Transcriber | | |

**Relevance**

1. Let us go back to 2017 - in your community/ward, was there food insecurity and/or food shortages?
    a. What were the main drivers for food insecurity/shortages? [**Probe:** natural disasters, lack of irrigation systems, lack of diverse agricultural produce, high prices, etc.]
    b. What measures families in your area took to cope with these food insecurity/shortages? [**Probe:** travel to other areas to buy food, rely on less nutritious food, grow their own food, etc.]
    c. How did food security effect your ability as farmers to produce crops and/or livestock?

2. In your community, are there still instances of food insecurity/shortages? [**Instructions:** ask for the last time/period when the community faced food shortage, what were the reasons behind it and how/if it was resolved]
    a. In your community, do you feel that children under five are still malnourished/stunted?
    b. What measures/actions do households/families take to address: child malnutrition and stunting? How does malnutrition/stunting affect children? [**Probe**: in terms of their health, wellbeing, school/education, mental health, etc.]
    c. In your community, do you feel that mothers (pregnant, lactating and those of U2) are still malnourished? What measures/actions do households/families take to address mother malnutrition and how does this affect mothers? How does malnutrition affect mothers?

3. Do you think most of the community members (individuals and households) have access to nutritionally adequate and safe food and have means available to acquire food? Probe further by asking following:
    a. On average how many families (out of 10) do not have access to adequate and nutritious food available, and have means to acquire food? [**Instructions:** Take note of the number shared by most participants.]
    b. What are the reasons for households to not have access to adequate and safe food or not have means to acquire food? Please elaborate– take note of all reasons identified.
    c. Are there any particular households who neither have access to nor have means to acquire adequate and healthy food? [**Probe**: identify the type of households

(poor, households with members who have disabilities, households located in hard-to-reach areas); what were the reasons behind their vulnerability]

**Effectiveness & Impact:**

4. Which interventions were implemented in past 2-3 years to improve nutrition of children (U5 - particularly for stunting), mothers (pregnant and lactating), and food security of households in your area?
    a. Please share what new activities have been implemented by agriculture extension workers in this community and in particular with farmers (enquire about seed banks, crops and livestock demo interventions, food processing and. preservation, food fairs, food preparation demonstrations, and others)?
    b. How are these benefitting different community groups - children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disable children etc.) and farmers? In your view how could their activities be made more effective?
    c. Are these interventions contributing to reducing children (U5) stunting, malnutrition in mothers (lactating, U 2, and others), availability of variety of affordable food and means to buy food for communities? Who has benefitted the most from these interventions and which groups (who needed assistance) were left out and why? Which interventions have worked relatively better than others and why?

5. Were you part of any food fair or demonstration recently? [**Probe:** ask when/how many and who conducted them?]
    a. Do you think these food fairs and demonstrations have helped you understand food safety, nutritive value of the crops/livestock produced and their contribution to nutrient adequacy of diets?
    b. Did you make any changes to the crops and/or livestock as a result of these food fairs and demonstrations? [**Probe:** if yes, inquire about the changes and has it helped to improve food security]
    c. Do you think this change to different/more crops and/or livestock has helped to improve nutritional status of pregnant, lactating women and children under five living in this area? [**Probe**: ask how and what is the evidence of this change]

**Sustainability and Scale-up**

6. Which of the Programme's activities and results/benefits implemented for farmers have sustained or may likely to sustain and why? [**Probe for all:** seed banks, crops and livestock demo interventions, food processing and. preservation, food fairs, food preparation demonstrations]
    a. Which of these activities may not sustain and please elaborate the reasons for non-sustainability? What could be done to make these more sustainable?

7. The interventions implemented under this Programme may be implemented in other districts as well, please share with us what should the Government of Zimbabwe (along with UNICEF and FAO) do to up-scale these interventions (explain who should do what and how)?
    a. What changes should be made and/or new interventions should be added when other districts are targeted?
    b. What should be done differently to make this Programme more useful and effective to reduce stunting (U5), improved health and nutrition of mothers, and food security of households?

**HRBA, Gender Equality, and Equity**

8. Is there a feedback mechanism in place through which community members (particularly farmers) can reach agriculture extension workers for advice or launch a complain about lack of food, feedback on food fairs, demos, etc.]?

a. What is the mechanism? How many have you used it? [**Instructions:** take note of how many have used it]
b. How satisfied are you with the response that you may have received from government representatives?

9. Which of the following groups are more vulnerable to food insecurity, malnutrition and/or stunting? Please give specific examples to elaborate your answer for each category below:
    a. Women and girls
    b. Poor versus rich households
    c. Households that are in hard to reach areas
    d. Children who are born with disabilities
    e. Children of adolescent mothers
    f. Any specific ethnic/religious group

## Interview Guide for Agriculture Extension Workers

Good day, we talked earlier, let me introduce myself again, my name is ____________________________ and I am working with Jimat Development Consultants for an evaluation on a nutrition programme conducted by UNICEF Zimbabwe and FAO. We are speaking with community members about various aspects of food and nutrition security. The interview should take about 30 minutes to complete. We will ensure anonymity and confidentiality of your responses.

May I begin the interview now?

| | | | |
|---|---|---|---|
| Q101. | Interview date | DD_______ MM_______ YYYY | |
| Q102. | Locality | 1=Urban | 2=Rural |
| Q103. | Ward/Village | | |
| Q104. | District | | |
| Q105. | Province | | |
| Q106. | Moderator | | |
| Q107. | Note taker | | |
| Q108. | Transcriber | | |

**Relevance**

1. Let us go back to 2017 - in your community/ward, was there food insecurity and/or food shortages?
    a. What were the main drivers for food insecurity/shortages? [**Probe:** natural disasters, lack of irrigation systems, lack of diverse agricultural produce, high prices, etc.]
    b. What measures families in your area took to cope with these food insecurity/shortages? [**Probe:** travel to other areas to buy food, rely on less nutritious food, grow their own food, etc.]

2. In your community, are there still instances of food insecurity/shortages? [**Instructions:** ask for the last time/period when the community faced food shortage, what were the reasons behind it and how/if it was resolved]
    a. In your community, do you feel that children under five are still malnourished/stunted?
    b. What measures/actions do households/families take to address: child malnutrition and stunting? How does malnutrition/stunting affect children? [**Probe**: in terms of their health, wellbeing, school/education, mental health, etc.]
    c. In your community, do you feel that mothers (pregnant, lactating and those of U2) are still malnourished? What measures/actions do households/families take to address mother malnutrition and how does this affect mothers? How does malnutrition affect mothers?

3. Do you think most of the community members (individuals and households) have access to nutritionally adequate and safe food and have means available to acquire food? Probe further by asking following:
    a. On average how many families (out of 10) do not have access to adequate and nutritious food available, and have means to acquire food? [**Instructions:** Take note of the number shared by most participants.]
    b. What are the reasons for households to not have access to adequate and safe food or not have means to acquire food? Please elaborate– take note of all reasons identified.
    c. Are there any particular households who neither have access to nor have means to acquire adequate and healthy food? [**Probe**: identify the type of households (poor, households with members who have disabilities, households located in hard-to-reach areas); what were the reasons behind their vulnerability]

**Effectiveness & Impact:**

4. Which interventions were implemented in past 2-3 years to improve nutrition of children (U5 - particularly for stunting), mothers (pregnant and lactating), and food security of households in your area?
    a. Please share what new activities have been implemented by agriculture extension workers in this community and in particular with farmers (enquire about seed banks, crops and livestock demo interventions, food processing and. preservation, food fairs, food preparation demonstrations, and others)?
    b. How are these benefitting different community groups - children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disable children etc.) and farmers? In your view how could their activities be made more effective?
    c. Are these interventions contributing to reducing children (U5) stunting, malnutrition in mothers (lactating, U 2, and others), availability of variety of affordable food and means to buy food for communities? Who has benefitted the most from these interventions and which groups (who needed assistance) were left out and why? Which interventions have worked relatively better than others and why?

5. Are you aware of any changes made to agriculture curriculum to include a module on human nutrition? If yes, kindly elaborate the changes.
    a. Were you trained on the new module? If yes, how useful was the training in helping you understand human nutrition? [**Probe:** was the training time/duration sufficient?]
    b. Was training material useful to understand nutrition-specific terminologies? [**Instructions:** if not, then inquire why not]
    c. Were trainers fully conversant with the subject, locally available and trained well?
    d. If an agriculture extension worker leaves or is transferred, what actions are taken by your department to train/prepare the replacement?
    e. Any recommendations on how to improve trainings or refreshers.

6. Do you think getting trained on nutrition module has helped you understand food safety, nutritive value of the crops/livestock produced and their contribution to nutrient adequacy of diets?
    a. Were any changes made to your role and responsibleness as a result of these trainings? [**Probe:** if yes, inquire about the changes and what additional activities agriculture extension workers are now undertaking]
    b. Do you think these additional services/activities have changed nutritional status of pregnant, lactating women and children under five living in this area? [**Probe**: ask how and what is the evidence of this change]

7. What can be potential long-term impact of your these interventions for different groups children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disable children etc.) and households / families?
    a. Are there any unintended benefits/results (negative or positive) that these interventions have contributed to and for whom? Please elaborate.

**Sustainability and Scale-up**

8. Which of the Programme's activities and results/benefits implemented through agriculture extension workers have sustained or may likely to sustain and why? [**Probe for all:** trainings, seed banks, crops and livestock demo interventions, food processing and. preservation, food fairs, food preparation demonstrations]
    a. Which of these activities may not sustain and please elaborate the reasons for non-sustainability? What could be done to make these more sustainable?

9. The interventions implemented under this Programme may be implemented in other districts as well, please share with us what should the Government of Zimbabwe (along with UNICEF and FAO) do to up-scale these interventions (explain who should do what and how)?
    a. What changes should be made and/or new interventions should be added when other districts are targeted?
    b. What should be done differently to make this Programme more useful and effective to reduce stunting (U5), improved health and nutrition of mothers, and food security of households?

**HRBA, Gender Equality, and Equity**

10. Is there a feedback mechanism in place through which community members (particularly farmers) can reach agriculture extension workers for advice or launch a complain about lack of food, feedback on food fairs, demos, etc.]?
    a. What is the mechanism? Do you think farmers are aware of it? [**Instructions:** if farmers are unaware – then ask how to increase awareness]
    b. How do you report and incorporate this feedback to improve services?

11. Which of the following groups are more vulnerable to food insecurity, malnutrition and/or stunting? Please give specific examples to elaborate your answer for each category below:
    a. Women and girls
    b. Poor versus rich households
    c. Households that are in hard-to-reach areas
    d. Children who are born with disabilities
    e. Children of adolescent mothers
    f. Any specific ethnic/religious group

## Interview Guide for Village Health Workers

Good day, we talked earlier, let me introduce myself again, my name is ____________________________ and I am working with Jimat Development Consultants for an evaluation on a nutrition programme conducted by UNICEF Zimbabwe and FAO. We are speaking with community members about various aspects of food and nutrition security. The interview should take about 30 minutes to complete. We will ensure anonymity and confidentiality of your responses.

May I begin the interview now?

| Q109. | Interview date | DD_______ MM_______ YYYY | |
|---|---|---|---|
| Q1010. | Locality | 1=Urban | 2=Rural |
| Q1011. | Ward/Village | | |
| Q1012. | District | | |
| Q1013. | Province | | |
| Q1014. | Moderator | | |
| Q1015. | Note taker | | |
| Q1016. | Transcriber | | |

**Relevance**

1. Let us go back to 2017 - in your community, do you think that children under five were malnourished/stunted (**Instructions:** Explain stunting – children height is not as per the age)? Probe further by asking the following:
    a. On average how many under five children (out of 10) were stunted? [**Instructions:** Take note of the number shared by most participants].
    b. What were the reasons for children (U5) to be malnourished/stunted? [**Probe**: was it due to limited knowledge of dietary requirement of children by mothers, knowledge about food types and nutritious values, unavailability of different types of food/nutritious food, or others – take note of all reasons identified by the participants].
    c. Were there any particular households where children were either stunted or more likely to be stunted? [**Probe**: identify the type of households (poor, children with disabilities, children of adolescent mothers, households located in hard-to-reach areas); what were the reasons behind their vulnerability]

2. In 2017, do you think that mothers (pregnant, lactating and those of U2) in your community were malnourished (**Instructions:** Explain malnourishment – lack of proper nutrition due to not having enough to eat or not eating enough of the right things) Probe further by asking the following:
    a. On average how many of mothers (out of 10) were malnourished? [**Instructions:** Take note of the number shared by most participants].
    b. What were the reasons for mothers to be malnourished? [**Probe**: was it due to limited knowledge of minimum dietary requirements, knowledge about food types and nutritious values, unavailability of different types of food/nutritious food, or others – take note of all reasons identified by fathers.
    c. Were there any particular households where mothers were either malnourished or more likely to be malnourished? [**Probe**: identify the type of households (poor, mothers with disabilities, adolescent mothers, households located in hard-to-reach areas); what were the reasons behind their vulnerability]

3. In your community, do you feel that children under five are still (2020) malnourished/stunted?
    a. What measures/actions do households/families take to address: child malnutrition and stunting? How does malnutrition/stunting affect children? [**Probe:** in terms of their health, wellbeing, school/education, mental health, etc.]

b. In your community, do you feel that mothers (pregnant, lactating and those of U2) are still malnourished? What measures/actions do households/families take to address mother malnutrition and how does this affect mothers? How does malnutrition affect mothers?

4. Do you think most of the community members (individuals and households) have access to nutritionally adequate and safe food and have means available to acquire food? Probe further by asking following:
    a. On average how many families (out of 10) do not have access to adequate and nutritious food available, and have means to acquire food? [**Instructions:** Take note of the number shared by most participants.]
    b. What are the reasons for households to not have access to adequate and safe food or not have means to acquire food? Please elaborate– take note of all reasons identified.
    c. Are there any particular households who neither have access to nor have means to acquire adequate and healthy food? [**Probe**: identify the type of households (poor, households with members who have disabilities, households located in hard-to-reach areas); what were the reasons behind their vulnerability]
    d. What measures/actions do households/families take to address inaccessibility to adequate and healthy food?

**Coherence**

5. Are there any food and nutrition-related community care groups or forums in this community?
    a. What type of groups and/or forums are available and when were these established? [**Instructions:** if the participants list multiple structures then take note of all and verify whether all are related to food and nutrition].
    b. What is the mandate of these groups? Who are the members of these groups/ forums? How frequently do community care groups or forums convene?
    c. What is your role in these community care groups/forums as village health workers? [**Probe**: is this an additional role or were they undertaking similar activities before 2017]
    d. Do people in your community actively participate in activities conducted by these community care groups or forums? [**Probe:** explore reasons for active participation or non-participation; for non-participation, ask how participation in their community can be improved]
    e. Do you think that the community care groups or forums have increased community's access to village health workers and health facilities? [**Probe:** how has access improved and what can be done to improve it further]

**Effectiveness & Impact:**

6. In your community, were any interventions implemented in past 2-3 years to improve nutrition of children (U5 - particularly for stunting), mothers (pregnant and lactating), and food security of households? Please share more about these interventions and who is implementing these interventions? Probe further around following:
    a. What are different types of activities being performed by community/care groups (ask them to list those activities) and how are these benefitting different groups - children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disable children etc.) and households/families? In your view how could these groups be more effective?
    b. Please share with what new activities (around nutrition and food security) have been implemented by village health workers (VHWs) and community counsellors? How are these benefitting different community groups - children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor,

mothers with disability, parents with disable children etc.) and households/families? In your view how could their activities be made more effective?

   c. Are these interventions contributing to reducing children (U5) stunting, malnutrition in mothers (lactating, U 2, and others), availability of variety of affordable food and means to buy food for communities? Who has benefitted the most from these interventions and which groups (who needed assistance) were left out and why? Which interventions have worked relatively better than others and why?

7. Did you receive any training on administering routine Vitamin A and Infant and Young Child Feeding (IYCF) and Growth standards? [**Instructions:** take note of how many have been trained and for what]
   a. How useful was the training and training material (including equipment) in helping you understand how to administer vitamin A? [**Probe:** was the training time/duration sufficient?]
   b. Was training and training material useful to understand IYCF and Growth standards? [**Probe:** exclusive breastfeeding; early initiation of breastfeeding; complementary feeding - and their effect on maternal and child health particularly stunting]
   c. Were trainers fully conversant with the subject, locally available and trained well?
   d. If a village health worker leaves or is transferred, what actions are taken by the health facility to train/prepare the replacement?
   e. Any recommendations on how to improve trainings or refreshers.

8. Inadequate dietary intake is one of the most important reasons for stunting in this community. Do you feel a change in your community's dietary intake after these interventions? If Yes, why? If No, why not?
   a. Have dairy (eggs and milk), meat and pulses been incorporated in this community's diet? (especially children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disable children etc.)
   b. If yes what is the minimum meal frequency of these groups (especially children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disable children etc.) and has it changed in comparison to 2017?
   c. Has vitamin A been incorporated in this community's diet? (especially children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disable children etc.)
   d. After these dietary changes, have frequent illnesses (diarrhoea, fever and cough) in children (6 to 59 months) reduced?
   e. What can be done to ensure equal access to food and nutrition services and/or information to all these groups?

9. Are you involved in disseminating food and nutrition awareness messages including minimum dietary requirements, breastfeeding, iron and vitamin intake, ANC/PNC visits, etc?
   a. How were these messages disseminated and what was your role as village health workers?
   b. Can you recall what information was passed on in those messages (**Instructions:** take note of the messages)
   c. Do you think that these messages were easy to understand and in local language/dialect?
   d. Were these messages easily accepted by the community? [**Probe**: was there a difference in how information was accepted and applied by men vs. women]
   e. What are the challenges of disseminating food and nutrition messages to this community? [**Probe:** what can be done to address these challenges]

f. What should improve (ask separately for contents, language, medium / sources, etc.) to influence the receivers to change their behaviour around consumption of necessary food (for improved nutrition)
g. Do you think there are certain groups of people/households in your community who may not receive such messages? **[Probe:** identify the type of households (poor, households with members who have disabilities, households located in hard-to-reach areas)] Why they did not receive these messages and what can be done to reach them?

10. What would be the long-term impact of these interventions for different groups children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disable children etc.) and households/families?
    a. Are there any unintended benefits/results (negative or positive) that these interventions have contributed to and for whom? Please elaborate.

**Sustainability and Scale-up**

11. In your community, which of these activities and results/benefits have sustained or may likely to sustain and why?
    a. **Probe for each**: Community care groups and other forums; Activities of VHWs and Counsellors; Community education and awareness.
    b. Which of these activities may not sustain and please elaborate the reasons for non-sustainability? What could be done to make these more sustainable?

12. The interventions implemented under this Programme may be implemented in other districts as well, please share with us what should the Government of Zimbabwe (along with UNICEF and FAO) do to up-scale these interventions (explain who should do what and how)?
    a. What changes should be made and/or new interventions should be added when other districts are targeted?
    b. What should be done differently to make this Programme more useful and effective to reduce stunting (U5), improved health and nutrition of mothers, and food security of households?

**HRBA, Gender Equality, and Equity**

13. Are you aware of any feedback mechanism in your community through which you can launch or complain about lack of food, lack of maternal and child care knowledge, health services for pregnant and lactating women, food and nutrition needs of disable children, etc.?
    a. What is the mechanism? How many have you used it? [**Instructions:** take note of how many have used it]
    b. How satisfied are you with the response that you may have received from government representatives?

14. Which of the following groups are more vulnerable to malnutrition and/or stunting? Please give specific examples to elaborate your answer for each category below:
    a. Women and girls
    b. Poor versus rich households
    c. Households that are in hard to reach areas
    d. Children who are born with disabilities
    e. Children of adolescent mothers
    f. Any specific ethnic/religious group

## Interview Guide for DFNSCs/WFNSCs

Good day, we talked earlier, let me introduce myself again, my name is ____________________________ and I am working with Jimat Development Consultants for an evaluation on a nutrition programme conducted by UNICEF Zimbabwe and FAO. We are speaking with community members about various aspects of food and nutrition security. The interview should take about 30 minutes to complete. We will ensure anonymity and confidentiality of your responses.

May I begin the interview now?

| Q1017. | Interview date | DD_______ MM_______ YYYY | |
|---|---|---|---|
| Q1018. | Locality | 1=Urban | 2=Rural |
| Q1019. | Ward/Village | | |
| Q1020. | District | | |
| Q1021. | Province | | |
| Q1022. | Moderator | | |
| Q1023. | Note taker | | |
| Q1024. | Transcriber | | |

**Relevance**

1. Let us talk about the issue of stunting (in U5), malnutrition in women (mothers – pregnant women, lactating mothers, and adolescent mothers) and food security in the country in general and in this district/ward in particular.
    a. In your district/ward, do you think that children U5 are malnourished and stunted (explain stunting – children height is not as per the age)?
    b. On average how many of U5 children (out of 10) are stunted? Take note of the number shared by most participants. What was the situation like in 2017?
    c. What are the drivers for children (U5) to be malnourished/stunted? Explore further if it is for limited knowledge of dietary requirement of children by mothers, knowledge about food types and nutritious values, unavailability of different types of food/nutritious food, or others – take note of all reasons identified by the participants.
    d. Are there any particular households where children are either stunted or likely to be stunted? Why is it so?
    e. What measures/actions do households/families take to address child malnutrition and how does this affect children? Please elaborate?

2. In your district/ward, are there mothers (pregnant, lactating and those of U2) who are malnourished? Probe further by asking following:
    a. On average how many of these mothers (out of 10) are malnourished? Take note of the number shared by most participants. What was the situation like in 2017?
    b. What are the reasons for mothers to be malnourished? Explore further if it is for limited knowledge of minimum dietary requirements, knowledge about food types and nutritious values, unavailability of different types of food/nutritious food, or others – take note of all reasons identified by mothers? How does malnutrition affect mothers?
    c. Are there any particular households where mothers are either malnourished or likely to be malnourished? Why is it so?
    d. What measures/actions do households/families take to address mother malnutrition and how does this affect mothers? Please elaborate?

3. In your district/ward, does everyone (individuals and households – at all times) have access to nutritionally adequate and safe food and have means available to acquire food? Probe further by asking following:

a. On average how many of families (out of 10) do not have access to nutritious and safe food available, and have means to acquire food? Take note of the number shared by most participants. What was the situation like in 2017?
b. What are the reasons for households to not have access to adequate and safe food or not have means to acquire food? Please elaborate– take note of all reasons identified?
c. In your view, are there any particular households who neither have access to nor have means to acquire adequate and safe food? Why is it so?
d. What measures/actions do households/families take to address the in-access to adequate and safe food?

4. Share with us different interventions that have been planned and implemented in past 2-3 years in your district/ward and communities to address the issues of stunting (in U5), malnutrition (in mothers) and food security? Take note of interventions listed by the group members. Do you find these interventions needed and suitable to the context in which they have been implemented? Are there interventions that were needed but not included or could be have been designed and implemented differently, please explain?

**Effectiveness & Impact:**
Let us speak about the interventions that have been implemented in the past 2-3 years in this district/ward and in communities to address the issues of stunting (U5), malnutrition in mothers and food security. We shall speak about the results that these interventions have produced or contributed to.

5. Please share with us what are different types of training and learning interventions planned and implemented for DFNSCs/WFNSCs (take note of different training, focus, duration, etc)? how useful were the contents, training delivery, post training mentoring and coaching, and how did these made DFNSCs/WFNSCs work more effectively? Do you feel there were any gaps and weaknesses, and what should be done to further improve the training and learning interventions for future? Take note of suggestions made by the participants.

6. What has been done by the Programme to improve capacities of DFNSCs/WFNSCs to deepen understanding about drivers of stunting, malnutrition (amongst mothers), and food insecurity? Please share with us the interventions and what are the new learnings (not known earlier) of this forum around drivers, please elaborate? How did the new learning help with addressing the issues of stunting, malnutrition, and food insecurity?

7. What support did the Programme provide to the DFNSCs/WFNSCs to plan and implement interventions around near real time data flow from village to Ward and District, meet regularly or monthly, near real time food and nutrition food security assessments, nutrition research and evidence building etc.? What have been these interventions for DFNSCs/WFNSCs and for different groups (children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disabled children etc.) and households/families? In your view how could these be improved and made more effective?

8. Please share more about these interventions and those implementing supporting these interventions? Probe further around following:
    a. Please share with us of any community/care groups formed or strengthened? What is their mandate and who are members of these groups? What are different types of activities being performed by these groups (ask them to list those activities) and how are these benefitting different community groups - children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disabled children etc.) and households/families? In your view how could these groups be more effective?
    b. Please share with what new activities (around nutrition and food security) have been implemented by village health workers (VHWs) and community counsellors?

How are these benefitting different community groups - children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disabled children etc.) and households/families? In your view how could their activities be made more effective?

c. Please share with what new activities have been implemented by AgriTex & LPD workers (MoLARR) with community and in particular farmers and communities (enquire about seed banks, crops and livestock demo interventions, food processing and preservation, food fairs, food preparation demonstrations, and others)? How are these benefitting different community groups - children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disabled children etc.) and households/families? In your view how could their activities be made more effective?
d. Please share with us if there are any new activities implemented in the past 2-3 years to educate communities and in particular mothers about improved nutritional practices e.g., complementary feeding demonstrations for acceptable diet for U2, dietary diversity for mothers, growth standards of children, radio messages etc,)? How were these messages transmitted, how easy (to understand), useful, and influential were these messages including the messengers/mediums (through which messages were transmitted)? Can you recall the messages, please share those? How are these benefitting different community groups - children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disabled children etc.) and households/families? In your view how could their activities be made more effective?
e. Please share with us, how traditional leaders have been involved in raising awareness about health, nutrition and food security? What is their role and how effective have they been in this role? How is their involvement benefitting different community groups - children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disabled children etc.) and households/families? In your view how could their activities be made more effective?
f. In your view, are these interventions (with DFNSCs/WFNSCs, community and by health and MoLARR) contributing to reducing children (U5) stunting, malnutrition in mothers (lactating, U 2, and others), availability of variety of affordable food and means to buy food for communities? Who has benefitted the most from these interventions and which groups (who needed assistance) were left out and why? Which interventions have worked relatively better than others and why?
g. What would be the long-term impact of these interventions for different groups children (U5 - boys and girls), mothers (including any vulnerable groups – adolescent mothers, poor, mothers with disability, parents with disabled children etc.) and households/families? Are there any unintended benefits/results (negative or positive) that these interventions have contributed to and for whom? Please elaborate.
h. In your view, have these interventions facilitated bringing the relevant public actors, private sector, and communities closer? If yes, share your reflections and examples on how this has helped bringing these actors closer. What could be done further to improve this coordination and partnership between these actors.

**Sustainability and Scale-up**

9. As the Programme has ended, which of these activities (those with DFNSCs/WFNSCs, communities and public agencies) and results/benefits have sustained or may likely to sustain and why – community care groups, activities of VHWs and Counsellors, AgriTech and LPD workers, community education and awareness, involvement of traditional leaders? Which of these activities may not sustain and please elaborate the reasons for

non-sustainability? What could be done to make these sustainable?

10. The interventions implemented under this Programme may be implemented in other districts as well, please share with us what should the Government of Zimbabwe (along with UNICEF and FAO) do to up-scale these interventions (explain who should do what and how)?
    a. What changes should be made and/or new interventions should be added when other districts are targeted?
    b. What should be done differently to make this Programme more useful and effective to reduce stunting (U5), improved health and nutrition of mothers, and food security of households?

## Appendix 14a: Community Interviews (Shona)

### Nhaurirano yeVakazvitakura, vakadzi varikuyamwisa naana amai (vevana vane makore mavri kusvika pamashanu)

Zuva rakanaka, tataura kare, rega ndizvizivise zvakare, ndinonzi _________________________ uye ndiri kushanda neJimat Development Consultants kuti ndiwongorore chirongwa chekudya chinoitwa neUNICEF Zimbabwe neFAO. Tiri kutaura nenhengo dzemunharaunda nezvezvakasiyana zvekudya uye chikafu chekuchengetedza Kubvunzurudzwa kunotora maminetsi makumi matatu kuti apedze. Isu tichava nechokwadi chekusazivikanwa uye kuvanzika kwemhinduro dzako. Ndingatange kubvunzurudza izvozvi?

| | | | |
|---|---|---|---|
| Q101. | Interview date | DD_______ MM_______ YYYY | |
| Q102. | Locality | 1=Urban | 2=Rural |
| Q103. | Ward/Village | | |
| Q104. | District | | |
| Q105. | Province | | |
| Q106. | Moderator | | |
| Q107. | Note taker | | |
| Q108. | Transcriber | | |

**Kukosha**

1. Ngatidzokerei mugore ra2017- munhauranda menyu, munofunga here kuti vana vari pasi pemakore mashanu vaishaya zvokudya zvinovaka muviri kana kuti vaisakura zvakanaka zvinoenderana nezera ravo?
   a. Pakueresa, vangani vana vari pasi pemakore mashanu (pagumi) vaive vasiri kukura zvakanaka zvezera ravo? (**Instructions:** Explain stunting – children height is not as per the age)? Probe further by asking the following:
   b. Zvingave zvikonzero zvei zvaiita vana vari pasi pemakore mashanu vasiri kuwana zvinovaka muviri kana kuti vatadze kukura zvinoenderana nezera ravo? {**Bvunzisisa**, kungave nekuda kweruzivo rushoma kwe zvokudya zvinodikanwa kuvana naana amai, ruzivo rwezvokudya zvakasiyana uye zvinovaka mirir neutano, kushaikwa kwezvakasiyana siyana zvekudya kana kuti zvine utano zvichivaka muiri kana kuti zvimwewo- nyora mhinduro zaana amai dzavanenge vadoma}.
   c. Pane mishamusha here yekuti vana varikushaya zvokudya zvinovakamuiri zvine utano kana kuti vakashaya zvinovaka muiri zviine hutano? {**Bvunza:** ngavanongedze mhando dzemisha (iri kutambura, ine vana vanorarama neuroma, vana vabve zera,misha irikune nzvimbo kunonetsa kusvikika}: zvingave zvikonzero zvei zviri mushure mekutambura kwavo

2. Muna 2017, munofunga here kuti pana ana amai(vakazvitakura,vakayamwsa nevane vana vari pasi pemakore maviri)munhataunda menyu vaive vaishaya zvinovaka muiri uye zviine hutano(Instructions: Tsanangura malnourisment-kushaya zvine chikafu chakakwana nekuda kwekushaya zvekudya zvakakwaa kana kuti kusadya zvinhu zvakafanira)? **Bvunza**
   a. Pakueresa, vangani vana amai(pagumi) vaishaya zvine chikafu chakakwana nekuda kwekushaya zvekudya zvakakwaa kana kuti kusadya zvinhu
   b. Zvaive zvikonzero zvei zvaiita ana amai vashaye zvikafu zvinovaka muviri? (Bvunza: kwaive kuda kweruzivo rushoma here maringe nezvinofanira kudyiwa zvinodiwa, ruzivo rwemhando yechikafu uye chikafu chinovaka muviri kana kuti zvimwewo? Nyora pasi zvose zvichataurwa naaamai.
   c. Pane misha here yekuti vana varikushaya zvokudya zvinovakamuiri zvine utano kana kuti vakashaya zvinovaka muiri zviine hutano?**{Bvunza**: ngavanongedze mhando dzemisha (iri kutambura, ine vana vanorarama neuroma, vana vabve zera,misha irikune nzvimbo kunonetsa kusvikika}: zvingave zvikonzero zvei zviri mushure mekutambura

3. Munharaunda menyu, munganzwe sekuti vana vari pasi pemakore mashanu vachiri kushaya chikafu chakakwana chinovakamuviri kana vaitadza kukura zviri pazera ravo mugore ra2020?
   a. Ndeapi mazano kana kuti mabhindauko amunoita se musha kana kuti mhuri kuti mugadzirise nyaya yekushaya zvinovaka muviri zvine hutano kuvana.Kushaya zvinovaka muviri zvine hutano zvinokanganisa wana sei? (Bvunza maringe nehutano, mararamiro, fundo nehutano hwepfungwa, opane zvimwewo.)
   b. Munharaunda menyu, mononzwa sekuti vana amai (vakazviakura, varikumwisa uye vane vana vari pasi pemakore mavirivachiri kushaya zvinovaka muviri uye zviine huano uye zvinokanganisa vana amai neznzira ipi? Kushaya zvinovaka muviri zvine tano zvinokanganisa ana amai nenzira dzipi?

4. Munofungawo here vagari vemunharaunda (vanogara vega nemisha) vanokwanisa kuwana zvikafu zvinovaka muviri zvakakwana uye vane nzira dziripo dzekuwana chiafu ichi.Bvunzisisa mberi
   a. Pachieresero, dzingani mhuri (pagumi) dzisingakwanise kuwana chikafu chakakwana chinovaa muviri, uye nenziri dzekuwana chikafu ichi?{Instructions: Nyora pasi
   b. Zvikonzero zvingave zvei zvekuti misha iyi itadze kunge ichiwana chikafu chakakwana uye chakanaka kana kuti nziri yekuwana chikafu ichi? **Nyatsotsanangura-**Nyora pasi zvikonzoero zvose zvanongedzwa.
   c. Pane misha here yatingati haikwanisi kuwana kana kuti haina nzira dzekuwana chikafu chakakwana uye chinehutano. [**Bvunza:** nongedza mhando yemisha idzi (vanotambura, misha dzinevanhu vanorarama nehurema. Misha dziri nzvimbo dzinonetsa kusvikika); angave matambudziko eyi akarikonzera kutambura kwavo]
   d. Ndeapi mabhindauko kana kuti zvinoitwa nemisha idzi/kana kuti mhuri idzi kuti vange vachikwanisa kupedza kushaikwa kwechikafu chakakwana uye chinehutano?

**Kubatana**

5. Mungave neruzivo here nezve mapoka kana maungano emunharaunda menyu macare groups nemaforums groups munharaunda menyu anoita nezve chikafu nezvinovaka muviri?
   a. Ndedzipi mhando dzemapoka dzamuinadzo uye dzakagadzirwa riinhi?: Instructions: kana varikubata muchikamu ich vadoma mapoka akati wandei nyora pasi wozonatsotsvagiridza kana ose ari maringe ne zvechikfu ye nezvechikafu chinovaka muviri
   b. Chinangwa chemapoka aya chingave chei? Ndivanaani vari mumapoka aya? Vanosangana kakawanda sei mapoka aya?
   c. Vanhu vemunharaunda menyu vanobata zvakanyanya heru muzviitiko zvinoitwa nemapako emunhharaunda aya?[Bvunza:tsvaga nzira dzirikuita vabata zvakanyanya kana kuti vasabate zvakanyanya,kumbira kuziva nzira dzingashandiswe kuvandudza nadzo kubata muzvikamu izvi
   d. Munofungawo here kuti mapoka emunharaunda aya awedzerekukwansa kuwana kwenyu chikafu chsvinu uye chine hutano mapoka ehurumende nevanoamiririra.[Bvunza end smberi mberi uchiti sei ukwanisa kuwana chikafu chinovaka muvirikwavandudwauye chii chingaitwe kuti tiende mberi nekuchivandudza
   e. Kubva muzvivakwa izvi, hurumende yakambotanga here chero kuwedzera chikafu chinovaka muviri9kuburikidza nevahsandi vehutano vemunharaunda muno kana kuti vana mudhumeni0zvaive zvisipo? [Bvunza: tsvaga zvakawedzerwa nekuti varikubata muchikamu ichi varikugutsikana.

**Kubudirira ne Hudzamu**

6. Munharaunda menyu, pane here zvakamboiwa pamakore maviri kana matatu adarika maringe nekuvandudza muviri nehutano hwevana (vari pasi pemakore mashanu kunyanya kusakura zvakanaka), ana amai (vakazvitakura nevari kuyamwisa) nekuwana chikafu

chakanaka chinehutano padira misha? Taikumbira kuziva zvakaitwa nevaizviita? **Bvunza** mberi maringe nezviniteera.

a. Ndedzipi mhando dzakasiyana siyana dzirikuitwa munharaunda nemapoka emunharuanda (kumbira vadome zviitiko izvi) uye kuti zvirikubatsira sei mapoka akasiyana siyana- evana (vari pasi pemakore mashanu-vasikana nevakomana) vanaamai (kusanganisira vanotambura-vanaamai vabve zera, vanoshaya, ana amai vanorarama nehurema, vabereki vane vana vakaremaraec) uye misha kana mhuri idzi? Sekuona kwako, mapoka aya angashande zvakanyanya sei ?
b. Taikumbira mutipewo zviitiko zvitsa(maringe nekuwana zvinovaka muviri zviine hutano uye kukwanisa kuwana chikafu chine hutano nguva dzose) zvakaitwa nevashandi vehutano kana kuti nema cousellors emunharaunda menyu? Zviri kubatsira sei mapoka akasiyana siyana emunharaunda –evana (vari pasi pemakore mashanu-vakomana nevasikana), vana amai (kusanganisira nevanoshaya, ana amai vachangobva zera, vanotambura, ana amai vakaremera, vabereki vane vana vakaremara etc) uye misha nemhuri? Sekuona kwako zvii zvingaitwe kuti zvavanoita zvive zvinoshanda zvakanyanya?
c. Taikumbira mutipewo zvirongwa zvakaitwa nevashandi ve Agritex & LPD (Ministry of Agriculture) ne nharaunda kunyanya varimi nenharaunda(bvunza maring ne maseed banks, crops and livestock deo interventions

7. Kushomeka kwezvokudya zvakakwana ndoimwe nyaya yakakosha inokonzera kusakura kune hutano zvichienderana nezera munharaunda menyu.Munonzwa sekuti oane shanduko here maringe nekudyiwa kwechiafu chinehutano chichivaka muviri munharaunda mushure mezviitiko izvi? Kana vati hongu chingave chikonzero chei, kana vati kwete chingave chikonzero chei?
   a. Torai zvine mukaka (mazai nemukaka) nyama and puses zviise muzvamunodya mumhuri menyu? Kunyanya vanaa (vari pasi pemakore mashanu-vakomana nevasikana) anamai (kusanganisira chero vari panjodzi zvakanyanya- ana amai vangobve zero, vanotambura, ana amai vakaremara, vabereki vane vana vakaremara).
   b. Kana mati hongu, kashoma zvakadii kanodyiwa nemapoka aya kunyanya vana (vari pasi pemmakore mashanu-vakomana nevasikana), vana amai (kusanganisira vari panjodzi zvakanyanya-ana amai vachangobve zera, vanoshaya, ana amai vakremera, nevabereki vane vana vakaremara) uye zvashanduka here tichifananidza negore ra2017?
   c. Mune ruzivo here ne zve vitamin A supplementation uye zvainobatsira? Vitamin A yakaiswa here mukudya mumhuri yenyu? kunyanya vana(vari pasi pemakore mashanu-vakomana nevasikana), vana amai(kusanganisira vari panjodzi zvakanyanya-ana amai vachangobve zera, vanoshaya, ana amai vakremera, nevabereki vane vana vakaremara)
   d. Mushure mekunge kudya kwashadurwa, kangani kanowanikwa hurwere hwakaita se(manyoka, kupisa muviri nekutonhorwa panguva imwe chete nekukosora)muvana vanobva pamakore matanhatu kusvikira pamakore mashanu
   e. Chii chingaitwe kuti tikwanise kuwana mukana wakafanana wekuwana chikafu cchinovaa muviri services kana ruzivo kune mapoka ose.

8. Nharaunda yenyu yambogamuchirawo mashoko akanangana nekudiwa kwechikafu chinovaka mui=viri chine hutano chevakazvitakura ne vana mumakore matatu adarika? Kana mati hongu muri vangani vakatambira mashoko aya? (Instructions: verenga vose vakatambira mashoko aya?)Ngati kurukurei mashoko aya amakagamuchira
   a. Tingakumbira kubatsirwa kunongedzerwa kwaibva mashoko aya-mapoka emunharaunda, vashandi vehutano.vanorapa,vadiwa vedu kanakuti varume vedu
   b. Mucharangarira here nhau yaigamuchidzwa mumashoko aya?
   c. Mashko aya ainzwisisika here uye aive muchirudzi chamunotaura munharaunda yenyu here?

d. Kubva kune munhu wamunovimba naye, [Bvunza: kana asina kutendeka, wozokumbira kuziva kubva kune vamwe vaigona kushandiswa kuti mashoko aya atambirike].
e. Zvii zvingavandudzwe (kumbira kuziva pakasiyana zvingavemo, chirudzi, angashandiswa) kukwanisa kuti mugamuchiri weshoko avandudze maitiri ake maringenekutora zvokudya zvakafanira zvinovaka muviri
f. Munofunga kuti pane mapoka evanhu kana misha vasingakwanisi kugamuchira mashko aya? **Bvunza:** ngavanongedze mhando dzemisha (dzinotambura, misha ine vakaremara, misha iri kunzvimbo dzinonetsa kusvikika) Nei vasina kuwana mashoko aya uye chii chingautwe kuti vakwanise kuwana mashoko aya.

9. Mabhindauko aya angave nenguva yakareba ine hudzamu zvakadii kumapoka akasiyana evana (vari pasi pemakore mashanu-vakomana nevasikana), ana amai (kusangansira varipanjodzi zvakanyanya-ana amai vachangobve zera, vanotambura, ana ami vakaremara, vabereki vevana vakaremara zvichienda zvakadaro) nemisha nemhuri?
   a. Pane here zvamangamusina kutarisira zvakabuda (zvakanaka kana zvakashata) zvakaitwa nechirongwa ichi kuwedzera uye kunaani?

**Kuenderera nekuwedzerwa**

10. Munharaunda menyu, ndezvipi zvezviitiko zvinobatsira uye zvinounza zvinobatika zvingave zvinogara nguva refu uye nechikonzore chei?
    a. Mapoka emunharaunda nemamwewo maungano.Zviitiko zve maVHWs nemaCounsellors, AgriTech and LPD workers;vanodzidzisa munharaunda
    b. Ndezvipi zvezviitiko izvi zvisinga gare uye taikumbira mutsanangure zvikonzero zvinoita kuti zvisagare kwenguva refu? Chii chingaitwe kuti zviiitiko izvi zvigarekwekunguva refu?

11. Ndeapi mabhindauko akaitwa pasi pechirngwa ichi pamwe mune mamwe madistricts zvekare, taikumbira mutipewo mazano ekuti hurumende yeZimbabwe (pamwe chete ne UNICEF ne FAO) ingaitei kuti iwedzero zvirongwa izvi (tsanangura zvingaitwe uye sei?).
    a. Ndedzipi shanduko dzingagadzirwa kana kuti zvimwe zvirongwa zvingawedzerwe kana mawe madistrcts ave kunangwawo?
    b. Chii chatingate zvakasiyana kuti chirongwa chi chive chinobatsira zvakanyanya uye chinoshanda zvakanyanya kupedza kusakura zvine hutano (kwevari pasi pemakore mashanu), kuweezera hutano nekuvaa muviri kwaana amai, uye kuwanikwa kwechika chakanaka nguva dzose mumisha?

**HRBA, Gender Equality, and Equity**

12. Mune ruzivo here nenzira dzekupindurwa dzakaitwa munharaunda menyu iyo yamungashandisa kucheme kana kugunun'una maringe nekushaya chikafu, kushaya ruzivi maringe nekuzvitakura uye nevana, kubatsirwa kwevakazvitakura nevanoyamwisa, chikafu, chinovaka muviri chinodiwa nevana vakaremara
    a. Zviyi zvakashandiswa? Vangani vakazvishandisa?
    b. Murikutsikana here nekupindirwa kwamakambogamuchira kubva kune vamiririr vehurumende?

13. Ndeapi pane mapoka anoteera vari panjodzi zvakanyanya yekushaya chikafu chinovaka muviri chine hutano?
    a. Vana amai nevasikana
    b. Pakati pemhuri dzinotambura nedzakapfuma
    c. Musha iri kunzvimbo dzinonetsa kusvikika
    d. Vana vakazvarwa vaine hurema
    e. Vana vaana amai vangabvo zera
    f. Mapoka ezvitendero kana kuti echirudzi

## Nhaurirano yaana baba kana kuti misoro yemisha vevana vari pasi pemakore mashanu

Zuva rakanaka, tataura kare, rega ndizvizivise zvakare, ndinonzi ________________________ uye ndiri kushanda neJimat Development Consultants kuti ndiwongorore chirongwa chekudya chinoitwa neUNICEF Zimbabwe neFAO. Tiri kutaura nenhengo dzemunharaunda nezvezvakasiyana zvekudya uye chikafu chekuchengetedza Kubvunzurudzwa kunotora maminetsi makumi matatu kuti apedze. Isu tichava nechokwadi chekusazivikanwa uye kuvanzika kwemhinduro dzako. Ndingatange kubvunzurudza izvozvi?

| Q101. | Interview date | DD_______ MM_______ YYYY | |
|---|---|---|---|
| Q102. | Locality | 1=Urban | 2=Rural |
| Q103. | Ward/Village | | |
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| Q105. | Province | | |
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| Q107. | Note taker | | |
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**Kukosha**

1. Ngatidzokerei mugore ra2017- munhauranda menyu, munofunga here kuti vana vari pasi pemakore mashanu vaishaya zvokudya zvinovaka muviri kana kuti vaisakura zvakanaka zvinoenderana nezera ravo?
   a. Pakueresa, vangani vana vari pasi pemakore mashanu (pagumi) vaive vasiri kukura zvakanaka zvezera ravo? (**Instructions:** Explain stunting – children height is not as per the age)? Probe further by asking the following:
   b. Zvingave zvikonzero zvei zvaiita vana vari pasi pemakore mashanu vasiri kuwana zvinovaka muviri kana kuti vatadze kukura zvinoenderana nezera ravo? {**Bvunzisisa**, kungave nekuda kweruzivo rushoma kwe zvokudya zvinodikanwa kuvana naana amai, ruzivo rwezvokudya zvakasiyana uye zvinovaka mirir neutano, kushaikwa kwezvakasiyana siyana zvekudya kana kuti zvine utano zvichivaka muiri kana kuti zvimwewo- nyora mhinduro zaana amai dzavanenge vadoma}.
   c. Pane mishamusha here yekuti vana varikushaya zvokudya zvinovakamuiri zvine utano kana kuti vakashaya zvinovaka muiri zviine hutano? {**Bvunza:** ngavanongedze mhando dzemisha (iri kutambura, ine vana vanorarama neuroma, vana vabve zera,misha irikune nzvimbo kunonetsa kusvikika}: zvingave zvikonzero zvei zviri mushure mekutambura kwavo

2. Muna 2017, munofunga here kuti pana ana amai(vakazvitakura,vakayamwsa nevane vana vari pasi pemakore maviri)munhataunda menyu vaive vaishaya zvinovaka muiri uye zviine hutano(Instructions: Tsanangura malnourisment-kushaya zvine chikafu chakakwana nekuda kwekushaya zvekudya zvakakwaa kana kuti kusadya zvinhu zvakafanira)? **Bvunza**
   a. Pakueresa, vangani vana amai(pagumi) vaishaya zvine chikafu chakakwana nekuda kwekushaya zvekudya zvakakwaa kana kuti kusadya zvinhu
   b. Zvaive zvikonzero zvei zvaiita ana amai vashaye zvikafu zvinovaka muviri? (Bvunza: kwaive kuda kweruzivo rushoma here maringe nezvinofanira kudyiwa zvinodiwa, ruzivo rwemhando yechikafu uye chikafu chinovaka muviri kana kuti zvimwewo? Nyora pasi zvose zvichataurwa naaamai.
   c. Pane misha here yekuti vana varikushaya zvokudya zvinovakamuiri zvine utano kana kuti vakashaya zvinovaka muiri zviine hutano?{**Bvunza**: ngavanongedze mhando dzemisha (iri kutambura, ine vana vanorarama neuroma, vana vabve zera,misha irikune nzvimbo kunonetsa kusvikika}: zvingave zvikonzero zvei zviri mushure mekutambura

3. Munharaunda menyu, munganzwe sekuti vana vari pasi pemakore mashanu vachiri kushaya chikafu chakakwana chinovakamuviri kana vaitadza kukura zviri pazera ravo mugore ra2020?
   a. Ndeapi mazano kana kuti mabhindauko amunoita se musha kana kuti mhuri kuti mugadzirise nyaya yekushaya zvinovaka muviri zvine hutano kuvana.Kushaya zvinovaka muviri zvine hutano zvinokanganisa wana sei? (Bvunza maringe nehutano, mararamiro, fundo nehutano hwepfungwa, opane zvimwewo.)
   b. Munharaunda menyu, munonzwa sekuti vana amai (vakazviakura, varikumwisa uye vane vana vari pasi pemakore mavirivachiri kushaya zvinovaka muviri uye zviine huano uye zvinokanganisa vana amai neznzira ipi? Kushaya zvinovaka muviri zvine tano zvinokanganisa ana amai nenzira dzipi?

4. Munofungawo here vagari vemunharaunda (vanogara vega nemisha) vanokwanisa kuwana zvikafu zvinovaka muviri zvakakwana uye vane nzira dziripo dzekuwana chiafu ichi.Bvunzisisa mberi
   a. Pachieresero, dzingani mhuri (pagumi) dzisingakwanise kuwana chikafu chakakwana chinovaa muviri, uye nenziri dzekuwana chikafu ichi?{Instructions: Nyora pasi
   b. Zvikonzero zvingave zvei zvekuti misha iyi itadze kunge ichiwana chikafu chakakwana uye chakanaka kana kuti nziri yekuwana chikafu ichi? **Nyatsotsanangura-**Nyora pasi zvikonzoero zvose zvanongedzwa.
   c. Pane misha here yatingati haikwanisi kuwana kana kuti haina nzira dzekuwana chikafu chakakwana uye chinehutano. [**Bvunza:** nongedza mhando yemisha idzi (vanotambura, misha dzinevanhu vanorarama nehurema. Misha dziri nzvimbo dzinonetsa kusvikika); angave matambudziko eyi akarikonzera kutambura kwavo]
   d. Ndeapi mabhindauko kana kuti zvinoitwa nemisha idzi/kana kuti mhuri idzi kuti vange vachikwanisa kupedza kushaikwa kwechikafu chakakwana uye chinehutano?

**Kubatana**

5. Mungave neruzivo here nezve mapoka kana maungano emunharaunda menyu macare groups nemaforums groups munharaunda menyu anoita nezve chikafu nezvinovaka muviri?
   a. Ndedzipi mhando dzemapoka dzamuinadzo uye dzakagadzirwa riinhi?: Instructions: kana varikubata muchikamu ich vadoma mapoka akati wandei nyora pasi wozonatsotsvagiridza kana ose ari maringe ne zvechikfu ye nezvechikafu chinovaka muviri
   b. Chinangwa chemapoka aya chingave chei? Ndivanaani vari mumapoka aya? Vanosangana kakawanda sei mapoka aya?
   c. Vanhu vemunharaunda menyu vanobata zvakanyanya heru muzviitiko zvinoitwa nemapako emunhharaunda aya?[Bvunza:tsvaga nzira dzirikuita vabata zvakanyanya kana kuti vasabate zvakanyanya,kumbira kuziva nzira dzingashandiswe kuvandudza nadzo kubata muzvikamu izvi
   d. Munofungawo here kuti mapoka emunharaunda aya awedzerekukwansa kuwana kwenyu chikafu chsvinu uye chine hutano mapoka ehurumende nevanoamiririra.[Bvunza end smberi mberi uchiti sei ukwanisa kuwana chikafu chinovaka muvirikwavandudwauye chii chingaitwe kuti tiende mberi nekuchivandudza
   e. Kubva muzvivakwa izvi, hurumende yakambotanga here chero kuwedzera chikafu chinovaka muviri9kuburikidza nevahsandi vehutano vemunharaunda muno kana kuti vana mudhumeni0zvaive zvisipo? [Bvunza: tsvaga zvakawedzerwa nekuti varikubata muchikamu ichi varikugutsikana.

**Kubudirira ne Hudzamu**

6. Munharaunda menyu, pane here zvakamboiwa pamakore maviri kana matatu adarika maringe nekuvandudza muviri nehutano hwevana (vari pasi pemakore mashanu kunyanya kusakura zvakanaka), ana amai (vakazvitakura nevari kuyamwisa) nekuwana chikafu chakanaka chinehutano padira misha? Taikumbira kuziva zvakaitwa nevaizviita? **Bvunza** mberi maringe nezviniteera.

a. Ndedzipi mhando dzakasiyana siyana dzirikuitwa munharaunda nemapoka emunharuanda (kumbira vadome zviitiko izvi) uye kuti zvirikubatsira sei mapoka akasiyana siyana- evana (vari pasi pemakore mashanu-vasikana nevakomana) vanaamai (kusanganisira vanotambura-vanaamai vabve zera, vanoshaya, ana amai vanorarama nehurema, vabereki vane vana vakaremaraec) uye misha kana mhuri idzi? Sekuona kwako, mapoka aya angashande zvakanyanya sei?
b. Taikumbira mutipewo zviitiko zvitsa(maringe nekuwana zvinovaka muviri zviine hutano uye kukwanisa kuwana chikafu chine hutano nguva dzose) zvakaitwa nevashandi vehutano kana kuti nema cousellors emunharaunda menyu? Zviri kubatsira sei mapoka akasiyana siyana emunharaunda –evana (vari pasi pemakore mashanu-vakomana nevasikana), vana amai (kusanganisira nevanoshaya, ana amai vachangobva zera, vanotambura, ana amai vakaremera, vabereki vane vana vakaremara etc) uye misha nemhuri? Sekuona kwako zvii zvingaitwe kuti zvavanoita zvive zvinoshanda zvakanyanya?
c. Taikumbira mutipewo zvirongwa zvakaitwa nevashandi ve Agritex & LPD (Ministry of Agriculture) ne nharaunda kunyanya varimi nenharaunda(bvunza maring ne maseed banks, crops and livestock deo interventions

7. Kushomeka kwezvokudya zvakakwana ndoimwe nyaya yakakosha inokonzera kusakura kune hutano zvichienderana nezera munharaunda menyu.Munonzwa sekuti oane shanduko here maringe nekudyiwa kwechiafu chinehutano chichivaka muviri munharaunda mushure mezviitiko izvi? Kana vati hongu chingave chikonzero chei, kana vati kwete chingave chikonzero chei?
   a. Torai zvine mukaka (mazai nemukaka) nyama and puses zviise muzvamunodya mumhuri menyu? Kunyanya vanaa (vari pasi pemakore mashanu-vakomana nevasikana) anamai (kusanganisira chero vari panjodzi zvakanyanya- ana amai vangobve zero, vanotambura, ana amai vakaremara, vabereki vane vana vakaremara).
   b. Kana mati hongu, kashoma zvakadii kanodyiwa nemapoka aya kunyanya vana (vari pasi pemmakore mashanu-vakomana nevasikana), vana amai (kusanganisira vari panjodzi zvakanyanya-ana amai vachangobve zera, vanoshaya, ana amai vakremera, nevabereki vane vana vakaremara) uye zvashanduka here tichifananidza negore ra2017?
   c. Mune ruzivo here ne zve vitamin A supplementation uye zvainobatsira? Vitamin A yakaiswa here mukudya mumhuri yenyu? kunyanya vana(vari pasi pemakore mashanu-vakomana nevasikana), vana amai(kusanganisira vari panjodzi zvakanyanya-ana amai vachangobve zera, vanoshaya, ana amai vakremera, nevabereki vane vana vakaremara)
   d. Mushure mekunge kudya kwashadurwa, kangani kanowanikwa hurwere hwakaita se(manyoka, kupisa muviri nekutonhorwa panguva imwe chete nekukosora)muvana vanobva pamakore matanhatu kusvikira pamakore mashanu
   e. Chii chingaitwe kuti tikwanise kuwana mukana wakafanana wekuwana chikafu cchinovaa muviri services kana ruzivo kune mapoka ose.

8. Nharaunda yenyu yambogamuchirawo mashoko akanangana nekudiwa kwechikafu chinovaka mui=viri chine hutano chevakazvitakura ne vana mumakore matatu adarika? Kana mati hongu muri vangani vakatambira mashoko aya? (Instructions: verenga vose vakatambira mashoko aya?)Ngati kurukurei mashoko aya amakagamuchira
   a. Tingakumbira kubatsirwa kunongedzerwa kwaibva mashoko aya-mapoka emunharaunda, vashandi vehutano.vanorapa,vadiwa vedu kanakuti varume vedu
   b. Mucharangarira here nhau yaigamuchidzwa mumashoko aya?
   c. Mashko aya ainzwisisika here uye aive muchirudzi chamunotaura munharaunda yenyu here?
   d. Kubva kune munhu wamunovimba naye, [Bvunza: kana asina kutendeka, wozokumbira kuziva kubva kune vamwe vaigona kushandiswa kuti mashoko aya atambirike].

e. Zvii zvingavandudzwe (kumbira kuziva pakasiyana zvingavemo, chirudzi, angashandiswa) kukwanisa kuti mugamuchiri weshoko avandudze maitiri ake maringenekutora zvokudya zvakafanira zvinovaka muviri
f. Munofunga kuti pane mapoka evanhu kana misha vasingakwanisi kugamuchira mashko aya? **Bvunza:** ngavanongedze mhando dzemisha (dzinotambura, misha ine vakaremara, misha iri kunzvimbo dzinonetsa kusvikika) Nei vasina kuwana mashoko aya uye chii chingautwe kuti vakwanise kuwana mashoko aya.

9. Mabhindauko aya angave nenguva yakareba ine hudzamu zvakadii kumapoka akasiyana evana (vari pasi pemakore mashanu-vakomana nevasikana), ana amai (kusangansira varipanjodzi zvakanyanya-ana amai vachangobve zera, vanotambura, ana ami vakaremara, vabereki vevana vakaremara zvichienda zvakadaro) nemisha nemhuri?
   a. Pane here zvamangamusina kutarisira zvakabuda (zvakanaka kana zvakashata) zvakaitwa nechirongwa ichi kuwedzera uye kunaani?

**Kuenderera nekuwedzerwa**

10. Munharaunda menyu, ndezvipi zvezviitiko zvinobatsira uye zvinounza zvinobatika zvingave zvinogara nguva refu uye nechikonzore chei?
    a. Mapoka emunharaunda nemamwewo maungano.Zviitiko zve maVHWs nemaCounsellors, AgriTech and LPD workers;vanodzidzisa munharaunda
    b. Ndezvipi zvezviitiko izvi zvisinga gare uye taikumbira mutsanangure zvikonzero zvinoita kuti zvisagare kwenguva refu? Chii chingaitwe kuti zviiitiko izvi zvigarekwekunguva refu?

11. Ndeapi mabhindauko akaitwa pasi pechirngwa ichi pamwe mune mamwe madistricts zvekare, taikumbira mutipewo mazano ekuti hurumende yeZimbabwe (pamwe chete ne UNICEF ne FAO) ingaitei kuti iwedzero zvirongwa izvi (tsanangura zvingaitwe uye sei?).
    a. Ndedzipi shanduko dzingagadzirwa kana kuti zvimwe zvirongwa zvingawedzerwe kana mawe madistrcts ave kunangwawo?
    b. Chii chatingate zvakasiyana kuti chirongwa chi chive chinobatsira zvakanyanya uye chinoshanda zvakanyanya kupedza kusakura zvine hutano (kwevari pasi pemakore mashanu), kuweezera hutano nekuvaa muviri kwaana amai, uye kuwanikwa kwechika chakanaka nguva dzose mumisha?

**HRBA, Gender Equality, and Equity**

12. Mune ruzivo here nenzira dzekupindurwa dzakaitwa munharaunda menyu iyo yamungashandisa kucheme kana kugunun'una maringe nekushaya chikafu, kushaya ruzivi maringe nekuzvitakura uye nevana, kubatsirwa kwevakazvitakura nevanoyamwisa, chikafu, chinovaka muviri chinodiwa nevana vakaremara
    a. Zviyi zvakashandiswa? Vangani vakazvishandisa?
    b. Murikutsikana here nekupindirwa kwamakambogamuchira kubva kune vamiririr vehurumende?

13. Ndeapi pane mapoka anoteera vari panjodzi zvakanyanya yekushaya chikafu chinovaka muviri chine hutano?
    a. Vana amai nevasikana
    b. Pakati pemhuri dzinotambura nedzakapfuma
    c. Musha iri kunzvimbo dzinonetsa kusvikika
    d. Vana vakazvarwa vaine hurema
    e. Vana vaana amai vangabvo zera
    f. Mapoka ezvitendero kana kuti echirudzi

## FGDs Nevarimi

Zuva rakanaka, tataura kare, rega ndizvizivise zvakare, ndinonzi ________________________ uye ndiri kushanda neJimat Development Consultants kuti ndiwongorore chirongwa chekudya chinoitwa neUNICEF Zimbabwe neFAO. Tiri kutaura nenhengo dzemunharaunda nezvezvakasiyana zvekudya uye chikafu chekuchengetedza Kubvunzurudzwa kunotora maminetsi makumi matatu kuti apedze. Isu tichava nechokwadi chekusazivikanwa uye kuvanzika kwemhinduro dzako. Ndingatange kubvunzurudza izvozvi?

| Q101. | Interview date | DD_______ MM_______ YYYY | |
|---|---|---|---|
| Q102. | Locality | 1=Urban | 2=Rural |
| Q103. | Ward/Village | | |
| Q104. | District | | |
| Q105. | Province | | |
| Q106. | Moderator | | |
| Q107. | Note taker | | |
| Q108. | Transcriber | | |

**Kukosha Kwazvo**

1. Ngatidzokerei mashure mugore ra 2017, munharaunda yenyu kana muWard muno makambova nekushaikwa kana kushomeka kwezvekudya here ?
   a. Chii chainonyanyokonzera kushomeka kana kushaikwa kwezvekudya?
   b. Ndeapi matanho akatorwa nemhuri dzirimunharaunda ino kuti vaapedze dambudziko rekushomeka kana kushaikwa kwezvekudya? [Probe: vangadaro vakaenda kunosunza kunedzimwe nzvimbo here kana udya kudya kusinganyatsovaka muviri, kana kuzvirimira zvekudya nemamwewo matanho?
   c. Dambudziko rekushaikwa kwezvekudya rakavhiringidza sei mabasa enyu sevarimi akadai sekurima nekuchengeta zvipfuyo?

2. Munharaunda ino, richipo here dambudziko renzara? [Instructions: makapedzisira riini kusangana nedambudzikouye rakakozerwa nei? Ndeapi matanho amakator kuti dambudziko ripere?]
   a. Munharaunda menyu, munganzwa here kuti vana vari pasi pemakore mashanu havachina zvinovaka muviri
   b. Ndeapi mazano kana kuti mabhindauko amunoita se musha kana kuti mhuri kuti mugadzirise nyaya yekushaya zvinovaka muviri zvine hutano kuvana.Kushaya zvinovaka muviri zvine hutano zvinokanganisa wana sei? (Bvunza maringe nehutano, mararamiro, fundo nehutano hwepfungwa, opane zvimwewo)
   c. Munharaunda menyu, munonzwa sekuti vana amai (vakazviakura, varikumwisa uye vane vana vari pasi pemakore mavirivachiri kushaya zvinovaka muviri uye zviine huano uye zvinokanganisa vana amai neznzira ipi? Kushaya zvinovaka muviri zvine tano zvinokanganisa ana amai nenzira dzipi?

3. Munofungawo here vagari vemunharaunda (vanogara vega nemisha) vanokwanisa kuwana zvikafu zvinovaka muviri zvakakwana uye vane nzira dziripo dzekuwana chiafu ichi.Bvunzisisa mberi
   a. Pachieresero, dzingani mhuri (pagumi) dzisingakwanise kuwana chikafu chakakwana chinovaa muviri, uye nenziri dzekuwana chikafu ichi?{Instructions: Nyora pasi
   b. Zvikonzero zvingave zvei zvekuti misha iyi itadze kunge ichiwana chikafu chakakwana uye chakanaka kana kuti nziri yekuwana chikafu ichi? **Nyatsotsanangura-**Nyora pasi zvikonzoero zvose zvanongedzwa.
   c. Pane misha here yatingati haikwanisi kuwana kana kuti haina nzira dzekuwana chikafu chakakwana uye chinehutano. [**Bvunza:** nongedza mhando yemisha idzi (vanotambura, misha dzinevanhu vanorarama nehurema. Misha dziri nzvimbo dzinonetsa kusvikika); angave matambudziko eyi akarikonzera kutambura kwavo]

**Kubudirira ne Hudzamu**

4. Munharaunda menyu, pane here zvakamboiwa pamakore maviri kana matatu adarika maringe nekuvandudza muviri nehutano hwevana (vari pasi pemakore mashanu kunyanya kusakura zvakanaka), ana amai (vakazvitakura nevari kuyamwisa) nekuwana chikafu chakanaka chinehutano padira misha? Taikumbira kuziva zvakaitwa nevaizviita? Bvunza mberi maringe nezviniteera.
    a. Taikumbira mutipewo zvirongwa zvakaitwa nevashandi ve Agritex &LPD (Ministry of Agriculture) ne nharaunda kunyanya varimi nenharaunda (bvunza maring ne maseed banks, crops, and livestock deo interventions?
    b. Zviri kubatsira sei mapoka akasiyana siyana emunharaunda –evana (vari pasi pemakore mashanu-vakomana nevasikana), vana amai (kusanganisira nevanoshaya, ana amai vachangobva zera, vanotambura, ana amai vakaremera, vabereki vane vana vakaremara etc) uye misha nemhuri? Sekuona kwako zvii zvingaitwe kuti zvavanoita zvive zvinoshanda zvakanyanya?
    c. Matanho aya arikuderedza here huwandu hwevana vanemakore aripasi pemashanu vasiri kukura zvakanaka, arikuderedza here kushomeka kwezvekudya zvinovaka muviri kumadzimai anoyamwisa nevana varipasi pemakore maviri nevamwewo. Kuwanikwa kwezvekudya zvatsaukana nemutengo wakaderera nemikana yekuti vanhu vemunharaunda vanogon kuzvitenga? Ndeapi mapoka akabatsirikana zvakanyanya kuburikidza nezvirongwa izvozvo uye ndeapi mapoka aitsvaga rubatsiro asi vakarushaya huye sei izvi zvakaitika. Nderupi rubatsiro rwakaunza pundutso kudarika rumwe uye nemhaka yei izvi zvakaitika.

5. Munguva pfupi yapfuura, makambopindawo here muzviratidzo zvairatidza zvekudya zvakatsaukana? [Bvunzurudzo: zvakaitika riinhi uye ndiyani aizvitungamira.]
    a. Semaonero enyu, zviratidzo izvi zvakabatsira here kunzwisisa nezvekuchengetedzeka kwezvekudya, kukosha kwekudya kunovaka muviri kungava kuchibva muzvirimwa kana zvipfuyo uye kuti vese izvi zvinobatsira sei pakuwanikwa kwezvekudya zvinovaka muviri?
    b. Nekuda kwezviratidzo izvi, pane zvamakashandura here maringe nezvirimwa zvamunorima kana vipfuyo zvamunochengeta? [Bvunzurudzo: Kana zviripo, mukatitsananguriraawo here kuti zvakavandudza here huye sei kuwanikwa kwekudya kunovaka muviri uye kwakaringana mumusha menyu.]
    c. Semaonero enyu, kuunza shanduko kuzvirimwa zvamunorima nezvipfuyo zvamunochengeta, kwabatsira here kuvandudza kuwanikwa kwezvekudya zvinovaka muviri kumadzimai akazvitakura vanoyamwisa nevana vanemakore aripasi pemashanu munharaunda ino? [Bvunzurudzo: zvabatsira sei uye humbowo hweshanduko iyi hunoonekwa?

**Kuenderera Mberi nekuvandudza zvirongwa**

6. Ndeapi mabasa kana pundutso yakaunzwa nezvirongwa izvi zvakaitwa nevarimi inogona kuenderera mberi ichishandiswa nevarimi uye nemhaka yeyi. [Bvunzurudzo kunavose matura embeu, zviratidzo zvezvirimwa nezvipfuyo, zviratidzo zvekugadzira zvekudya nekuzvichngetedza, zviratidzo zvekudya kwakasiyana siyana uye nemabikirwo azvo.
    a. Ndezvipi zvezviitiko izvi zvisinga gare uye taikumbira mutsanangure zvikonzero zvinoita kuti zvisagare kwenguva refu? Chii chingaitwe kuti zviiitiko izvi zvigarekwekunguva refu?

7. Ndeapi mabhindauko akaitwa pasi pechirngwa ichi pamwe mune mamwe madistricts zvekare, taikumbira mutipewo mazano ekuti hurumende yeZimbabwe (pamwe chete ne UNICEF ne FAO) ingaitei kuti iwedzero zvirongwa izvi (tsanangura zvingaitwe uye sei?
    a. Ndedzipi shanduko dzingagadzirwa kana kuti zvimwe zvirongwa zvingawedzerwe kana mawe madistrcts ave kunangwawo?
    b. Chii chatingate zvakasiyana kuti chirongwa chi chive chinobatsira zvakanyanya uye chinoshanda zvakanyanya kupedza kusakura zvine hutano (kwevari pasi pemakore mashanu), kuweezera hutano nekuvaa muviri kwaana amai, uye kuwanikwa kwechika chakanaka nguva dzose mumisha?

**HRBA, Gender Equality, and Equity**

8. Dziripo here nzira dzingashandiswa nevagari vemunhraunda, zvikuru sei varimi kuti vawane rubatsiro kubva kuvarimisi kana kuti vasvitse zvichemo zvavo maringe nekushaikwa kwezvekudya pamwe nekuziviswa nezvinenge zvakabuda muzviratidzo zvezvekudya pamwe nedzidzoso dzavanenge vakawana nezvimwewo.
    a. Zviyi zvakashandiswa? Vangani vakazvishandisa?
    b. Murikutsikana here nekupindirwa kwamakambogamuchira kubva kune vamiririr vehurumende?

9. Ndeapi pane mapoka anoteera vari panjodzi zvakanyanya yekushaya chikafu chinovaka muviri chine hutano?
    a. Vana amai nevasikana
    b. Pakati pemhuri dzinotambura nedzakapfuma
    c. Musha iri kunzvimbo dzinonetsa kusvikika
    d. Vana vakazvarwa vaine hurema
    e. Vana vaana amai vangabvo zera
    f. Mapoka ezvitendero kana kuti echirudzi

## Nhaurirano neVadhumeni

Zuva rakanaka, tataura kare, rega ndizvizivise zvakare, ndinonzi ________________________ uye ndiri kushanda neJimat Development Consultants kuti ndiwongorore chirongwa chekudya chinoitwa neUNICEF Zimbabwe neFAO. Tiri kutaura nenhengo dzemunharaunda nezvezvakasiyana zvekudya uye chikafu chekuchengetedza Kubvunzurudzwa kunotora maminetsi makumi matatu kuti apedze. Isu tichava nechokwadi chekusazivikanwa uye kuvanzika kwemhinduro dzako. Ndingatange kubvunzurudza izvozvi?

| Q101. | Interview date | DD_______ MM_______ YYYY | |
|---|---|---|---|
| Q102. | Locality | 1=Urban | 2=Rural |
| Q103. | Ward/Village | | |
| Q104. | District | | |
| Q105. | Province | | |
| Q106. | Moderator | | |
| Q107. | Note taker | | |
| Q108. | Transcriber | | |

**Kukosha Kwazvo**

1. Ngatidzokerei mashure mugore ra 2017, munharaunda yenyu kana muWard muno makambova nekushaikwa kana kushomeka kwezvekudya here ?
   a. Chii chainonyanyokonzera kushomeka kana kushaikwa kwezvekudya?
   b. Ndeapi matanho akatorwa nemhuri dzirimunharaunda ino kuti vaapedze dambudziko rekushomeka kana kushaikwa kwezvekudya? [Probe: vangadaro vakaenda kunosunza kunedzimwe nzvimbo here kana udya kudya kusinganyatsovaka muviri, kana kuzvirimira zvekudya nemamwewo matanho?

2. Munharaunda ino, richipo here dambudziko renzara? [Instructions: makapedzisira riini kusangana nedambudzikouye rakakozerwa nei? Ndeapi matanho amakator kuti dambudziko ripere?]
   a. Munharaunda menyu, munganzwa here kuti vana vari pasi pemakore mashanu havachina zvinovaka muviri
   b. Ndeapi mazano kana kuti mabhindauko amunoita se musha kana kuti mhuri kuti mugadzirise nyaya yekushaya zvinovaka muviri zvine hutano kuvana.Kushaya zvinovaka muviri zvine hutano zvinokanganisa wana sei? (Bvunza maringe nehutano, mararamiro, fundo nehutano hwepfungwa, opane zvimwewo)
   c. Munharaunda menyu, munonzwa sekuti vana amai (vakazviakura, varikumwisa uye vane vana vari pasi pemakore mavirivachiri kushaya zvinovaka muviri uye zviine huano uye zvinokanganisa vana amai neznzira ipi? Kushaya zvinovaka muviri zvine tano zvinokanganisa ana amai nenzira dzipi?

3. Munofungawo here vagari vemunharaunda (vanogara vega nemisha) vanokwanisa kuwana zvikafu zvinovaka muviri zvakakwana uye vane nzira dziripo dzekuwana chiafu ichi.Bvunzisisa mberi
   a. Pachieresero, dzingani mhuri (pagumi) dzisingakwanise kuwana chikafu chakakwana chinovaa muviri, uye nenziri dzekuwana chikafu ichi?{Instructions: Nyora pasi
   b. Zvikonzero zvingave zvei zvekuti misha iyi itadze kunge ichiwana chikafu chakakwana uye chakanaka kana kuti nziri yekuwana chikafu ichi? **Nyatsotsanangura-**Nyora pasi zvikonzoero zvose zvanongedzwa.
   c. Pane misha here yatingati haikwanisi kuwana kana kuti haina nzira dzekuwana chikafu chakakwana uye chinehutano. [**Bvunza:** nongedza mhando yemisha idzi (vanotambura, misha dzinevanhu vanorarama nehurema. Misha dziri nzvimbo dzinonetsa kusvikika); angave matambudziko eyi akarikonzera kutambura kwavo].

**Kubudirira neHudzamu**

4. Munharaunda menyu, pane here zvakamboiwa pamakore maviri kana matatu adarika maringe nekuvandudza muviri nehutano hwevana (vari pasi pemakore mashanu kunyanya

kusakura zvakanaka), ana amai (vakazvitakura nevari kuyamwisa) nekuwana chikafu chakanaka chinehutano padira misha?

a. Taikumbira mutipewo zvirongwa zvakaitwa nevashandi ve Agritex &LPD (Ministry of Agriculture) ne nharaunda kunyanya varimi nenharaunda (bvunza maring ne maseed banks, crops, and livestock deo interventions?
b. Zviri kubatsira sei mapoka akasiyana siyana emunharaunda –evana (vari pasi pemakore mashanu-vakomana nevasikana), vana amai (kusanganisira nevanoshaya, ana amai vachangobva zera, vanotambura, ana amai vakaremera, vabereki vane vana vakaremara etc) uye misha nemhuri? Sekuona kwako zvii zvingaitwe kuti zvavanoita zvive zvinoshanda zvakanyanya?
c. Ndeapi mapoka akabatsirikana zvakanyanya kuburikidza nezvirongwa izvozvo uye ndeapi mapoka aitsvaga rubatsiro asi vakarushaya huye sei izvi zvakaitika. Nderupi rubatsiro rwakaunza pundutso kudarika rumwe uye nemhaka yei izvi zvakaitika.

5. Unoziva here shanduko dzakaitwa mukudzidza nezvekurima kubatanidza module pahutano hwevanhu? Kana hongu, tsanangura zvakajeka shanduko.
    a. Iwe wakadzidziswa mune module nyowani here? Kana zvirizvo, iko kudzidziswa kwakabatsira sei mukunzwisisa kudya kwevanhu? [**Bvunza**: inguva yekudzidzira / nguva?]
    b. Kwaive kudzidzisa zvinhu zvaibatsira kunzwisisa nzwisiso-yakatarwa mazwi echirevo? [**Instructions:** kana zvisiri, saka bvunza kuti sei usinga]
    c. Vadzidzisi vainge vaneruzivo rwakakwana here pamusoro pezvidzidzo izvi, vainge vachiwanikwa muno here uye vachinyatsotsanangura zvakazara?
    d. Kana Nhaurirano neVadhumeni akaenda kunogara kuneimwe nzvimbo ndeapi matanho anotorwa nekirinika kana chipatara kudzidzisa munhu mutsva kuti atore nzvimbo iyoyo?
    e. Pane here zvamunoona zvingaitwa kuvandudza dzidziso idzodzo uye kuyeuchidzana pamusoro padzo.

6. Semaonero enyu, dzidziso yamakawana pamusoro pezvekudya zvinovaka muviri yakakubatsirai here mukunzwisisa maererano nekuchengetedzeka kwezvekudya, kukosha kwekudya kunovaka muviri kuchibva muzvirimwa nemuzvipfuyo uye kuti zvinobatsira sei mukuvandudza kuwanikwa kwekudya kunovaka muviri.
    a. Paneshanduko yakaitwa here pabasa ramagara muchiita kuburikidza nedzidziso idzi. [**Bvunzurudzo:** kana shanduko yakavapo ndeipi uye ndezvipi zvimwe virikuitwa nevarimisi / vanamudhumeni?]
    b. Semaonero enyu, mabasa aya akabatsira here kuvandudza kuwanikwa kwezvekudya zvinovaka muviri kumadzimai akazvitakura, arikuyamwisa nevana vanemakore aripasi pemashanu varikugara munharaunda ino. [**Probe**: humbowo hunoratidza shanduko iyi huripo here?]

7. Mabhindauko aya angave nenguva yakareba ine hudzamu zvakadii kumapoka akasiyana evana (vari pasi pemakore mashanu-vakomana nevasikana), ana amai (kusangansira varipanjodzi zvakanyanya-ana amai vachangobve zera, vanotambura, ana ami vakaremara, vabereki vevana vakaremara zvichienda zvakadaro) nemisha nemhuri?
    a. Pane here zvamangamusina kutarisira zvakabuda (zvakanaka kana zvakashata) zvakaitwa nechirongwa ichi kuwedzera uye kunaani?

**Kuenderera neHudzamu**

8. Ndeapi mabasa echirongwa ichi pamwe nepundutso yakaitwa kuburikidza nerubatsiro kubva kuvarimisi akabudirira anogona kuenderera mberi uye sei madaro [Dzidziso, matura embeu, zvirimwa nezvipfuyo, dzidziso, kugadzirwa kwezvekudya nekuzvichengetedza, zviratidzo zvezvekudya, nemabikirwo azvo]
    a. Ndezvipi zvezviitiko izvi zvisinga gare uye taikumbira mutsanangure zvikonzero zvinoita kuti zvisagare kwenguva refu? Chii chingaitwe kuti zviiitiko izvi zvigarekwekunguva refu?

9. Ndeapi mabhindauko akaitwa pasi pechirngwa ichi pamwe mune mamwe madistricts zvekare, taikumbira mutipewo mazano ekuti hurumende yeZimbabwe (pamwe chete ne UNICEF ne FAO) ingaitei kuti iwedzero zvirongwa izvi (tsanangura zvingaitwe uye sei?
    a. Ndedzipi shanduko dzingagadzirwa kana kuti zvimwe zvirongwa zvingawedzerwe kana mawe madistrcts ave kunangwawo?
    b. Chii chatingate zvakasiyana kuti chirongwa chi chive chinobatsira zvakanyanya uye chinoshanda zvakanyanya kupedza kusakura zvine hutano (kwevari pasi pemakore mashanu), kuweezera hutano nekuvaa muviri kwaana amai, uye kuwanikwa kwechika chakanaka nguva dzose mumisha?

**HRBA, Gender Equality, and Equity**

10. Panenzira dziripo here dzinogona kushandiswa nevagari venharaunda zvikuru sei varimi dzekuti vawane rubatsiro neruzivo kubva kuvarimisi uye kuti vasvitse zvichemo zvavo kwavari pamusoro pekushaikwa kwezvekudya, pamwe nekutaura pamusoro pezviratidzo zvezvekudya nezvimwewo?]
    a. Ndedzipi nzira dzacho, munoona sekuti varimi vanodziziva here? **Instructions:** Kana varimi vasiri kudziziva, ndezvipi zvingaitwa kuti vawane ruzivo.]
    b. Izvi zvingaziviswa sei nechinangwa chekuti mabasa aya avandudzwe?

11. Ndeapi pane mapoka anoteera vari panjodzi zvakanyanya yekushaya chikafu chinovaka muviri chine hutano?
    a. Vana amai nevasikana
    b. Pakati pemhuri dzinotambura nedzakapfuma
    c. Musha iri kunzvimbo dzinonetsa kusvikika
    d. Vana vakazvarwa vaine hurema
    e. Vana vaana amai vangabvo zera
    f. Mapoka ezvitendero kana kuti echirudzi

## Hurukuro neboka ravanaHutsanana

Zuva rakanaka, tataura kare, rega ndizvizivise zvakare, ndinonzi ________________________ uye ndiri kushanda neJimat Development Consultants kuti ndiwongorore chirongwa chekudya chinoitwa neUNICEF Zimbabwe neFAO. Tiri kutaura nenhengo dzemunharaunda nezvezvakasiyana zvekudya uye chikafu chekuchengetedza Kubvunzurudzwa kunotora maminetsi makumi matatu kuti apedze. Isu tichava nechokwadi chekusazivikanwa uye kuvanzika kwemhinduro dzako. Ndingatange kubvunzurudza izvozvi?

| | | | |
|---|---|---|---|
| Q101. | Date | DD_______ MM_______ YYYY | |
| Q102. | Locality | 1=Urban | 2=Rural |
| Q103. | Ward/Village | | |
| Q104. | District | | |
| Q105. | Province | | |
| Q106. | Moderator | | |
| Q107. | Note taker | | |
| Q108. | Transcriber | | |

**Kukosha**

1. Ngatidzokerei mugore ra2017- munhauranda menyu, munofunga here kuti vana vari pasi pemakore mashanu vaishaya zvokudya zvinovaka muviri kana kuti vaisakura zvakanaka zvinoenderana nezera ravo?
   a. Pakueresa, vangani vana vari pasi pemakore mashanu (pagumi) vaive vasiri kukura zvakanaka zvezera ravo? (**Instructions:** Explain stunting – children height is not as per the age)? Probe further by asking the following:
   b. Zvingave zvikonzero zvei zvaiita vana vari pasi pemakore mashanu vasiri kuwana zvinovaka muviri kana kuti vatadze kukura zvinoenderana nezera ravo? {**Bvunzisisa**, kungave nekuda kweruzivo rushoma kwe zvokudya zvinodikanwa kuvana naana amai, ruzivo rwezvokudya zvakasiyana uye zvinovaka mirir neutano, kushaikwa kwezvakasiyana siyana zvekudya kana kuti zvine utano zvichivaka muiri kana kuti zvimwewo- nyora mhinduro zaana amai dzavanenge vadoma}.
   c. Pane mishamusha here yekuti vana varikushaya zvokudya zvinovakamuiri zvine utano kana kuti vakashaya zvinovaka muiri zviine hutano? {**Bvunza:** ngavanongedze mhando dzemisha (iri kutambura, ine vana vanorarama neuroma, vana vabve zera,misha irikune nzvimbo kunonetsa kusvikika}: zvingave zvikonzero zvei zviri mushure mekutambura kwavo

2. Muna 2017, munofunga here kuti pana ana amai(vakazvitakura,vakayamwsa nevane vana vari pasi pemakore maviri)munhataunda menyu vaive vaishaya zvinovaka muiri uye zviine hutano(Instructions: Tsanangura malnourisment-kushaya zvine chikafu chakakwana nekuda kwekushaya zvekudya zvakakwaa kana kuti kusadya zvinhu zvakafanira)? **Bvunza**
   a. Pakueresa, vangani vana amai(pagumi) vaishaya zvine chikafu chakakwana nekuda kwekushaya zvekudya zvakakwaa kana kuti kusadya zvinhu
   b. Zvaive zvikonzero zvei zvaiita ana amai vashaye zvikafu zvinovaka muviri? (Bvunza: kwaive kuda kweruzivo rushoma here maringe nezvinofanira kudyiwa zvinodiwa, ruzivo rwemhando yechikafu uye chikafu chinovaka muviri kana kuti zvimwewo? Nyora pasi zvose zvichataurwa naaamai.
   c. Pane misha here yekuti vana varikushaya zvokudya zvinovakamuiri zvine utano kana kuti vakashaya zvinovaka muiri zviine hutano?**{Bvunza**: ngavanongedze mhando dzemisha (iri kutambura, ine vana vanorarama neuroma, vana vabve zera,misha irikune nzvimbo kunonetsa kusvikika}: zvingave zvikonzero zvei zviri mushure mekutambura

3. Munharaunda menyu, munganzwe sekuti vana vari pasi pemakore mashanu vachiri kushaya chikafu chakakwana chinovakamuviri kana vaitadza kukura zviri pazera ravo mugore ra2020?

a. Ndeapi mazano kana kuti mabhindauko amunoita se musha kana kuti mhuri kuti mugadzirise nyaya yekushaya zvinovaka muviri zvine hutano kuvana.Kushaya zvinovaka muviri zvine hutano zvinokanganisa wana sei? (Bvunza maringe nehutano, mararamiro, fundo nehutano hwepfungwa, opane zvimwewo.)
b. Munharaunda menyu, munonzwa sekuti vana amai (vakazviakura, varikumwisa uye vane vana vari pasi pemakore mavirivachiri kushaya zvinovaka muviri uye zviine huano uye zvinokanganisa vana amai neznzira ipi? Kushaya zvinovaka muviri zvine tano zvinokanganisa ana amai nenzira dzipi?

4. Munofungawo here vagari vemunharaunda (vanogara vega nemisha) vanokwanisa kuwana zvikafu zvinovaka muviri zvakakwana uye vane nzira dziripo dzekuwana chiafu ichi.Bvunzisisa mberi
   a. Pachieresero, dzingani mhuri (pagumi) dzisingakwanise kuwana chikafu chakakwana chinovaa muviri, uye nenziri dzekuwana chikafu ichi?{Instructions: Nyora pasi
   b. Zvikonzero zvingave zvei zvekuti misha iyi itadze kunge ichiwana chikafu chakakwana uye chakanaka kana kuti nziri yekuwana chikafu ichi? **Nyatsotsanangura-**Nyora pasi zvikonzoero zvose zvanongedzwa.
   c. Pane misha here yatingati haikwanisi kuwana kana kuti haina nzira dzekuwana chikafu chakakwana uye chinehutano. [**Bvunza:** nongedza mhando yemisha idzi (vanotambura, misha dzinevanhu vanorarama nehurema. Misha dziri nzvimbo dzinonetsa kusvikika); angave matambudziko eyi akarikonzera kutambura kwavo]
   d. Ndeapi mabhindauko kana kuti zvinoitwa nemisha idzi/kana kuti mhuri idzi kuti vange vachikwanisa kupedza kushaikwa kwechikafu chakakwana uye chinehutano?

**Kubatana**

5. Mungave neruzivo here nezve mapoka kana maungano emunharaunda menyu macare groups nemaforums groups munharaunda menyu anoita nezve chikafu nezvinovaka muviri?
   a. Ndedzipi mhando dzemapoka dzamuinadzo uye dzakagadzirwa riinhi?: Instructions: kana varikubata muchikamu ich vadoma mapoka akati wandei nyora pasi wozonatsotsvagiridza kana ose ari maringe ne zvechikfu ye nezvechikafu chinovaka muviri
   b. Chinangwa chemapoka aya chingave chei? Ndivanaani vari mumapoka aya? Vanosangana kakawanda sei mapoka aya?
   c. Vanhu vemunharaunda menyu vanobata zvakanyanya heru muzviitiko zvinoitwa nemapako emunhharaunda aya?[Bvunza:tsvaga nzira dzirikuita vabata zvakanyanya kana kuti vasabate zvakanyanya,kumbira kuziva nzira dzingashandiswe kuvandudza nadzo kubata muzvikamu izvi
   d. Munofungawo here kuti mapoka emunharaunda aya awedzerekukwansa kuwana kwenyu chikafu chsvinu uye chine hutano mapoka ehurumende nevanoamiririra.[Bvunza end smberi mberi uchiti sei ukwanisa kuwana chikafu chinovaka muvirikwavandudwauye chii chingaitwe kuti tiende mberi nekuchivandudza
   e. Kubva muzvivakwa izvi, hurumende yakambotanga here chero kuwedzera chikafu chinovaka muviri9kuburikidza nevahsandi vehutano vemunharaunda muno kana kuti vana mudhumeni0zvaive zvisipo? [Bvunza: tsvaga zvakawedzerwa nekuti varikubata muchikamu ichi varikugutsikana.

**Kubudirira ne Hudzamu**

6. Munharaunda menyu, pane here zvakamboiwa pamakore maviri kana matatu adarika maringe nekuvandudza muviri nehutano hwevana (vari pasi pemakore mashanu kunyanya kusakura zvakanaka), ana amai (vakazvitakura nevari kuyamwisa) nekuwana chikafu chakanaka chinehutano padira misha? Taikumbira kuziva zvakaitwa nevaizviita? **Bvunza** mberi maringe nezviniteera.
   a. Ndedzipi mhando dzakasiyana siyana dzirikuitwa munharaunda nemapoka emunharuanda (kumbira vadome zviitiko izvi) uye kuti zvirikubatsira sei mapoka akasiyana siyana- evana (vari pasi pemakore mashanu-vasikana nevakomana)

vanaamai (kusanganisira vanotambura-vanaamai vabve zera, vanoshaya, ana amai vanorarama nehurema, vabereki vane vana vakaremaraec) uye misha kana mhuri idzi? Sekuona kwako, mapoka aya angashande zvakanyanya sei ?

b. Taikumbira mutipewo zviitiko zvitsa(maringe nekuwana zvinovaka muviri zviine hutano uye kukwanisa kuwana chikafu chine hutano nguva dzose) zvakaitwa nevashandi vehutano kana kuti nema cousellors emunharaunda menyu? Zviri kubatsira sei mapoka akasiyana siyana emunharaunda –evana (vari pasi pemakore mashanu-vakomana nevasikana), vana amai (kusanganisira nevanoshaya, ana amai vachangobva zera, vanotambura, ana amai vakaremera, vabereki vane vana vakaremara etc) uye misha nemhuri? Sekuona kwako zvii zvingaitwe kuti zvavanoita zvive zvinoshanda zvakanyanya?

c. Taikumbira mutipewo zvirongwa zvakaitwa nevashandi ve Agritex & LPD (Ministry of Agriculture) ne nharaunda kunyanya varimi nenharaunda(bvunza maring ne maseed banks, crops and livestock deo interventions

7. Panedzidzisoyamakawana here yepa vana Vitamin A uye yekupa vana vacheche zvekudya ye Infant and Young Child Feeding (IYCF) and pamwe nezvinoratidza kuti mwana arikukura zvakanaka?
   a. Dzidziso idzi pamwe nezvikwanisiro zvakabatsira zvakadii mukukubatsirai pamusoro pekupiwa kweVitamin A? [Probe: nguva yamakawaniswa zvidzidzo yainge yakaringana here?]
   b. Dzidziso yamakawana nezvikwanisiro zvainge zvakaringana here kuti munzwisise maerano nekupa vana kudya kwakaringana uye kuti mungaona sei kana mwana arikukura zvakanaka? [Probe: exclusive breastfeeding; early initiation of breastfeeding; complementary feeding - and their effect on maternal and child health particularly stunting]
   c. Vadzidzisi vainge vaneruzivo rwakakwana here pamusoro pezvidzidzo izvi, vainge vachiwanikwa muno here uye vachinyatsotsanangura zvakazara?
   d. Kana VHW / Hutsanana akaenda kunogara kuneimwe nzvimbo ndeapi matanho anotorwa nekirinika kana chipatara kudzidzisa munhu mutsva kuti atore nzvimbo iyoyo?
   e. Pane here zvamunoona zvingaitwa kuvandudza dzidziso idzodzo uye kuyeuchidzana pamusoro padzo.

8. Kushomeka kwezvokudya zvakakwana ndoimwe nyaya yakakosha inokonzera kusakura kune hutano zvichienderana nezera munharaunda menyu.Munonzwa sekuti oane shanduko here maringe nekudyiwa kwechiafu chinehutano chichivaka muviri munharaunda mushure mezviitiko izvi? Kana vati hongu chingave chikonzero chei, kana vati kwete chingave chikonzero chei?
   a. Torai zvine mukaka (mazai nemukaka) nyama and puses zviise muzvamunodya mumhuri menyu? Kunyanya vanaa (vari pasi pemakore mashanu-vakomana nevasikana) anamai (kusanganisira chero vari panjodzi zvakanyanya- ana amai vangobve zero, vanotambura, ana amai vakaremara, vabereki vane vana vakaremara).
   b. Kana mati hongu, kashoma zvakadii kanodyiwa nemapoka aya kunyanya vana (vari pasi pemmakore mashanu-vakomana nevasikana), vana amai (kusanganisira vari panjodzi zvakanyanya-ana amai vachangobve zera, vanoshaya, ana amai vakremera, nevabereki vane vana vakaremara) uye zvashanduka here tichifananidza negore ra2017?
   c. Mune ruzivo here ne zve vitamin A supplementation uye zvainobatsira? Vitamin A yakaiswa here mukudya mumhuri yenyu? kunyanya vana(vari pasi pemakore mashanu-vakomana nevasikana), vana amai(kusanganisira vari panjodzi zvakanyanya-ana amai vachangobve zera, vanoshaya, ana amai vakremera, nevabereki vane vana vakaremara)
   d. Mushure mekunge kudya kwashadurwa, kangani kanowanikwa hurwere hwakaita se (manyoka, kupisa muviri nekutonhorwa panguva imwe chete nekukosora)muvana vanobva pamakore matanhatu kusvikira pamakore mashanu

e. Chii chingaitwe kuti tikwanise kuwana mukana wakafanana wekuwana chikafu cchinovaa muviri services kana ruzivo kune mapoka ose.

9. Muoitawo here basa rekudzidzisa veruzhinji pamusoro pekukosha kwekudya zvinovaka muviri kusanganisira kudya kwakakodzera munhu wese, kukosha kwekuyamwisa, kutora iron nemavitamins, kuenda kunoongororwa kumakiriniki kwemadzimai pavanenge vakazvitaakura uye mashure mekusununguka nezvimwewo?
   a. Mashoko aya aifambiswa sei uye basa renyu saHutsanana rainge riri rei?
   b. Mucharangarira here mashoko amaipa kuneveruzhinji
   c. Semaonero enyu, mashoko aya ainge arinyore kunzwisisa here zvikuru sei mumitauro yemunharaunda ino?
   d. Mashoko aya aitambirwa zvirinyore here nevagari venharaunda ino.
   e. Ndezvipi zvimhingamupinyi zvamaisangana nazvo pakufambisa mashoko anechekuita nezvekudya kunovaka muviri kuvagari?
   f. Ndezvipi zvinofanira kuvandudzwa, kutira kuti vagary vashandure maaitiro avo takatarisana nekudya kunovaka muviri)
   g. Munofunga here kuti kunemapoka evanhu, kana misha munharaunda muno vanogona kusawana didziso kana mashoko akadai? Sei vasina kuawana uye ndezvipi zvingaitwa kuti vakwanise kumawana?

10. Mabhindauko aya angave nenguva yakareba ine hudzamu zvakadii kumapoka akasiyana evana (vari pasi pemakore mashanu-vakomana nevasikana), ana amai (kusangansira varipanjodzi zvakanyanya-ana amai vachangobve zera, vanotambura, ana ami vakaremara, vabereki vevana vakaremara zvichienda zvakadaro) nemisha nemhuri?
    a. Pane here zvamangamusina kutarisira zvakabuda (zvakanaka kana zvakashata) zvakaitwa nechirongwa ichi kuwedzera uye kunaani?

**Kuenderera nekuwedzerwa**

11. Munharaunda menyu, ndezvipi zvezviitiko zvinobatsira uye zvinounza zvinobatika zvingave zvinogara nguva refu uye nechikonzore chei?
    a. Mapoka emunharaunda nemamwewo maungano.Zviitiko zve maVHWs nemaCounsellors, AgriTech and LPD workers;vanodzidzisa munharaunda
    b. Ndezvipi zvezviitiko izvi zvisinga gare uye taikumbira mutsanangure zvikonzero zvinoita kuti zvisagare kwenguva refu? Chii chingaitwe kuti zviiitiko izvi zvigarekwekunguva refu?

12. Ndeapi mabhindauko akaitwa pasi pechirngwa ichi pamwe mune mamwe madistricts zvekare, taikumbira mutipewo mazano ekuti hurumende yeZimbabwe (pamwe chete ne UNICEF ne FAO) ingaitei kuti iwedzero zvirongwa izvi (tsanangura zvingaitwe uye sei?).
    a. Ndedzipi shanduko dzingagadzirwa kana kuti zvimwe zvirongwa zvingawedzerwe kana mawe madistrcts ave kunangwawo?
    b. Chii chatingate zvakasiyana kuti chirongwa chi chive chinobatsira zvakanyanya uye chinoshanda zvakanyanya kupedza kusakura zvine hutano (kwevari pasi pemakore mashanu), kuweezera hutano nekuvaa muviri kwaana amai, uye kuwanikwa kwechika chakanaka nguva dzose mumisha?

**HRBA, Gender Equality, and Equity**

13. Mune ruzivo here nenzira dzekupindurwa dzakaitwa munharaunda menyu iyo yamungashandisa kucheme kana kugunun’una maringe nekushaya chikafu, kushaya ruzivi maringe nekuzvitakura uye nevana, kubatsirwa kwevakazvitakura nevanoyamwisa, chikafu, chinovaka muviri chinodiwa nevana vakaremara
    a. Zviyi zvakashandiswa? Vangani vakazvishandisa?
    b. Murikutsikana here nekupindirwa kwamakambogamuchira kubva kune vamiririr vehurumende?
14. Ndeapi pane mapoka anoteera vari panjodzi zvakanyanya yekushaya chikafu chinovaka muviri chine hutano?
    a. Vana amai nevasikana

b. Pakati pemhuri dzinotambura nedzakapfuma
c. Musha iri kunzvimbo dzinonetsa kusvikika
d. Vana vakazvarwa vaine hurema
e. Vana vaana amai vangabvo zera
f. Mapoka ezvitendero kana kuti echirudzi

## Nhaurirano DFNSCs/WFNSCs

Zuva rakanaka, tataura kare, rega ndizvivizivise zvakare, ndinonzi ________________________ uye ndiri kushanda neJimat Development Consultants kuti ndiwongorore chirongwa chekudya chinoitwa neUNICEF Zimbabwe neFAO. Tiri kutaura nenhengo dzemunharaunda nezvezvakasiyana zvekudya uye chikafu chekuchengetedza Kubvunzurudzwa kunotora maminetsi makumi matatu kuti apedze. Isu tichava nechokwadi chekusazivikanwa uye kuvanzika kwemhinduro dzako. Ndingatange kubvunzurudza izvozvi?

| | | | |
|---|---|---|---|
| Q101. | Interview date | DD_______ MM_______ YYYY | |
| Q102. | Locality | 1=Urban | 2=Rural |
| Q103. | Ward/Village | | |
| Q104. | District | | |
| Q105. | Province | | |
| Q106. | Moderator | | |
| Q107. | Note taker | | |
| Q108. | Transcriber | | |

**Kukosha**

1. Ngatitaurei pamusoro pehundonda kuvana vanemakore aripasi pemashanu, kushaikwa kwekudya kunovaka muviri kunavanamai vakazvitakura nevarikuyamwisa pamwe nemadzimai echidiki, uye kuwanikwa kwezvekudya munyika yose uye takanyanyotarisana nedunhu pamwe neward ino.
   a. MuDunhu/Ward ino, munofunga kuti vana vanemaore aripasi pemashanu varikushaya zvekudya zvinovaka muviri uye indonda here? (Explain stunting – children height is not as per the age)?
   b. Pavana gumi vanemakore aripasi pemashanu, tingati vangani venehundonda? Take note of the number shared by most participants. Mugore ra 2017 zvainge vakamira sei?
   c. Chii chirikukonzera kuti vana vanemakore aripasi pemashanu vange varindonda kana kuti vange vachishaya zvekudya zvinovaka muviri? Explore further if it is for limited knowledge of dietary requirement of children by mothers, knowledge about food types and nutritious values, unavailability of different types of food/nutritious food, or others – take note of all reasons identified by the participants.
   d. Pnemisha here yamungati vana vepo indonda kana kuti varikushaya kudya kunovaka uviri? Sei zvakadaro?
   e. Ndeapi matanho angatorwa nemhuri idzi kuti vagadzirise dambudziko rekushomek kwezvekudya zzvinovka muviri uye zvingabatsira vana ava sei. Tsanangurai zvizere?

2. Mudunhu/Ward ino, varipo here madzimai (vakazvitakura, varikuyamwisa or vanevana vanemakore aripasi pemaviri) varikushaya zvekudya zvinovaka muviri?
   a. Pamadzimai gumi, vangani varikushaya kudya kunovaka muviri? Take note of the number shared by most participants. Mugore ra 2017, zvainge zvakamira sei?
   b. Ndezvipi zvikonzero zvirikuita kuti madzimai vange vachishaya zvekudya zvinovaka muviri. Explore further if it is for limited knowledge of minimum dietary requirements, knowledge about food types and nutritious values, unavailability of different types of food/nutritious food, or others – take note of all reasons identified by mothers? Kushaikwa kwezvekudya zvinovaka muviri kunokinganisa sei madzimai aya.
   c. Kunemisha yamunotoziva here inemadzimai arikushaya zvekudya zvinovaka muviri. sei zvakadaro?
   d. Ndeapi matanho anotorwa nedzimhuri kugadzirisa dambudziko iri uye zvinobata sei madzimai. tsanangurai zvizere?

3. Mudunhu /Ward yenyu, vanhu vose varikuwana here zvekudya zvinovaka muviri uye zvakachengetedzeka nguva dzose?
   a. Pamhuri gumi dzega dzega, ingani dzirikushaya zvekudya vinovaka muviri, zvakachengetedzeka uye vanemikana here yekuzviwana. ? Take note of the number shared by most participants. Mugore ra 2017, zvainge zvakamira sei?

b. Ndezvipi zvikonzero zvaiita kuti dzihuri dzishaye zvekudya zvinovaka muviri uye zvakachegetedzeka uye kushaya mari yekuzvitenga? Please elaborate– take note of all reasons identified?
c. Semaonero enyu, iripo here misha yaamunotoziva kuti hava zvekudya zvakakwana uye havana chouviri chekui vatsvage zvekudya zvakakwana uye zvakachengetedzeka? Sei zvakadaro?
d. Ndeapi matanho angatorwa nemhuri idzi kugadzirisa dambudziko rekushomeka kwezvekudya zvinovaka muviri nezvaahengetedzeka.

4. Mungatitsananguririrawo matanho akatsaukana akarongwa uye akatorwa mumakore maviri kusvika matatu apfuura mudunhu /ward yenyu nemunharaunda kupedza dambudziko rehundonda kuvana vanemakore aripasi pemashanu, kushomeka kwezvekudya pamwe nekungowanikwa kwezvekudya? Take note of interventions listed by the group members. Matanho aya ainge akakodzera here uye achidiwa kugadzirisa matambudziko ainge akatarisana nawo? Panemamwe here matanho aifanira kutorwa asi asina kuzotorwa uye panedzimwe here nzira dzaaigona kushandiswa nadzo? Tsananguri zvizere.

**Kukosha ne Hudzamu**

Ngatitaurei pamusoro pematanho akatorwa mumakore maviri kusvika matatu apfuura mudunhu/ward ino uye munharaunda kugadziria dambudziko rehundonda kuvana vanemakore aripasi pemashanu, kushemka kwekudya kunovaka muviri kunanamai pamwehete nekuwanikwa kwezvekudya. Tichataura pamusoro pezvakabuda mashure mekutorwa kwematanho aya kana kuti zvaakabatsira nazvo.

5. Mungakoverana nesu here mhando dzezvidzidzo zvamakawana uye hurongwa nematanho akatorwa ne DFNSCs/WFNSCs (take note of different training, focus, duration, etc)? Zvakabatsira sei zvidzidzo izvozvo, uye mapiwirwo amakazviita uye makawana here rutsigiro mashure mezvidzidzo zvekare zvakavandudza here mashandiro ema DFNSCs/WFNSCs? Munofunga here kuti panezvainge zvisina kuringana uye ndezvipi zvingaitwa zvidzidzo izi zvivandudwe muneramangwana?

6. Ndezvipi zvakaitwa nechirongwa ichi kuti kuvandudzwe mashandiro ema DFNSCs/WFNSCs kuti awedzere kunzwisisa zvikonzero zvehundonda muvana, kushomeka kwezvekudya zvinovaka muviri kunanaAmai pamwe nekuwanikwa kwezvekudya? Tiudzeiwwo matanho akatorwa uye ndezvipi zvitsva zvamakadzidza pamusoro pezvinokonzera hundonda, nekushaikwa kwekudya kunovaka muviri. Tsanangurai zvizere. Ruzivo rutsva urwu rwakabatsira sei mukutora matanho ekupedza hundonda and kushomeka kwezvekudya zvinovaka muviri nekushome kwezvekudya.

7. Rutsigiro rupi rwakaunzwa nechirongwa kuma DFNSCs/WFNSCs kuti varonge uye kutora matanho anechekuita nekufambiswa kwemashoko kubvaa kunharaunda kuenda kuWard nekuDunhu, kuit misangano pasvondo kana pamwedzi, kuongororwa kuwanikwa kwezvekudya, wongororo pamwe nekuunganidza humbowo hunechekuita nekuwanikwa kwezvekudya zvinovaka muviri .nezvimwewo? Ndeapi matanho akatorwa kubatsira ma DFNSCs/WFNSCs uye mapoka akatsaukana anosanganisira vana vanemakore aripasi pemashanu (vangave vakomana kana vasikana), madzimai, kusanganisira vechidiki, varombo, vakaremara, nevabereki vanevana vakaremara nevamwewo.) Uye dzimhuri. Sekuona kwenyu, matanho aya angavandudzwa sei kuti chirngwa chacho chibudirire.

8. Mungagoverana nesu zvizere pamusoro pematanho akatorwa nevarikutungamira kufambiswa kwechirongwa.
a. Pane here mapoka emunharaunda akaumbwa kana kuti akasimbiswa? Basa rawo ranga riri reyi uye nhengo dzwo ndivaanaani? Ndeapi mabasa avanobata, (domain ose) uye arikubatsira sei zvikwata zvakatsaukana muno munharaunda zvinosanganisira vana vanemakore aripasi pemashanu (vakomana nevasikana), vanaAmai kusanganisira vanematambudziko akatsaukana sevanaAmai vechidiki,

varombo, vakaremara, vabereki vanevana vakaremara nevamwewo, pamwe nedzimhuri kana misha. Semaaonero enyu mapoka aya angabatsirika sei.

b. Mungatiudzawo here pamusoro pezvirongwa zvitsva zvinechekuita nekuwaniswa kwezvekudya zvinovaka muviri nkuwaniswa kwezvekudya zvakakwana, zvati zvaitwa zvichitungamirirwa nevanaHutsanana (ma (VHWs) pamwe navanachipanga mazano vemunharaunda ino? Zvirikubatsira sei mapoka anosanganisira vana vanemakore aripasi pemashanu (vakomana nevasikana), vanaAmai vanematambudziko akatsaukana kusanganisira vanamai vechidiki, varombo, vanamai vakaremara, vabereki vanevana vakaremara nevamwewo pamwe nedzimhuri. Semaonero enyu, zvirongwa izvi zvingavandudzwa sei kuti zviunze pundutso?

c. Ndezvipi zvirongwa zvitsva zvakaitwa nevashandi veAgriTex neve LPD (MoLARR) vakabatana nevagai kunyanya varimi nevagari vemunharaunda. (Enquire about seed banks, crops and livestock demo interventions, food processing and preservation, food fairs, food preparation demonstrations, and others)? Zvirongwa izvi zvirikubatsira sei mapoka anotevera: vana vanemakore aripasi pemashanu (vakomana nevasikana) , vana AMai , kusanganisira vanhu vanematambudziko akatsaukana akadai saanamai vechidiki, , varombo, , vanaAmai vakaremara, , vabereki vanevana vakaremara nevamwewo) nedzimhuri kana misha sekuona kwenyu zvirongwa izvi zvingavandudwa sei kuti zviunze pundutso .

d. Mungatitsanangurirawo kana panezvirongwa zvitsva zvakaitwa mumakore maviri kana matatu apfuura , zvekudzidzisa vagari vemunharaunda kunyanya vanaAmai pamusoro pezvirongwa zvekuvandudza zvekudya kuti zvive zvinovaka muviri , zvakaita sedzidziso maerano nekututsira zvekudya zvinovaka muviri kuvana vanemakore aripasi pemaviri , kuwedzera zvekudya zvakatsaukana kunanaAmai , kuve neruzivo maerano nekucherechedza kana vana varikukura zvakanaka , pamwe nemashoko anoshambadzwa panhepfenyuro yewairesi nezvimwewo.)? Mashoko aya aifambiswa sei uye aive nyore kunzwisisa here, ane zvaakabatsira here. Kana muchiri kurangarira aiti chii? Mashoko acho ainge akafanira mapoka akatsaukana here anosanganisira vana vanemakore aripasi pemashanu (vakomana nevasikana), vanaAmai, kusanganisira mapoka anematambudziko akatsaukana akadai savanamai vechidiki, varombo, vanaAmai vakaremara, vabereki vanevana vakaremara nevamwewo), uye dzimhuri. sekuona kwenyu mabasa avo angavandudzwa sei?

e. Mungatiudzawo here kuti vakuru venharaunda vakadai semadzishe nemasabhuku, vanopindawo ssei muzvirongwa zvekuzivisa veruzhinji maererano nekukosha kwehutano, kudya kunovaka muviri nekuwanikwa kwezvekudya zvakakwana? Rupande rwavangatora nderwupi uye rurikuunza pundutso here. Kupinda kwavo muzvirongwa zvakadai kurikubatsira mapoka akatsaukana emunharaunda anosanganisira vana vanemakore aripasi pemashanu vakomana nevasikana), vanaAmai, kusanganisira mapoka anematambudziko akatsaukana akadai savanamai vechidiki, varombo, vanaAmai vakaremara, vabereki vanevana vakaremara nevamwewo), uye dzimhuri. sekuona kwenyu mabasa avo angavandudzwa sei?

f. Semaonero enyu, zvirongwa izvi zvirikuitwa ne DFNSCs/WFNSCs, vagari venharaunda, nevehutano ne bazi re MoLARR) zvirikubatsira here kuderedza hundonda kuvana vanemakore aaripasi pemashanu, kushaikwa kwezvekudya zvinovaka muviri kunaanamai varikuyamwisa, kuvana vanemakore aripasi pemaviri, nevamwewo. , kuwanikwa kwezvekudya zvakatsaukana nemitengo yakaderera uye kuwana chouviri chekuzotenga nacho zvekudya. Ndevapi vakanyanyobatsrikana kuburikidza nezvirongwa izvi uye ndevapi vaitsvaga rubatsiro asi vasina kuzoruwana, uye nemhaka yeyi? Ndezvipi zvakabatsira kupfuura zvimwe, uye nemhaka yeyi?

g. Ibudiriro ipi ingaunzwa nezvirongwa izvi munguva refu inotevera kumapoka akatsaukana akadai sevana vanemakore aripasi pemashanu (vakomana nevasikana) ,vanaAmai , kusanganisira mapoka anematambudziko akatsaukana akadai savanamai vechidiki, varombo , vanaAmai vakaremara, vabereki vanevana vakaremara nevamwewo) , uye dzimhuri.? Panepundutso here kana zvimhingamupinyi zvinouya nekuda kwezvirongwa izvozvi uye zvaiuya kuvanhu vapi. tsanangurai zvizere.

h. Semaonero enyu zvirongwa izvi zvakabatanidza vanhu venharaunda nezvikamu zvehurumende nemamapoka akazvimirira oga here. Kana mati hongu,

zvakavabatanidza nenzira dzipi? Ndezvipi zvimwe zvingaitwa kuti kudyidzana kwemapoka aya kurambe kuchivandudzwa?

**Sustainability and Scale-up**

9. Sezvo chirongwa chasvikaa kumagumo, ndeapi mabasa ema DFNSCs/WFNSCs, vagary venharaunda pamwe nezvikamu zvehurumende uye ndeipi pundutso yakaunzwa inogona kuenderera mberi uye nemhaka yeyi? pamabasa ema – community care groups, ema VHWs neavana chipanga mazano , ve , AgriTech nevashandi ve LPD , vanodzidzisa vagari venharaunda , kusanganisira vatungamiri venharaunda vakadai semadzishe nemasabhuku, Ndeapi mabasa akatadza kuenderera mberi uye nemhaka yeyi. Ndezvipi zvingaitwa kuti mabas aya ave anoenderera mberi achibatsira nharaunda?

10. Matanho ose akatorwa pasi pechirongwa ichi anogona kutorwawo kunemamwe matunhu, mungagoveranawo nesu here zzvinofanirwa kuitwa neHurumende yeZimbabwe ichishanda pamwechete nesangano re UNICEF neFAO, kuti zzvirongwa izvi zvivandudzwe zvienderere mberi zvichibatsirawo vamwe, chinyi chinofanirwa kuitwa huye naani huye sei?
    a. Ndeipi shanduko inofanira kuvepo huye ndezvipi zvitsva zvinofanira kuwedzerwa kunemamwe matunhu kuchaendeswa chirongwa ichi.
    b. Ndezvipi zvinofanira kuitwa nemusiyano kutitira kuti chirongwa hiunze pundutso uye kuti kuderedzwe huwandu hwevana vanehundonda vanemakore aripasi pemashanu, kusimudzira hutano hwavanamai pamwe nekuwaniswa kwezvekudya mudzimhuri?

## Appendix 15: Training Agenda

**Evaluation of the Accelerated Community Actions for Reducing Stunting in Zimbabwe**

Qualitative Data Collection

Stakeholders: December 1, 2020

Stakeholder Refresher: February 8, 2021

Community KIIs: December 2, 2020

### Training Objectives

1. Participants develop a reasonable understanding of the Accelerated Community Actions for Reducing Stunting in Zimbabwe.
2. Participants are given an orientation of Evaluation focus, key evaluation questions, approach/design and methods, underlying logic model and evaluation hypothesis.
3. Participants have received technical guidance on understanding the tools.
4. Participants understand remote data collection protocols (coordination, communication, consent and anonymity – if required), ethical norms and standards to be implemented during data collection particularly while interacting with research subjects.
5. Participants completely understand evaluation team's expectations on reporting and the outputs of data collection.
6. Finalization of remote data collection plan.

### Participants

**AAN Associates:** Nadeem Haider – Team Lead; Hamna Ishaq – Project Coordinator; Fatima Masud – Research Associate

**Local Partner:** Jimat Development Consultancy

**PARTNER Other Staff:**

1. KII Facilitators
2. Interviewers
3. Note Takers
4. Quality Assurance Staff

The session-wise agenda given in the matrix below:

| Time | Activity | Methods/Technics |
|---|---|---|
| 08.00 – 08.10 | Opening remarks<br>Introduction<br>Training objectives and rules | This session provided all the main points that need to be covered while training moderators/note takers. |
| 08.10 – 08.40 | Introduction to the ACARS programme<br>Objectives & Goals<br>Area covered by the programme | This session provided series of lecture notes, but simply content of the programme. |
| 08.40 – 9.40 | Program Evaluation<br>Types of Evaluation<br>Evaluation Research Methods<br>Dos and Don'ts<br>ACARS Evaluation Objectives<br>ACARS Evaluation Methods (KIIs – Community and | This session was Participatory with series of Lecture notes, this session important for the team to understand the importance of evaluation of the programme. |

| Time | Activity | Methods/Technics |
|---|---|---|
| | Stakeholders)<br>Evaluation deliverables from KIIs | |
| 9.40 – 10.00 | Evaluation Sample size and group composition | This session was Lecture notes. |
| Break | | |
| 10:00 – 1:00 | KII Guide | This session was participatory with lecture/explanations |
| Break | | |
| 01.30 – 03.45 | KII Guide | This session was participatory with lecture/explanations |
| 03.45 – 04.00 | Closing | |

**Expected Training Outputs:**

1. Clarity established on agreed remote data collection plan, quality assurance measures to be enforced and other protocols of data collection.
2. Detailed data collection plan
3. Brief Training Report (3-4 pager) prepared by PARTNER to capture key highlights of the training event.

## Evaluation of the Accelerated Community Actions for Reducing Stunting in Zimbabwe

Quantitative Data Collection

January 10, 2021

### Training Objectives

1. Participants develop a reasonable understanding of the Accelerated Community Actions for Reducing Stunting in Zimbabwe.
2. Participants are given an orientation of Evaluation focus, key evaluation questions, approach/design and methods, underlying logic model and evaluation hypothesis.
3. Participants have received technical guidance on understanding the tools.
4. Participants understand remote data collection protocols (coordination, communication, consent and anonymity – if required), ethical norms and standards to be implemented during data collection particularly while interacting with research subjects.
5. Participants completely understand evaluation team's expectations on reporting and the outputs of data collection.
6. Finalization of remote data collection plan.

### Participants

**AAN Associates:** Hamna Ishaq – Project Coordinator; Dr. Canford Chiroro – Sector Expert
**Local Partner:** Jimat Development Consultancy
**PARTNER Other Staff:**

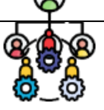
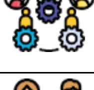
1. Telephone survey facilitators
2. Interviewers
3. Note Takers
4. Quality Assurance Staff

The session-wise agenda given in the matrix below:

| Activity | Start Time | End Time | Mode of Delivery | Responsible |
|---|---|---|---|---|
| Opening Prayer | 0900 | 0910 | Plenary | All |
| Introductions | 0910 | 0915 | Plenary | Volunteer |
| About AAN Associates | 0915 | 0920 | Plenary | Jimat |
| About Jimat | 0920 | 0930 | Plenary | Jimat |
| Background of the project | 0930 | 0950 | | Jimat |
| Telephone Interview as a Research Method | 0950 | 1000 | | Jimat |
| Quantitative Data Collection: Household Interviews | 1000 | 1020 | | Jimat |
| **Health Break** | | | | |
| Recap | 1030 | 1035 | Plenary | All |
| Introduction to the data collection tool | 1035 | 1145 | Plenary | Jimat |
| Question and Answer | 1145 | 1200 | Participatory | All |
| Role Plays | 1200 | 1300 | Breakaway sessions | All |
| **Lunch Break** | | | | |
| Comments on the Tool | 1320 | 1345 | Participatory | All |
| Closing Remarks | 1325 | 1400 | Speech | Jimat |

## Appendix 16: Quality Assurance Measures

Following key measures were applied for quality assurance of the entire process of remote data collection:

| | |
|---|---|
|  | **Continued support and supervision:** The consultants (both international and national) provided support to each other in the data collection. |
|  | **Experienced staff:** An experienced team was nominated for the planned evaluation of the ACARS which had extensive experience in conducting several UNICEF evaluations globally. |
| | **Gender balance team:** The Evaluators deployed gender-balanced team for remote data collection to ensure easy access to the women respondents. |
| | **Informed consent:** Evaluators sought informed consent from each respondent by explaining the purpose of their activity and its relevance to them. |
| | **Audio recordings** of the KIIs and telephone survey were done to ensure that complete information is available during data consolidation and analysis phase. |
| | **Transcriptions:** The transcriptions of KII's were timely completed along with notes with inputs from and reviewed by the senior team members. |
| | **Confidentiality and anonymity:** The privacy and confidentiality of the participants were maintained, and findings were summarized to an appropriate level of aggregation. |
| | **Ethical clearance:** Ethical clearance from MRCZ was sought prior to the start of the data collection, through the assistance of the local partner. |

The evaluation teams also considered the following quality assurance techniques:

| | |
|---|---|
| | **Transcription from audio recordings:** An independent consultant/sector specialist listened to all the recordings to ensure relevant and complete data is collected through KIIs and telephone survey. |
| | **Team interviews:** The core team conducted interviews in group of 2 people and supported each other in the interview process to ensure that the interview is on track. |
| | **Appropriate respondent selection:** The core team ensured the respondent selection is done appropriately as per the defined criteria and where required the replacement procedure is followed correctly. |

# Appendix 17: Telephone Survey Tabulations

Survey
Tabulations.xlsx

## Appendix 18: Compliance to UNEG and UNICEF's Norms & Standards of Evaluations

The evaluation implemented all below listed protocols and measures during implementation.

| Norms and Standards | Compliance Measures |
|---|---|
| **Avoidance of Harm**<br>Avoiding harm or injury to participants, both through acts of commission or omission; ensure no harm comes to participants by virtue of inappropriate, unskilled researchers or enumerators. | The evaluation team took pre-emptive measures for any unforeseen event in the field and respond accordingly to any security threats. This applies to respondents as well as data collection team.<br>The data collection team were trained on the security protocols |
| **Informed Consent**<br>The voluntary agreement of an individual to participate in an evidence generating activity based on sufficient knowledge and understanding regarding it. | The purpose and scope of the evaluation was duly informed to participants. Informed consent was taken from the participants, and they were told that they can withdraw at any time of the process and consent was taken from participant if personal information was to be used.<br>The participants were informed of the voluntary nature of their participation. |
| **Privacy of Participants**<br>It refers to the rights of the individuals to limit access of others to aspects of their person that can include their thoughts and identifying information. Measures must be taken to ensure participants' privacy during and after the data collection process. | The privacy and confidentiality of the participants was maintained, and findings are summarized to an appropriate level of aggregation. In such evaluation reports individual level analysis is not done and participants were also given a clear indication of who will have access to their private data and for what purpose.<br>To make the process more confidential the names of the participants were handled exclusively by authorised data manager. |
| **Storage of Data**<br>Confidential participant information or data that is collected must be securely stored, protected and disposed of. | The information and collected data were encrypted or password protected, and only authorized person had access to the data. Furthermore, hard copies such as interview notes, prints of photographs, or video or audio tapes were kept securely locked away.After decided terms and conditions data will be deleted and destroyed. |
| **Protection Protocols for Vulnerable Groups**<br>Protection protocols for vulnerable groups must be in place to provide safe environments for data collection, to safeguard them from abusive or incompetent researchers/ enumerators, to respond to any safety concerns or grievances, and to refer them to local supports both during and after the evidence generation activity. | The Programme targets high risk population. The Evaluators worked with UNICEF team to first understand/define the definition of high-risk population for ACARS. All identified groups were focused during triangulation, analysis and reporting. Protection/security protocols were followed where there was proof of definite negative outcomes in order to provide safe environment for data collection.<br>The project manager made an assessment to gauge whether the project can be modified to prevent any negative outcomes or if the project must be stopped. |
| **Independence**<br>Independence consists of two key aspects:<br>Behavioural Independence: the ability to evaluate without undue influence by any party.<br>Organizational Independence: independence from management functions & availability of adequate resources to conduct its work | It is the responsibility of Evaluators as well as the main partner i.e. UNICEF to keep evaluation independent.<br>Importantly, the experience of the evaluation team itself guarantees that the team with handle any outside influence. The Evaluators will take UNICEF and ERG on board, if they face any issue which would affect the independence of the evaluation.<br>The agreement (available in terms of contract) between parties, indicates sufficient resources (by the Evaluators) to plan and implement a well-designed evaluation. |

| Norms and Standards | Compliance Measures |
| --- | --- |
| **Impartiality**<br>Three key elements of impartiality: objectivity, professional integrity and absence of bias | The evaluation team has an in-built culture of working with partiality and objectivity from the start of evaluation to ensure evaluation design, data collection, data, analysis and report writing is free from any bias.<br>The potential of conflict was considered while forming the team and was considered when team for field data collection was formed. However, the evaluation deployed gender-balanced team for data collection to ensure easy access of the women respondents during data collection. This was necessitated as women remain the largest targeted group under the Programme. |
| **Credibility**<br>Credibility is based on independence, impartiality and rigorous methodology | Along with following independence and impartiality, the evaluation team was transparent in the evaluation. They will make the final report public (UNICEF Evaluation Database). The evaluation team involved as many stakeholders as possible in order to make the final evaluation report credible. The evaluation team cautiously used the available data. The Evaluators validated and triangulated the data by using both quantitative and qualitative analysis. |
| **Utility**<br>Utility of an Evaluation is determined through the clear intention to use the results, conclusions or recommendations to inform decisions and future actions. Subsequently, the Evaluations can be used to generate knowledge and empowering stakeholders, other than contributing to the work of an Organization. | To enhance the utility of the evaluation, after preliminary literature review, a kick-off meeting was initiated, so that the Evaluators and the implementing partners are on the same page.<br>Evaluation conducted a national consultative workshop that further explored internal and external factors that influenced the Programme implementation strategies, adopted process, targeted groups and results. The national consultative workshop was undertaken with selected national and sub-national level stakeholders (GoT, UNICEF, and partners),<br>The evaluation was deigned in a way tol enhance the utility in terms achieving objectives of learning and accountability. The evaluation will also improve organisational learning and inform decision-making. |
| **Internationally agreed principles, goals and targets**<br>The principles and values to which the United Nations is committed, including the 2030 Agenda for Sustainable Development | The Evaluators are well aware and conform to the principles and values of the UN. The Evaluators are committed to refer to and integrate the international commitments' such as SDGs, to inform the design, processes and outputs of the evaluation. For this evaluation the focus is SDG 16.9. |
| **Human Rights and Gender Equality**<br>The universally recognized values and principles of human rights and gender equality need to be integrated into all stages of an evaluation. | The evaluation complied with UN-System wide Action Plan 2012 (UN-SWAP) on Gender Equality and the Empowerment of Women (GEEW). The evaluation also accounted for HRBA as per the 2003 UN's convention and where relevant United Nations Evaluation Group 2014 (UNEG) guidelines on "Integrating Human Rights and Gender Equality. |
| **Evaluation Ethics**<br>Ethical principles for evaluation include obligations on the part of the Evaluators to behave ethically in terms of:<br>Intentionality: considering the utility and necessity of an evaluation at the outset.<br>Conflict of interest: exercising the commitment to avoid conflicts of interest in all aspects of their work.<br>Interactions with participants in a | Potential Conflict of interest and issues around integrity are investigated and addressed both when forming the core team, training and selecting field team members. The Evaluators committed to engage respectfully with evaluation participants and ensured respect to local culture, values and sensitivities. Consultants fully understood and committed to exhibit complete confidentiality of the respondents during fieldwork, data entry and cleaning. Personnel information was kept physically separate and consolidated data was handled by a single individual to reduce potential points of |

| Norms and Standards | Compliance Measures |
|---|---|
| respectable manner and upholding the confidentiality.<br>Evaluation processes and products: ensuring accuracy, completeness and reliability; inclusion and non-discrimination; transparency; and fair and balanced reporting. | failure. Evaluation was planned and implemented to ensure consistency and compliance with guidelines available on human dignity and diversity, human rights, gender equality and avoiding harm to both respondents and evaluation team members. Evaluators have implemented an evaluation that ensures accuracy, completeness, reliability, inclusion and non-discrimination, transparency, and balanced reporting while acknowledging varied perspectives.<br>Any misconduct noted during evaluation was to be reported to ERG, and given need, a discreet reporting to UNICEF Office of Audit and Investigation. |
| **Professionalism**<br>Key aspects of professionalism include access to knowledge; education and training; adherence to ethics and to these norms and standards; utilization of evaluation competencies; and recognition of knowledge, skills and experience. | The evaluation team had a team of professionals who have worked with multiple donors like UNICEF, USAID, DFID and others. The team was groomed professionally and had extensive experience of working in local and international projects. Furthermore, by including local partners (for field data collection), the Evaluators were confident of professional conduct of the team deployed. AAN also employed a series of internal checks and quality assurance mechanisms, which enabled compliance to the best international practices and standards. |

## Appendix 19: Details of the role of ERG & TREG

1. Why a Reference Group?
2. How it will work?
3. Available Tools

**Why Evaluation Reference Group?**

- To support a credible transparent, impartial, and quality evaluation process.
- A mechanism to facilitate the participation of relevant stakeholders.
- A system to support dissemination and use of the evaluation.

**The Roles**

- Be a surrounding board for feedback during the evaluation.
- Participate in the inception report presentation meeting, review, and comment on inception report.
- Participate in the presentation of evaluations' preliminary findings.
- Review and comment on the draft evaluation report.

**Members**

- Key governmental staff
- Key non-governmental and
- UNICEF staff
- FAO staff
- Donor

**Tasks**

<u>ACARS Evaluation:</u>

- Inception Phase
  - Review of Reception Report
- Data Collection Phase
  - Facilitate key informant interviews and focus groups discussions
  - Facilitate access to data
  - Provide information sources
- Data Analysis and Reporting Phase
  - Review and comment on the Draft Evaluation Report
- Dissemination and Follow-up Phase
  - Provide advice on the dissemination and follow-up

**How will it Work?**

- ERG members represent their organisations;
  May also be interviewed in their capacity as key stakeholders
- Provide feedback electronically to the Evaluation Manager
- ERG will respect the decision of the independent evaluators about whether the feedback is incorporated, if the process is transparent, including the rationale for not incorporating feedback.

**Ensuring Independence & Impartiality**

- Evaluation managed by UNICEF PME Chief
- Involvement of various stakeholders in the reference group
- Evaluators commitment to abide by UNEG Norms and Standards
- Evaluators never participated in the design or implementation of the programme

## Appendix 20: Team Composition & Roles

| Name<br><br>Proposed position | Years of Experience/ Education | Areas of Expertise | Countries of Experience | Language |
|---|---|---|---|---|
| **Mr. Nadeem Haider**<br><br>**Team Lead/ Child Protection and Evaluation Expert** | **Over 20 Years**<br><br>**EDUCATION**<br>• **M. Phil:** International Relations and Political Studies<br>• **MS:** Anthropology<br>• **Certification** in Social Enterprise Management | **Sector Expertise:** Health & Nutrition, Child Rights/Protection, Social Protection, WASH, Youth/women empowerment, Education, Birth registration, Emergency preparedness, Disaster risk management, Gender equality, Equity, HRBA.<br>**Functional Expertise:** Evaluation, Monitoring, Strategic planning, Institutional assessment, Community development/Community Engagement s, Advocacy, Knowledge management, Training and facilitation, Proposal development, Mobilization, Network and resources, Technical report writing | Tanzania , Pakistan , Tajikistan, Uzbekistan, Kyrgyzstan, Afghanistan , Yemen, Kenya, Nigeria, Indonesia, Jordan , Viet Nam, Cambodia, Philippines, Moldova , Iran, Somalia , Uganda , Angola, Niger, Ghana, Guinea, Guinea-Bissau, Mali, Chad , CAR | • English<br>• Arabic<br>• Urdu<br>• Punjabi<br>• Persian |
| **Ms. Hamna Ishaq**<br><br>**Evaluation Coordinator/Health & Nutrition Expert** | **Over 5 Years**<br>• MSc Social Policy and development<br>• BSc Economic | **Sectoral Expertise** WASH, Child Rights, Birth Registration, Gender Equity, Community Development, Water Security, Health, Governance.<br>**Functional Expertise** Research, Data Analysis, Monitoring, Evaluation | • Tanzania<br>• Uganda<br>• Pakistan | • English<br>• Urdu |
| **Dr Canford Chiroro**<br><br>**Evaluation/ Nutrition and Food Security Expert** | **Over 20 Years**<br><br>• PhD in Environmental Social Science<br>• Postgraduate Certificate in Higher Education and Professional Practice<br>• MSc with distinction in Development and Project Planning<br>• BSc (Honours) in Agriculture (Crop Science) | **Sectoral Expertise** Nutrition, Food Security, Rural Resilience, Livelihood, Social Protection, Disaster Risk Management, Environment and Climate Change, Gender.<br>**Functional Expertise** Evaluation, Capacity Development, Communication Materials development, Design and Implementation of M&E tools, Strategy Development, Organisational Development, Training, Data Analysis, Report Writing | Zimbabwe, Nepal, Zambia, Malawi, Rwanda, Ethiopia, Ghana, Kenya, Burkina Faso | • English<br>• Ndebele<br>• Zulu<br>• Shona<br>• Chichewa<br>• Kalanga |
| **Mr. Cashington Siameja**<br><br>**Nutrition & Food Security Expert** | **9 Years**<br><br>• Executive Certificate in Programme & Project M&E<br>• MSc in BioStatistics | **Sectoral Expertise** Health & Nutrition, WASH, Gender, Education, Child Protection, Malnutrition, Food Security.<br>**Functional Expertise** Monitoring & Evaluation, Rapid Need Assessment, SMART, SQUEAC and KAP Survey, Training, | Zimbabwe, Sudan, Yemen | • Shona<br>• English<br>• Arabic |

| Name<br><br>Proposed position | Years of Experience/ Education | Areas of Expertise | Countries of Experience | Language |
|---|---|---|---|---|
| | • BSc in Nutritional Sciences | Coordination, Progamme Implementation, Bottleneck Analysis, Reporting | | |
| **Ms. Landy Miary Andrianaivosoa**<br><br>**Gender & Human Rights Expert** | **10 Years**<br><br>• Master of Public Policy with a concentration on social policies<br>• Master en Population et Development<br>• Bachelor's in business administration<br>• Maitrise in Sociology<br>• Advanced Communication and cultural program<br>• Certification: Young African women's leadership in Africa<br>• Project management<br>• Gender equality<br>• Coaching and mentoring | **Sectoral Expertise**<br>Gender & Human Rights, Social Inclusion, Health , GBV, Youth Empowerment, Child Sexual Exploitation, Social Justice<br>**Functional Expertise**<br>Monitoring & Evaluation, Gender Analysis, Training, GBV risk assessment, Qualitative research | Madagascar, France, New York, USA, California, India | • Malagasy<br>• English<br>• Francais |
| **Mr. Awais Khan Niazi**<br><br>**Data Analyst** | **Over 5 Years**<br>• BBA | **Sectoral Expertise**<br>WASH, Child Rights, Birth Registration<br>**Functional Expertise**<br>Research, Data Analysis, Monitoring, Evaluation | • Pakistan<br>• Tanzania | • English<br>• Urdu |
| **Ms. Fatimah Masud**<br><br>**Research Associate** | **Over 2 Years**<br>Bachelor of Science – International Development | **Sectoral Expertise**<br>SDGs, Health<br>**Functional Expertise**<br>Research, Monitoring & Evaluation, Report writing, Workshop, Policy formulations | • Pakistan | • English<br>• Urdu |

## Appendix 21: Ethical Approval

Telephone: 791193/08644073772
E-mail: mrcz@mrcz.org.zw
Website: http://www.mrcz.org.zw

**Medical Research Council of Zimbabwe**
**Josiah Tongogara / Mazowe Street**
**P. O. Box CY 573**
**Causeway**
**Harare**

**APPROVAL**

MRCZ/A/2686

25 January, 2021

**Dr Cranford Chiroro**
24 St David's Road
Parklands
Bulawayo

**RE: - Final Evaluation of the Joint UNICEF/FAO Programme on 'Accelerated Community Actions for Reducing Stunting In Zimbabwe' January 2017- September 2020 dated October 31, 2020**

Thank you for the application for review of Research Activity that you submitted to the Medical Research Council of Zimbabwe (MRCZ). Please be advised that the Medical Research Council of Zimbabwe has **reviewed** and **approved** your application to conduct the above titled study.

This approval is based on the review and approval of the following documents that were submitted to MRCZ for review:-

1. Completed MRCZ 101 new study application form
2. Protocol dated October 31, 2020
3. Informed Consent Form (English and Shona) version 1.0
4. Data Collection Tools

- **APPROVAL NUMBER : MRCZ/A/2686**

This number should be used on all correspondence, consent forms and documents as appropriate.

- **TYPE OF MEETING : Expedited**
- **APPROVAL DATE : 25 January, 2021**
- **EXPIRATION DATE : 24 January, 2022**

After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the MRCZ Offices should be submitted three months before the expiration date for continuing review.

•**SERIOUS ADVERSE EVENT REPORTING:** All serious problems having to do with subject safety must be reported to the Institutional Ethical Review Committee (IERC) as well as the MRCZ within 3 working days using standard forms obtainable from the MRCZ Offices or website.

•**MODIFICATIONS:** Prior MRCZ and IERC approval using standard forms obtainable from the MRCZ Offices is required before implementing any changes in the Protocol (including changes in the consent documents).

•**TERMINATION OF STUDY:** On termination of a study, a report has to be submitted to the MRCZ using standard forms obtainable from the MRCZ Offices or website.

•**QUESTIONS:** Please contact the MRCZ on Telephone No. (0242)791193, 08644073772 or by e-mail on mrcz@mrcz.org.zw

**Other**

- Please be reminded to send in copies of your research results for our records as well as for Health Research Database.
- You're also encouraged to submit electronic copies of your publications in peer-reviewed journals that may emanate from this study.
- In addition to this approval, all clinical trials involving drugs, devices and biologics (including other studies focusing on registered drugs) require approval of Medicines Control Authority of Zimbabwe (MCAZ) before commencement.

Yours faithfully

……………………………………

**MRCZ SECRETARIAT**
**FOR CHAIRPERSON**
**MEDICAL RESEARCH COUNCIL OF ZIMBABWE**

MEDICAL RESEARCH COUNCIL OF ZIMBABWE
2021 -01- 25
APPROVED

**PROMOTING THE ETHICAL CONDUCT OF HEALTH RESEARCH**

## Appendix 22: Evaluation Phases & Deliverables

| # | Phase / Activities | Outputs /Deliverables |
|---|---|---|
| 1 | **Pre-Inception Phase (Week 01 to Week 02):**<br>**Preparation and Planning:**<br>I. Post contract-signing, a series of Skype meetings will be convened with UNICEF to clarify the scope of the evaluation.<br>II. The literature review of programme documents will be initiated; queries and requests for required documents and data will be generated.<br>III. The design and methodology will be finalized, and draft/revised versions of the Evaluation Matrix (EM) will be developed. | • Draft Evaluation Matrix<br>• Meeting minutes prepared and shared with UNICEF (from the kick-off meeting) |
| 2 | **Inception Phase - (Week 03 to Week 06):**<br>I. The literature review will continue and where required list of required documents will be updated and may be shared to acquire more documents as will be needed.<br>II. Draft Inception Report will be prepared including the evaluation tools to seek TREG /UNICEF feedback.<br>III. Contracting arrangements with the National Partner will be finalized (optional).<br>IV. Preparation and planning for remote data collection will be completed with support from UNICEF.<br>V. Feedback from UNICEF on the Draft Inception Report will be received and used to finalize the Inception Report along with all appendices. | • Draft Inception Report shared with TREG /UNICEF for feedback<br>• Inception Report finalized based on feedback and shared with UNICEF<br>• Draft field plan shared with UNICEF before starting the field mission |
| 3 | **Remote Data Collection Phase (Week 07 to Week 10):**<br>I. Comprehensive training event will be organized to train master trainers and field staff (moderatos, enumerators, interviewers and note takers);<br>II. Pre-testing of evaluation tools will be undertaken and based-upon experience, tools may be amended, and final versions will be shared with TREG /UNICEF.<br>III. Implementation of quality assurance protocols and measures. | • All planned number of KIIs completed.<br>• Telephone Survey conducted. |
| 4 | **A. Data Processing, Consolidation and Analysis Phase (Week 11 to Week 14):**<br>I. Consolidation of the primary data (survey data, field notes, KIIs) collected from field will be completed.<br>II. Transcriptions of the KIIs recordings will be completed.<br>III. Data consolidation and analysis processes such as cleaning, coding, categorization and 'content analysis' of primary qualitative data will be completed alongside the continued literature review.<br>IV. All data analysis processes will be completed, and draft report preparation will be initiated.<br>**B. Reporting and Dissemination Phase (Week 14 to Week 18):**<br>I. This phase will be marked with preparing and sharing the Draft Evaluation Report with UNICEF/TREG<br>II. A few Skype calls may be initiated with UNICEF/ TREG to share any critical finding or for factual validation and/or to seek any essential new information as the need may emerge during report writing.<br>III. Post-receipt of feedback, the final report will be prepared and shared. | • Data analysis completed.<br>• Draft report preparation initiated<br>.<br>• Draft Evaluation Report<br>• Evaluation Report finalized based on feedback and shared with TREG /UNICEF<br>• Final PowerPoint presentation submitted with key evaluation findings.<br>• Brochure |

## Appendix 23: Evaluation Workplan

| Sub-Stage | Task / Activity | Tentative Date |
|---|---|---|
| | **Inception** | |
| **Kick-off Meeting** | Meeting Minutes | September 30, 2020 |
| **Inception Report** | Share draft EM with UNICEF | October 9, 2020 |
| | Submit IR to UNICEF | October 16, 2020 |
| | Incorporate feedback (one consolidated) and finalise the IR | October 30, 2020 |
| **Pre-field planning** | Submit documents for IRB approval | November 3, 2020 |
| | Develop training material | November 2-5, 2020 |
| | **Field Work (Data Collection)** | |
| **Training and Pre-testing** | Training of enumerators and national consultants and pre-testing | November 30 – December 2, 2020 |
| **Refresher training** | Refresher training of enumerators and national consultants | February 4 – 6, 2021 |
| **Remote Data Collection Execution** | Data Collection completed (KIIs, telephone survey) | March 8, 2021 |
| | **Data Processing, Management and Analysis** | |
| **Data Processing and Management** | Transcription receipts, qualitative data processing, extraction of summaries, triangulation, and analysis | March 1 - 15, 2020 |
| | **Report Writing** | |
| **Draft Final Report** | First Draft shared with UNICEF | April 16, 2021 |
| **Final Report** | Consolidated client's feedback received | April 24, 2021 |
| | Finalize and revised the Final Report | May 7, 2021 |
| | **Communication Materials** | |
| **Communications Material** | Submit communication material to UNICEF | May 28, 2021 |

## Appendix 24: Drivers of Stunting

| District | Drivers of Stunting | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Inadequate Dietary Intake | Disease | Food Insecurity | Inadequate Care Practices | Inadequate access to WASH | Child/Early marriages | Caregiver resources /Gender issues | Climate Change | Shocks and Hazards | Education | Knowledge and Technologies | Socio-Economic Environment |
| Chiredzi | Low proportion of children receiving MAD, Poor access to fruits and vegetables | Frequent illnesses in children, High disease burden | Lack of draught power and poor livestock production dynamics, Low dietary diversity for children | Low proportion of children accessing growth monitoring, Low vitamin A coverage, Poor infant and young child caring practices, Domestic Violence is high, Low ANC coverage (4+ visits), Low VHW coverage, high bottle feeding, orphanhood | Low safe water coverage, Poor hygiene and sanitation practices, access to health services | Early marriages, Teenage Pregnancy | Low access to village income generating projects, VAC | El Nino drought | El Nino drought, Tropical depression Dineo, Fall armyworm | Non-payment of school fee, no nutrition trainings at school | Poor post-harvest handling practices, Poor agricultural training coverage | Deflation, lower access to loans, financial exclusion |
| Chipinge | Food shortages, Low proportion of children receiving MAD/MDD, Low minimum meal frequency, Low exclusive breast feeding rates, low continued breastfeeding up to two years | Diarrhea | - | Low Vit A supplementation | Poor hygiene and sanitation practices | Teenage Pregnancy | - | - | - | - | - | - |
| Mutasa | Low consumption of iodized salt, Low proportion of children receiving MAD/MDD, | Diarrhea | - | Low Vit A supplementation, low levels of vaccination | Low safe water coverage, Poor hygiene | Teenage Pregnancy | - | - | - | - | - | - |

|  | Low minimum meal frequency, Low exclusive breast feeding rates, low continued breastfeeding up to two years |  |  |  | and sanitation practices |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mwenezi | Low consumption of iron rich foods/dairy/pulses, low exclusive breastfeeding rates, Low proportion of children receiving (MAD) | Frequent illnesses in children | Irrigation schemes were partially functional or non-functional, Livestock drought due to El Nino | Young mothers, gets compromised during farming season as most burden is on women, Low ANC coverage, Low VHW coverage, Low proportion of children accessing growth monitoring, Low vitamin A coverage | Low safe water coverage, Poor hygiene and sanitation practices | - | Donor dependence syndrome, increasing number of child headed families, VAC | - | El Nino drought, Tropical depression Dineo, Fall armyworm | Non-payment of school fee, Schools are too far | Poor agricultural training coverage | Deflation, lower access to markets, limited households' savings, lower access to loans, financial exclusion |

## Appendix 25: Programme Logframe

| SR | Indicator | Data Source | Indicator Type | Disaggregated By: | Baseline | LOA Target |
|---|---|---|---|---|---|---|
| 1 | Number (or prevalence) of children under five years of age who are stunted; and prevalence of anaemia in women of reproductive age | Mid Term evaluation; End of project evaluation | Impact | Overall | 27.70% | 25.60% |
| | | | | Boys | 32.40% | 30.40% |
| | | | | Girls | 23% | 21% |
| 2 | Proportion of women of reproductive age consuming a minimum dietary diversity (MDD-W) | Mid Term evaluation; End of project evaluation | Outcome | Overall | N/A | 60% |
| 3 | Proportion of children 6-23 months consuming a minimum dietary diversity (MDD-children) | Mid Term evaluation; End of project evaluation | Outcome | Overall | 17% | 60% |
| | | | | Boys | N/A | N/A |
| | | | | Girls | N/A | N/A |
| 4 | Proportion of children under five years receiving a minimum acceptable diet | Mid Term evaluation; End of project evaluation | Outcome | Overall | 9% | 25% |
| | | | | Boys | N/A | N/A |
| | | | | Girls | N/A | N/A |
| 5 | Proportion of children under 6 months who are exclusively breastfed | Mid Term evaluation; End of project evaluation | Outcome | | 36.40% | 60% |
| 6 | Proportion of food secure households (HDDS & HFCS) | Mid Term evaluation; End of project evaluation | Outcome | | N/A | 80% |
| 7 | Proportion of households practicing basic WASH | Mid Term evaluation; End of project evaluation | Outcome | | N/A | 80% |
| 8 | Proportion of households growing new, nutritious crops and small livestock | Mid Term evaluation; End of project evaluation | Outcome | | N/A | 80% |
| 9 | Number of Wards where FNC coordination mechanisms are rolled out | Project Evaluation reports | Output | | 20 | 110 |
| 10 | National Food and Nutrition policy and implementation plan implemented in 4 districts through multi sectoral community-based model approach (innovative model) | District monthly report from near real time monitoring system | Output | | 0 | 4 |
| 11 | Proportion of WFNSC capacitated implementation of multi sectoral community-based model approach for stunting reduction in 4 districts. | District monthly report from near real time monitoring system | Output | | 5% | 60% |
| 12 | Proportion of primary health care facilities with at least one health worker capacitated on knowledge and skills on growth monitoring and community IYCF integrated package in 4 districts | VHMAS | Output | | 1% | 60% |
| 13 | Proportion of VHWs capacitated on knowledge and skills on community IYCF integrated package in 4 districts | District monthly report from near real time monitoring system | Output | | 2% | 60% |
| 14 | Proportion of WFNSC supported to collect, analyse and utilize nutrition specific and nutrition sensitive (agriculture, wash, social protection, education) data through a coordinated NRTM system | District monthly report from near real time monitoring system | Output | | 5% | 60% |
| 15 | No of times real time data is used together with the agriculture information system for advocacy and lobbying for nutrition integration within the sector | Mid Term evaluation; End of project evaluation | Output | | 0 | 4 |

| SR | Indicator | Data Source | Indicator Type | Disaggregated By: | Baseline | LOA Target |
|---|---|---|---|---|---|---|
| 16 | Number of districts that have plans aligned to SHINE study findings/recommendations among the 4 districts | Microplans | Output | | 0 | 50% |
| 17 | Proportion of WFNSC able to access the NRTM dashboards for improved reporting, planning and decision making at ward level | District monthly report from near real time monitoring system | Output | | 0 | 60% |
| 18 | Number of MAMID MLAWCRR staff at the various levels trained in nutrition | Baseline survey; Mid- term Evaluation (MTE); End of project Evaluation (EOP); Programme implementation reports | Output | | 0 | 90% |
| 19 | Number of crop and livestock demonstrations established per district which promote the production and consumption of nutritious foods | Baseline survey; Mid- term evaluation (MTE); End of project evaluation (EOP); Programme implementation reports | Outcome | | 0 | 40 |
| 20 | Proportion of staff in MAMID MLAWCRR with acceptable nutrition KAP | Baseline survey; Mid- term Evaluation (MTE); End of project Evaluation (EOP); Programme implementation reports | Outcome | | 0 | 80% |
| 21 | Proportion of agricultural colleges using the revised agriculture training curriculum (including nutrition) | Baseline survey; Mid- term evaluation (MTE); End of project evaluation (EOP); Programme implementation reports | Outcome | | 0 | 80% |
| 22 | Number of food fairs and field days conducted per district or proportion of farmers who are knowledgeable about nutrition | Baseline survey; Mid- term evaluation (MTE); End of project evaluation (EOP); Programme implementation reports | Output | | 0 | 40 |
| 23 | Number of people reached with messages from the national FBDGs (Programme Logframe)<br>Proportion of stakeholders satisfied with content and usability of FBDGs (Progress reports) | Baseline survey; Mid- term evaluation (MTE); End of project envaluation (EOP); Programme implementation reports | Output | | 0 | TBA |
| 24 | Copies of FBDGs printed and distributed. | Baseline survey; Mid- term evaluation (MTE); End of project envaluation (EOP); Programme implementation reports | Output | | 0 | 1000 |
| 25 | Proportion of community groups (pregnant and lactating mothers/caregivers of children less than 2 years) reached with nutrition education and communication campaign | District monthly report from near real time monitoring system | Output | | 0 | 50% |
| 26 | Proportion of households that have minimum acceptable diet | ZIMVAC reports | Outcome | | 0 | 54% |
| 27 | Availability of a food composition table for Zimbabwe | Soft and hard copies | Output | | 0 | FCT for Zimbabwe |

## Appendix 26: Planned vs Achieved Results (Output Level)

The matrix below outlines the achievements for output targets (progress taken from 2019 and 2020 progress reports). The evaluators applied the measuring scale given at the end of the following table and rated each output level achievement:

| SR | Indicator | Baseline (as per LF) | Target (LoA) | Achievements | Evaluators' Assessment |
|---|---|---|---|---|---|
| 1 | Number of Wards where FNC coordination mechanisms are rolled out | 20 | 110 | 110 | **Rating: Fully Achieved**<br>The Programe fully achieved the targets set number of meetings to be conducted. |
| 2 | National Food and Nutrition policy and implementation plan implemented in 4 districts through multi sectoral community-based model approach (innovative model) | 0 | 4 | 4 | **Rating: Fully Achieved**<br>The targets were fully achieved by engaging local and traditional leaders to support implementation. |
| 3 | Proportion of WFNSC capacitated implementation of multi sectoral community-based model approach for stunting reduction in 4 districts. | 5% | 60% | 111 (100%) | **Rating: Fully Achieved**<br>The target was fully achieved with a focus on strengthened functionality, learning and documentation. |
| 4 | Proportion of primary health care facilities with at least one health worker capacitated on knowledge and skills on growth monitoring and community IYCF integrated package in 4 districts | 1% | 60% | 60% | **Rating: Fully Achieved**<br>Apart from achieving the target fully by training the nurses on IYCF, further mentorship was also provided to further capacitate them and increase their knowledge. |
| 5 | Proportion of VHWs capacitated on knowledge and skills on community IYCF integrated package in 4 districts | 2% | 60% | 56% | **Rating: Fully Achieved**<br>The target was fully achieved by capacitating VHWs on community IYCF. Linkages were also made between food/seed fairs and cooking demonstrations. |
| 6 | Proportion of WFNSC supported to collect, analyse, and utilize nutrition specific and nutrition sensitive (agriculture, wash, social protection, education) data through a coordinated NRTM system | 5% | 60% | 111 (100%) | **Rating: Fully Achieved**<br>The target was fully achieved by providing mentorship to WFNSC for collecting data on context specific drivers of stunting. The data was also reviewed monthly to ensure consistency. |
| 7 | No of times real time data is used together with the agriculture information system for advocacy and lobbying for nutrition integration within the sector | 0 | 4 | 2 | **Rating: Slightly Achieved**<br>The system was discontinued after 2019. |
| 8 | Number of districts that have plans aligned to SHINE study findings/recommendations among the 4 districts | 0 | 4 | 2018: 4<br>2019: 0 | The progress against this indicator is not consistently reported. In 2018, it was reported 4 while in 2019 it was reported as 0. Therefore, assessment is not given. |
| 9 | Proportion of WFNSC able to access the NRTM dashboards for improved reporting, planning and decision making at ward level | 0 | 60% | 56 (50%) | **Rating: Mostly Achieved**<br>The target was only partially achieved, due to limited access of infrastructure and technology. |
| 10 | Number of MLAWCRR staff at the various levels trained in nutrition | 0 | 90% | 312 (55%) | **Rating: Slightly Achieved** |

| SR | Indicator | Baseline (as per LF) | Target (LoA) | Achievements | Evaluators' Assessment |
|---|---|---|---|---|---|
| | | | | | The target was not fully achieved due to administrative changes. Constant staff movements resulted in a 55% success rate. |
| 11 | Number of food fairs and field days conducted per district or proportion of farmers who are knowledgeable about nutrition | 0 | 40 | 53 | **Rating: Fully Achieved**<br>Several field days and food fairs were conducted in the 4 districts during the lifetime of the Programme. The ones indicated, were the ones that were specifically supported by the Prgoramme. For the 2019-2020 season, not many field days were supported due to the covid-19 restrictions that were strictly in effect March-May 2020. |
| 12 | Number of crop and livestock demonstrations established per district which promote the production and consumption of nutritious foods | 0 | 40 | 271 | **Rating: Fully Achieved**<br>The Programme supported the establishment of at least 250 crop demonstration plots and 21 livestock demonstration plots across the four target districts. Crop demo plots included field and horticultural crops, while livestock included rabbits, goats, indigenous chickens, bees, and fish. |
| 13 | Number of people reached with messages from the national FBDGs. | 0 | NA | 0 | **Rating: Least Achieved**<br>The target was not achieved, the FBDGs were available as electronic copies and were not distributed as initially intended. |
| 14 | Copies of FBDGs printed and distributed. | 0 | 1000 | 0 | **Rating: Least Achieved**<br>The Zimbabwe Food Based Dietary Guidelines were developed. Final products include a summary guide for the general population and a detailed guide for use by professionals. These are available as electronic copies. |
| 15 | Proportion of community groups (pregnant and lactating mothers/caregivers of children less than 2 years) reached with nutrition education and communication campaign | 0 | 60% (Progress report 2019) | 660 | Not assessed as the target is set in percentage and the progress is not reported as such. 6,600 caregivers were reached out by 660 community care groups which were established. |
| 16 | Availability of a food composition table for Zimbabwe (Logframe)<br>Parameters for food sampling, laboratory analysis and compilation of food composition tables proposal developed (progress report 2020) | 0 | FCT | 0 | **Rating: Least Achieved**<br>The indicator changed over the Programme duration. The initial stages of the development of the FCTs for Zimbabwe were supported by the project. This resulted in a costed proposal detailing the list of priority foods and nutrients for analysis for the country. |

| Fully Achieved | Mostly Achieved | Slightly Achieved | Least Achieved | Not Achieved |
|---|---|---|---|---|
| 91% - 100% | 66% - 90% | 36% - 65% | 11% - 35% | 0-10% |

## Appendix 27: Theory of Change

Impact: Stunting Reduction Amongst Children U-5 Years

**Achievements**

- Strengthened Capacity of Community to identify and analyze causes of malnutrition
- Prompt Action to Address Causal Factors of all forms of Malnutrition
- Increased demand and uptake of multi sectoral interventions for stunting reduction by communities

**Strategies**

- Establish a coordination structure
- Capacitate the coordination structures to identify and analyze causes of stunting and other forms of malnutrition
- Targeted multi-sectoral high impact intervention to nutritionally vulnerable households

**Issues**

- Weak coordination structures
- Poor understanding of the determinants of Stunting
- Poor targeting of nutritionally vulnerable households

## Appendix 28: Efficiency Analysis – Output Achievement till 2018

| Outputs | Targets (LoA) | Achievement | Ranking |
|---|---|---|---|
| Number of Wards where FNC coordination mechanisms are rolled out. | 110 | 111 | 1 |
| National Food and Nutrition policy and implementation plan implemented in 4 districts through multi sectoral community-based model approach. | 4 | 4 | 1 |
| Proportion of WFNSC capacitated implementation of multi sectoral community-based model approach for stunting reduction in 4 districts. | 60% | 100% | 1 |
| Proportion of primary health care facilities with at least one health worker capacitated on knowledge and skills on growth monitoring and community IYCF integrated package in 4 districts. | 60% | 60% | 1 |
| Proportion of VHWs capacitated on knowledge and skills on community IYCF integrated package in 4 districts. | 60% | 63% | 1 |
| Proportion of WFNSC supported to collect, analyse, and utilize nutrition specific and nutrition sensitive (agriculture, wash, social protection, education) data through a coordinated NRTM system. | 60% | 100% | 1 |
| No of times real time data is used together with the agriculture information system for advocacy and lobbying for nutrition integration within the sector. | 4/District | 0 | 0 |
| Number of districts that have plans aligned to SHINE study findings/recommendations among the 4 districts. | 4/District | 4/District | 1 |
| Proportion of WFNSC able to access the NRTM dashboards for improved reporting, planning and decision making at ward level. | 67 (60%) | 0 | 0 |
| Number of MLAWCRR staff at the various levels trained in nutrition. | 90% | 60% | 0 |
| Number of crop and livestock demonstrations established per district which promote the production and consumption of nutritious foods. | 40 | 25 | 0 |
| Number of food fairs and field days conducted per district or proportion of farmers who are knowledgeable about nutrition. | 40 | 51 | 1 |
| Number of people reached with messages from the national FBDGs | Not available | Not available | Not assessed |
| Copies of FBDGs printed and distributed. | 1000 | 0 | 0 |
| Proportion of community groups (pregnant and lactating mothers/caregivers of children less than 2 years) reached with nutrition education and communication campaign. | 50% | 75% | 1 |
| Availability of a food composition table for Zimbabwe | FCT | 0 | 0 |

## Appendix 29: ACARS Compliance with UN-SWAP Indicators

The Programme is assessed against the 17 performance indicators to see whether it 'Approaches requirements', 'Meets requirements' or 'Exceeds requirements[225]'. Of the 17 performance indicators, only nine (09) could be assessed due to limited information or it was beyond the scope of the evaluation. Of 09 indicators, ACARS approaches requirements of two (02) indicators; meets requirements of three (03) indicators; and could not meet requirements for four (04) indicators on gender equality (GE). Table below sums up evaluators' commentary and assessment on GE.

| No. | Performance Indicators (PI) | Evaluators Commentary & Assessment |
|---|---|---|
| | | **Results-based management** |
| 1 | PI-1: Strategic planning gender-related SDG results. | The Logframe includes one indicator or target that captures gender disaggregation of stunting rates in four target districts[226]. Results show that stunting is higher in boys compared to girls therefore the Programme **approaches requirement**[227] of this indicator. |
| 2 | PI-2: Reporting on gender-related SDG results. | The progress reports allowed continuous monitoring of the results based on sex-disaggregated data. However, there is limited evidence to suggest that this information was widely being used for strategic planning mainly due to restrictions around access to the Dashboard, hence, the Programme **approaches requirement**[228] of this indicator. |
| 3 | PI-3: Programmatic gender-related SDG results. | The Programme also **meets the requirement**[229] **of** the third performance indicator, 'Programmatic Gender-related SDG Results', as it included the sex disaggregated data in its planning (PMF) and reporting (progress reports). |
| | | **Oversight** |
| 4 | PI-4: Evaluation | This third-party evaluation (conducted on behalf of UNICEF Zimbabwe) adhered to all applicable UNEG norms and standards (see section 3.5); therefore, it is assessed as **meets the requirement**[230]. |
| 5 | PI-5: Audit | **Not assessed**. As the assessment of the audit systems are beyond the scope of the evaluation. |
| | | **Accountability** |
| 6 | PI-6: Policy | **Not assessed**. As the scope of the evaluation is to assess the ACARS, the evaluators have not responded to the organization level policy interventions at UNICEF Zimbabwe. |
| 7 | PI-7: Leadership | The evaluators have no evidence on the senior managers in the programme internally or publicly championing the gender equality. Throughout in the reporting, the intervention has not indicated any disaggregation of findings between under-five girls and boys. Hence the Programme **could not achieve** against performance indicator on 'Leadership'. |
| 8 | PI-8: Gender-responsive performance management | The programme **approaches requirement** against the performance indicator of Gender responsive performance management as it conducted barrier analysis to assess bottlenecks and challenges women of reproductive age face to adopt promoted behaviour. |
| | | **Human and Financial Resources** |
| 9 | PI-9: Financial resource tracking | The Programme **could not achieve** as there is no financial resource tracking mechanism used by the Programme to quantify disbursement of funds that promote gender equality and women empowerment. |
| 10 | PI-10: Financial resource allocation | The Programme **could not achieve** as there is no financial disbursement or benchmark to promote gender equality and women empowerment. |
| 11 | PI-11: Gender architecture | **Not assessed.** Beyond the scope of the present evaluation to assess the presence of focal points at HQ, regional or country level. |
| 12 | PI-12: Equal representation of women | **Not assessed.** Beyond the scope to assess representation of women staff at the country office level. |

[225] https://www.unwomen.org/-/media/headquarters/attachments/sections/how%20we%20work/unsystemcoordination/un-swap/un-swap-2-tn-en.pdf?la=en&vs=2359.
[226] For details related to SDG 5, refer Goal 5: Gender equality | UNDP
[227] Main strategic planning document includes at least one high-level result on gender equality and the empowerment of women which will contribute to meeting SDG targets, and reference to SDG 5 targets.
[228] Entity RBM system provides guidance on measuring and reporting on gender equality and the empowerment of women results. 2) Systematic use of sex-disaggregated data in strategic plan reporting.
[229] Programmatic results on gender equality and the empowerment of women are met or on track to be met.
[230] Meets the UNEG gender equality - related norms and Standards and Applies the UNEG Guidance on Integrating Human Rights and Gender Equality in evaluation during all phases of the evaluation.

| No. | Performance Indicators (PI) | Evaluators Commentary & Assessment |
|---|---|---|
| 13 | PI-13: Organizational culture | **Not assessed.** Assessment of the organization culture whether it fully supports promotion of GE is beyond the scope of the evaluation. |
| **Capacity** | | |
| 14 | PI-14: Capacity assessment | **Not assessed.** Assessment of the UNICEF Zimbabwe's capacity building initiatives is beyond the scope of the evaluation. |
| 15 | PI-15: Capacity development | **Not assessed.** Assessment of the UNICEF Zimbabwe's capacity building initiatives is beyond the scope of the evaluation. |
| **Knowledge, Communication and Coherence** | | |
| 16 | PI-16: Knowledge and communication | The progress reports do not have specified gender and empowerment sections. Therefore, the Programme **could not achieve** [231] for internal production and exchange of information on gender equality and women's empowerment. |
| 17 | PI-17: Coherence | **Not assessed.** Assessment of UNICEF Zimbabwe's coherence structure is beyond the scope of the evaluation. |

[231] Internal production and exchange of information on gender equality and women's empowerment.