



Final Evaluation of the NGO Joint Initiative for Urban Zimbabwe Community Based Support for Vulnerable Populations

Full Report

Oxfam GB Programme Evaluation

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Evaluators: Lovemore M. Zinyama, Bakhethisi K.T. Mlalazi

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ACRONYMS

ACC	Area Coordination Committee
AREX	Agricultural Research and Extension Services, Ministry of Agriculture
AOB	Sibambene AIDS Programme - Archdiocese of Bulawayo
AusAID	Australian Agency for International Development
CBO	Community Based Organisation
CHBC	Community Home Based Care
CIDA	Canadian International Development Agency
CIO	Central Intelligence Organisation
CP	Child Protection
CRS	Catholic Relief Services
DAAC	District AIDS Action Committee
DFID	Department for International Development
EFZ	Evangelical Fellowship of Zimbabwe
HBC	Home Based Care
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HPZ	Housing People of Zimbabwe
IGA	Income Generating Activity
IOM	International Organisation for Migration
INGO	International Non-Governmental Organisation
ISAL	Internal Savings and Lending
JIG	Joint Initiative Group
LIG	Low Input Garden
M&E	Monitoring and Evaluation
NAC	National AIDS Council
NGO	Non-Governmental Organisation
OCHA	UN Office for the Coordination of Humanitarian Affairs
OFDA	Office of US Foreign Disaster Assistance (USAID)
OVCs	Orphans and Vulnerable Children
PMU	Programme Management Unit
PRP	Protracted Relief Programme
SDC	School Development Committee
SIDA	Swedish International Development Cooperation Agency
UN	United Nations
UNDP	United Nations Development Programme
USAID	US Agency for International Development
WFP	UN World Food Programme
ZAN	Zimbabwe AIDS Network
ZNPP+	Zimbabwe National Network for People Living with HIV/AIDS
ZPT	Zimbabwe Project Trust

EXECUTIVE SUMMARY

Background

The JI Programme was launched to address urban poverty and vulnerability resulting from the decline in the macro-economic environment in Zimbabwe, the collapse of social welfare and municipal services, and in response to “Operation *Murambatsvina*”. It was set up in 2005 by 7 international NGOs with their local implementing partners and was supported by group of 5 donors through pooled funding. The over-arching goal of the programme is **to restore dignity and reduce suffering for the most vulnerable in urban and peri-urban areas of Zimbabwe.**

The agreement entered into by the donor group and the NGO partners provided for a mid-term review (carried out in June 2007) and a terminal evaluation. This is the report of the end-of-programme or terminal evaluation.

Purpose of the Evaluation

This evaluation was meant to consider the rationale for the type of approach used in the Joint Initiative and also to consider measurements of success the programme had achieved in meeting its goals.

Evaluation Process

The evaluation was undertaken by two consultants over a 10-day period, and was done through perusal of relevant documents, interviews with the donor group and JI partners, and visits to implementation sites to observe interventions and discuss with beneficiaries and key stakeholders.

Findings

The JI programme has largely achieved its objectives and has had a noticeable impact on the lives of beneficiaries and the practices of implementing partners. The interventions were selected as a result of research on the needs of potential beneficiary communities and are, as a result, relevant to the needs of the communities and to the urban environment. With the deterioration of the economy in Zimbabwe, the interventions of the programme are even more relevant today.

Major challenges faced in implementing the programme included adjusting to operating in an urban environment, dealing with heightened political tensions and sensitivities, and operating in a highly volatile macro economic environment. These have combined to affect aspects of programme implementation, but the JI managed to successfully navigate through most of these challenges.

The management of the programme has been effective and parties to the initiative (donors, local and international NGOs) expressed general satisfaction with how the programme has been managed. Areas that could be improved to enhance effectiveness include more effective ACCs, greater harmonisation of methodologies and deliberate lesson learning.

Relations have been developed with a wide range of stakeholders at all levels and these have benefited the programme. Relations and networks have been particularly useful in lobbying and dealing with the authorities, but they have also benefited programme implementation through sharing information and skills.

Conclusions

There is no doubt that the JI programme has been an innovative approach in providing support to poor and vulnerable urban households. Overall, the programme successfully met its targets and objectives. The partners, both local and international, should be commended for what they have achieved, especially given the continually deteriorating socio-economic conditions and worsening poverty and a hostile political environment.

Recommendations

Improvements in Programme Management

- Standardise and improve the functioning of the ACCs across all the sites;
- The lead agency to ensure that feedback in the form of progress reports are disseminated down to both international as well as their local partners as part of the process of information sharing and engendering a feeling of genuine partnership;
- JIG to ensure that its contingency plan is functional.

Improvements in Programming Methodologies for Future Implementation

- Agree on “best practices” and adopt these frameworks for interventions and approaches;
- Ensure that beneficiary verification attains 100% in all interventions as much as possible and provide a forum for community contribution, but without compromising the JI’s criteria;
- Work towards greater collaboration with those outside the consortium who are working in the same sectors;
- Consortium allocates more resources towards research and documentation of its experiences, successes and failures (e.g. in advocacy and lobbying local authorities, “best practices”);
- Improve lesson learning, ensure that sector meetings are held more regularly and provide a forum for sharing;
- Ensure that M&E is placed more strategically;
- Consider modalities for community M&E;
- Provide more opportunities for consultation with children on child protection issues and child rights and respond to their needs;
- Liaise with DAACs and other stakeholders for a review of the contents of the standard HBC kit so that it takes account of emerging health status of HIV/AIDS patients so that it reflects the needs of the beneficiaries (i.e. less emphasis of wounds and more hygiene items);
- JI to continue efforts to improve the programme’s cost effectiveness.

Recommendation to the Donor Group

Overall, the consultants strongly urge the donors to continue with funding support to the Joint Initiative for the reasons presented in this evaluation report.

1.0 INTRODUCTION

1.1 Joint Initiative Programme

Urban vulnerability in Zimbabwe has deepened during the past few years. With formal unemployment over 80%, an annual inflation rate of 100,580% (January 2008), and average incomes of less than US\$1 per day, many urban households are finding it increasingly difficult to access most basic commodities, services and shelter. Recent government policies have also increased the vulnerability of the urban poor, notably the urban clean-up operation dubbed “Operation *Murambatsvina*” launched in May 2005 which left an estimated 700,000 people homeless and decimated many informal small and medium enterprises and the June 2007 price freeze that emptied shops and supermarkets of almost all kinds of goods, including most basic foodstuffs. The HIV/AIDS pandemic also presents additional problems for many urban households. Meanwhile, standards of service delivery by the urban local authorities have deteriorated sharply during the past five years or so. Many suburbs are going without clean water for long periods of time, refuse collection is erratic or non-existent, liquid sewerage flows unattended through the streets where children play, while electrical power outages have become a very regular occurrence.

In late 2005, concerned about the deteriorating conditions of many urban households, seven international non-governmental organisations (INGOs) decided to strategically combine their capacities and resources in order to address the acute needs of vulnerable groups in urban areas of Zimbabwe. The seven agencies collectively known as the Joint Initiative Group (JIG) are: (i) Africare, (ii) CARE International, (iii) Catholic Relief Services (CRS), (iv) Mercy Corps, (v) Oxfam GB, (vi) Practical Action and (vii) Save the Children UK.

The JIG developed a programme called the “NGO Joint Initiative for Urban Zimbabwe” which is a coordinated humanitarian response to address the short and medium term needs of highly vulnerable urban communities through integrated programming. The over-arching goal of the programme is **to restore dignity and reduce suffering for the most vulnerable in urban and peri-urban areas of Zimbabwe**. The programme has been supported through a system of pooled funding by major international donors, namely DFID, USAID, AusAID, the Norwegian Ministry of Foreign Affairs and, until recently, CIDA and SIDA.

The JI programme started in June 2006 and sought to assist up to 12,000 vulnerable urban households. It should have ended in November 2007, but was given a three-month no-cost extension to the end of February 2008. Members of the JIG seek to work on a collaborative basis, utilising their collective organisational strengths, human resources and networks to provide critically needed assistance through client-prioritised interventions. The programme was implemented in the following cities/towns and suburbs across the country: (i) Harare (Mbare), (ii) Bulawayo (Mzilikazi, Makokoba and Njube), (iii) Chitungwiza (St. Mary’s), (iv) Mutare (Sakubva), (v) Gweru (Mkoba, Mtapa, Senga and Mambo), and (vi) Masvingo (Mucheke and Rujeko).

A needs assessment conducted among applicants for assistance at the beginning of the programme identified the following as the areas where assistance was most needed:

(i) livelihoods support, (ii) food security, (iii) shelter, (iv) education and (v) HIV/AIDS. Child protection was subsequently integrated into the programmes of all the JIG partners as a cross-cutting issue. In some communities, the JIG partners were directly implementing their projects; in other areas, JIG partners have been working with local NGOs as the implementing agencies.

The interventions may be summarised as follows:

- 1) Support for household livelihoods comprising (a) the formation of voluntary and self-selecting internal savings and lending (ISAL) groups, and (b) assistance with the construction of market stalls at approved vending sites, as well as training the vendors in business management and basic bookkeeping. Formation of the loans and savings groups has been encouraged among people that know each other in order to minimise the risk of defaulting on repayments.
- 2) Households identified as experiencing food insecurity have been (a) provided with monthly food vouchers and (b) were given assistance to establish low input gardens (LIGs) at their homes together with training and the provision of basic inputs. The LIGs were designed in such a way that the beneficiaries would operate in cells or groups, with lead members mentoring others.
- 3) Shelter provision entailed assistance with construction of new houses or house extensions and support with the establishment of building material enterprises (e.g. brick moulding) for small scale entrepreneurs. The beneficiaries were organised into groups through which they provided labour such as moving bricks, digging the foundations, and mixing mortar and concrete, working under a qualified bricklayer.
- 4) The education intervention entailed the waiver of school fees for two years for 50 OVCs in each participating primary or secondary school in lieu of which the school received a block grant equivalent to US\$2,500 to cover the costs of approved projects such as the purchase of furniture, textbooks and equipment to support income generating projects. Schools also received support and training to establish after-school clubs for the children.
- 5) The HIV/AIDS intervention involved (i) the distribution of home-based care kits through municipal clinics, supported by a network of community-based care facilitators to families living with HIV/AIDS, (ii) training of primary care givers, as well as (iii) awareness raising and training among youths and other groups.
- 6) As mentioned above, child protection was incorporated as a cross-cutting issue to be implemented by all partners in their interventions and programmes.

The interventions by the JIG represent probably the first major collaborative thrust by international and national NGOs to assist poor and very poor urban households in a comprehensive manner. Previously, humanitarian and development agencies have focused their activities in rural areas in the belief that this was where assistance was

most needed. Thus, many NGOs operating in Zimbabwe have acquired a lot of experience of working in rural areas, but still need to learn to operate in urban areas.

The interventions were developed within the context of a definition of what constitutes humanitarian assistance that is perhaps broader than that of the donor community. The partners' definition of what constitutes humanitarian assistance has been informed by the realities of the Zimbabwe situation. In the past, urban workers contributed significantly to rural livelihoods and household incomes through urban-to-rural remittances in cash or kind. Today, many of these support systems have broken down. Urban dwellers are failing to meet their basic needs, let alone support their extended rural families, because of the severity of the prevailing economic meltdown which has hit the urban populations hardest. While the impact of the economic decline may not be immediately visible as would be the case in the aftermath of a natural disaster (a tsunami, flooding, etc), it is nonetheless harsh, widespread and prolonged, resulting in ever growing numbers of urban poor and destitute households.

1.2 Purpose of the Evaluation

This evaluation was meant to consider the rationale for the type of approach used in the Joint Initiative and also to consider measurements of success the programme had achieved in reaching its goals. The full Terms of Reference for the evaluation are attached to this report as Appendix 1.

The objectives of the evaluation were to:

1. Evaluate the achievements of outcomes/results of the NGO Joint Initiative programme against milestones and outputs outlined in the original JI targets, baseline conditions, implementation plans and log-frame.
2. Review wider programmatic issues relating to the approach to management and implementation and how this impacted on the effectiveness and appropriateness of interventions and on targeting.
3. Provide lessons learned and recommendations for improvements in both management and programming methodologies for future implementation.

The evaluation sought to address the following questions:

- Results: Did the program attain its goals and objectives?
- Cost effectiveness: Was the programme design one that created cost efficiency and effectiveness? Was the joint mechanism appropriate/beneficial for these sectors?
- Relevance: Was the program relevant? Necessary? Did it meet the needs of the most vulnerable?

2.0 THE EVALUATION PROCESS

2.1 Interviews with JI Partners, Donors and Other Stakeholders

The evaluation was undertaken by a two-member team. It was conducted over a two-week period, 6-19 March 2008. The team conducted interviews with as many as possible of the JI partners comprising the INGOs, local NGOs, donors, other stakeholders such as government and local authority officials as well as a non-random sample of beneficiaries in selected locations. The officials that were interviewed and the organisations that they represent are shown in Appendix 2. The purpose of the interviews with the partners and stakeholders was to obtain the respondents' views with regards to issues such as (i) achievements made by the JI programme, (ii) relevance of the programme, (iii) wider programmatic issues relating to the consortium approach, management and implementation, and (iv) lessons learnt for the future.

Field visits were conducted to project communities in (i) Mbare, Harare, (ii) St. Mary's, Chitungwiza, (iii) Masvingo and (iv) Bulawayo. The consultants' field data collection schedule is shown in Appendix 3. The types of interventions being implemented and the agencies involved in each of the field sites visited during the evaluation are shown in Table 1.

Table 1: Priority interventions and implementing agencies canvassed during the evaluation

City	Suburb	Types of Interventions	Responsible JIG Agency	Local Partner
Harare	Mbare	Livelihoods Shelter Food, HIV/AIDS	Africare Practical Action Oxfam GB	Zimbabwe Project Trust
Chitungwiza	St. Mary's	Livelihoods Shelter Education	Africare Practical Action Mercy Corps	HPZ EFZ
Bulawayo	Mzilikazi Makokoba Njube	Livelihoods Food, HIV/AIDS	CRS Oxfam GB	Sibambene AIDS Programme - AOB LEAD Trust
Masvingo	Mucheke Rujeko	Livelihoods Food HIV/AIDS	CARE CARE CARE	
All Cities	All suburbs	Child Protection	Save the Children (UK)	All Partners

2.2 Interviews with Beneficiaries

The views of the beneficiaries were obtained through one-on-one interviews as well as through group discussions. The interviews and group discussions took place at whatever places the beneficiaries were found. Thus, some of the respondents were interviewed in their homes. Others were interviewed at their business premises (e.g. in the case of vendors). In other instances, the implementing agency had organised groups of beneficiaries specifically to meet the consultants for discussions. The interviews and discussions sought the views of the beneficiaries on issues such as (i) the types of benefits they were receiving, (ii) impact of the interventions on their social and economic wellbeing, and (iii) problems experienced.

2.3 Review of Documents

The consultants also reviewed a number of background and technical documents on the programme. These included the programme proposal submitted to donors in 2006; mobilisation and targeting guidelines used during the selection and screening of beneficiaries, the programme's M&E plan, several progress reports to the donors and M&E reports compiled by the partners, the report of the baseline study conducted during December 2006-February 2007, a study of beneficiary household profiles conducted in September 2007, as well as proposals for the second phase of the programme submitted to the donors for funding.

2.4 Limitations of the Study

The field data collection for the evaluation was conducted over a period of six days, followed by another four days of data analysis and preparation of the report interspaced by additional stakeholder interviews. Due to time and budget constraints, it was not possible to visit all the project sites as would normally be expected of a terminal project evaluation study. Thus, Gweru and Mutare were excluded from the field itinerary. Instead, the consultants visited Bulawayo and Masvingo, locations that had been excluded during the mid-term review in May-June 2007. Even in those sites that were visited, it was not possible to meet all the actors, and especially the beneficiaries.

The evaluation took place shortly before the national presidential and legislative elections held at the end of March 2008. It had been feared that the consultants' ability to move in the communities and interview beneficiaries would be severely restricted because of the politically charged pre-election atmosphere. In the end, this was not the case. Within the limited time available, the consultants were able to interview the relevant people that they needed to meet, both beneficiaries and government officials, even in Mbare and St Mary's where there had been fears that the evaluation would be compromised.

3.0 ASSESSING THE RESULTS, IMPACTS, RELEVANCE AND MANAGEMENT OF THE PROGRAMME

3.1 Key Outputs Against the Programme's Log-frame and Targets

By the beginning of 2008, the JI partners had successfully met most of the targets set out at the commencement of the project, and in most instances had exceeded the original targets (Table 2). A total of 11,816 vulnerable urban households, out of 20,508 registered on the programme's database, were benefiting from one or more interventions, thereby almost meeting the overall target of 12,000 households the programme had set out to assist. (There were some recent registrations that were still to be captured into the central database at the time of the evaluation). The total population in beneficiary households was 58,220, with an average of five persons per household. Some 7,900 beneficiary households (67%) were female-headed and 34% had one or more chronically sick person in the household. Almost one-third (31%) of the households were benefiting from two or more interventions.

Among the beneficiaries were OVCs and child-headed households. In those locations (i.e. in Harare, Bulawayo, Gweru and Masvingo) where the food intervention was being implemented, all 48 registered child-headed households were receiving monthly food vouchers.

Highlights of the key outputs of the interventions include:

- **Livelihoods:** 5,558 households had joined ISAL groups which are a means of raising working capital for their income generating activities, compared with the original programme target to improve the economic capacity of 5,000 vulnerable households. A total of 558 permanent market stalls have been constructed to regularise informal vending activities of the beneficiaries, although some of the stalls were still in the final stages of construction or were still to be allocated to the beneficiaries.
- **Food Vouchers:** 8,780 households were receiving monthly food vouchers entitling them to food rations, against an original programme target of 7,000 households. Over the past year, as a consequence of the rapidly deteriorating economic environment and difficulties in accessing food, the food voucher system had turned from being a supplementary source to become a major source of food for many households.
- **Low Input Gardens:** 1,840 beneficiaries had established LIGs, representing 71% of the programme target of 2,600. The programme had failed to reach its target partly because of severe water restrictions in all the locations and partly because many of the beneficiaries lack access to land by virtue of being tenants at their places of residence rather than property owners. One-fifth of the food voucher beneficiaries had established LIGs, thereby increasing the amount and variety of food available to them.
- **Education Support:** 1,400 OVCs (the original target number) were receiving support for their primary or secondary education. Over half (54%) of the beneficiaries were girls. After-school clubs have been established in all the 29

participating schools to provide a safe environment for the children, and mentors recruited from among the teaching staff trained to run the clubs. The clubs are used to raise awareness of child rights among both the pupils and the facilitators.

- **HIV/AIDS:** 500 chronically ill beneficiaries were receiving home-based care, compared with a programme target of 250; 50 secondary community-based care facilitators and 500 primary care givers were trained. All 500 beneficiaries were on food vouchers and some were participating in ISALs and LIGs.
- **Child Protection:** staff in the JI partner organisations have been trained on child protection issues and there is a greater awareness to incorporate CP in their programming. Pupils receiving education support have been trained on child rights, HIV/AIDS and other CP issues. Child friendly centres have been established in conjunction with the local authorities. At least two facilitators from each school that is participating in the education support component and other youth peer educators have been trained. Child feedback meetings were held in all the sites in conjunction with all the implementing partners.

However, attendance at capacity building training workshops by staff from some of the JI partners was not as well as it was supposed to be. Some of the staff had failed to attend the full package of four training modules on child protection conducted by Save the Children (UK). According to the implementing partner, commitment to CP by senior management varied – management in some JI partners had shown greater commitment and were more willing to release their staff for training. At the same time, Save the Children had also experienced staff constraints, especially at the beginning of the programme when it only had one person to run its training programme.

- **Shelter:** The original target for this intervention had to be revised downwards from 500 to 372 new houses/house extensions mid-way during the project after it became apparent that work was behind schedule. At the end of the programme, some 30 houses were still to be completed, the likely completion date being end of March, 2008.

However, the establishment of small-scale building materials enterprises (e.g. brick moulding) was on target, with 30 such enterprises formed and their members trained. Other successes achieved related to (i) assisting 1,413 households obtain building plan approvals from the respective local planning authorities in the three sites, representing a potential future housing space of 50,860 m² and (ii) assisting 1,115 households to clarify their housing tenure status with the local authorities from an original target of 500 households.

From the above summary, in all but two interventions (shelter and LIGs), the original targets were either met or exceeded within the agreed 18 month time-frame (plus the additional 3-month no-cost extension). Progress has been made in mainstreaming child protection, but there is still need to enhance staff capacity through training. Additional information on the performance under each intervention is provided in Table 2 below which is derived from the JI log-frame and M&E Plan.

Table 2: Summary of key outputs against the programme's targets and milestones at the end of the project (February 2008)

Overarching Goal: Restore dignity and reduce suffering for the most vulnerable in urban areas of Zimbabwe			
Objective 1: Seven urban communities have strengthened mechanisms for collaboratively and transparently managing resources to address priority needs			
Key Outputs/Milestones	JI Interventions	Achieved	Comments/Observations
Community groups created and/or strengthened to manage programme activities	Livelihoods	ISAL groups formed with 5,558 members	<ul style="list-style-type: none"> ISAL groups have been established in Mbare (1,345 households/members), St Mary's (272), Gweru (667), Sakubva (707), Bulawayo (1955) and Masvingo (612). Group formation and membership met the original targets or exceeded them in all areas. ISAL groups are self-selecting and self-managing. The number of groups and membership is continually increasing as new members join. New members are being inducted and trained by peer facilitators that have been trained by the JI partners. ISAL groups were trained in basic bookkeeping/business management; they are now running their group lending activities with minimal supervision and are confident that they will be able to continue even after the withdrawal of the JI partners. Market stall-holders in St. Mary's have independently engaged the services of a professional security company to provide armed security guards at night. Money for security services is raised through monthly contributions organised by a committee chosen from among the beneficiaries. Shelter beneficiaries were encouraged to organise themselves into groups to supply construction labour in Mbare, St Mary's and Sakubva, each group managed by an elected committee, thereby contributing to the construction of their houses. School Development Committees strengthened; after-school club mentors (teachers) and leaders (pupils) trained to run the clubs. OVCs and mentors trained in child protection issues through the after-school clubs.
	Shelter	613 beneficiaries trained in basic construction skills (bricklaying, mortar mixing, etc)	
	Education support	29 SDCs strengthened, after-school clubs established, mentors and youth peer educators trained	
Objective 2: Vulnerable populations in seven urban communities have increased access to priority needs and services			
Improved economic capacity for 5,000 vulnerable households to access basic needs and services	Livelihoods	Market stalls to hold 558 vendors constructed	<ul style="list-style-type: none"> ISAL members are encouraged to venture into income generating activities. ISAL groups have facilitated capital formation with which to order larger volumes of goods for resale. Beneficiaries reported that they had used some of the improved profits on meeting family needs such as the purchase of bicycles, wheel-burrows, household utensils (pots), as well as paying school fees for their children. Others have been able to acquire equipment for their enterprises (e.g. for making candles or peanut butter). ISAL members in Masvingo are providing education support to 5 OVCs; those in Bulawayo are supporting 50 OVCs. ISAL membership provides financial and other support in times of illness or family bereavement. Construction of market stalls completed in St. Mary's to accommodate 240 vendors against an original target 220. One of the sites is already occupied by the beneficiaries; allocation at the other two sites has been held up because of misunderstandings with the local authority over beneficiary selection.
	Shelter	51 construction-related income generating groups formed or strengthened	

			<ul style="list-style-type: none"> • In Gweru, construction of market stalls at two remaining sites is expected to be completed by the end of March 2008. A total of 318 will be accommodated and some beneficiaries have already moved into the market stalls. The market stalls are provided with water, toilets and perimeter fencing for security. • Construction of market stalls in Mbare was not implemented because of problems in acquiring suitable sites. • Income generating groups formed to supply the construction sector (stone-crushers, brick moulders, carpentry)
Reduced food insecurity for 7,000 vulnerable households in Mbare (Harare), Mkoba (Gweru), Mucheke (Masvingo), Mzilikazi and Makokoba (Bulawayo).	Food vouchers	8,780 households on food vouchers	<ul style="list-style-type: none"> • Monthly food vouchers being given to 4,400 households in Mbare, 1,750 in Bulawayo, 1,837 in Gweru and 793 in Masvingo. Target exceeded by 25%. • All 48 registered child-headed households receive food vouchers. • Because of deteriorating economic conditions and difficulties in accessing food, vouchers have become the main source of food for many of the beneficiaries, not a supplement as originally envisaged. • 1,840 households had established LIGs; this was 71% of the original target of 2,600; a contributing factor was that some of the beneficiaries have no access to land (i.e. tenants) and therefore unable to establish LIGs; also water shortages a major constraint. • 20% of the food voucher recipients are also on LIGs. • Training of lead farmers/facilitators was conducted. • Establishment of community gardens for those without access to land (i.e. tenants) has been delayed by need to drill boreholes to supply water; use of treated municipal water not permitted.
40,000 sq. m. of additional habitable space in St Mary's (Chitungwiza), Mbare (Harare) and Sakubva (Mutare).	Shelter	372 houses or extensions constructed (342 fully completed and 30 still to be completed). 1,413 plans approved	<ul style="list-style-type: none"> • The target number of houses/extensions to be constructed was revised from 500 beneficiary house-owners to 372 because of delays and complexities in shelter provision (e.g. regularising title to the land, getting planning approval, etc). Some 30 of the 372 houses in St. Mary's still await completion for several reasons, e.g. unavailability of asbestos roofing sheet in the country, need to verify the ownership status of the plot, getting plans approved, delays in the commencement of the project, political interference leading to banishment of the implementing partners from the project site for about three months. Houses in Sakubva and Mbare have been completed. • Equipment and training was provided to small-scale building materials enterprises (e.g. brick moulding) in Mbare and St Mary's. All the 30 (target) enterprises are now established and operating. • Brick moulding enterprises are contracted to supply bricks for house construction.
Essential education services are accessible for 1,400 orphans and vulnerable children (OVCs) in 28 primary and secondary schools in St Mary's (Chitungwiza) and Sakubva (Mutare).	Education support	1,400 OVCs in 29 schools receiving support, 54% of them girls	<ul style="list-style-type: none"> • 1400 OVCs in 14 schools in St Mary's and 15 schools in Sakubva had fees waived for 2 years in return for block grants (50 pupils per school). Pupils also receive learning materials (exercise books, pens, pencils, etc). • 54% of the 1400 beneficiaries are girls. • All the schools have received either textbooks, school furniture, borehole drilling and equipment, roofing materials, etc. from their block grants. • Some 567 of the pupils also got additional support in the form of school uniforms, footwear, etc. • All OVCs received blankets donated by UNICEF. • After-school clubs attended by mixed groups of pupils (OVCs and non-OVCs) to avoid stigmatisation have been established at all the schools; mentors drawn from among school teachers and club leaders from amongst the pupils have been trained. Schools are provided with sports kits (uniforms, balls, footwear). OVCs receive psycho-social support through the clubs. • Hurdles in the running of after-school clubs arise from problems facing the education sector in general (high staff

			turnover, low teacher morale, repeated strike actions, etc).
Reduced suffering and improved resilience for 250 HIV and AIDS affected households in Mkoba (Gweru) and Mucheke (Masvingo)	HIV/AIDS	500 chronically ill supported	<ul style="list-style-type: none"> • Distribution of home based care kits to 500 chronically ill beneficiaries through municipal clinics, supported by community-based care facilitators. • All 500 beneficiaries receive food vouchers and a significant proportion is also on LIGs; gardens help to improve their nutritional status by providing them with a better range, quantity and quality of produce. • 50 community-based facilitators and 500 primary care givers were trained. • All beneficiaries are encouraged to join HIV/AIDS support groups. • New beneficiaries are registered periodically to replace those that will have died. • Experience has shown that the standard HIV/AIDS home based care kit set by NAC needs revision with less emphasis on management of wounds from bedsores to more hygiene essentials as most patients are not necessarily bed-ridden these days.
Objective 3: <i>JI international and national partners demonstrate increased capacity to identify and integrate child protection considerations in their programmes</i>			
Child protection plans are fully integrated into JIG programming in each of the seven target suburbs	A cross-cutting issue	Staff of JI partners trained in CP. Partners now mainstreaming CP issues in their programming	<ul style="list-style-type: none"> • Partners in all the locations have had training on child protection and reported that they are now better able to mainstream CP in their programming. • However, staff from some of the partners had not attended all the 4 modules on CP – insufficient management support for CP among some partners. • Youth friendly centres have been established and equipped at municipal community halls and clinics; training and counselling on HIV/AIDS conducted by youth peer educators and other facilitators, focusing on behaviour change. • Children’s feedback workshops conducted in all the locations by JI partners supported by Save the Children (UK).

3.2 Relevance of the Programme

3.2.1 Was the Programme Relevant?

The justification for the JI programme was provided in the proposal document submitted to the donors in February 2006. The need for such a programme was informed by the difficulties confronting poor and vulnerable urban households, notably:

- a rapidly deteriorating social, political and economic situation in the country with the most rapidly contracting economy in the world, triple-digit inflation, high unemployment, shortages of foreign currency which negatively affected the importation and supply of essential items such as fuel, drugs and other basic commodities;
- the invasion, starting in 2000, of white-owned commercial farms which resulted in the rapid contraction of the commercial farming sector, massive job losses in agriculture and related sub-sectors, displacement of thousands of farm workers to urban and peri-urban areas, and ultimately leading to increasing shortages of basic foods; and
- the launch by government, in May 2006, of “Operation Restore Order” (*Murambatsvina*), a programme supposedly aimed at addressing issues of overcrowding, crime and ‘lawlessness’ in the high density urban suburbs, but whose most visible results were the destruction of urban dwellings and vending sites, the arrest of thousands of informal traders, and the loss of livelihoods for hundreds of thousands of people.

The interventions implemented under the JI programme sought “... to meet the immediate needs of the displaced and their hosts, decrease urban vulnerability, and strengthen the coping mechanisms and resilience of communities”.

The relevance or appropriateness of the programme and its interventions can be assessed at two levels: at the community level and at the individual household level. A vulnerability assessment conducted in January 2005 sought to identify needs and priorities at the community level. The exercise included key informant interviews with knowledgeable community leaders and representatives and a “meta-plan” exercise with members of the community to identify the needs and priorities in each area. The information was used to determine the top three priorities for intervention in each location (Table 3). These priorities were then used to determine the types of interventions for each area.

Table 3: Top three needs and priorities identified by the vulnerability assessment for each location

Location	Top three priorities identified					Interventions implemented
	Livelihoods	Food	Shelter	Education	HIV/AIDS	
Mbare (Harare)	√	√	√			All three
St. Mary's, (Chitungwiza)	√		√	√		All three
Mzilikazi, Makokoba (Bulawayo)	√	√	√			Shelter not implemented
Mkoba (Gweru)	√	√			√	All three
Mucheke (Masvingo)	√	√			√	All three
Sakubva, (Mutare)	√		√	√		All three
Child protection implemented as a cross-cutting issue in all locations						

Source: JI proposal document submitted to donors (February, 2006)

At the second level, the registration and verification of beneficiary households provided an opportunity for the JI partners to ensure that (i) only the most deserving poor and very poor were supported and (ii) households received support that was most appropriate for their situation. In particular, the verification process was important to screen out undeserving cases and, more importantly, to match household needs and priorities with the types of interventions to be provided. The higher the level of verification for a particular intervention, the greater was the likelihood that the most deserving households received it. The proportion of beneficiaries that were verified for each intervention varied, being full (100%) verification for food vouchers, shelter, and education support, down to approximately 30% for livelihoods. It was important to ensure a high verification rate where beneficiaries were receiving some tangible goods (e.g. food, building materials or home-based care kits), and less so where they were receiving services (e.g. training and capacity building).

Overall, the programme and the interventions implemented by the partners were directly relevant to the needs of the beneficiaries. Information provided by the beneficiaries during field visits for this evaluation confirmed that the programme had positively addressed their pressing needs.

However, while the verification process helped to reduce errors of inclusion, there is a high probability that many more deserving cases could have been left out of the programme's interventions. Errors of exclusion could have arisen from a number of sources. Some bed-ridden people could have been missed in the mobilisation phase and therefore not registered; not all poor and destitute people can read such that they could have missed the notices that were published and distributed during the mobilisation phase; and people that did not attend church could also have been missed. At the beginning, there was some scepticism among potential beneficiaries about the intentions of the programme. For instance, there was a perception that food vouchers were intended for people living with HIV/AIDS and therefore joining the

programme would be viewed as a public admission of being HIV positive. It is, however, noted that the JI partners were aware of these problems and made provision for the inclusion of deserving cases that came up after the initial registration. This was done by holding back approximately 10% of the target for each intervention in order to accommodate late registrants.

In respect of the shelter component, the need for beneficiary to have legal entitlement to a piece of land on which to build meant that those in real need of housing (i.e. lodgers and the homeless) were automatically excluded.

3.2.2 *Is the Programme Still Relevant Today?*

The JI programme was a "...co-ordinated humanitarian response to address the short and medium-term needs of highly vulnerable communities". In this regard, it had been expected, especially by the donors, that the programme would have a short duration to meet emergency needs arising in large part from "Operation *Murambatsvina*". However, social and economic conditions in Zimbabwe have continued to deteriorate during the past few years such that even larger proportions of the urban population have become poorer and more vulnerable. The conditions that JI sought to address are, in most instances, worse today than when the programme started in 2006. A brief review of the current situation with respect to the various indicators of urban poverty shows that social, economic and political conditions have worsened. As a consequence, the JI programme and its interventions are, in fact, more relevant today than they were two years ago.

Livelihoods: Urban unemployment has worsened since 2006 when the JI programme started, with even larger numbers of people resorting to vending, cross-border trading and other forms of self-employment, together with a variety of "illegal" and/or socially unacceptable activities such as dealing in foreign currency and transactional sex in order to make a living. At the same time, vending without a license and from unauthorised sites continue to be frowned upon by the authorities, with the attendant risk of having one's wares being confiscated.

Food: The availability of food in the country has deteriorated considerably since June 2006 when the government imposed a price freeze on all goods and services in an effort to fight inflation. An immediate consequence of the freeze was the disappearance of virtually all goods from supermarket shelves, including basic foodstuffs. Since then, foodstuffs have remained in short supply or are only available on the "black market" at highly inflated prices. Accessing food has therefore become more difficult for most urban and even rural households. Even the urban middle class have been struggling to access food, many of them resorting to periodic shopping trips to South Africa to purchase basic commodities.

The aim of the JI food voucher system was to supplement beneficiary households' own food supplies. However, it became apparent during the field visits that the monthly food allocation had become a major component of the beneficiary households' total food supply. There is anecdotal evidence to suggest that households on the JI food voucher system actually have better access to food (in terms of both quantity and variety) than many other low income households.

Education: As the economic situation has deteriorated and inflation worsened, many more parents and guardians are failing to pay school fees, and children are being withdrawn from school. OVCs are particularly vulnerable in this regard. Learning materials such as textbooks, exercise books, pens and other items are either unavailable or expensive for most households. At the same time, conditions for learning, especially in the public school sector, have deteriorated with schools facing acute shortages of qualified teachers (many having abandoned teaching to either emigrate to neighbouring countries or go into other sectors of the economy where remuneration is somewhat better), shortages of school furniture and dilapidated school buildings.

HIV/AIDS: Although recent data show an improvement in the national HIV infection rates, those already infected and affected by the pandemic remain highly vulnerable because of the worsening economic and social conditions prevailing in the country. Drugs for the treatment of opportunistic infections, ARVs and other hygienic essentials are either unavailable or too expensive for a majority of people that are chronically sick. Health services in general have collapsed - hospitals and clinics are understaffed, lack qualified personnel, and are poorly equipped with poor and erratic supplies of essential drugs. Many poor people can no longer afford hospital fees, let alone the cost of consulting private medical practitioners. Overall, the burden of HIV/AIDS is increasingly borne by individual households with little support from the state sector.

Shelter: Shelter remains a long-term need for low and middle income households. The deterioration in shelter provision may not be as obvious as the other conditions described above. However, increased costs of construction, non-availability of building materials (e.g. cement), and the high cost of acquiring land for construction are making it even more difficult for the poor to access adequate and affordable housing. Furthermore, rental accommodation has become very expensive. Even in low income suburbs, some landlords are charging rent in foreign currency or in kind (i.e. in the form of grocery items that may be quite expensive or difficult to obtain).

Other evidence of urban environmental collapse: Other manifestations of the deteriorating urban social and economic environment include increasingly poor water supply and sanitation with the consequent risks to public health, prolonged disruptions to electrical power supplies and a disintegrating road network. The state does not provide any meaningful safety net for the poor and vulnerable while traditional extended family support mechanisms are stretched to the limit.

3.3 Impacts and Broader Outcomes of the Programme

3.3.1 Programme Impacts on Beneficiaries

The interventions implemented by the JI programme have had a number of traceable impacts on beneficiaries across all implementation sites. Table 4 (together with Table 2) below summarises some of those impacts.

Table 4: Impacts of the programme on beneficiaries and their households

Intervention	Some Impacts
Food vouchers	For some beneficiaries the JI food basket is now main source of food LIG – improved variety of food, better diets. Income from sale of vegetables used to meet household needs, e.g. school fees Improved health for beneficiaries living with HIV – can now take ARVs for instance
Livelihoods	Saved recipients from hunger Improved diet Income generation. Better business for vendors Skills developed Meeting household economic needs , medical expenses and school fees
HIV/AIDS	Improved health care for beneficiaries Combined with food and provision of ARVs, has resulted in reduction in deaths from AIDS. Community home based care facilitators and primary care givers more motivated to do their work due to provision of supplies to do the work Support for clinics and DAAC, HIV support structures Networking with other players
Education	Children going to school who would otherwise not Improved facilities at schools – other children also benefit After school activities – improves children’s self-esteem SDCs strengthened Teacher skills for counselling and mentoring improved through training
Shelter	Accommodation, status, tenure secured, wills, skills developed- construction and interpersonal, community spirit - good neighbourliness
Child Protection	More awareness of child rights issues – schooling, abuse - by NGOs and communities Support for Child Protection Committees

3.3.2 Broader Impacts and Outcomes

In addition to the proximate impacts relating to the beneficiaries, the JI programme has also had some boarder impacts and outcomes.

The JI partners reported that they have strengthened their capacity to deliver urban programmes. They have acquired new skills, adopted new approaches and developed more suitable tools and systems. They have developed a better understanding of operating in the urban areas, and have established new relationships and networks that will continue to be useful in the future.

In addition to immediate benefits from the interventions, beneficiaries indicated that they had derived long lasting, broader benefits from the programme. Income generating activities have provided beneficiaries with improved incomes to meet their immediate needs such as food, health, rent and school fees and provided them with sustainable means of livelihoods. A number of community structures (e.g. housing cooperatives, vendor associations, LIG cells, etc.) were created or supported as part of programme implementation and because they are led by the beneficiaries, they will continue to operate and provide psycho-social support among members even after the programme has wound up.

The JI has strengthened local institutions that were collapsing or non-functional for lack of resources. For instance, the Community Home Based Care (CHBC) component has boosted clinics through which they issue HBC kits by providing refresher training and enabling staff to make more home visits and provide basic medicines and materials for patient care. Some of that care is provided to non-JI patients. In addition, CHBC facilitators supported by the programme reported during interviews that they believe their roles were now more effective and fulfilling than before – they assist their clients with access to food and basic medicines and take more pride in their work. Also, the HBC programme, jointly with other interventions such as food vouchers and livelihoods, has resulted in more disclosures of HIV status and a reduction in social stigma. As a result, more people have sought assistance, thereby enhancing their quality of life and reducing deaths through AIDS.

The approach adopted by the JI has assisted in community re-awakening. The community approaches to shelter construction, gardening, HIV/AIDS and school development have strengthened community bonds and neighbourhood collaboration. The training provided to beneficiaries in technical, community participation and leadership skills has contributed to a more aware and informed citizenry.

Overall, awareness of community social responsibility has also been enhanced. Beneficiaries report that they have assisted each other to meet life challenges (meeting health needs, raising money to pay fees, in times of bereavement, etc.). In Bulawayo, beneficiaries from income generating activities (IGAs) have entered into agreements with the JI implementing partner to support OVCs with school fees. At present, fees for 54 OVCs are being paid by members of the IGA groups, and a further 140 vulnerable children have been identified for support from the second term of this year. This initiative not only assists OVCs, but is also a community's investment into the future. In addition, it gives the sponsors of these children an immense sense of pride, and converts them from beneficiaries into benefactors.

3.4 The Relationship between the JI and Other Programmes

The main question from the terms of reference was the extent to which the JI overlaps, complements, duplicates, or works against other programmes. Although new to the participating partners, the urban environment is the domain of many other initiatives aimed at improving the lives of the urban poor. The HIV/AIDS field is the domain of many local and international NGOs, CBOs, support groups of people living with AIDS and networks such as ZAN and ZNPP+ and institutions created by the state to combat the epidemic, such as the National AIDS Council (NAC). The shelter component overlaps with activities of housing cooperatives, shelter advocacy groups, INGOs such as the IOM, as well as government and municipal initiatives. The food security and livelihoods components interface with urban feeding and livelihood programmes by, for instance, the WFP and PRP, funded by donors who also fund the JI and executed in some cases by JI partners and their local implementing partners. Similarly, there are many NGOs and CBOs active in the education and children's rights initiatives in urban areas. To the extent that many of these programmes target the same beneficiary population and seek to achieve the same purposes, effectiveness requires that they should collaborate to create synergies.

A key pillar of the JI approach is that it seeks to support and work through existing structures and institutions, instead of creating parallel ones. Hence, for instance, the programme has worked through existing School Development Committees, municipal clinics and CHBC facilities set up under the NAC programmes. It works mostly through local NGOs as implementing partners, and some of these also work with CBOs and community groups.

JI structures such as the ACC involve key local stakeholders in programme implementation. Members of ACCs include not only relevant government and municipal officials, but also staff from NGOs operating in the sectors in which the JI is active. In the west of the country, the JIG participates in the Matabeleland NGO Forum, which acts as a coordinating vehicle with OCHA.

The JIG also makes significant use of the expertise of other organisations, especially in training for beneficiaries and facilitators. For instance, the CHBC component uses expertise of the NAC and PSI for training instead of developing its own courses. The child rights component has close links with Childline and the shelter component works with various cooperatives and legal services organisations to support beneficiaries in their dealings with municipalities.

So, both in design and execution, the JI programme is largely a synergistic programme. However, the collaboration has tended to be at the operational level. More could be done at the strategic and policy level to leverage the programme's contribution to the debates and practices in the intervention sectors. More engagement with, say ZNPP+, ZAN and other national players in HIV/AIDS sector would be most beneficial, and the programme could also cooperate more with IOM and the UN on shelter to influence government policy and build national consensus on housing standards.

It is possible that the degree of engagement at the strategic level was impacted on by the duration of the programme – not having enough time to establish linkages and to invest that level of effort. Phase II should have greater focus at the strategic interface and dialogue with other programmes, in order to create greater harmonisation and to influence and shape the debate.

3.5 The Consortium Approach

The mid-term review conducted in May 2007 listed a number of advantages the JI partners, both local and international, had enjoyed from working as a consortium. All the partners that were interviewed during this evaluation reported that they would want to continue working within the consortium in the future. Briefly, the advantages of working as a consortium include:

- (a) sharing experiences and information between the consortium members and drawing on the synergies and complementarities existing between them;
- (b) exposure to new perspectives that they were now incorporating into their own programming, most notably child protection issues;
- (c) simplification of the requirements for reporting to the donors as, under the consortium, this was being done through the Programme Management Unit at Mercy Corps;

- (d) establishment of an Area Coordination Committee for each location which had encouraged members to work together and provides a vehicle for incorporating other stakeholders such as local authorities and security agencies into the consultative process, thereby creating an improved enabling environment within which the partners are able to operate despite the restrictive political conditions;
- (e) the adoption of a harmonised systems, including the mobilisation, registration and verification of beneficiaries, a common database and M&E system which ensures against duplication of effort and “double dipping” by beneficiaries;
- (f) the database of beneficiaries is also shared with other NGOs outside the JI consortium in order to harmonise service delivery and avoid “double dipping”.

The advantages of working as a consortium were clearly illustrated during this evaluation when Oxfam was denied permission by the police to take the consultants into Mbare to interview beneficiaries. Practical Action was able to use its construction activities in the area to provide cover for the interviews with the beneficiaries to take place. Thus, members have been able to leverage each other’s strengths and networks for the good of the entire group.

Another advantage of the consortium has been the flexibility of programming. For instance, when it became apparent that providing school fees for OVCs addressed only part of their problems, the consortium was able to extend support by providing uniforms, and learning materials (exercise books and stationery). In Bulawayo, the partners have added a water and sanitation element in response to the health threats posed by drought and water shortage.

Overall, the consortium approach has brought significant value-addition in several areas, notably

- (i) programming - giving holistic support to beneficiaries and providing flexibility of response and beneficiary updating and registration;
- (ii) streamlined administrative and reporting arrangements; and
- (iii) harmonisation of donor funding, a development that is in line with the Paris Declaration.

By the end of the programme, there were only a few burning problems raised by the partners with regards to the consortium approach, including the following:

- (a) One or two of the partners had experienced problems with certain aspects of their budgets. For instance, HPZ reported that, when it prepared its budget at the beginning of the programme, it had overlooked providing for such items as project vehicles and computers. Consequently, it had ended up using resources from other programmes to support JI activities. Similar problems had been raised by other local partners during the mid-term review (e.g. DOMCCP in Mutare). Likewise, Save the Children reported that it had underestimated the budget and personnel requirements for capacity building on child protection issues. At the start of the programme, it only had one person to conduct the JI training, but had subsequently increased the number to four.

- (b) Another problem that was still evident concerned the manner in which the ACCs were operating in some of the locations. In many instances, although ACC meetings were held regularly, members were not fully exploiting the opportunities for sharing ideas and experiences and programming their activities. In practice, each partner would present a narrative report of its activities for the past month and planned activities for the coming month. There was little or no effort to discuss and investigate how some of these planned activities could be more fully integrated between the partners or actual sharing of lessons from previous activities. Inconsistency in terms of representation at the ACC meetings (e.g. where an organisation is represented by a different person from the one that had attended previous meetings) would also compromise the degree of information sharing and decision-making.

In some of the locations, the Core ACC meetings involving the partners were not held as planned, i.e. once a month. However, the Extended ACC involving other stakeholders were usually held as scheduled, i.e. quarterly. (The Core ACC comprises the local and international partners operating in each location; the Extended ACC includes other stakeholders such as the security agencies, municipal officials and other stakeholders. In Masvingo, the only implementing agency is CARE, as a result of which the concept of a Core ACC becomes an internal meeting of staff on the JI programme).

Some questions also remain, especially among the donors, about the *modus operandi* of the consortium and whether it had indeed fully exploited all the advantages and synergies of working together. For instance, it was noted that:

- There could have been greater sharing of resources and information in the implementation of the interventions. An example of this failure was demonstrated by the case of EFZ which reported during the interviews that it had experienced problems during the construction of a staff-room in St Mary's as part of one school's block grant. With hindsight, these problems could have been resolved in consultation with Practical Action which was also engaged in construction in the same location.
- In practice, the JI partners had operated more or less as separate entities implementing their assigned interventions within their designated locations, despite being members of a consortium. An alternative approach could have been for them to identify and agree on a "best practice" for each intervention, and for the respective partners to adopt that model in their respective locations. For instance, if the model for LIGs being implemented by CARE in Gweru and Masvingo was agreed as the "best practice", then all the other partners doing LIGs would adopt that model in their respective locations. To their credit, it was observed that Oxfam and ZPT in Mbare have recently moved in that direction by learning from, and adopting CARE's CHBC model whereby they are using municipal clinics for distribution of HIV/AIDS home based care kits and patient monitoring.

3.6 Programme Management

At the time of the mid-term review in June 2007, the programme management structures (the donor group, the JI Steering Committee, Area Coordination

Committees, Programme Management Unit, and the partners' own operational and management teams) were all in place and most systems (targeting, selection, reporting, M&E etc.) were operational. As structures and systems have been stable, these will not be described again in detail in this report. Instead, the focus will be on how they have matured and functioned in the intervening period to the end of the programme.

There were changes in the donor group, as DFID has taken over the lead role from USAID. Group members are satisfied with the rate of meetings among the group and with the JI partners. The group would like to see more donors come on board. As preparation for Phase II of the programme comes towards finalisation, two of the original donors have indicated that they will not participate, and the JIG is seeking new donors.

The Steering Committee has been meeting less frequently than before the mid-term review, but whenever it is deemed that meetings are necessary, there have been no difficulties in convening them.

At a crucial time in the life of the programme, with the need to intensify implementation and during preparation for Phase II, there was disruption of the Programme Management Unit, when it was not possible to renew the Programme Manager's work permit. This affected continuity in programme management, but the consortium continued to function. A new Programme Manager has since been appointed. The M&E Unit is now fully staffed and members of the team have been attending ACC meetings regularly. The beneficiary data base is mostly complete, but it is not fully up-to-date.

Since the mid-term review, the functioning of the ACCs has to a large extent been standardised. Most sites hold monthly Core ACC meetings and Extended ACC meetings every quarter. However, while there is general satisfaction with the regularity of the meetings, there was a feeling that the meetings could be made more fruitful: i.e. should be effective platforms for joint planning, debate, sharing of experiences, lesson learning and joint solutions. There are plans by the Programme Management Unit to make ACCs more effective during the second phase of the programme.

There was general satisfaction with reporting and communication within the JI. Reports have been submitted regularly by the partners, and the Programme Management Unit follows up on outstanding issues and provides guidance. However, local implementing partners were concerned that when they submitted reports to the PMU, they would get feedback on reporting shortfalls, but did not always receive the consolidated progress reports that would give them a global picture of what was happening in other sites and interventions. Communication could be improved by making sure that all partners got regular feedback on the consolidated JI situation. This information should also be shared with members of the extended ACCs. Hopefully, the proposal to appoint an Information Officer in Phase II will contribute to greater information sharing.

3.7 Major Challenges of the Programme

An undertaking such as the JI, with its multiple interventions, launched simultaneously in several urban areas, involving several layers of partners and the cooperation of various stakeholders with differing interests could not be without challenges. One of the earliest challenges faced by the programme was starting up. Partners had to get to know each other, agree on a degree of harmonisation of approaches and methodologies, and finalise contractual arrangements. The sum total was that the programme took time to get off the ground, and this caused some concerns to donors, who had expected a sharp short emergency programme. The JI partners found working in an urban environment challenging since most of them were more experienced in operating in rural areas. The urban environment is more demanding, and the partners have had to navigate a lot more regulations.

The programme also needed to balance the identified needs of the potential beneficiaries and requirements of the main donor's sources of funds – emergency humanitarian assistance. Some of the interventions, especially shelter, were felt by donors to be inconsistent with their funding. It is in part due to this tension that the shelter component has been omitted in Phase II despite its acknowledged contribution in reducing vulnerability for beneficiaries. To a large extent, the programme succeeded in this balance, although more dialogue with the donors could have gone some way to lessen tensions among the donors with regards to the JI partners' broader definition of what constitutes humanitarian assistance.

3.8 Where are the Gaps?

The design of the JI programme sought to provide a circle of support to beneficiaries – holistic support depending on need – by harnessing the combined strength of the partnership. As the assessment of the impact of the programme shows, to a large extent this circle of support was provided. Where the programme worked well, the poorest and most vulnerable beneficiaries received food, were supported in setting up LIGs, and were encouraged to participate in some income generating activity, mainly ISAL and/or vending. Those who were chronically ill received HBC support. Additionally, they also received shelter and/or education support where available.

Field visits confirmed that the provision of holistic support depending on need tended to have the most significant positive impact on beneficiaries. However, in Phase I, the JI was not able to make this holistic support available at all the sites. This shortfall is addressed in the proposals for Phase II. More could also be done to improve programme effectiveness.

Programme effectiveness could have been improved through greater harmonisation – developing common frameworks for interventions and adopting implementation approaches based on best practice. Programmes tend to have the same names, but look different on the ground because partners have different approaches. However, it is recognised that, during the first phase of the programme, some measure of flexibility and creativity were necessary as a way of identifying “best practices” for subsequent adoption in Phase 2.

The livelihoods component has the potential to have the most lasting impact on beneficiaries. It enables beneficiaries to be less dependent on support, and could be sustainable. The intervention could be made more robust by expanding the range of income generation activities on offer, and being positioned more strongly as a means of graduating some of the beneficiaries from dependence. Our observations suggested that the intervention in Bulawayo is much stronger than in other sites, even though it could also be strengthened.

Engagement with other programmes at the operating level was good. However, this could be strengthened at the higher levels to ensure that the JI participates in shaping the agenda and policy at that level.

Discussions with various stakeholders (donors, NGOs and government officials) suggested that the issue of public health, especially availability of clean water and associated sanitation issues, was now a higher priority than when the JI programme was initiated. A number of JI partners are already addressing this priority through other programmes, and in Bulawayo the JI is incorporating health and hygiene activities.

The JI partners report that they have developed a comprehensive contingency plan, taking into account likely disaster scenarios. However, this plan does not seem to be active, as no simulations have been attempted, partly because there has been uncertainty over Phase II.

3.9 Political Context and Risk

The observation made in the mid-term review report in May 2007 regarding the political environment in Zimbabwe and how the JI partners had successfully created space for themselves to operate remains true today:

“All the partners acknowledged that they had learnt very important lessons on how to create operating spaces for themselves in the face of the unwelcoming political environment that currently exists in urban Zimbabwe. Despite obstacles placed in their way, each ACC was eventually able to resolve its problems, and was able to negotiate a reasonable operating space to enable it to implement its projects. It is to their credit that the partners were determined to invest so much in terms of effort and time to negotiate the operating space they currently enjoy, developing relations and networks with key stakeholders” (from the JI mid-term review, 2007, p. 17).

The partners have continued to invest a lot of time in creating good relationships with local stakeholders. In some locations (e.g. Bulawayo, Gweru and Mutare), the partners have continued to experience good cooperation from all stakeholders. Where residents' associations exist, they have been included as members of the extended ACCs. Schools Development Committees have been involved in the identification and verification of children in need of educational support. The police, CIO and local municipal officials have been kept updated through the quarterly ACC meetings. In Masvingo and other locations, JI partners attend meetings of the DAAC, convened by the National AIDS Council and the local municipalities. As a strategy for ensuring good working relationships, local officials have been invited to officiate at ceremonies

to hand-over items (e.g. home based care kits) to beneficiaries. At these hand-over events, the JI partners have, to their credit and through careful diplomacy, ensured that the ceremonies are not turned into a political platform for one party or the other.

Nonetheless, incidences of political interference continued to occur in other locations, notably in Mbare and St Mary's within Greater Harare. Despite the political interference, the partners are to be commended for adhering to their original criteria for selection and lists of beneficiaries in all cases of attempted political interference. As an example, at the end of February 2008, Africare had problems when it was allocating market stalls to beneficiaries at two of the recently constructed vending sheds in St Mary's, Chitungwiza. The District Administrator opposed the allocation of the stalls to people on Africare's beneficiary list, alleging that 95% of them were supporters of the opposition political party whom he wanted vetted first by officials of the ruling party. This was despite the fact that all the beneficiaries were on the list attached to the Memorandum of Understanding signed between Africare and the Municipality of Chitungwiza. The District Administrator promptly cancelled a hand-over ceremony that had been scheduled for two days later and which would have been officiated by the Provincial Governor and Resident Minister for the Harare Metropolitan Region. At the time of this evaluation, the impasse had still not been resolved and the two vending sheds remained unoccupied. Africare was planning to lodge an appeal with the Minister of Local Government, Public Works and National Housing who had intervened on its behalf in a previous incident. In the meantime, Africare staff were keeping a low profile while supervising the erection of a security fence around the three vending sheds. Members of the vendors' committee at the shed where allocation had been completed reported during interviews that they feared being evicted by local leaders from the ruling party.

Earlier, Practical Action was forced by the District Administrator to withdraw from St Mary's, Chitungwiza for a while after being accused of siding with the opposition political party. Apparently, the opposition member of the Legislative Assembly for St. Mary's had told a public meeting that he had been responsible for bringing the project to construct houses to the constituency. According to the District Administrator, Practical Action should have taken immediate action to dissociate itself from the claim. By remaining silent, it was being accused of complicity with the opposition. Publication of a public retraction and apology in the press were still not sufficient for the local officials and the ban was lifted only after a direct appeal to the Ministry of Local Government, Public Works and National Housing.

In Masvingo, CARE had to suspend the construction of market stalls and the drilling of boreholes for community gardens because of delays in decision-making by the local authority. Apparently, the local authority wanted more upmarket stalls than what CARE was proposing, arguing that they were looking ahead to being a host city for visitors to, and warm-up matches before, the 2010 World Cup Soccer tournament in South Africa.

3.10 Assessment of the Programme's Cost Effectiveness

The assessment of the programme's cost effectiveness seeks to answer two questions posed in the Terms of Reference: 'Was the programme design one that created cost

efficiency and effectiveness? Was the joint mechanism appropriate/beneficial for the sectors?”

3.10.1 Cost Efficiency and Effectiveness

The review did not attempt to make a detailed financial analysis of the JI or compare mechanisms. Instead, broad indications were obtained from the donors and JI partners. Overall, the design of the JI is cost effective - this was one of the selling points of the initiative. It provides for one contracting partner, harmonised financial and procurement rules and unified reporting. This streamlines costs for both donors as well as the NGOs and their partners.

Joint delivery of holistic support is also cost effective, in that the NGOs deploy existing skills and can specialise instead of trying to deliver services in areas outside their competence. This reduces inefficiency and boosts impact.

The joint nature of the programme means that all the partners – donors and NGOs – can legitimately claim credit for all the outputs and impacts. So, for every dollar and level of effort contributed, each partner can claim the outputs and impacts of the whole programme.

The JI programme sees itself as an alternative to financing through the UN system. On a purely cost basis, there does not seem to be a vast difference in the cost of overheads. The JI administration cost is 7% and indications are that UN administration costs are not too dissimilar – 8% was indicated by some of our informants. The UN system is effective in mobilising quickly and on a large scale. It is also strong in working with government structures and influencing policy, and the various UN organisations are acknowledged as leaders in their areas of operation. The JI on the other hand offers greater technical capacity to deliver programmes on the ground, greater accountability for how funds are used, closer monitoring and evaluation, and keener interest in impact on beneficiaries.

In many instances, JI partners did not budget all their administration cost, and instead directed more of the funds received towards programme activities. This has had the effect of subsidising the JI activities, giving the programme greater cost efficiency. Furthermore, many partners are continuing with JI activities such as income generation activities, CBHBC and low input gardens even when funding for the first phase has ended.

However a few issues impacted on the efficiency and effectiveness of the programme. The JI was a new initiative so there was a lot of learning in Phase I, and new systems and processes had to be developed. This investment will, however, be utilised in Phase II, to the benefit of both donors and implementing partners. If the scale of the JI is reduced significantly, its cost effectiveness could be reduced, since the overheads may not be reduced proportionately. As a joint programme involving many donors and implementing partners, the JI involves a significant amount of consultation to reach consensus. Sometimes decision-making has been slow as a result. For instance, even though there is consensus that Phase II is desirable, a decision to commence has not yet been made, with the result that there will be discontinuity between the phases in some cases. Finally, as mentioned elsewhere in this report, the possible synergies in the partnership have not always been leveraged to the fullest.

3.10.2 Was the Joint Mechanism Appropriate/Beneficial to the Sectors?

This question is largely answered in the rest of the report. The broad answer is yes. The implementing partners indicated that they learned a lot from working within the JI and have improved their practices. Joint action strengthened the partners' lobbying with both donors and government agencies. The mix of INGO skills and local IP networks and areas of specialisation made the partnership more effective than if the organisations acted individually. The partnership also made testing of new ideas in practice more effective.

A question that has not yet been answered conclusively is to what extent the JI can be a vehicle for scaling up implementation in urban areas. How far can it expand geographically, and in numbers of partners – both donors and NGOs - before it reaches the point of diminishing returns?

3.11 Lesson Learning from the Programme

The JI programme is unique in many respects and, because of this, both the partners and the donors have been on a steep learning curve for much of the time. The mid-term review made a number of recommendations that were intended to improve the management of the programme and implementation of its activities. Many of these recommendations were accepted and have been implemented by the partners and the Programme Management Unit (PMU). Many lessons have been learnt during the past two years and, and these have been carried forward into the second phase of the programme (e.g. improving the effectiveness of ACCs and sector coordination meetings, increased networking with other complimentary sectors, etc).

The JI programme was designed to maximise lesson learning by all the partners, incorporating joint planning, joint activity implementation, a lead agency to coordinate other implementing agencies, urban construction involving numerous complex issues of legal entitlement, planning permission and standards, as well as the use of networks. There is substantial evidence that the partners have learnt many valuable lessons through working together as a consortium, both from each other and from interacting with new stakeholders and beneficiaries in an urban context.

Lesson learning during the life of the programme has occurred in several respects, including the following:

- international NGOs working with local NGOs and *vice versa*;
- joint reporting framework, both on finances and activities/outputs;
- use of common systems, e.g. joint M&E framework;
- close working relationships and information sharing within sectors;
- joint planning and information sharing through the ACC in each location;
- lobbying and managing political risk that is higher in urban than in rural areas;
- joint resolution of problems confronting the programme;
- jointly interacting and developing networks with stakeholders and local authorities;
- flexibility and responsiveness to new requests for support and adoption of additional interventions;
- improved targeting (identification and verification) of beneficiaries;

- use of a common package of core interventions (food, livelihoods, HIV/AIDS);
- use of a system of multiple support which has greater impact in reducing vulnerability;
- use of a common beneficiary database to avoid “double dipping” and regular updating of the database;
- promotion of self-selecting groups of beneficiaries (e.g. for ISALs), rather than groups imposed by NGOs;
- use of experts drawn from other organisations outside the JI group (e.g. health experts for the HIV/AIDS support intervention); and
- capacity building for the beneficiaries.

However, there are also areas where lesson learning could have been greater and, in so doing, enhance the competencies of the partners. It is noted that the JIG has also recognised some of these areas and taken steps to improve on them during Phase II of the programme. These include:

- sharing of experiences within the ACCs by using the meetings less for reporting and more for discussing problems and suggestions for resolving them;
- improving feedback mechanisms between the PMU and the partners, for instance, by sharing the programme’s reports between both management and operational/field staff as well as documenting and sharing problems and experiences;
- organising fora (e.g. workshops and retreats) for discussion of issues among staff from all the partners (management and operational staff);
- conducting research to document specific issues/themes for future reference and for sharing with the wider community both in Zimbabwe and elsewhere. (It is noted that Oxfam has made some progress in this regard to document some of its work and experiences; Save the Children (UK has recently commissioned an external evaluation of its child protection component of the JI programme);
- identifying “best practices” in order to standardise the package of interventions across different sites, thereby enhancing the quality of service delivery to beneficiaries by giving support that offers the greatest prospects for sustainability (e.g. income generating activities that can support other initiatives).

4.0 CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

There is no doubt that the JI programme has been an innovative approach in providing support to urban poor and vulnerable households. Overall, the programme successfully met its targets and objectives. The partners, both local and international, should be commended for what they have achieved, especially given the continually deteriorating socio-economic conditions and worsening poverty and a hostile political environment. In brief, the following conclusions can be drawn from the programme:

- The JI has proved that urban programming can be executed successfully;
- Impact on beneficiaries has been substantial;
- Implementation of the programme has been effective in terms of management, quality of programming, cost effectiveness, and so forth;
- The programme has achieved most of its targets and objectives;
- The programme achieved good long-term relations among partners, with donors and key stakeholders and full advantage should be taken of these networks in the future;
- The programme provided a forum for the donors to cooperate more, in line with international trends.

4.2 Recommendations

4.2.1 Improvements in Programme Management

- Standardise and improve the functioning of the ACCs across the different locations;
- The lead agency to ensure that feedback in the form of progress reports are disseminated down to both international as well as their local partners as part of the process of information sharing and engendering a feeling of genuine partnership;
- JIG to ensure that its contingency plan is functional.

4.2.2 Improvements in Programming Methodologies for Future Implementation

- Agree on “best practices” and adopt these frameworks for interventions and approaches;
- Ensure that beneficiary verification attains 100% in all interventions as much as possible and provide a forum for community contribution, but without compromising the JI’s criteria;
- Work towards greater collaboration with those outside the consortium who are working in the same sectors;
- Consortium allocates more resources towards research and documentation of its experiences, successes and failures (e.g. in advocacy and lobbying local authorities, “best practices”);
- Improve lesson learning, ensure that sector meetings are held more regularly and provide a forum for sharing;
- Consider modalities for community M&E;

- Provide more opportunities for consultation with children on child protection issues and child rights and respond to their needs;
- Liaise with DAACs and other stakeholders for a review of the contents of the standard HBC kit so that it takes account of emerging health status of HIV/AIDS patients so that it reflects the needs of the beneficiaries (i.e. less emphasis of wounds and more hygiene items);
- JI to continue efforts to improve the programme's cost effectiveness.

4.2.3 Recommendation to the Donor Group

Overall, the consultants strongly urge the donors to continue with funding support to the initiative for the reasons presented in this evaluation report.

Appendix 1: Terms of Reference

Final Evaluation of The NGO Joint Initiative for Urban Zimbabwe Community Based Support for Vulnerable Populations

This evaluation is meant to consider both the rationale for the type of approach used in the Joint Initiative and also to consider measurements of success this program achieved in reaching its goals. Both of these aspects of evaluation analysis should be fully considered in final reporting.

Evaluation Objectives

4. Evaluate the achievements of outcomes/results of the NGO Joint Initiative programme against milestones and outputs outlined in the original JI targets, baseline conditions, implementation plans and log-frame.
5. Review wider programmatic issues relating to the approach to management and implementation and how this impacted effectiveness, appropriateness of interventions and targeting.
6. Provide lessons learned and recommendations for improvements in both management and programming methodologies for future implementation.

Scope

The evaluation should address the following questions

- Results: Did the program attain its goals and objectives?
 - Were objectives reached as a result of the activities in the program?
 - What impacts and broader outcomes, both intended and unintended, can be seen as a result of the program activities?
 - In what ways does the program overlap, complement, duplicate or work against other programs?
 - In what ways was the multi-NGO/multi-Sector approach able to increase impacts?
 - What were the most significant challenges to obtaining objectives?
 - Assess benefit/value added of joint NGO approach
 - Political – Assess to what extent the risks from the present political context to urban programming, bearing in mind the fact that urban areas are political hot beds, have been taken into account and strategically responded to. Assess the extent to which political interference has affected programme targeting and implementation.
- Cost effectiveness:
 - Was the program design one that created cost efficiency and effectiveness?
 - Was the joint mechanism appropriate/beneficial for these sectors?

- Develop recommendations for improvements in approach to increase cost effectiveness.
- Relevance: was the program relevant? Necessary? Did it meet the needs of the most vulnerable?
- Were the activities clearly linked to the overall objectives of the program?
 - Are the program objectives/mandate still relevant?
 - Where are the gaps? Are the project interventions providing holistic support and to what extent are they strengthening community coping mechanisms?
 - Were the appropriate beneficiaries targeted? Was this targeting updated through-out the program sufficiently?
 - What have been the key gaps, who did we miss and what can we do to improve targeting in urban environments
 - Assess programs ability to link up with wider debate/programming

Methodology

The methodology should include but not be limited to the following;

- Desk Review of appropriate documents (see attached list)
- Key Informant Interviews – all JI partners including Mercy Corps JI management team, Donor Group representatives and relevant stakeholders (Department/ Ministry of Social Welfare, District Administrator’s office, DAAC, Education Officers and relevant departments from local authorities etc.)
- Site visits – interview of beneficiaries, local partners and local stakeholders
- Case Study reviews
- Expert Opinion – interview of non-participating authorities/donors/experts?

Reporting

The consultant will produce a report of the evaluation which should be presented to the donor group and JI partners. The report should clearly show:

Achievements against objectives
 Cost effectiveness of joint approach
 Relevance of implemented activities
 Lessons learned and recommendations for future programming

Formatting of the report will be agreed upon before the final report is submitted. A format outline will be submitted to the JI 7 days prior to the final report deadline. The consultants will also give a short debriefing presentation to the donor group and JI partners at the end of the in-country visit. The presentation should highlight the key issues from the visit and provide recommendations on the appropriateness of a second phase.

Timeframe

The consultancy will take place **10 March through 21 March, 2008.**

Management

The consultant's main contact person is Erica Krug/Tricia Matthews with Mercy Corps.

Team Composition

Given the broad scope and different interventions within the JI, it is important to engage a multi-disciplinary team of experts (2 people) who can adequately address the issues raised above.

Consultant should have the following expertise:

- Social Development
- Institutional/governance
- Livelihoods (with strong urban experience)

Appendix 2: Officials Consulted During the Course of the Evaluation

[Appendix Removed]

Appendix 3: Consultants' Schedule of Work – March 2008

Day	Date	0800-1000	1000-1230	1400-1500	1530-1700
1	Thursday 06/03/08	Meetings with JI NGO Partners: (i) Africare; (ii) Mercy Corps; (iii) Catholic Relief Services; (iv) CARE; (v) Save the Children (UK); (vi) Practical Action; (vii) Oxfam GB			
2	Friday 07/03/08	Interview JI Donor Group Representative (DFID)	Consultant 1: Interviewing beneficiaries in St. Mary's, Chitungwiza (livelihoods, shelter, education, child protection)		
			Consultant 2: Interviewing beneficiaries in Mbare, (shelter, livelihoods, food, child protection)		
Sunday 09/03/08: Consultants travel to Bulawayo and Masvingo					
3	Monday 10/03/08	Consultant 1: Masvingo - Interviewing implementing NGOs' field staff and beneficiaries in Mucheke and Rujeko (livelihoods, food, HIV/AIDS, child protection)			
		Consultant 2: Bulawayo - Interviewing implementing NGO field staff and beneficiaries in Mzilikazi, Makokoba and Njube (livelihoods, food, child protection)			
4	Tuesday 11/03/08	Consultant 1 – Interviewing Masvingo City Council officials and other stakeholders		Consultants travel back to Harare in the afternoon	
		Consultant 2 – Interview Bulawayo City Council officials and other stakeholders			
5	Wednesday 12/03/08	Interviewing local implementing NGO partners in Harare: HPZ and EFZ			
6	Thursday 13/03/08		1015-1115 CIDA	Consultant 1: Interview Seke District Administrator	1600-1700 USAID
				Consultant 2: Interview Harare City Health Department	
7	Friday 14/03/08	Interviewing JI programme management (Mercy Corps)	1115-1215 ZPT	1200-1230 AusAID	Report preparation
8	Monday 17/03/08	Preparation of draft report		SIDA 1400-1445	Norwegian Embassy 1530-1630
9	Tuesday 18/03/08	Report preparation (cont'd)		1400-1530 Interviewing Mercy Corps Country Director	
10	Wednesday 19/03/08	Team leader consolidates inputs and finalises draft report			

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