

**GREAT COMMISSION FOR PEOPLE DEVELOPMENT AND
ORPHANS**

(GCPDO)



**GCPDO Evaluation Report
May 2007**

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Acronyms

GCPDO	Great Commission for People Development and Orphans
OVCs	Orphans and Vulnerable Children
HHs	Households
ARVs	Anti retro-viral drugs
HIV/AIDs	Human Immune Virus/Acquired Immune Deficiency
VCT	Voluntary Counseling and Testing
IGAs	Income Generating Activities
FGD	Focused Group Discussions

Report on Follow-ups made on evaluation recommendations for food security and economic empowerment of guardians/households keeping OVCs, 2007

14th July 2008

This brief report highlights the follow-ups made by GCPDO relating to recommendations made in both our internal and external evaluation reports conducted in 2006 and May 2007 respectively as captioned:

1. **Adult Literacy Education** has been introduced in all 12 GCPDO target areas in order to enlighten the target households as part of the programme as recommended. About 250 Guardians are currently enrolled.
2. All 12 target programme beneficiaries have been linked with District Agriculture Offices or District Registrar of Societies to register their groups as **Cooperatives or CBOs** in order to source cheaper agriculture inputs from Government supported fertilizer programme. All 12 area committees are processing registration application also to strengthen the legality and capacity for sustainability of their CBOs. We hope 30% of the Community Institutions will be registered by end of 2008.
3. The **Communication** between Area Committees and GCPDO through cell phones or radio to improve contacts is planned for further review by end of 2008. Currently, communication between GCPDO and the communities is by privately owned cell phones. The use of radio communication is not being considered because of high costs in light of cheaper alternative – cell phones.
4. The investment in **Animal Power** (donkeys/cattle) of the targeted beneficiaries to migrate from unsustainable levels to self sustainable level and economically empower the community has been carried and included in the 2009 year plan. This strategy was included in the 2008 Agriculture programme which has fallen out and all agriculture/food security activities have been included in the HIV/Aids program where limited funding can not allow for this activity in 2008.
5. On the procurement of **Bicycles** for volunteer community workers such as lead farmers, care givers and committee members are included in the yearly plan in S-MAP. The number of bicycles has been increased to improve mobility for monitoring and motivation of bicycle beneficiaries.
6. Area Committees undertaking **Exchange Visits** with other organizations - Workshops/trainings and exchange programmes were planned and included in 2008 and in the year 2009 plans.
7. GCPDO **Board Members Orientation** is planned to begin next year (2009). In 2008 a 3 day workshop was conducted by a local consultant to orient the board in Corporate Governance and the Role of the Board. Other issues to be

oriented are reporting format to meet the needs of all stakeholders and partners.

8. The feasibility study for the establishment of ***Rural Community Vocational Training Centers*** for the enhancement of the community skills and production centers - The feasibility study is ongoing and the department of Research & Advise of Woord en Daad has been involved in this during the Project Visit in June 2008. A brief report was submitted to W & D which was used as input to prepare the Schokland proposal. Much progress has been made in this regard and a comprehensive proposal with investment levels will be compiled in the next 3 months.
9. Procurement of ***Motorbikes for improved monitoring*** of communities by technical staff was included on 2008 year plan and the purchase will be done.
10. Applying for ***Tax Exemptions*** for GCPDO's purchases was done and follow-ups for the issuance of the same document are done once a month. Additionally, our affiliation to EFZ may accord us tax exemption on purchase of motor vehicles as members. We are in the process of pursuing this modality.
11. GCPDO ***strengthening its accounts department*** is underway. We installed Pastel Accounting Package in 2008 to improve accounting and financial reporting. In the year 2009, we have planned to improve the qualifications of the accounting personnel through training or recruitment.
12. Recruitment of two ***technical staff to improve*** the capacity of technical expertise - Health & HIV/AIDS and Agriculture /Programme Coordinator were employed in the year 2007 and 2008 respectively.
13. ***Recruitment of two additional Community Development Workers*** is included in 2008 year plan and one volunteer worker was employed in 2007 – There are now 3 CDWs as against 4 districts. One more CDW will be employed in 2008.
14. Procurement of one ***additional 4 X 4 vehicle*** to support the field operations and monitoring activities has been planned for 2008. The purchase of two Toyota Land Cruisers is included in this year 2008 and the budget line will come from Education and HIV/AIDS. The payment will spread for 4 years. An agreement and plan to purchase vehicles will be signed by both GCPDO and Woord en Daad.
15. Strengthening the capacity of the organisation (GCPDO) to undertake exchange visits with other W & D partner organisation will be included in year plan 2009 to visit Uganda or any country partnered by Woord en Daad that GCPDO can learn from good practices.

16. **Other** – GCPDO is in the process of strengthening its partner base by seeking additional financial partners. A Community participatory video project has been successfully launched in one community so far in 2008.

An evaluation of the Education and Health/HIV-Aids programs is planned for 2008 amongst other activities to continually improve the performance and sustainability of the program.

Rev Japhet J. Phiri, Executive Director

Executive Summary

The GCPDO has been operating in Eastern Province since 2001 administering a holistic approach that seeks to address all areas of a household being Food Security, Education materials, Education sponsorship, Income Generating activities (IGAs) and Health, as a package necessary to achieve the objectives of self-sufficiency among households with OVC. The following are highlights of the evaluation:

Food Security Situation

The general observation and findings of all the households (HHs) interviewed through focused group discussions (FGD) was that all HHs that had not reached food security for the 9 areas demonstrated that they had either not applied the new improved farming methods (conservation farming, crop rotation, and contour ridge), or were at most lowly educated, ignorant and reluctant to adopting the new improved farming methods. The HHs that had increased their food security situation after GCPDO's intervention had consistently applied the new improved farming methods and used improved variety of seed.

The food security situation has improved for most of the areas due to the GCPDO intervention in provision of farming inputs and training in new improved farming methods. On average in all the nine areas the food security situation has improved by at least 2 months.

Access to Education by Orphans and Vulnerable Children (OVCs)

With GCPDO's intervention the number of OVCs attending school has greatly improved as most of the HHs have now seen the importance of taking children to school. The provision of education materials, food supplements and sponsorship (payment of fees) of children to higher education by GCDPO has greatly contributed to this increase in enrolment.

Access to Health Care

The VCT program has helped to drastically reduce the negative attitude towards people suffering from HIV/AIDs. GCPDO conducted a number of workshops in HIV/AIDs awareness for most of the areas and in addition VCT counselling was also conducted in these areas. A number of HHs have shown keen interest in going for HIV/AIDs tests but they are inadequate health centres.

There is also lack of CD4 count equipment for the rural vulnerable people who in turn have to bear high costs of transport to access ARVs; even though some number of the beneficiary HHs that were assisted through the VCT program have also further been assisted with transport to Chipata General Hospital to do the CD4 count and subsequently access ARVs.

Health Care also included GCPDO supporting the sick through visitations and nutritional support. Training was also conducted to mothers in health care and malnourished children were supported with food supplements.

Access to Clean Water

Clean water has helped most of HH to cut on distances from places where to draw water from. There has also been a reduction of reported incidence of diarrhoea. There has also been an improved water supply(boreholes) and improved hygienic sanitation(improved

toilets) in areas that had benefited from boreholes even though most of the HH complained that the boreholes were placed in places that were far from their homes. It must also be noted that the same community were responsible for finding and selecting the site for the boreholes.

Income base

GCPDO has carried out the required trainings mainly in poultry, piggery and vegetable gardening to help families conduct income generating activities. Most of the HHs that are carrying out IGAs are rearing their own traditional breeds of chickens, goats and pigs. In addition, GCPDO has also funded or supported hybrid and cross breeds for some of the areas in IGAs.

Key lessons Learnt

- Behaviour change is a major factor towards attaining self sufficiency. Only beneficiaries of the program that were willing to adopt new methods were able to improve their livelihoods
- Partnerships are critical for the successful implementation of the program where resources can be leveraged for the benefit of the beneficiaries
- Community structures should be strengthened to be able to regulate beneficiaries of such programs and avoid misuse and manipulation of resources. Community members should be actively involved in planning and management of programs as well as also contributing towards supporting the less privileged in their community instead of always relying on outside support in terms finance or in kind.
- Communities should organize themselves into cooperatives to take advantage of opportunities in the market as well as to enable them to access better markets and bargain for better prices for their commodities
- Communities should protect and maintain their critical resources. These could include the knowledge that has been acquired for the benefit of the community or surplus food stock for use during periods of shortages

Key Recommendations

- ✓ GCPDO should consider broadening its membership to include more people and particularly organizations with the muscle to support its activities. Community members with resources should also be encouraged to contribute to the program by way of finance, voluntary activities, or in kind. This will ensure sustainability of the organisation.
- ✓ GCPDO will need to orient its current board as to its role in the program. From discussions with the board it is clear that no orientation took place at inception. The Board will need to be restructured to live to the current levels of challenges in society. In a weak environment like the situation obtaining now the Governance structure is overridden by management decisions.
- ✓ GCPDO needs to maintain its existing partners and make efforts to engage more collaborating partners that will add value to its programs and assist the organization in its quest towards sustainability. The Director should play a key role in ensuring that collaboration with key partners is at the highest level, instead of the current situation of junior staff collaborating with other institutions; also, at a lower level. In addition GCPDO should conduct exchange visits with other organizations supported by Woord en Daad to learn from each other. Further area community structures should also be encouraged to conduct exchange visits to learn from each other.

- ✓ GCPDO should consider facilitating some of its area committee to register as cooperatives to take advantage of opportunities on the market and also facilitate bulk sales of commodities and negotiate for better prices with markets.
- ✓ GCPDO should strengthen its accounts department by ensuring that the current Finance advisor takes full control of the accounting functions and a qualified accountant's assistant should also be recruited
- ✓ Strengthen GCPDO management capacity by recruitment of additional technical staff in agriculture, health and community workers.
- ✓ Procurement additional facilities such as one additional 4X4 vehicle and communication equipment.
- ✓ GCPDO should also review its current programs and develop operational policies to guide both its staff as well as the area committees in implementation of program activities. Policies to be developed could include: Administrative Policies and Governance Policies, Financial Management and Control, and Field operational Policies needs to be in place.
- ✓ GCPDO should also consider applying for VAT /customs and duty exemption from government
- ✓ GCPDO should critically review the scale of its program to ensure that the beneficiaries match the current capacity of the organization to manage the program. Care should be taken not to spread resources too thinly on the ground as this is likely to have limited impact. GCPDO should select beneficiaries that should be able to access a full complement of support programs from GCPDO

Introduction and Context

GCPDO is a faith based non governmental organization registered under the Societies Act whose mission is to work with the under privileged communities to alleviate poverty through community empowerment in sustainable development, capacity building, health education, agriculture development, practical youth training skills and supporting orphaned and vulnerable children. The vision of GCPDO is to see the community with no poverty and free of all kinds of injustice.

GCPDO commenced its activities in 2001/02 operating in two areas namely; Mndemba in Chipata district and Mwase in Lundazi district where a total of about 50 households and 115 orphans and vulnerable children (OVCs) were supported with agricultural training and education materials respectively.

These operations were done using local support from Members of the Board of Directors and other well wishers, thus the support was limited to providing technical support and encouragement to the Households while minimal support in terms of educational materials was rendered to the 115 pupils.

In 2002 GCPDO entered into a partnership with Woord en Daad, a Dutch based Christian Relief and Development organization, to support its activities. This relationship has grown in strength over the past four years and GCPDO has supported 1,000 Households and 850 OVC with the support of Wood en Daad. It has also disbursed close to K2 billion. In 2004 the target area was expanded to include Ndake area of Nyimba district and Maleledwe area in Petauke district. GCPDO is now supporting nine distinct projects areas in its project locations. Table 1 and 2 below summarizes the number of households/ OVC that have been supported and the amount of funds that have been disbursed to GCPDO by Woord en Daad.

Table1: Number of Households/ OVC supported by Year

Year	Households	OVC
2002	50	115
2003	315	126
2004	696	414
2005	1,044	850
2006	1,044	850

Table 2: Amount of Funds Disbursed by Activity

Activity	2003	2004	2005	2006
Basic Needs	65.940.000	172.440.000	314.064.990	475.500.000
Relief Food	0	0	222.850.000	187.000.000
Water & Sanitation	0	86.810.500	224.020.000	0
Motor Vehicles	0	0	151.508.648	0
Other Income	0	3.579.974	1,344,750	390.000
TOTAL	65.940.000	262.830.474	913.788.388	662.890.000

In May 2006 Woord en Daad visited GCPDO and three community areas of operation to be acquainted with the program. During this project visit various issues were discussed relating to the partnership and the performance of GCPDO and the impact of the program on the target beneficiaries of 2001.

Resulting from this visit it was decided that GCPDO commission an external evaluation of the program to determine reasons and factors attributed to successes and failures of the first beneficiaries of the program. Prior to this external evaluation GCPDO conducted an internal evaluation of the progression of the program and impact from inception to 2005. The Terms of Reference of the evaluation are attached at annex 1.

1.1 Objectives of the Study

The Objectives of the evaluation are to:

Establish why GCPDO family holistic approach support program towards poverty reduction, focusing on child education for OVCs and economic empowerment of their (OVCs) Guardians, in Food Security and Income Generation through Agriculture or other activities, was successful for 50% of the households that were supported since 2001 to 2005, and why the other 50% could not achieve self-sustainability, after 5 years.

Use the outcomes of the evaluation to measure the suitability and relevance of the program towards the target group and further develop a strategy that will yield the best results in terms of success of the beneficiaries.

Determine whether the target group is learning and implementing the strategies designed to improve their lives in the various aspects of the program and whether there is a measurable improvement.

Consider the activities and success of the Beneficiaries, mostly based on the principle of self-reliance.

2.0 Conceptual Framework and Methodology

2.1 Conceptual Framework

The evaluation has used the Logical Framework Matrix (LFM) attached as annex 2¹ prepared by the consultants² in collaboration with GCPDO to guide the assessment of the project. The LFM summarizes the chain of results a project intends to achieve (stated as outputs and purpose), in order to address a given developmental problem or challenge (the solution stated in the development objective) as well as the means by which the project will achieve them (through activities and inputs), under a certain set of assumptions for each level of the results chain.

This evaluation is conducted at two different levels:

Program Level: will assess the outcomes of the GCPDO interventions (educational materials, agricultural input distribution, agricultural training, health care training etc) on HH, communities and institutions and attempt to assess qualitatively indications of impact on poverty

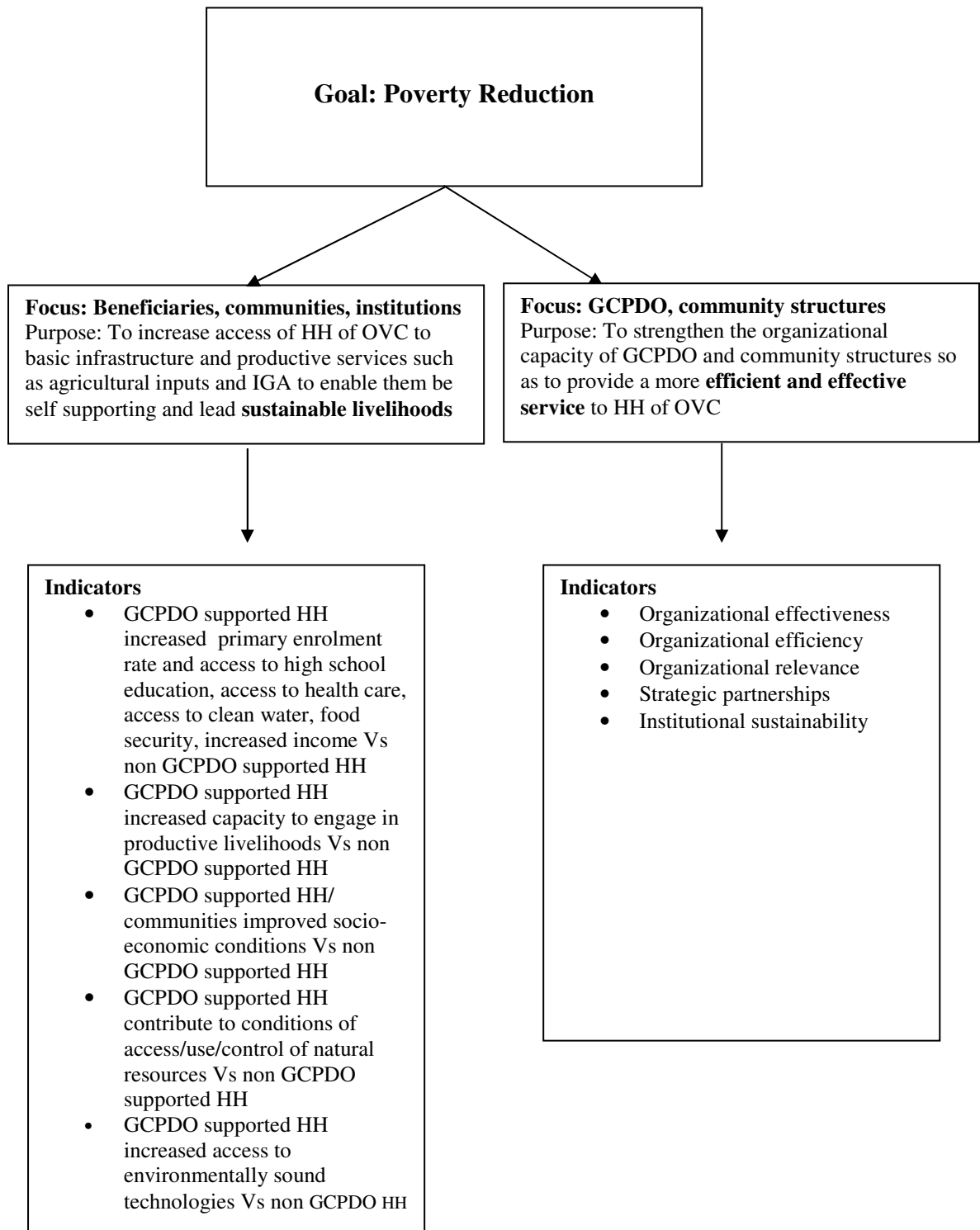
¹ Includes detailed description of the conceptual framework

² No LFM was developed at commencement of the projects although the goal, results and indicators as well as activities were specified in the project agreements

Organization level: will assess GCPDO and community structures in terms of organizational performance, and effectiveness in formulating and managing their respective programs. This will also include their ability to continue with the programs beyond the life of the project.

Figure 1 illustrates the conceptual framework of the GCPDO evaluation.

Figure 1: GCPDO Assessment Schema



2.2 Methodology

The evaluation was conducted on the following basis:

- Meetings with GCPDO project staff, Woord en Daad (the Partner) and other stakeholders to agree on approach of the methodology of the evaluation and agree on tools to be used;
- Review and analysis of relevant documentation of the project at both GCPDO and community level;
- Review of the 2005/06 Internal Evaluation report prepared by GCPDO and compute correlation coefficients between variable X (family size), variable X' (inputs of fertilizer and seed) to output variable Y (actual maize harvested), from the statistical analysis, results have been included in the evaluation report with comments received from FGD questions. The results of the correlation coefficient for all the nine areas based on the sampled HH is attached as annex 4.
- Interviews with GCPDO project staff as well as area committee teams in all the nine areas and Functional committees;
- Interviews as well as focused group discussions with households from 2001 to 2005 for those that were weaned and those that were not weaned using stratified sampling. The areas where interviews were conducted were the nine project areas of Mndemba, Mwase, Ndake east, Ndake west, Maleledwe, Mpingozi, Champhoyo, Diwa, and Nkhanyu.
- Before the target group discussions commenced beneficiaries were asked to draw a map of their respective locations including important socio-economic features in the location that could be used in the discussions. The maps are attached as annex 3. The full list of all stakeholders that were interviewed is attached as annex 5
- Field visits and verification inspections of selected beneficiary households

Before undertaking field visits in the project areas the consultants reviewed all relevant documents relating to the project in order to familiarise themselves with the project. Focused Group Discussion with probing questions delineated directly from the TORs and statistical correlation coefficients and checklists were developed to assist the consultants in their discussions with GCPDO project staff as well as area committee teams and to also guide interviews during the field visit with the beneficiaries. The Checklists are attached as annex 6

The documents reviewed included the initial project application forms by GCPDO to Woord en Daad, various progress reports, work plans, annual reports, and particularly the internal evaluation report prepared by GCPDO management for the period in question.

2.2.1 Limitations of the Study

Due to budgetary limitations³ the study focused on discussions with selected groups of individuals that had participated in the program. However, in some areas attendance at the focused group discussion meetings tended to be low. Table 3 below summarizes the number of beneficiaries that attended the focused group discussion by location.

³ Field work was restricted to one week

Table 3: Number of beneficiaries that attended FG discussions

Location	Successful Group	Unsuccessful Group
Mdemba	7	4
Mwase	6	7
Ndake East	3	3
Ndake West	5	3
Maleledwe	8	6
Mpingozi	5	4
Champhoyo	4	5
Diwa	4	5
Nkhanyu	3	4
Total	45	41

Note: The targeted HHs that were sampled for FGD was 132HHs only 89 attended representing 67% of the total.

The consultant also did not get to meet some stakeholders that it had planned to meet. This included World Food Program, and Ministry of Water & Energy.

2.3 Outline of the Report

The outline of the report follows the outputs as specified in the terms of reference. Special care has been taken to ensure that all the aspects of an evaluation are included in the assessment. This includes:

- Impact
- Effectiveness
- Efficiency
- Relevance and
- Sustainability

The evaluation assessment is divided into three parts:

Part 1: assesses the outcomes of the GCPDO interventions (educational materials, agricultural input distribution, agricultural training, health care training etc) on HH, communities and institutions and attempt to assess qualitatively indications of impact on poverty. The relevance and sustainability of the interventions is also discussed

Part 2: assesses GCPDO and community area committees in terms of organizational performance, and effectiveness in formulating and managing their respective programs. This will also include their ability to continue with the programs beyond the life of the project.

Part 3: discusses conclusions and recommendations arising from the assessment above

3.0 PART 1

3.1 The Impact and Effectiveness of the program on the beneficiaries in terms of improvement in livelihood and/or most significant positive change in Food Security, Education of Children, Income Generating Activities, income Base, access to clean water and sanitation, nutrition needs, HIV/AIDS intervention and Health care

3.1.1 Food Security Situation

Food security as per GCPDO is defined as a household (HH) that is able to feed itself for a period of up to 12 months or over. The general observation and findings of all the HHs interviewed through focused group discussions (FGD) was that all HHs that had not reached food security for the 9 areas demonstrated that they had either not applied the new improved farming methods (conservation farming, crop rotation, and contour ridge), or were at most lowly educated, ignorant and very reluctant to adopting the new improved farming methods. The HHs that had increased their food security situation after GCPDO's intervention had consistently applied the new improved farming methods and used improved variety of seed. With regards HHs in Ndake east and west most of the weaned ones had herds of cattle and had some businesses to sustain their lives apart from the agriculture activities being undertaken. They were also applying high tech methods of weeding by using weed killers. The successful beneficiaries were mostly those individuals who were serving at either area committee level or Functional committee for both Ndake areas.

In times of food shortages; as a result of natural calamities like floods, drought and poor weather conditions, HHs are forced to look for part time work in order to raise money to buy food for their homes. The effects of this part time work is that families tend to devote most of their time on raising money to meet their daily means and also tend to forgo cultivating their fields and school children are also forced to help in looking for food; the resultant is the HH's problems are perpetuated until a number of years. However, other HH use better ways of avoiding this problem, HH with adequate food normally lend the ones with no food and pay back at harvests time.

The food security situation has improved for most of the areas due to the GCPDO intervention in provision of farming inputs and training in new improved farming methods. On average in all the nine areas the food security situation has improved by at least 2 months.

The table 4 below shows the food security situation of the nine areas of before and after GCPDO interventions:

Table 4: Food Security Situation before and After GCPDO Interventions by Area

Area	Before GCPDO intervention	After GCPDO intervention
Mndemba	May to October (6 months)	May to December (8 months)
Mwase	May to August (4 months)	May to October(6 months)
Ndake East & West ⁴	May to October (6 months)	May to April (12 months)
Maleledwe	May to March (11 months)	May to March (11 months)
Mpingozi	May to November (7 months)	May to February(10 months)
Champhoyo area	May to November (7 months)	May to February (10 months)
Diwa area	May to August (4 months)	May to December (8 months)
Nkhanyu area	May to August(4 months)	May to December (8 months)

Generally the HH food security situation in all the nine areas is less than 12 months. When HH food stocks are depleted HH resort to piece work, borrowing crops from their friends and selling some of their assets to feed themselves. By March most of the fresh crops are ready and families resort to eating the fresh crops while they are in the fields.

3.1.2 Access to education by OVCs

Before GCPDO's intervention, the education situation with regards OVCs was very bad as the guardians considered these children as labourers for the HH (OVC used to work in the fields and herd livestock). Generally the children were not treated properly as they were overworked at their homes. With GCPDO's intervention the number of OVCs attending school has greatly improved as most of the HH have now seen the importance of taking children to school. The provision of education materials and food supplements by GCDPO has greatly contributed to this increase in enrolment.

OVCs are now able to read and write. HH are happy that they are now helped to read by the OVCs. The OVCs' welfare has improved in terms of acquiring new knowledge (less ignorant), and the hygienic situations had also Improved.

The negative effects of sending OVC to school which came out of the FG discussions are that HH have reduced manpower to work in the fields. However, most of the HH acknowledge that the benefit of taking the child to school outweighs its costs.

According to one Headmaster at one of the schools in Mndemba, "*the coming of GCPDO to our aid to build a community school, and the provision of educational materials has greatly helped to increase the number of children at the school; and we are even proposing to build additional classrooms, government has also come to our aid by providing trained teachers...*".

⁴ Ndake East & West shows food security for 12 months mostly because selection was poorly done, the committee members selected the beneficiaries even those that were not vulnerable.

The notable benefits that have accrued to schools following GCPDO intervention are:

- There has been an increased enrolment of number of children from the community
- Government is recognising these schools and sending trained teachers due to overwhelming number of children attending schools
- Schools are being upgraded by government from Community schools to regular basic schools
- Government is intervening in providing learning materials and pay teachers salaries and in addition government is planning to increase the number of classrooms and build teachers houses.
- The increase in enrolment has seen greater participation of parents in the school developmental programs like brick making, maintenance of boreholes, and other general duties that are for the school.
- Other stakeholders have also come in following GCPDO's intervention, examples World Food Program are providing cereals to the OVCs' HH in Mndemba area.

3.1.3 Access to health care

The number of health facilities has remained unchanged in all the nine areas even after GCPDO's intervention in its operational areas. GCPDO's intervention has only helped HH to learn good hygienic conditions and encouraging HH attending VCT programs. GCPDO have also helped in training the community in Home Based Care (HBC), Traditional Birth Attendants (TBA), and VCT program to the community. The VCT program has helped to drastically reduce the negative attitude towards people suffering from HIV/AIDs. GCPDO conducted a number of workshops in HIV/AIDs awareness for most of the areas and in addition VCT counselling was also conducted in these areas.

A number of HHs have shown keen interest in going for VCT/HIV/AIDs tests but they are inadequate health facilities available to provide this service. There are no mobile CD4 count services to allow more people access ARVs due to distance from the main centre in Chipata for areas from Mndemba to Champhoyo. It is very costly for the rural poor people to travel long distances just for the CD4 counts and accessing the ARVs and in most cases these people remain unattended to due to transport constraints. Despite GCPDO sponsoring some of the beneficiaries with money for transport there has been very little impact due to limited resources. As a follow up to this program GCPDO should try to source for funds for procurement of CD4 count and recruit Health Officer for the mobile CD4 services in all the areas between Mndemba and Champhoyo area.

In the past most of the HH were accessing traditional medicines for treatment of various diseases, following GCPDO's intervention most HH have changed from using the traditional medicines to the modern ones. HH have seen an improvement in using modern medicines like reduced incidences of deaths, and quick recovery of the sick. The use of modern medicines has proved to be more effective to cure infections/illness like malaria, diarrhoea, etc.

According to Mrs Makungu of Chipata General Hospital; *“An overwhelming number of HH members have shown interest in the VCT program, on 4th April 2007 while I was in Diwa area 49 people attended VCT testing using rapid test and of the total; 42 people were tested negative and 7 were tested positive; the number was very overwhelming and we are looking to carrying more tests in the other remaining areas”*.

The general trend has been that most of the FG discussants were keen to attend VCT but due to the lack of facilities and long distance to Chipata General Hospital; they are unable to do so. This was true for the areas in Lundazi starting from Diwa up to Champhoyo. The distance has proved to be too far.

Samples of blood that were collected from some beneficiaries but results have not been communicated to them. The beneficiaries attributed the problem due to lack of funds to follow up with Chipata General Hospital. Chipata General Hospital has now provided one nurse who normally conducts rapid tests for HIV/AIDs on site and those that test positive are further allowed to go for CD 4 Count and access ARVs.

The positive effects of VCT on the community has been that those that were tested positive are now on (Anti Ritro-viral Drugs) ARVs and their health has improved and are now doing their daily work in the fields. The training in VCT has also reduced the ignorance on people about the perception of HIV/AIDs. There has been prolonged life for the beneficiaries that are accessing ARVs.

However, there has been some negative effects; most of the families have lost their marriages after having discovered that the other part has HIV/AIDs. There has been stigmatization by certain quarter of the community for those that have tested positive. Fear in some individuals has gripped that they may die anytime; and this has affected some HH in terms of spending their time in the fields.

Generally, with regards the program the community have appreciated the VCT program and are keen to go for testing. As quoted by one of the participants during the FG discussions *“GCPDO should be fast in bringing a clinic or help recruit a clinical officer to one of the nearby existing clinic in order to accelerate the VCT program otherwise we are desperate and some of us have not even received the results from the time our samples were taken one year ago; please advise them to come to our aid, otherwise their support is very much appreciated and they should continue”*.

GCPDO has intervened on HIV/AIDs through the VCT program, care giving, sensitisation on HIV/AIDs, nutrition support to mothers plus improvements of malnourished children through food and provision of training.

3.1.4 Access to clean water

The problem of access to clean water by HHs still remains a problem as most of the HHs are still using water from the streams/wells/dambos in most of the areas despite intervention by GCPDO by constructing 13 boreholes. Due to the large area being covered by GCPDO a lot of HH are still not accessing the clean water.

Clean water has helped most of HH to cut on distances from places where to draw water from. There has been a reduction of reported incidence of diarrhoea. There has also been improved health conditions and hygienic situations in areas that had benefited from boreholes even though most of the HH complained that the boreholes were placed in places that were far from their homes.

3.1.5 Income base

The Income generating activities (IGAs) are still in their infancy stage and mostly being run on a group basis. However, GCPDO has already carried out the required trainings mainly in poultry, piggery and vegetable gardening to help families do the income generating activities on their own before funds are disbursed. Most of the HH that are carrying out IGAs are rearing their own traditional breeds of chickens, goats and pigs. The impact of this activity on the HH will only be felt after some number of years.

3.2 The factors attributing to the improvement in livelihood for the successful households and unsuccessful households identified and listed, taking particular focus on those in 2003

Major factors attributed to successful Households with particular focus on beneficiaries of 2003:

- Well educated head of the HH having attained at least Grade 7
- Families had generally farming tools/equipment like oxen, or other means of providing labour (weed killer, funds...)
- HH adopted the improved farming methods
- HH head generally was of some sort a member of the area committee or Functional-committee or a powerful person in the community therefore, took advantage and greatly benefited from the inputs and trainings undertaken.
- Generally HH had received inputs (improved seed variety and fertilizer)
- HH heads were wrongly selected; in some instances some of the HH even if they had OVCs, they were able to meet their daily needs of educational, food, inputs and health on their own, like was the case in Ndake areas. All the participants under the successful group had at least 3 cattle and were using improved farming methods in their fields in addition to those taught by GCPDO (like weed killer)
- HH were committed towards the GCPDO program and were keen to attend most of the meetings with their committee members
- In most of the cases the successful HH received relief food during the drought period; and this helped them cushion them from the shocks of the drought and had a smooth transition to the next farming season
- Based on the findings from the statistical calculations of the sampled HH, the total number of family size was at least 6 and the average age of a successful HH head was at least 41years, mainly the elderly ones

Major factors attributed to unsuccessful Households with particular focus on beneficiaries of 2003:

- Less educated head of the HH; mainly educated at Primary school level
- HH generally never had farming tools/equipment like oxen
- Members generally not in the Area Committees or Functional-committees
- HH never adopted improved farming methods or attended any training in improved farming methods or HH were using traditional farming methods i.e., use of local seed
- Generally HH had not received any inputs (improved seed variety and fertilizer)
- Underprivileged HH/weak HH in the community whose efforts were being suppressed by their leaders to participate in the program for instance the leaders deliberately removed the beneficiaries from the list of recipients of the intended support
- HH that never attended their regular meetings
- In most of the cases the unsuccessful HH never received relief food during the drought period; and mostly the HH spent most their time doing some piece work and less time in their fields; the results were perpetual poverty to the next season
- Based on the findings from the statistical calculations of the sampled HH, the total number of family size was less than 6 in number and the average age of the unsuccessful HH head was below 40 years, mainly the youths

The statistical calculation in the table attached as annex 4 demonstrates the statistical results which are summarised below with comments:

Approach:

- The Consultants did sample the HHs using stratified sampling methods for the successful HHs and the unsuccessful HHs. The statistical formula for correlation coefficient was applied to each category of type e “A” successful HH and category “B” the unsuccessful HHs for all the nine areas as per annex 4. 20 individuals were sampled from each of the nine areas split into 10 successful ones and 10 unsuccessful ones. Probing questions were put to the FGD were results were obtained as detailed below. Further analysis was done by calculating the coefficient of determination that is “r power 2” (correlation coefficient to the power two). This factor explains the percentage of X variable (family size), or X’ (inputs supplied) that contributes/explains the output Y variable (output of maize). It gives the proportion of the input that influences the output; the balance is explained by other factors.

Commentary on each area:

Table 5 below summarises the percentage of each variable influencing the output (maize produced) and below is the overall analysis.

Statistical analysis for each area(family size and inputs supplied)

Area	Family size	Inputs
Mpingozi	<ul style="list-style-type: none"> • The average family size of successful HHs was 8; and average age was 56 years contributed, there was 1% contribution of family size to output. • The average family size of unsuccessful HHs was 5; and average age was 37 years, there was 0% contribution of family size to output 	<ul style="list-style-type: none"> • For the Successful HHs inputs contributed 6% towards the output; only 4 HHs received inputs. • For the unsuccessful HHs inputs contributed 0% towards output; only 1 person received inputs for the sampled HHs.

Statistical analysis for each area(family size and inputs supplied)

Champhoyo	<ul style="list-style-type: none"> The average family size of successful HHs was 9; and average age was 47years contributed, there was 6% contribution of family size to output. The average family size of unsuccessful HHs was 7; and average age was 45 years, there was 0.002% contribution of family size to output 	<ul style="list-style-type: none"> For the Successful HHs inputs contributed 0% towards the output; only 2 HHs received inputs. For the unsuccessful HHs inputs contributed 0% towards output; only 1 person received inputs for the sampled HHs.
Mwase	<ul style="list-style-type: none"> The average family size of successful HHs was 7; and average age was 40years contributed, there was 6% contribution of family size to output. The average family size of unsuccessful HHs was 8; and average age was 39 years, there was 1% contribution of family size to output 	<ul style="list-style-type: none"> For the Successful HHs inputs contributed 17% towards the output; only 3 HHs received inputs. For the unsuccessful HHs inputs contributed 19% towards output; only 5 person received inputs for the sampled HHs.
Nkhanyu	<ul style="list-style-type: none"> The average family size of successful HHs was 7; and average age was 46years, there was 0% contribution of family size to output. The average family size of unsuccessful HHs was 5; and average age was 43 years, there was 1% contribution of family size to output 	<ul style="list-style-type: none"> For the Successful HHs inputs contributed 31% towards the output; only 3 HHs received inputs. For the unsuccessful HHs inputs contributed 0% towards output; only 1 person received inputs for the sampled HHs.
Mndemba	<ul style="list-style-type: none"> The average family size of successful HHs was 7; and average age was 46years, there was 2% contribution of family size to output. The average family size of unsuccessful HHs was 5; and average age was 45 years, there was 0% contribution of family size to output 	<ul style="list-style-type: none"> For the Successful HHs inputs contributed 0% towards the output; only 9 HHs received inputs. For the unsuccessful HHs inputs contributed 0% towards output; only 9 person received inputs for the sampled HHs.
Diwa	<ul style="list-style-type: none"> The average family size of successful HHs was 9; and average age was 41years, there was 1% contribution of family size to output. The average family size of unsuccessful HHs was 6; and average age was 32 years, there was 0% contribution of family size to output 	<ul style="list-style-type: none"> For the Successful HHs inputs contributed 9% towards the output; only 4 HHs received inputs. For the unsuccessful HHs inputs contributed 11% towards output; only 2 person received inputs for the sampled HHs.

Statistical analysis for each area (family size and inputs supplied)

Ndake east	<ul style="list-style-type: none"> • The average family size of successful HHs was 7; and average age was 39years, there was 0.01% contribution of family size to output. • The average family size of unsuccessful HHs was 4; and average age was 47 years, there was 0.04% contribution of family size to output 	<ul style="list-style-type: none"> • For the Successful HHs inputs contributed 3% towards the output; only 7 HHs received inputs. • For the unsuccessful HHs inputs contributed 1% towards output; only 8 person received inputs for the sampled HHs.
Ndake west	<ul style="list-style-type: none"> • The average family size of successful HHs was 6; and average age was 47years, there was 0.34% contribution of family size to output. • The average family size of unsuccessful HHs was 6; and average age was 35 years, there was 0% contribution of family size to output 	<ul style="list-style-type: none"> • For the Successful HHs inputs contributed 0% towards the output; only 6 HHs received inputs. • For the unsuccessful HHs inputs contributed 0% towards output; only 7 person received inputs for the sampled HHs.
Maleledwe	<ul style="list-style-type: none"> • The average family size of successful HHs was 9; and average age was 41years, there was 2% contribution of family size to output. • The average family size of unsuccessful HHs was 6; and average age was 36 years, there was 6% contribution of family size to output 	<ul style="list-style-type: none"> • The intervention by GCPDO only took place in September 2005. The crop harvest was only for 2005/06 season. • The results are showing nil effect for both successful and unsuccessful HHs.

Overall commentary:

- Areas that were practicing improved farming methods were showing good results as compared to those that never did for example Mwase area was doing fine because it was also receiving similar training from Wild Life Conservation Society in farming and improved farming methods. Equally this applies to the two Ndake areas which were using weed killers.
- For the areas that were already doing fine, like Ndake east and Ndake west the inputs and the family size had no much impact on the HHs. These two areas were using improved farming techniques (weed killer, had IGAs) and animal power for farming and the support they received from GCPDO clearly shows that there very little impact on the ground. These are the areas that had nearly all the HHs receive the inputs from GCPDO.
- The weaned off HH generally had demonstrated a positive correlation between the inputs (improved seed variety and use of fertilizer) supplied and the output (mainly maize harvested). The correlation coefficient was between 0 and +1. While the unweaned HHs had shown the opposite results.
- The weaned off HHs generally had a total of members of at least 6, more labour force to work in the fields, while those not weaned off had very small families of less than 6. The age mix and composition in HHs of the family members also mattered on the effect on production/output; for example a HH may have 8 family members of which 7 were under the age of 10 years and only 1 member was an able bodied person, the family labour in this case will be negligible in contributing to the output of production.

3.2.1 Mndemba and Mwase outcome:

The results in Mndemba area and Mwase were more pronounced (for both successful HH and the unsuccessful HH) in terms of the adoption of improved farming methods and use of improved seed variety and fertilisers. These areas were being supported since 2001 to 2005. Those that had adopted and used GCPDO support had their livelihood improved as they were able to acquire additional assets, like cattle and farm implements, and their outputs were able to support them for more than 12 months. One interesting thing that came to the Consultants' attention is that FG discussants were not telling the truth about their output in order that GCPDO continue supporting them as was the case with Mndemba area.

Mndemba area which had shown great improvement in their livelihood had lots of boreholes surrounding the entire community; nearly every village had a borehole. Initially HH used to draw most their water from the streams/dambo areas and wells that were far away from their homes resulting into the HH not being productive in terms of labour provision in the fields. The boreholes have now reduced on this time wastage in productive labour.

Generally, the unsuccessful HH attributed the lack of them accessing inputs and attending trainings due to the selfishness of their committee leaders, who were selling these commodities once they received them from GCPDO. The committee leaders assumed total ownership of the GCDPO in such a way that it became a self centred program revolving around them. This problem was attributed mainly to the way the program was introduced to the community by GCPDO. The selection of beneficiary HHs was initially done through the local groups that were initially appointed by GCPDO.

These groups became and assumed that they could not be removed from the committee but only by GCPDO, and therefore went to an extent of abusing their powers by accessing most of the support (inputs, and even attending trainings in improved agriculture activities) for example the original Nkhanyu Committee was one of such committee. At the time of the evaluation there was a new area committee that had been appointed by the community and the group was working in harmony. The resultant was that even those HHs that were already doing fine joined GCDPO program. Others were joining because they were known by the committee members. This resulted into various conflicts and creation of small groups that had no interest for the vulnerable HHs; in turn the vulnerable HHs also shunned any meetings that were going on, and avoided participating in the GCPDO program. It came apparent during these discussions that some of the unsuccessful HH complained why they were appearing on the list when their area committee leaders had advised them that were no longer with the program and Consultants were at pain to explain to participants that their names were only picked as a result sampling methods.

3.3 To evaluate whether behaviour change and mentality of beneficiaries have a part to play in the success or failure of the beneficiary and to what extent

The assessment involved determining adoption by beneficiaries of the five core activities of GCPDO namely:

- Income Generating Activities
- Application of improved farming methods (crop rotation, conservation farming, and contour ridge)
- Response to Voluntary Counselling and Testing (VCT) and HIV/AIDs
- Access to clean water by use of boreholes, and
- Response to allowing OVCs attending school

3.3.1 Engagement in Income Generating Activities (IGAs)

This program was only recently introduced by GCDPO (2005) and it was still in its infancy stage. However, all the areas have received IGA training and some participants are participating in the program by rearing either poultry or piggery using mostly local breeds. In some areas GCDPO has provided support to the Home Based Care groups to rear piggery and poultry with a view of facilitating others access the same as an out grower arrangement. Table 6 below summarizes the results obtained from the FG discussions highlighting the number of beneficiaries that have adopted IGA following GCPDO interventions. 16.67% of the total number of HH that attended the FG discussion had adopted IGA. Note that in Maleledwe the intervention in IGAs only took effect in 2006; therefore the invention was not effect as in 2005.

Table 6: Number of HH Adopting Income Generating Activities

Area	Target	Attendants	Actual IGA
Mndemba area	20	11	2
Mwase area	20	14	0
Ndake East area	12	6	3
Ndake West area	12	8	6
Maleledwe area	20	14	No GCPDO intervention
Mpingozi area	12	9	0
Champhoyo area	12	9	0
Diwa area	12	9	0
Nkhanyu area	12	6	0
Total	132	72	12
Percentage (%)			16.67

Piggery in Mndemba area



3.3.2 Adoption of Improved Farming Methods

The training in improved farming methods had shown positive trends in all the nine areas of GCDPO. GCDPO supported all the nine areas in training in improved farming methods like conservation farming, crop rotation, contour ridge, planting nitrogen fixing trees in their fields etc. The farmers that applied the improved farming methods were doing exceptionally well. The FG discussions demonstrated that for those that were unsuccessful only one of the participants applied improved farming methods. Some of the participants were reluctant to use new improved farming methods for fear of experimenting while others believed that traditional methods were appropriate as they were used by their ancestors who had lived time in memorial and could not change.

Other areas were also receiving similar support from other stakeholders, for example Mwase area was receiving training from Wildlife Conservation Society (WCS) in the following; conservation farming, bee keeping, fish farming, goat production, carpentry, poultry etc. This helped the group easily adapt quickly to new improved agriculture farming methods. Table 7 below summarizes the results obtained from the FG discussions highlighting the number of beneficiaries that have adopted improved farming methods following GCPDO interventions. 80.55% of the total number of HH that attended the FG discussion had adopted improved farming methods. Note that in Maleledwe the intervention in improved farming methods only took effect in the season 2006; therefore the invention was not effect as in 2005.

Table 7: Number of HH practicing improved farming methods

Area	Target	Attendants	Actual
Mdemba area	20	11	9
Mwase area	20	14	13
Ndake East area	12	6	5
Ndake West area	12	8	6
Maleledwe area	20	14	No GCPDO intervention
Mpingozi area	12	9	5
Champhoyo area	12	9	4
Diwa area	12	9	9
Nkhanyu area	12	6	6
Total	132	72	58
Percent (%)			80.55

Women and men in the field of nitrogen fixing trees – Diwa area



3.3.3 Accessing VCT program/HIV/AIDs

The response with regards VCT was overwhelming, the number of people showing interest to go for VCT testing had increased, however, in some areas even if the VCT was introduced it was not effective since there were no CD4 count facilities that could be a follow up to the program except for the Ndake east and west and Maleledwe areas. Table 8 below summarizes the results obtained from the FG discussions highlighting the number of beneficiaries that have under taken VCT following GCPDO interventions. 23.61% of the total number of HH that attended the FG discussion had attended VCT. Note that in Maleledwe the intervention in VCT took effect in 2006; therefore the invention was not effect as in 2005.

In line with health care, GCPDO also trained some areas in Traditional Birth Attendants, Home Based Care for the chronically sick, Nutrition support, and in administering the health kits to the community.

Table 8: Number of HH member going for VCT

Area	Target	Attendants	Actual
Mndemba area	20	11	4
Mwase area	20	14	6
Ndake East area	12	6	2
Ndake West area	12	8	0
Maleledwe area	20	14	No GCPDO intervention
Mpingozi area	12	9	1
Champhoyo area	12	9	1
Diwa area	12	9	2
Nkhanyu area	12	6	1
Total	132	72	17
Percentage (%)			23.61

Home based care – Health post (members pose for a photo) in Mndemba area



3.3.4 Use of boreholes/access to clean water

Prior to GCPDO most of the areas had most of its HH accessing water from streams/wells/dambos; Most of the boreholes put by GCPDO are fully utilised by the community. Some of the participants complained that the boreholes were placed very far from their homes and as such were had no access to clean water.

Mndemba area has more boreholes than any other area and nearly all the participants in the FG discussions were accessing clean water and had more time to work in their fields. The area map drawn up shows that the area of Mndemba alone has 13 boreholes, see annex 3, including those that were put by other donors/partners. Table 9 below summarizes the results obtained from the FG discussions highlighting the number of beneficiaries that have access to clean drinking water following GCPDO interventions in all the nine areas supported. 37.5% of the total number of HH that attended the FG discussion had access to clean drinking water. Note that in Maleledwe the intervention in use of clean water only took effect in October 2006; therefore the invention was not effect as in 2005.

Table 9: Number of HH accessing clean water

Area	Target	Attendants	Actual
Mndemba area	20	11	6
Mwase area	20	14	6
Ndake East area	12	6	6
Ndake West area	12	8	8
Maleledwe area	20	14	No GCPDO intervention
Mpingozi area	12	9	1
Champhoyo area	12	9	0
Diwa area	12	9	0
Nkhanyu area	12	6	0
Total	132	72	27
Percentage (%)			37.5

One of the boreholes constructed by GCPDO in Mndemba area



3.3.5 OVCs accessing School (Education)

The problem of OVCs was so acute that the community had a negative attitude over these children. The number of children not accessing school was rife due to ignorance among the community members about taking care of the OVCs. OVCs were considered as children who were not supposed to be at school and meant for working at home or look after cattle. With the coming of GCPDO's awareness campaign, intervention through provision of education materials and food supplements and introduction of community schools; in most of the areas; the number of OVCs attending school has increased. All the participants that had participated in the FG discussions recorded a 98.61% OVCs access to education except Maleledwe. Table 10 below summarizes the results obtained from the FG discussions highlighting the number of OVC attending school following GCPDO interventions. Almost 100% of the total number of HH that attended the FG discussion had OVC attending school. Note that in Maleledwe the intervention in educational support and sponsorship only took effect in 2006; therefore the invention was not effect in 2005.

Table 10: Number of HH allowing OVCs accessing schools

Area	Target	Attendants	Actual
Mndemba area	20	11	11
Mwase area	20	14	14
Ndake East area	12	6	6
Ndake West area	12	8	8
Maleledwe area	20	14	No GCPDO intervention
Mpingozi area	12	9	8
Champhoyo area	12	9	9
Diwa area	12	9	9
Nkhanyu area	12	6	6
Total	132	72	71
Percentage			98.61

One of the Community Schools constructed through GCPDO's support in Mndemba area



NB: This school has been upgraded to a regular school by the Government of the Republic of Zambia and trained teachers have been provided to the to the school government. Upgrading of existing community schools by GCPDO is critical in order to ensure that government provide all the necessary facilities to the schools and ensure sustainability of the same schools

3.4 Recommendations on how to improve the factors attributed to failure and further improve the positive factors and suggest additional factors

GCPDO should critically review the factors that have been attributed to failure in this report and reflect on the following recommendation in order to improve the chances of success:

- Consider introducing adult education as part of its program in order to enlighten beneficiaries and also afford them an opportunity to interact with others of different backgrounds. GCPDO could also consider arranging exchange visits between villages in its operational areas in an effort to show the beneficiaries that are lagging behind what their colleagues are achieving and this is likely to motivate them to change their old ways
- Link beneficiaries to cheap sources of inputs such as the government supported fertilizer support program. Also link them to other collaborating partners such as heifer project that provide farmers with free cattle as part of its restocking program. This will assist to build farmers asset base.
- Ensure that membership in Area committees rotate so that all members in the community have a chance to provide leadership. Assist area committees to develop sound governance structures and arrangements that promote transparency and accountability in the way they run the organization
- Training should be a continuous process irrespective of whether beneficiaries have adopted what is being trained. This will allow for beneficiaries to be up to date with changes in technology

3.5 To state the level of Conformance by Beneficiaries to strategies applied towards improving their livelihood and whether this has any influence on the success or failure of households

GCPDO strategies include:

1. identification of OVC
2. establish contacts with guardians of OVC
3. establish needs of guardians of OVC
4. provide support to guardians of OVC i.e., educational materials, food relief, inputs etc
5. administer support through local structures

GCPDO in the initial stage of the program selected the area committees/individuals that were tasked to identify beneficiaries in the areas identified. The area committees selected the beneficiary HH and then support followed to those HH. A follow up by GCPDO to verify the lists of beneficiaries proved difficult since they did not have appropriate logistical support in terms of transport. The time the vehicle was bought in 2005, most of the support had already been utilised and the follow-up was only to correct the problems.

What has now emerged is that the selection criteria by initial area committee members was riddled with corruption in some areas as area committees were even selecting HH that were not vulnerable, this was the case in Ndake east and west. All the weaned off HH confirmed having some additional cattle that were assisting them in farming. The weaned of group mainly constituted committee members who appeared to be well to do already.

Intended approach was for GCPDO to identify OVCs first then verify whether HH was able to look after the OVC or not; then appropriate support would follow later. This strategy was never followed. GCDPO did not have a vehicle to help them undertake this exercise and effectively monitor the selection. This resulted into distorted results due to wrong beneficiaries included in the program. GCPDO provided the guidelines on the selection of beneficiary HH but without a proper system of monitoring in place. This meant most of the committees only selected candidates that pleased them and where they had interest regardless of the vulnerability of the HH.

3.6 Document the Relevance of the program as seen by the beneficiaries (households)

The GCDPO program has been greatly considered to be relevant by all the HH that participated in the FG discussions. All the nine areas appreciate GCDPO's support and have shown positive response to its intervention. HH appreciate that the program by GCDPO in education support, health care and HIV/AIDs, access to clean water and provision of inputs has greatly helped them to resolve most of their immediate problems. The HH are aware about GCDPO's goals and objectives in terms of the entire program and GCDPO has equally trained the groups that at some stage they will be weaned off even though most of them are now not willingly to be left alone.

The GCPDO program fits well within the government programs and GCPDO is seen by government officials in the province as complementing the efforts of government. GCPDO is collaborating well with organizations providing similar services in the province in an effort to avoid duplication and ensure maximum benefits accrue to the intended targets.

3.7 State the level of self-sustainability of the successful household especially as relate to how the household would fair in changing environment or adverse occurrences and whether other kind of support will be required to stabilize the economic base.

- In times of shocks like droughts, floods and other natural calamities; HH tend to do piece works in farms of individuals that have done well; others borrow crops from those that have done well and return the same upon harvesting their own crops.
- Others HH depend on their family members that are based in urban areas to support in form of money to procure the produce for consumption.
- Other HH start selling their animals or any other assets in order to feed their families

Generally HH that have assets like livestock to resort to selling their part of the assets like cattle, goats, chickens and pigs in order to raise money for their homes. Other HH will continue and intensify vegetable gardening as a cash crop to raise money to meet all the needs of a household.

3.8 State the Suitability of the holistic approach applied, that seeks to address all areas of a household being Food Security, Education, IGAs and Health, as a package necessary to achieve the objectives of self-supporting

It is evident from the FG discussions as well as discussion with the board and other stakeholders that the holistic approach that GCPDO is using is critical to ensuring that beneficiaries become self supporting. However, it does tend to be very expensive as the program strives to provide for various services that cut across different sectors. The biggest challenge of the approach is identifying eligible beneficiaries. As has been noted above GCPDO had problems of supporting individuals that did not actually qualify for support as they were capable of supporting themselves and their families but only took advantage of the program.

For this approach to be effective it requires a strong management team with the necessary resources to closely monitor implementation of activities on the ground. It also requires a strong management information system to track the performance of individual beneficiaries ensuring that those that reach a level of self sufficiency are weaned off. The organization and management structures at community level also need to be strong as the community itself is supposed to self regulate and ensure that only eligible beneficiaries actually benefit from the program. The motivation for the community should be their ability to be weaned off so that others can benefit from the program. However, unfortunately due to poor selection most communities want to be perpetual beneficiaries of the program hence defeating the whole purpose of the approach.

While GCPDO has been supporting its program using mostly donor funds it would be appropriate for GCPDO to broaden the support base of the program to include individuals in the operational areas that are capable of contributing to the program. This could also include individuals that have been weaned off and are enjoying improved livelihoods. Their contribution could either be cash or in-kind items that could include relief food for the underprivileged in the community; agricultural inputs; transport to support program activities; volunteering of time to do program work; teaching of OVC; care for the sick etc. This would greatly improve regulation of the program. In addition, recognizing that resources will always be limited GCPDO should continue to network with other stakeholders in rural development and collaborate in providing services to the same beneficiaries.

Clearly the holistic approach is likely to have even greater impact if the issues mentioned above are addressed. GCPDO has come a long way and has gained valuable experience and lessons implementing the program. Going forward and with the support of the current donors, collaborating partners and the communities' great strides can be achieved given the lessons that have been learnt from the past.

PART 2

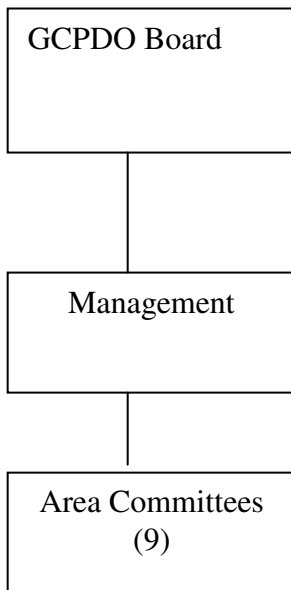
4.1 To state the level of Conformance by GCPDO and Community Institution, to the planned objectives, activities and procedures and whether/how this influences the success or failure of households;

State the Technical capability of GCPDO and Community Institution in administering the program and the effect of this on the performance of the household

4.1.1 GCPDO

The GCPDO is registered under the Societies Act as a non profit organization. The institutional structure of GCPDO include the Board; Management; and Area Committees in the target communities where it implements projects. Figure 2 below shows the organizational structure of GCPDO.

Figure 2: GCPDO Organizational Structure



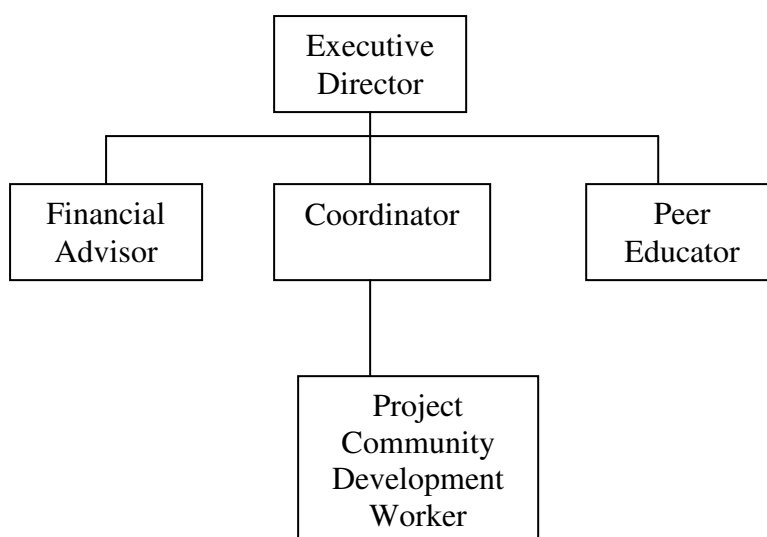
The GCPDO board consists of seven prominent members of the community in Chipata district. The table 11 below shows the names and titles of the board members.

Table 11: Names and Titles of Board Members

Name	Title	Profession
Mr. Maxwell Malunga	Chairperson	Managing Director – Potama Garage
Mr. Japhet Phiri	Secretary	GCPDO Director
Mr. Wilson Longwe	Treasurer	Retired Civil Servant
Mr. Ackson Mumba	Member	Magistrate
Ms. Given Kumwenda	Member	Retired Teacher
Mr. Jones Mayovu	Member	Retired banker
Ms. Pauline Mwale	Member	Business Woman

The management team consists of the Director, Financial Advisor, Program Coordinator (Agriculture and Education) and Peer Educator (HIV/ AIDS and Water/ sanitation). Figure 3 below shows the management structure of GCPDO.

Figure 3: Management Structure of GCPDO



The table 12 below shows the Names, Position and Qualifications of the management team.

Table 12: Names, Position and Qualification of GCPDO Management Team

Name	Position	Qualification
Reverend Japhet Phiri	Director	Diploma Social leadership and Rural Development
Mr. George Malenga	Financial and Management Advisor	Diploma in Accountancy and business
Ms. Alice Lukelo	Program Coordinator	Grade 12 with various trainings in Bookkeeping and Community Development
Mr. Gadson Tembo	Community Development Worker	Grade 12 with several certificates in rural development workshops
Ms. Christine Chulu	Peer Educator	Grade 12 with certificates in health care, peer education, HIV/AIDS counselling, community mobilization and positive living and advocacy

GCPDO Organizational Effectiveness

The GCPDO board clearly have a vision and mission statement for the organization as is stipulated in their constitution. The ten year Strategic Plan that has been developed by management will help guide management in the implementation of its programs. The board has also not helped in enforcing the financial manual that has been developed for the institution. However, more policy manuals like the credit manual, governance and administrative manuals will need to be developed in order to make the institution more focused on its areas of operations. The *operational manual* is one of the critical documents that will help management to streamline and optimise the use of its resources effectively. These manuals will need to be reinforced on management by the Board. Other policy manual could include: criteria for identification of OVCs; and relationship with cooperating partners etc.

Discussions with the board also revealed that the board was not oriented in enterprise development and governance issues and some members of the board clearly do not understand the role the Board it should play in streamlining the operations of GCPDO. *The governance structure will need to be strengthened.* Among the roles of the Board are to provide an oversight over management through policy matters affecting the institution while management take day to day running of the institution. The Chief Executive Officer will oversee the various departments (Finance, administration, and Operations) under the responsibility of various individuals.

The annual cooperative agreements signed with Woord en Daad are very focussed with stated objectives, results and indicators. GCPDO reports on project implementation progress on a regular basis to the donor. The table 13 below shows the objectives as stated in the project agreements for the agreements that the consultants were able to access and the results that GCPDO has achieved against each objective:

Table 13: Objectives as Stated in Project Agreements with Woord en Daad

Goal	Results
Better access to drinking water	13 boreholes have been constructed Borehole maintenance committees have been established in all areas
Sustainable livelihoods for target groups	Increased amount of food produced per family K15 million and K22 million worth of food distributed to malnourished children and mothers in 2003 and 2004
To provide malnourished people with additional food, provide needy families with training and inputs so that they can become self sustaining	Increased amount of vegetables due to vegetable seed distributed to 250 HH in 2003 Increased amount of maize, soybeans, groundnuts and cassava due to inputs distributed in 2003
Food assistance to selected vulnerable groups	K222 million and K187 million worth of food distributed to malnourished children and mothers in 2004 and 2005
More efficient transport to staff and materials	Vehicles procured in 2005

However, it is not clear whether similar reports are submitted to the board for discussion. While the board is scheduled to meet every quarter the *consultants were not availed current minutes of board meetings* to assess the issues that are discussed during board meetings. From the quarterly reports prepared by GCPDO it is clear that a lot of activities are being done by GCPDO. The internal evaluation report conducted by GCPDO also shows that project activities are being undertaken and impact is being felt by the beneficiaries.

The GCPDO board appear to be satisfied that there are complementing government efforts in reducing poverty in their operational areas. Woord en Daad also appear to be satisfied with the GCPDO as is evidenced from the continued renewal of agreements annually. The beneficiaries in the field have also praised GCPDO for the great work that they are doing.

GCPDO Organizational Efficiency

GCPDO is audited every year by its auditors J.N. Mtonga & Associates. Their last audit was done in 2005. GCPDO has to submit its audited accounts to its partners not later than June after the end of each financial year. The audit for 2006 was still under way. From the audit reports GCPDO appear to use financial resources from Woord en Daad for delivery of services as stipulated in the agreements. The auditors of GCPDO are also of the strong view that “the Board needs strengthening or restructuring to be able to be more focused on sourcing more partners, policy formulation and control”. In addition” there is a need to strengthen the accounting department with a qualified account assistant to assist the current Financial and Management advisor”.

The GCPDO management team have been working together since 2005. They all appear to have the necessary qualifications and experience to move the organization forward. However, GCPDO does not have a staff development plan to assist the team to improve on their qualifications and experience through additional training. Financial management of GCPDO has been strengthened with the position of financial advisor. The GCPDO budget as approved by Woord en Daad is closely monitored to ensure compliance with the terms of the agreement. Planning and implementation of activities on the ground is partly hampered by lack of sufficient transport for staff to interact with the area committees and beneficiaries on a regular basis. Communication with the committees is also weak as GCPDO have to travel to the project areas at great cost each time there are issues. Some issues can be resolved over the phone if the area committees had access to communication. As mentioned above, GCPDO has also not developed operational policies to guide management in implementation of program activities. The board in its current form is weak and need strengthening through either training or including additional members that understand the issues in rural development. The current Director is very strong and appears to be the running the organization single handed. He needs to be supported with a strong board.

GCPDO Organizational Relevance

GCPDO's relevance as a development organization that is complementing the efforts of government is evident from its registration as its vision and mission statement fit within the overall government development framework as outlined in the Fifth National Development Plan. GCPDO touches on the core activities that government is also focusing on namely: food security increased agricultural production, education, health care and HIV/AIDS and water and sanitation.

The Focussed Group discussions that were held with the beneficiaries also revealed that the beneficiaries find the interventions by GCPDO to be very useful as they tackle the priority problems that the communities are facing. The nature in which the interventions are addressed in a holistic manner is greatly assisting beneficiaries to become self sustaining.

Strategic Partnerships

GCPDO has collaborated with various partners in the implementation of its projects. The table 14 below shows the partners that GCPDO has worked with in the past and the areas of collaboration. GCPDO should seek to continue with these partnerships and even strengthen them further in include even more partners for maximum benefit to the beneficiaries.

Table 14: GCPDO Partners

Partner	Area of Collaboration
Kenneth Kaunda Foundation (KKF)	Supplied high value food supplements to chronically ill patients in all nine GCPDO supported areas
World Food Program (WFP)	Provided food (cereals) to GCPDO in Mdemba school
New Start Counselling Centre	Provides counselling services to GCPDO beneficiaries and information sharing
Society for Family Health (SFH)	Sensitized GCPDO beneficiaries in Petauke and Nyimba on cleanliness and Hygiene matters
Health Clinics/ Chipata General Hospital	Provides CD4 count machine for use by GCPDO beneficiaries and ARVs
Schools PTA	Used as channel to distribute educational materials and food supplements to OVC
Agricultural extension officers	Provide training to GCPDO in good agricultural farming practises, maintain demonstration plots on behalf of GCPDO and also provide field monitoring to GCPDO beneficiaries
Community Based Organizations (CBO) Kapirikasa Orphanage, Maleledwe Orphanage	The two orphanages fused their programs into GCPDO
Department of Water Affairs	Provides GCPDO beneficiaries with policies on maintenance of boreholes

GCPDO Organizational Sustainability

GCPDO is expected to continue with its current activities even after expiration of donor support. Before GCPDO partnered with Woord en Daad, it was implementing its activities with the support of mostly its board members. However, following support from the donor the GCPDO has scaled up its activities and put in place a management team. At its current level of operation GCPDO is solely dependant on donor support to sustain its activities. If donor support was to be terminated GCPDO would not be able to meet its current operational costs.

GCPDO needs to sensitize the communities about its activities and broaden its membership base so that it does not only rely upon its board members to support its activities. The communities need to play a more active role in the planning and implementation of GCPDO activities so that they can contribute towards its success. GCPDO should also look beyond its current partner for support. For instance government has funds under the poverty reduction strategy program and is partnering with various stakeholders to implement projects that reduce poverty. GCPDO could target such funds to also implement poverty reduction programmes on behalf of government. GCPDO could also consider converting the inputs that it supplies to its beneficiaries as loans so that repayments could be used to sustain the GCPDO's program as well as meet operational costs. The offices that GCPDO has acquired in Chipata will go a long towards ensuring the sustainability of the organization as they are plans to rent out office space.

Institutional capacity building is critical if GCPDO is to sustain its operations. Clearly staff needs to be well remunerated and motivated to stay in their jobs given the level of experience that they have already gained in implementing the programs. GCPDO therefore need to ensure that it has facilities to enable its staff to work properly. It also needs to put in place a staff development plan to motivate its staff.

At program level GCPDO has successfully facilitated the communities where it has built boreholes to establish maintenance committees that collect fees from beneficiaries. The fees are used to repair the water pump. The beneficiaries have also been trained in maintenance of the boreholes and this appears to have worked very well.

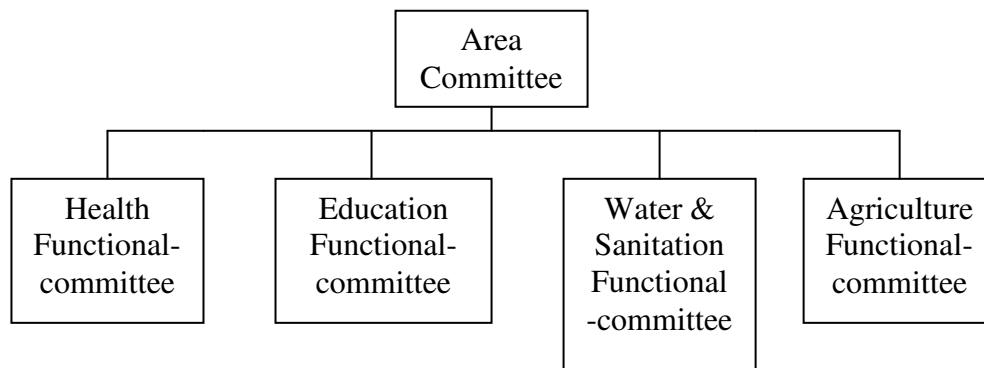
In summary GCPDO will need to prepare an institutional sustainability study based on its current programs (Business Plan) that will evaluate whether it would be able to stand on its own even after partner support in the next 5 to 10 years time and this could be done by either by management or through contracting out a consultant.

4.1.2 Area Committees

GCPDO has established area committees in all the areas that it is working with. The committees are not registered but are used by the GCPDO as a channel through which to implement their programs. The area committees are selected by the communities. The selected individuals in the committees are mostly retired civil servants and other have worked for cooperatives or government institutions before. The area committees are responsible for addressing policy issues related to the program in their respective areas. In all the areas the area committees have been responsible for spearheading the selection of the beneficiaries through the communities. This is normally done by the committee putting a notice at public places informing the communities with OVC to register with the committee for support under the program.

The programs are implemented through Functional-committees established by the area committees. There are four main Functional-committees under the area committees. Some area committee members also sit on the Functional-committees. The figure 4 below shows the organizational structure at community level.

Figure 4: Organizational Structure at Community Level



The area committees coordinate supply of materials and inputs to the functional-committees for distribution to the communities. They also collect and review reports from the Functional-committees before submission to the GCPDO. The consultants were informed that the area committees are supposed to meet once every quarter but unfortunately no minutes were provided to enable the consultants assess the nature of the meetings. The area committees usually meet at either a local school or church.

The performance of the area committee tends to vary from one area to another. Clearly the areas with strong leadership tended to perform better. The selection of beneficiaries at area committee level was critical to the success of the program. In Maleledwe area for instance GCPDO worked through the village headman who assisted to identify prominent individuals in the community to sit in the committee and also facilitated the committee to identify OVC. The committee is one of the most successful with all programmes being implemented smoothly. However, GCPDO has not provided any training to the committee with regard to its role as some members did not understand their role. GCPDO has also not provided the committees with documented operational guidelines. Based on the experience of the past four years GCPDO should assess best practises that have worked in some areas and share these with other areas to improve performance of the committees. It would also be important for the committee members to rotate so that many members in the community have a chance to exercise leadership in the community.

Area Functional-committees

Health Functional-committee

The health Functional-committee comprise of volunteers from the community. The Functional-committee responsibilities include:

- Facilitating community access to VCT
- Provision of Home Based Care - look after the chronically ill patients in the community. Common illnesses include HIV/ AIDS, TB and some instances they run IGAs.
- Provision of health kits – selected members have access to health kits and administer basic medicines such as Panadol for head aches and Fancida for malaria treatment respectively
- Traditional birth attendants – members are trained to assist expectant mother to give birth due to the long distances to the hospitals

The main challenges this Functional-committee faces in all the area is the long distances to the nearest hospital or clinic. Even where clinics are near they often do not have medicines. HIV tests are also not readily available as the communities have to rely on the mobile rapid tests that are conducted by Chipata General Hospital. Transportation of patients to the clinics is also a problem as the communities do not have access to readily available transport. Members have to walk often long distances to attend to patients. Communication with GCPDO is yet another problem that the Functional-committee faces. Although there is cell phone network in almost all the areas; the Functional-committee does not have access to a cell phone to liaise with GCPDO in case they need additional supplies. The table 15 below shows the clinics/ hospitals that Functional-committee collaborates with in each area. Some areas do not have any health institution and have to rely on the GCPDO program for health care and support.

Table 15: Hospitals and Clinics in the Operational Areas

Area	Clinics/ Hospitals	Clinic where group receive medical services
Mndemba area	Tamanda Clinic	
Mwase	Mwasemphangwe Zonal Clinic	
Ndake East area	Nil	Nyimba General Hospital
Ndake West area	Nyimba General Hospital	
Maleledwe area	Minga Mission Hospital	
Mpingozi area	Nil	Katumba or Mwasemphangwe Zonal Clinic
Champhoyo area	Katumba Clinic	
Diwa area	Nil	Mwasemphangwe Zonal Clinic
Nkhanyu area	Nil	Mwasemphangwe Zonal Clinic

The value of support provided by GCPDO in health is shown in the table 16 below:

Table 16: Value of Support to Health Care

Item	2001	2002	2003	2004	2005	2006
HIV/AIDs Nos.	-	-	-	-		
Health care Nos.	-	-	-	-		
Value(ZMK)- HIV/AIDs	-	-	-	-	12,000,000	30,000,000
Value(ZMK) – Health care	-	-	-	-	9,315,000	28,500,000

*health care includes nutritional support(c/oil, beans, Soya etc)

Education Functional-committee

The education Functional-committee comprise of volunteers from the community. The Functional-committee responsibilities include:

- Receiving of educational materials and food supplements
- Liaising with school PTA's in the respective areas that are used to distribute educational materials and food supplements to the OVC. In areas where they are no PTA's the Functional-committee forms an education committee within the school through which project support is channelled
- The Functional-committee liaises with parents of OVC to ensure that their progress is closely monitored

The table 17 below shows the number of schools (including community schools) through which GCPDO projects are implemented by area.

Table 17: Number of Schools that have partnered with GCPDO by Area

Area	Schools
Mndemba area	3
Mwasamphangwe area	3
Ndake East area	9
Ndake West area	5
Maleledwe area	3
Mpingozi area	2
Champhoyo area	2
Diwa area	2
Nkhanyu area	1

The programmes under this Functional-committee appear to be running smoothly with no major problems.

Water and Sanitation Functional-committee

The water & sanitation Functional-committee comprise of volunteers from the community. The Functional-committee responsibilities include:

- Establishing V-Washe committees at each borehole site to undertake maintenance activities of the boreholes
- Training of beneficiaries in borehole maintenance and management
- Facilitate fencing of boreholes using community efforts

The table 18 below shows all the boreholes that have been constructed by GCPDO by area.

Table 18: Number of Boreholes Constructed by GCPDO by Area

Area	Boreholes
Mndemba area	2
Mwasamphangwe area	1
Ndake East area	1
Ndake West area	1
Maleledwe area	2
Mpingozi area	0
Champhoyo area	1
Diwa area	3
Nkhanyu area	2
Total	13

The Functional-committee has worked very well as it has been collaborating closely with the Department of Water Affairs that has also constructed a number of other boreholes in the area. Policies to do with borehole maintenance and management were already being administered in the area and GCPDO supported communities adopted the same policies. The table 18 below shows the value of the boreholes constructed by GCPDO by year.

Table 19: Value of Boreholes Constructed by Year

Item	2001	2002	2003	2004	2005	2006
Boreholes(#s)	-	-	-	3	8	2
Values(ZMK)	-	-	-	86,810,000	224,020,000	63,500,000

Agriculture Functional-committee

The agriculture Functional-committee comprise of volunteers from the community including experts in agriculture. The Functional-committee responsibilities include:

- Facilitate distribution of agricultural inputs
- Liaise with ministry of agriculture to provide extension services to the community
- Monitor performance of contact farmers. The contact farmers are provided with bicycles to enable them interact with farmers in their immediate locations
- Facilitate training of farmers in sustainable agriculture
- Facilitate demonstration plots where farmers can learn good agriculture practises

The tables 20 below shows the type of agriculture training and the number of farmers trained under GCPDO by year as well as the value of agricultural inputs and training disbursed by GCPDO by year.

Table 20 a: Number of farmers Trained by Discipline

Type/Year	2001	2002	2003	2004	2005
Crop rotation	-	-	300	300	950
Organic farming	-	-	-	-	-
Conservation farming	-	-	300	300	950
Sustainable agriculture	-	-	300	300	950

Table 20 b: Value of Agricultural Inputs Distributed by Year

Item	2001	2002	2003	2004	2005
Inputs	-	-	12,223,000	44,220,000	55,000,000
Training in agriculture	-	-	3,547,000	25,500,000	16,000,000
Demo Plots/Transport	-	-	2,380,000	-	-
Totals			18,150,000	69,720,000	71,000,000

The major challenge of the agriculture Functional-committee is the rate at which the beneficiaries were increasing compared to the amount of resources. This resulted in resources being spread too thinly on the ground with limited impact. Some beneficiaries also tended to abuse the inputs provided by selling them on the open market. There were also complaints of Functional-committee members accessing more inputs than other beneficiaries. GCPDO also did not provide bicycles to all the contact farmers.

Table 21 below summarizes the assessment of the area committees by area:

Table 21: Summary Assessment of Area Committees by Area

Area	Assessment
Mndemba area	The area/Functional committee members for Mndemba demonstrated that they could manage the organization effectively as most of the members have worked before. Highest grade was a college person. The group has worked together to construct a school which is in Mndemba area, and they have also built a health shop that they use for under five children.
Mwase area	The committee demonstrated that it could manage itself; the Chairman has worked as Cooperative Marketing Supervisor before at Lukusizi Cooperative. Other members also worked for cotton production companies. The group demonstrated that they would manage their affairs on their own. No books of accounts were being prepared. Only material distribution sheets were prepared.
Ndake East area	The Ndake east group is not very strong as most of the committee members have limited education with the highest being Grade 9. They do not maintain any books or records of accounting.
Ndake West area	The Ndake west group is also not very strong group as most of the committee members are had limited education. They lack the required experience to manage an institution. They do not maintain any books or records of accounting.
Maleledwe area	Maleledwe also had a very strong Committee and most of the Committee members were educated to manage the affairs of the area. The group has mobilised the last year crop which they intend to sale and raise finance for their area; about 50kg X 20 bags of maize is in stock for sale as a group. This is a good sign that the group is working as a team.
Mpingozi area	The area committees were strong and also demonstrated that they could manage their own affairs.
Champhoyo area	They hold meetings twice a month, qualification range between Grade 5 to 9, not well qualified and the work experience mainly of the committee members is mainly in teaching, input distribution and administrative staff. This group may need registration and strong team should be included into management.

Diwa area	Diwa Committee have worked together for the past 7years, they collect fees from their members for running themselves, and they well trained people in HBC, TBA and Health providers with medical kits. Most of its members have worked in agriculture related businesses, cooperatives and government institutions. The team comprise former sales persons, accounts officer, purchasing personnel and operations officers. This is a group that is more organised in terms of their area committee and Functional committees. It has also organised finances before for their group. The group is ready for registration as cooperative to take advantage of the cheap inputs subsidised by government.
Nkhanyu area	They hold meetings once a month, the group needs strengthening in management skills in order to stand on their own. The earlier group was removed by the communities due to selfishness and not being transparency. The current committee is fairly new and will need orientation of some sort before they are registered independently.

Note: in all the areas we did not see any minutes or by laws governing the committees. But members indicated that they were maintaining minutes.

4.2 The role of external and/or internal factors in the success and failure of beneficiaries, identify and list these factors and recommend how these could be addressed

The critical internal factors that have affected the success and failure of the beneficiaries are highlighted in Table 22 below together with recommendations of mitigation

Table 22: Internal Factors

Factor	Mitigation
Weak GCPDO board and area committees. This has put a lot of strain on the current director to provide the necessary leadership. The area committees were also selected poorly without any orientation training and have been having problems providing the necessary oversight on the implementation of the program	<ol style="list-style-type: none"> 1) Orientation of current GCPDO board members as well as area committee members 2) Include additional members on GCPDO board with experience and foresight in addressing rural development issues 3) Review current area committee members and develop appropriate criteria for selection of possible candidates
Lack of operational procedures to guide GCPDO and area committees in selection of beneficiaries and management of program activities resulted into poor selection of area committee members/ beneficiaries as well as abuse of services offered by GCPDO i.e., selling of inputs, discriminating against genuine beneficiaries etc	<ol style="list-style-type: none"> 1) Engage consultant to work closely with GCPDO to develop the necessary operational policies and procedures to guide GCPDO 2) Training of GCPDO/ Area committees in the developed guidelines
GCPDO has inadequate facilities for communication and monitoring with the area committees and the beneficiaries	<ol style="list-style-type: none"> 1) Provide area committees with cell phone for ease of communication 2) Provide all contact farmers in the operational area with bicycles 3) Provide all Home Based Care staff with bicycles 4) Area committee members and Functional committees with bicycles for mobility
Weak management capacity due to limited staff to follow up on critical implementation issues	<ol style="list-style-type: none"> 1) Recruitment of additional technical staff in agriculture and health to complement current staff 2) Engage short term technical assistance to assist management develop management systems i.e., management information systems

The critical external factors that have affected the success and failure of the beneficiaries are highlighted in the table 23 below together with recommendations for mitigation.

Table 23: External Factors

Factor	Mitigation
Inadequate clinics to conduct VCT have resulted in beneficiaries that want to undergo VCT not having access to such services. In some cases clinics in the operational areas do not have access to the VCT equipment	<ol style="list-style-type: none"> 1) Increase on number of mobile VCT clinics 2) Procure VCT testing equipment and CD4 count machines for clinics in operational areas and introduce mobile CD4 counts 3) Training of additional staff in clinics on VCT and CD4 counts
Inadequate community schools to enrol OVC	<ol style="list-style-type: none"> 1) Increase number of community schools in Nkanyu, Maleledwe, Diwa, Champoyo, Mpingozi and Mndemba areas 2) Upgrading existing community schools so that government can bring in trained teachers and upgrade schools to basic education
Inadequate output markets to sell commodities produced in the operational areas	<ol style="list-style-type: none"> 1) Mobilize the farmers to form groups and bulk their produce and source for markets outside their areas
High cost of inputs such as fertilizer and seed	<ol style="list-style-type: none"> 1) Organize farmers to register as cooperatives so that they can benefit from the government fertilizer support program where fertilizer is subsidized
Inadequate relief food in year of shortage of food	<ol style="list-style-type: none"> 1) Organize farmers to maintain sufficient reserves in times of good harvest 2) Early assessment of pending food situation in order to request for relief in good time

5.0 Recommendations and Conclusion

5.1 Organizational Issues

- ✓ GCPDO should consider broadening its membership to include more people and particularly organizations with the muscle to support its activities. While GCPDO activities are appreciated by the beneficiaries GCPDO has not put in place any mechanisms to ensure sustainability of the organization. With more general membership and transparency of the good work that the organization is currently doing GCPDO is more likely to receive more support.
- ✓ In order to strengthen their capacity of the organisation, GCPDO should undertake exchange visits with other organisations that are partnering with Woord en Daad in other countries to see the success stories of other institutions and as an information sharing visit.
- ✓ The area committees should also undertake exchange visits with other organisations or area committees in order to learn and increase their capacity in management skills and technical skills in other programs.
- ✓ GCPDO will need to orient its current board as to its role in the program. From discussions with the board it is clear that no orientation took place at inception. The current director appears to be running the organization almost single handed and he needs a strong board to support him. GCPDO should therefore consider the option of increasing the number of board members to include other prominent people in society that can possibly add value to the organization. The board meetings should be held as scheduled and minutes should be taken. GCPDO should not only produce reports to the donors but should produce a report that should satisfy the needs of both the donors and the board. Efforts should be made to try and harmonize the reporting format to meet the needs of all stakeholders in an effort to avoid duplication.
- ✓ The long term strategic plan that has been developed by GCPDO that wants to see the organisation in the short medium to the long term needs to be commissioned. GCPDO should consider engaging someone with the necessary skills to work with the board in implementing the strategic plan. The strategic plan should also include the sustainability strategy for the organization.
- ✓ GCPDO should undertake a feasibility study to identify areas where skills vocational development centre could be set in order to enhance the community skills and can be used as production centres.
- ✓ GCPDO needs to maintain its existing partners and make efforts to engage more collaborating partners that will add value to its programs and assist the organization in its quest towards sustainability. For instance government has funds under the poverty reduction strategy program and is partnering with various stakeholders to implement projects that reduce poverty. GCPDO

could target such funds to also implement poverty reduction programmes on behalf of government.

- ✓ Area committees should consider registering as cooperatives to take advantage of opportunities on the market as well as to assist members access better markets and negotiate for improved prices through bulk selling and subsidised inputs by government.

5.2 Strengthening Management/ Operational support

- GCPDO should strengthen its accounts department by ensuring that the current Finance advisor takes full control of the accounting functions and a qualified accountant should also be recruited. The executive director will only oversee over the program and finance staff's operations and his role will only be to facilitate approval of transactions. Currently the Executive director of GCPDO's efforts are overly stretched mainly on administrative issues which are supposed to be handled by junior officers and his role should be focused in formulating the strategic goals and partnerships with other institutions for the survival of the organisation. It is evident from the interviews conducted with the other partners that the Chief executive officer is not so much in touch with fellow executive officers of other institutions as most of the people spoke to were just junior officers. Correspondence from GCPDO relating to other strategic partners must be signed by the Chief executive director, equally, issues of raising cheque payments, vouchers, receipts are supposed to be dealt with junior officers in accounts department. The accounts department will also need to procure at least 2 computers and a printer to enable them prepare financial accounts and accounting software should also be purchased to that effect.
- Recruitment of two Technical staff one in Health (with HIV/AIDs and health experience) and one in agriculture and each to be supported with one motor bike each.
- Recruitment of two additional Community Development workers to enhance monitoring at grass root level. For example for the Mwasemphamngwe areas.
- Procurement of one additional 4X4 Vehicle to support the office operations and monitoring activities; in the alternative; a budget for hired vehicle should be planned. Roads are impassable in some areas during the rainy seasons.
- Procurement of motor bikes for monitoring staff and technical staff at GCPDO offices
- Procurement of bicycles for lead farmers, including for the Home Based Care staff and committee members.
- Procurement of communication radios(some areas do not have cell phone networks) to ease the communication problems between GCPDO and the area committees
- Apply for VAT, CUSTOMS and DUTY exemptions for GCPDO purchases through government.

5.3 Additional Operational Issues

- GCPDO should also review its current programs and develop operational policies to guide both its staff as well as the area committees in implementation of program activities. The guidelines could include: criteria for selection of beneficiaries; modalities for engaging into strategic partnerships; governance manual for both GCPDO board as well as area committees etc
- At area level GCPDO needs to provide more technical support to the area committees especially in the areas of leadership, record keeping and monitoring and evaluation. GCPDO should also consider best practises in selecting area committee members and draw lessons from those committees that are currently performing better than others
- GCPDO should document criteria for selecting beneficiaries of the program in order to assist area committees to select the right candidates. GCPDO should maintain a register of all beneficiaries supported by the organization and track their performance. Appropriate forms for measuring performance should be designed as part of the management information system and these should be updated on scheduled basis
- GCPDO should critically review the scale of its program to ensure that the beneficiaries match the current capacity of the organization to manage the program. Care should be taken not to spread resources too thinly on the ground as this is likely to have limited impact. GCPDO should select beneficiaries that should be able to access a full complement of support programs from GCPDO
- Communication between GCPDO and the area committees should be improved by providing the committees with cell phones to enable them communicate directly with GCPDO in case of problems on the ground. GCPDO should also ensure that all its contact farmers are provided with bicycles to enable them visit all the farmers in their respective localities. Efforts should also be made to liaise with members of the community to solve the current transport problems being experienced especially in transporting patients to the clinics and hospital
- GCPDO should critically look at the Investment in animal power (donkeys/cattle) so that the communities are helped to quickly migrate from unsustainable levels to a self sustainable level and to economically empower the communities. Each area could be a number of animals for hiring out these animals to the HHs that are cultivating the crops to help each HHs reach self sustainability quickly. The communities will in turn contribute in kind to their respective area committees to meet the costs of medicine and feed for the animals. The availability of natural vegetation can also ease the problem of feed.

ANNEXES

Annex 1

Objective and purpose of Evaluation

OBJECTIVES AND PURPOSE OF THE EVALUATION

The ***Objectives and Purpose*** of the evaluation is to:

- I. Establish why GCPDO family holistic approach support program towards poverty reduction, focusing on child education for OVCs and economic empowerment of their (OVCs) Guardians, in Food Security and Income Generation through Agriculture or other activities, was successful for 50% of the households that were supported since 2001 to 2005, and why the other 50% could not achieve self-sustainability, after 5 years.
- II. Use the outcomes of the evaluation to measure the suitability and relevance of the program towards the target group and further develop a strategy that will yield the best results in terms of success of the beneficiaries.
- III. Determine whether the target group is learning and implementing the strategies designed to improve their lives in the various aspects of the program and whether there is a measurable improvement.
- IV. Consider the activities and success of the Beneficiaries, mostly based on the principle of self-reliance.

SPECIFIC TASKS OF THE CONSULTANT

The Consultant will be expected to perform the following tasks necessary to conduct the evaluation:

- I. The Consultant will review the internal evaluation report compiled by GCPDO as a basis for the external evaluation and will be expected to validate the findings in addition to their own work.
- II. Collect independent necessary qualitative data from stakeholders, sampled beneficiaries from 2001 and beneficiaries recommended for weaning in 2006 in the process of assessing the previous and current status of the beneficiary that will determine the measurement of success or failure. (*It would be important to include all areas of focus in determining success or failure – Education, Agriculture/Food Security, Health and Water/Sanitation*).
- III. To design appropriate data collection methods and tools and documentation to be applied in the process of evaluation.
- IV. Perform statistical calculations on the quantitative data used in the evaluation in order to determine trends, evidence and obtain results of correlation or averages that would help to draw conclusions about the success or failure factors at play in the Target Group. (Refer to data in appendix II).
- V. To hold a one day meeting/workshop of stakeholders to present the methodology, tools, approach and timing of the evaluation.

- VI. To make recommendations on the course of action to be taken by the various players in the program such as the Community Institution, Benefactors and GCPDO.
- VII. To make recommendations on follow-up action for successful households such as subsequent projects or further developments.
- VIII. To hold a stakeholders meeting/workshop to present the draft evaluation report that will include findings and recommendations to be considered and discussed and identify issues requiring further attention by the consultant.

EXTRACT FROM INTERNAL EVALUATION (*To Guide Consultant Concerning Target*)

Of the initial 315 households recorded in 2003 from 6 areas (excluding Petauke and Nyimba), only 32 can be considered successful, being 10%. However, 66 households from these 6 areas are being weaned from material support only, meaning that the other 34 came into the program after 2003. The total target group evaluated from the above 4 areas in 2005 was 628 and 66 households were considered successful. This still translates to 10 %. (*See Table on page 11 for details*)

Considering the total 9 areas of operation by 2005 where 1,044 households were recorded and evaluated, a total of 158 households are being weaned from material support, being 15%.

OUTPUTS

In determining the above Objectives and Purpose, focus on the following specific outputs, among others, should be clearly defined:

- I. The Impact and Effectiveness of the program on the beneficiaries in terms of improvement in livelihood and/or most significant positive change in Food Security, Education of Children, Income Base and Health.
- II. The factors attributing to the improvement in livelihood for the successful households and unsuccessful households identified and listed, taking particular focus on those in 2003.
- III. To evaluate whether behaviour change and mentality of beneficiaries have a part to play in the success or failure of the beneficiary and to what extent.
- IV. The role of external and/or internal factors in the success and failure of beneficiaries, identify and list these factors and recommend how these could be addressed.
- V. Recommendations on how to improve the factors attributed to failure and further improve the positive factors and suggest additional factors.
- VI. To state the level of Conformance by GCPDO and Community Institution, to the planned objectives, activities and procedures and whether/how this influences the success or failure of households.
- VII. To state the level of Conformance by Beneficiaries to strategies applied towards improving their livelihood and whether this has any influence on the success or failure of households.
- VIII. Document the Relevance of the program as seen by the beneficiaries (households).

- IX. State the level of self-sustainability of the successful household especially as relate to how the household would fair in changing environment or adverse occurrences and whether other kind of support will be required to stabilize the economic base.
- X. State the Suitability of the holistic approach applied, that seeks to address all areas of a household being Food Security, Education, IGAs and Health, as a package necessary to achieve the objectives of self-supporting.
- XI. State the Technical capability of GCPDO and Community Institution in administering the program and the effect of this on the performance of the household.
- XII. Presentation of findings and various recommendations and draft report at a stakeholder's meeting- To include target group data.
- XIII. Final Report including necessary Annexes of target group data.

Annex 2

Logical Framework Matrix

Poverty Reduction: As part of the broader definition of poverty, the following will be used as proxy indicators of poverty to assist assess project contribution towards poverty reduction.

- Access to privately (input/ output markets) or publicly provided goods and services (education, health, water and sanitation)
- Dimensions of human poverty i.e., increased capacity to engage in productive livelihoods; improved socioeconomic conditions of households and or communities
- Environmental concerns i.e., extent to which project has contributed to improvement of conditions of access/ use/ control of natural resources; extent to which project has improved access of HH to environmentally-sound technologies aimed at improving productivity of their activities while maintaining the natural resource base

Organizational Performance: This will include an assessment of the GCPDO and community structures in formulating and managing programs.

Organizational effectiveness

- Goal attainment (clarity of and consensus on mission, goals, operational policies, results oriented monitoring, evaluation and reporting systems, achievement of planned results at different levels)
- Quality of work (results, program evaluations)
- Clients satisfaction (Executive board; donors; Zambian government; beneficiaries)

Organizational efficiency

- use of available resources for project delivery systems
- Assessment of key elements necessary to move beyond project delivery to meet corporate goals i.e., quality of design, human resource (staff capabilities, competencies & motivation, capacity development, incentives & performance frameworks), financial resources (budgeting, financial planning, & management); project cycle management (program development., planning , implementation, monitoring & evaluation); process management (corporate planning, quality control, systems processes, tools & technologies, communication); overall management (structure, leadership, decision making process, chain of command)

Organizational relevance

- recognition of GCPDO/ community structures as in development by government/ beneficiaries

Strategic partnerships

- collaboration with other NGO engaged in similar activities
- hips with government and private sector to leverage resources

Sustainability

- will institutional implementation arrangements continue after donor support
- has GCPDO & community structures attained a level of operational sustainability?
- Is there active participation of beneficiaries in the institutions?
- Is institutional capacity building part of organization plan?
- Are there maintenance plans in place for community projects i.e., boreholes/ wells

The Logical Framework Matrix

THE LOGICAL FRAMEWORK MATRIX

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Assumptions
<p>Overall Objective</p> <p>To contribute to the reduction of poverty levels of households of orphans and vulnerable children (OVC) in Eastern Province of Zambia</p>			
<p>Immediate Objective/ Purpose</p> <p>1. To increase access of HH of OVC to basic infrastructure and productive services such as agricultural inputs and IGA to enable them be self supporting and lead sustainable livelihoods</p> <p>2. To strengthen the organizational capacity of GCPDO and community structures so as to provide a more efficient and effective service to HH of OVC</p>	<ul style="list-style-type: none"> - primary/secondary enrolment rate -access to health care - access to clean water - access to food security - increased HH engaged in IGA - increased HH income -organizational effectiveness - organizational efficiency - Organizational relevance - Strategic hips - Institutional sustainability 	<p>Focused Group Discussions</p> <p>Organizational performance assessment</p>	<ul style="list-style-type: none"> - Favourable weather i.e., no drought or floods, pests or diseases - Favourable prices for commodities - Availability of input/ output markets - Availability of school places for OVC - Favourable government policies to OVC
<p>Outputs 1</p> <p>Improved access of OVC to primary/secondary education</p>	<ul style="list-style-type: none"> - Number of OVC of the HH attending primary/secondary education increase from _ in 2001 to - in 2005 - Value of educational materials provided to the OVC of HH increase from _ in 2001 to ___ in 2005 	<p>Project records</p>	<p>OVC meet minimum standards for admittance</p>
<p>Output 2</p> <p>Strengthened capacity of HH of OVC</p>	<ul style="list-style-type: none"> - Number/ Type of agric. training/ IGA programmes attended by the HH 	<p>Project records</p>	<p>HH willing to be trained in improved agricultural practises and do not side</p>

in agricultural production and income generating activities (IGA)	between 2001-05 - Value of agric. inputs distributed to guardians of OVC from 2001-05		sell inputs
Output 3 Improved access to food security of HH of OVC	- Value of food relief distributed to the HH from 2001-05 - Number of HH of guardians of OVC benefiting from food relief from 2001-05	Project records	Beneficiaries do not sell relief food
Output 4 Improved access to Health care and HIV/ AIDS support for HH of OVC	- Number of guardians of OVC benefiting from HIV/ AIDS training from 2001-05 - Number of guardians of OVC benefiting from GCPDO health care from 2001-05 - Number of guardians of OVC benefiting from GCPDO food supplements from 2001-05	Project records	HH willing to be trained
Output 5 Improved access to water and sanitation for HH of OVC	- Number of guardians of OVC benefiting from GCPDO boreholes/ wells from 2001-05 - Number of boreholes/ wells constructed for the HH/guardians of OVC from 2001-05	Project records	HH willing to contribute towards construction of boreholes and wells
Outputs 6 Strengthened management and coordination of the GCDPO	- established community development committees - established management team - established monitoring and evaluation system - established systems and procedures	Project records	Competent management team capable of delivery
Output 7 Strengthened management and coordination of the community	- Registered community boards with own constitution - established monitoring and	Community records	Commitment of community leaders to the program

structures	evaluation system - established operational systems and procedures		
Activities I. Basic needs* II. Relief food III. Water and sanitation IV. Motor vehicles V. Other expenses	Inputs (2001-2006) K1,027,944,990 K409,850,000 K310,830,500 K151,508,648 K5,314,724	Project budget and expenditure reports	Funds disbursed in a timely manner

* includes education, food security, health care and HIV/ AIDS support

Annex 3

Area Maps (attached in PDF)

Area Maps

Annex 4

Statistical Calculations/Results

GCPDO Statistical calculations/results Correlation Coefficients of the family size to output and the inputs supplied to Output.

Code	Area	Correlation coefficient Family size to Output	Correlation coefficient Inputs to Output	Observations/Commentary
1	Diwa – weaned off	0.076	0.0297	Average number in a family 9, average age 41 years
	Diwa – not weaned off	(0.0009)	0.333	Average number in a family 6, average age 32 year
2	Mpingozi – weaned off	0.073	0.240	Average number in a family 8, average age 56 years
	Mpingozi – not weaned off	(0.125)	-	Average number in a family 5, average age 37 years
3	Champhoyo – weaned off	0.250	-	Average number in a family 9, average age 47 years
	Champhoyo – not weaned off	0.040	-	Average number in a family 6, average age 45 years
4	Nkanyu – weaned off	(0.171)	0.559	Average number in a family 6, average age 46 years
	Nkanyu – not weaned off	0.088	-	Average number in a family 6, average age 43 years
5	Maleledwe – weaned off	0.138	0	Average number in a family 9, average age 41 years
	Maleledwe – not weaned off	0.244	0	Average number in a family 6, average age 36 years
6	Ndake east – weaned off	0.010	0.168	Average number in a family 7, average age 39 years
	Ndake east– not weaned off	0.020	0.089	Average number in a family 4, average age 47 years
7	Ndake west – weaned off	0.059	(0.171)	Average number in a family 6, average age 47 years
	Ndake west– not weaned off	(0.020)	(0.164)	Average number in a family 6, average age 35 years
8	Chanje – weaned off	0.152	(0.431)	Average number in a family 7, average age 46 years
	Chanje – not weaned off	(0.179)	(0.114)	Average number in a family 5, average age 45 years
9	Mwase – not weaned off	0.239	0.412	Average number in a family 7, average age 40 years
	Mwase – weaned off	0.100	0.431	Average number in a family 7, average age 39 years

See detailed comments in the text on statistical comments for each area

Annex 5

List of Participants talked to

List of Individuals talked during the evaluation

- 1. Woord en Daad(during the initial stakeholders meeting)**
 - Mr. Wouter Rijnveld Policy officer evaluation and research
- 2. GCPDO Board(during field visits)**
 - Mr. Maxwell Malunga Board Chairman
 - Mr. Wilson Longwe Treasurer
 - Mr. Jones Mayovu Member
 - Rev. Japhet J Phiri CEO/Board Secretary
- 3. GCPDO Management(during field visits)**
 - Mr. George Malenga Finance Advisor-GCPDO
- 4. JN Mtonga & Associates(Auditors for GCPDO)**
 - Mr. J N Mtonga Managing Partner
- 5. Ministry of Education-DEBS-Nyimba**
 - Mr. Fully P Tembo District Education Board Secretary
- 6. Kenneth Kaunda Foundation – Eastern Province**
 - Mr. Mabvuto Maponda Development Program Coordinator
- 7. Community Development Worker – Eastern Province**
 - Mr. Joseph Phiri Community Development Officer
- 8. Chipata General Hospital –Eastern Province**
 - Mrs. Makungu Nurse
- 9. Mndemba Primary School**
 - Mr.K Mbambala Headmaster
- 10. Household members interviewed**
 - Successful HHs

Name	age	Area
Langwell Tembo	46	Diwa
Mary Mwale	40	Diwa
Bridget Chidumayo	34	Diwa
Ruster Nyirenda	47	Diwa
Sara Kamanga	45	Nkhanyu
Royce Nyirongo	36	Nkhanyu
Bernadeta Ngoma	49	Nkhanyu
Tryson Kamanga	76	Mpingozi
Titamenje Mbewe	60	Mpingozi
Jack Kamanga	59	Mpingozi
John C Tembo	74	Mpingozi
Dinah Phiri	44	Mpingozi
Lackson Phiri	40	Champhoyo
Tamanyauli Chirwa	69	Champhoyo
Stephen Nyika	34	Champhoyo
Joyce Mbunje	36	Champhoyo
Lebetina Tembo	32	Ndake east
Peter Mbulo	43	Ndake east
Noria Maponda	31	Ndake east
Mary Tembo	32	Ndake west
Mailesi Tembo	56	Ndake west
Filipina Lungu	48	Ndake west
Alide Daka	64	Ndake west
Mwada Nguluwe	68	Ndake west
Margret Mumba	54	Maleledwe
Miriam Mumba	32	Maleledwe
Tisauke Sakala	64	Maleledwe
Loice Tembo	48	Maleledwe
Matilda Tembo	42	Maleledwe
Robert Tembo	39	Maleledwe
Godfrey Tembo	56	Maleledwe
Benard Kamanga	43	Maleledwe
Lyford Chikwanda	54	Chanje
Msanide Banda	38	Chanje
Mary Mbewe	28	Chanje
Ruth Banda	30	Chanje
Tisanke Phiri	55	Chanje
Maina Phiri	30	Chanje
Mary Nkoma	33	Chanje
Masautso Nkata	28	Mwase
Nelson Theo	32	Mwase
Aned Nyirenda	40	Mwase
Rosemary Zyambo	37	Mwase
Lightman Mwale	71	Mwase
Lottie Banda	28	Mwase
Shame Nyirenda	29	Mwase
Mary Mvula	45	Mwase

- **Unsuccessful HHs**

Name	Age	Area
Lunatic Phiri	35	Diwa
Agness Nyirenda	32	Diwa
Dorica Nyirenda	29	Diwa
Jelous Mwale	28	Diwa
Ruster Nyirenda	47	Diwa
Mwanisiya Nkoma	60	Nkhanyu
Estele Zimba	45	Nkhanyu
Esther Mtonga	37	Nkhanyu
Eunice Zimba	38	Mpingozi
David Muwowo	39	Mpingozi
Nafelanji Mwale	60	Mpingozi
Aness Banda	47	Mpingozi
Margret Mtonga	41	Champhoyo
H Kanjiwa	75	Champhoyo
Tamala Nyirongo	50	Champhoyo
Evaline Banda	50	Champhoyo
Easther Mwangala	48	Champhoyo
Tisauke Tembo	27	Ndake east
Lameck Lungu	48	Ndake east
Chikonjiwe Phiri	30	Ndake east
Lekesina Daka	26	Ndake west
Deliya Lungu	49	Ndake west
Mary Lungu	35	Ndake west
Rosemary Phiri	30	Maleledwe
Dorothy Mumba	38	Maleledwe
Evelyn Tembo	0	Maleledwe
Selemani Chisha	60	Maleledwe
Daniel Mwanza	56	Maleledwe
Triphonia Mumba	48	Maleledwe
Noah Banda	42	Chanje
Ruth Zulu	53	Chanje
Kumbiize Banda	28	Chanje
Mackness Chirwa	56	Chanje
Tryness Phiri	52	Mwase
John Mbewe	44	Mwase
Eletina Mtonga	56	Mwase
Lebitina Banda	46	Mwase
Mekelani Zulu	41	Mwase
Vaida Zulu	32	Mwase

11. Number of participants who attended FGD from committee members

Number area/sub –Committees members that attended the FGD

Area	Nos.	Comments
Diwa	10	
Nkhanyu	6	
Mpingozi	7	
Champhoyo	17	
Ndake east	16	
Ndake west	14	
Maleledwe	11	
Chanje	15	
Mwase	25	
Totals	121	

The committee members comprise area committees as well as functional committees

Annex 6

Probing questions for FGD

Checklists of probing questions delineated from the TORs

INSTITUTIONAL EVALUATION REVIEW CHECKLIST

1.1 Ownership of GCPDO (members)

Summarize the ownership and membership structure of the organization

Name of Owner	Position	% Ownership	Nationality	Co of Residence

Add more rows as needed.

1.2 Governance of GCPDO (Board)

Describe the organizational structure, provide an assessment of the how well the management / governing body functions. Note any risks to effective decision-making and how conflicts are being resolved.

Provide information on the legal status of the organization, incorporation / registration information, and rationale for any expected, recommended, or required transitions in governance and decision-making structure

Complete the following Governance Table

Name	Position	Occupation	Nationality	Residence

Add more rows as needed.

1.3 Management Capabilities of GCPDO

Questions

Response

- How long the team has worked together?
- Describe past experience or experience in starting up and building an organization?
- What are the most significant challenges have they faced and how have they overcome those challenges?
- What are their strengths and weaknesses?
- What are the family relationships among the owners or members?
- What other resources does the management team need in order to reach its goals?

Complete the following management table (include any key technical staff).

Name	Position	Qualifications / Education	Yrs Experience w/ Company	In field

Describing size, composition, and skill level of staff. Include staff involved in financial management. Note any problems with staff (e.g. turnover, segregation of duties etc).

Complete the following Staff Structure table.

Department	No of Workers	Supervisor

Provide recommendation and description of key actions needed to strengthen the management team (e.g. new personnel, consultants, training, technical assistance). Discuss specific management process and systems improvements that will need to be undertaken (IT systems, financial controls, procurement).

1.4 Performance Assessment

Discuss project components and whether management was able to attain planned targets for each component i.e.,

- Selection of beneficiaries
- Distribution of inputs
- Distribution of educational materials
- Distribution of food relief
- Training in health care/ HIV AIDS
- Construction of boreholes/ wells

1.5 Reasons for success or failure

Discuss any reasons for deviation of actual performance from planned targets i.e.

- Internal
 - organization of HH within HH to better utilize GCPDO interventions i.e., willingness to participate in the project i.e., contribute time and effort e.g borehole/ well construction, access of women and children to project activities, positive utilization of project activities by HH i.e., relief food, fertilizer, education materials (not sold), OVC meet minimum standards for admittance to primary school
 - community internal structures able to plan and manage intervention activities effectively
- External
 - Availability of input/ output markets/ (school places, clinics (VCT facilities), community borehole/wells) at reasonable prices for HH
 - Favourable weather patterns i.e., no drought, floods, pests and diseases to affect production
 - Favourable government policy towards OVC
 - Community rules/ regulations favourable to HH

1.6 Suitability of Approach

Discuss whether the holistic approach used in the project that seeks to address all areas of a household being food security, education, IGA and health is suitable in ensuring that household attain self sufficiency and sustainability or whether project should have considered any other approach

COMMUNITY EVALUATION CHECKLIST

Background

1. What were the prevailing economic conditions before GCPDO began providing support through the Project to your area?

- (a) types of income generating activities
- (b) food security situation
- (c) markets for goods and services
- (d) prices for goods and services
- (e) employment opportunities

2. Can you describe the socio economic conditions before the Project came in your area?

- (a) number of households
- (b) number of elderly people
- (c) number of orphans
- (d) number of clinics
- (e) number of schools
- (f) number of boreholes/ wells
- (g) Incidence of diseases including HIV/AIDs awareness.
- (h) Infant mortality
- (i) role of the church in community issues
- (j) type of skills in agriculture

3. Describe the environmental conditions of the area before GCPDO e.g. deforestation, drought, erosion, bad soils etc

4. Do you own land, do you have access to land, do you have title to land and did the project implementers teach you land management issues and if so what type of trainings did you receive?

Increased Incomes

5. From the start of the GCPDO have you seen any improvements in your standard of living? If so can you please describe the changes!

6. How has the GCPDO supported the increase of household incomes in your area?

- (a) through IGA
- (b) leadership training
- (c) storage
- (d) seed multiplication
- (e) training in agriculture technologies
- (f) input distribution

Increased Food Production

7. Has the GCPDO helped you in increasing your local food production and if so how?

8. Can you say that you are more food secure now than prior to the GCPDO? If so, give some examples to demonstrate your food secure situation?

Education

9. Has GCPDO increased access to primary education to OVC in your area?
10. Can you say that more OVC are now able to access primary education as a result of interventions by GCPDO? If so give some examples to show this.

HIV/AIDS Issues

11. What has been the impact of HIV/AIDS in the area?
12. Can you describe how the GCPDO supported community efforts on HIV/AIDS mitigation and how the GCPDO assistance affected households and individuals infected with HIV/AIDS? Did you receive any type of awareness training or workshops offered by GCPDO; if so how many times?
13. Can you say the incidences of disease in your area have reduced because of interventions by GCPDO? If so give examples?
14. Can you say child mortality has reduced because of interventions by GCPDO? If so give examples? What support have you received from GCPDO that has helped you to reduce the mortality rate?

Water and Sanitation

15. Has GCPDO helped you to access better quality drinking water? If so, would you say your well being has improved because of access to better quality water? How?

Improved Organizational Capacity

16. What about organisational capacity? Do you feel you are better organised to promote development in the area? If so give some demonstrated examples of how the GCPDO has assisted in your being better organized.
17. Do you think you can continue with the developmental activities even in the absence of the GCPDO? If so how will you achieve this?
18. What linkages did the GCPDO create/facilitate on your behalf to other local level institutions? Marketing, buyer seller linkages and infrastructure support including lobbying with government.
19. What problems did you experience with the GCPDO and how were these resolved? Did you have a cordial working relationship with GCPDO and any other problems that you identified in their operations?
20. Do you feel that the GCPDO interventions were relevant to your situation? If so how?
21. Do you feel the selection of beneficiaries was properly done? If not how should it have been done?
22. Is there anything that you feel the project implementers could have done differently? If so what are these issues and what do you suggest to better the program for the future
23. Statistical questions based on results of computation of correlation coefficients.

- For each group query results obtained as per correlation coefficient. Why some of the beneficiaries who received inputs never produced maize crop? Why some of the beneficiaries who received large quantities produced less than those that did not have or who got less? Why families with more members did well than those that had less in number? Why elderly persons produced more than the younger persons?

TABLES OF INDICATORS AND TREND ANALYSIS

1. OVCs of households(HH) from 2001 attending primary education/value of educational support

Item	2001	2002	2003	2004	2005
No. of beneficiaries(No's)					
Value of educational materials(ZMK)					

*educational materials include books, pencils, pens, food stuff etc

2. Type of agriculture/number of guardians attending training from 2001 to 2005.

Type/Year	2001	2002	2003	2004	2005
Crop production					
Organic farming					
Conservation farming					
Sustainable agriculture					

3. Value of agriculture inputs distributed to the beneficiaries from 2001 to 2005.

Item	2001	2002	2003	2004	2005
Seed:					
Maize(ZMK)					
Beans(ZMK)					
Groundnuts(ZMK)					
vegetables(ZMK)					
Others(ZMK)					
Fertilizers:					
D Compound(ZMK)					
Top Dressing(ZMK)					

4. Number of guardians benefiting from agriculture inputs from 2001 to 2005.

Item	2001	2002	2003	2004	2005
No. of guardians					

5. Relief food distributed/value and number of beneficiaries

Item	2001	2002	2003	2004	2005
No. of beneficiaries					
Value(ZMK)					

*relief food includes maize, mealie meal, beans etc

6. Number of beneficiaries receiving training workshops on HIV/AIDS and Health training

Item	2001	2002	2003	2004	2005
HIV/AIDSs					
Health care					

*health care includes nutritional support(c/oil, beans, Soya etc)

7. Number of beneficiaries having access to borehole/wells

Item	2001	2002	2003	2004	2005
Boreholes					
Wells					
Villages					

Impact

1. Average production yield after application of accessed inputs and training support for the beneficiaries that were in 2001 up to 2005.

(a) Weaned/Successful

Item	2001	2002	2003	2004	2005
Maize(KGs)					
Beans(KGs)					
Groundnuts(KGs)					
Cotton(KGs)					
Vegetables(KGs)					
Others(KGs)					

(b) Not weaned/Unsuccessful

Item	2001	2002	2003	2004	2005
Maize(KGs)					
Beans(KGs)					
Groundnuts(KGs)					
Cotton(KGs)					
Vegetables(KGs)					
Others(KGs)					

2. Number of farmers adopting improved farming methods/technologies from 2001 to 2005.

(a) Weaned/Successful

Item	2001	2002	2003	2004	2005
Conservation farming					
Organic farming					
Traditional farming					
Others					

(b) Not weaned/Unsuccessful

Item	2001	2002	2003	2004	2005
Conservation farming					
Organic farming					
Traditional farming					
Others					

3. Number of farmers engaged in IGA from 2001 to 2005.

(a) Weaned/Successful

Item	2001	2002	2003	2004	2005
Poultry					
Piggery					
Gardening					
Piece work					
Other					

(b) Not weaned/Unsuccessful

Item	2001	2002	2003	2004	2005
Poultry					
Piggery					
Gardening					
Piece work					
Other					

4. Reduced incidence of diseases(**leave blank**)

Type of disease	2001	2002	2003	2004	2005
Diarrhoea					
Malaria					
Tuberculosis					
STIs					

Note: Data not available at clinics to verify this

5. Reduced infant mortality rate(**leave blank**)

Item	2001	2002	2003	2004	2005
No. of children					

Note: Data not available at clinics to verify this

6. **Blank**

OUTPUTS

In determining the above Objectives and Purpose, focus on the following specific outputs, among others, should be clearly defined:

XIV. The Impact and Effectiveness of the program on the beneficiaries in terms of improvement in livelihood and/or most significant positive change in Food Security, Education of Children, Income Base and Health.

We need to determine to what extent GCPDO intervention activities have contributed to the following:

- **Food security:** are HH more food secure now than before? This needs to be demonstrated. Following program intervention are they able to produce more maize that will last the whole year, than before? What other crops has the project helped to facilitate production i.e., beans, vegetables etc.? How are HH coping in cases of food shortages? Is sharing/ reciprocity of food within the community a common practice? Are there any negative effects arising from the food security or insecurity due to project interventions i.e., conflicts in the community, power struggles etc?
- **Access to education:** has enrolment rate of OVC in schools increased as a result of GCPDO interventions? How has GCPDO helped increase enrolment rate i.e., education materials, school fees etc? what have been the benefits of OVC attending school i.e., OVC more enlightened, read and write etc? Have there been any negative effects on HH of OVC attending school i.e., do less household chores, do not contribute to farming etc ? have there been any benefits to the local schools arising from GCPDO support?
- **Access to health care:** are HH attending the clinic more often as a result of training conducted by GCPDO? What type of health care training was conducted by GCPDO? Are more HH attending VCT? What have been the benefits of HH access to health care i.e., spend more time on production, increased life span, etc. what have been negative effects of HH access to health care i.e., conflicts in community, ...? Have there been any benefits to the local clinics arising from GCPDO support?
- **Access to clean water:** Is clean water more accessible to HH as a result of GCPDO interventions? How many boreholes/ wells have been built in the community? Are more boreholes/ wells required for ease of access? What has been the benefits to HH of increased access to clean water i.e., better health, reduced distance to draw water, more time to do other things etc?
- **Income base:** Are HH engaged in IGA as a result of interventions of GCPDO? What are these activities? What types of IGA is GCPDO promoting in the area? Have yields of crops increased as a result of improved farming practises by HH? What farming practises have been taught by GCPDO? Are HH adopting improved farming methods? Why are some households not adopting improved farming methods? What assets have HH bought as a result of increased income due to interventions by GCPDO i.e., bicycles, radio, iron sheets etc? what are the benefits of increased income to HH as a result of project? What are the negative benefits of increased income at HH as a result of project i.e., inequitable distribution, male domination etc?
- **Other:** What other organizations are providing similar services to GCPDO in the community? Are HH able to get benefits from more than one service provider? Are there any negative effects that the interventions of GCPDO have brought to the HH, community and institutions?

XV. The factors attributing to the improvement in livelihood for the successful households and unsuccessful households identified and listed, taking particular focus on those in 2003. What factors can be attributed to success and non success?

Successful HH	Unsuccessful HH

XVI. To evaluate whether behaviour change and mentality of beneficiaries have a part to play in the success or failure of the beneficiary and to what extent.

Here we need to review data and determine whether HH that appear to be successful actually adopted improved practises being promoted by the GCPDO i.e., use of improved farming practises; IGA; use of borehole/ well water; VCT, sending OVC to school etc i.e.,
Assessment could be done in this way: IGA

HH	Adoption		Remarks
	Yes	No	

XVII. The role of external and/or internal factors in the success and failure of beneficiaries, identify and list these factors and recommend how these could be addressed.

Internal factors include:

- organization of HH within HH to better utilize GCPDO interventions i.e., willingness to participate in the project i.e., contribute time and effort e.g borehole/ well construction, access of women and children to project activities, positive utilization of project activities by HH i.e., relief food, fertilizer, education materials (not sold), OVC meet minimum standards for admittance to primary school
- community internal structures able to plan and manage intervention activities effectively

External factors include:

- Availability of input/ output markets/ (school places, clinics (VCT facilities), community borehole/wells) at reasonable prices for HH
- Favourable weather patterns i.e., no drought, floods, pests and diseases to affect production
- Favourable government policy towards OVC
- Community rules/ regulations favourable to HH

XVIII. Recommendations on how to improve the factors attributed to failure and further improve the positive factors and suggest additional factors.

XIX. To state the level of Conformance by GCPDO and Community Institution, to the planned objectives, activities and procedures and whether/how this influences the success or failure of households.

Organizational effectiveness

- Goal attainment (clarity of and consensus on mission, goals, operational policies, results oriented monitoring, evaluation and reporting systems, achievement of planned results at different levels)
- Quality of work (results, program evaluations)
- Clients satisfaction (Executive board; donors; Zambian government; beneficiaries)

Organizational efficiency

- use of available resources for project delivery
- Assessment of key elements necessary to move beyond project delivery to meet corporate goals i.e., quality of design, human resource (staff capabilities, competencies & motivation, capacity development, incentives & performance frameworks), financial resources (budgeting, financial planning, & management); project cycle management (program devt., planning , implementation, monitoring & evaluation); process management (corporate planning, quality control, systems processes, tools & technologies, communication); overall management (structure, leadership, decision making process, chain of command)

Organizational relevance

- recognition of GCPDO/ community structures as partners in development by government/ beneficiaries

Strategic partnerships

- collaboration with other NGO engaged in similar activities
- partnerships with government and private sector to leverage resources

Sustainability

- will institutional implementation arrangements continue after donor support
- has GCPDO & community structures attained a level of operational sustainability?
- Is there active participation of beneficiaries in the institutions?
- Is institutional capacity building part of organization plan?
- Are there maintenance plans in place for community projects i.e., boreholes/ wells

XX. To state the level of Conformance by Beneficiaries to strategies applied towards improving their livelihood and whether this has any influence on the success or failure of households.

Here we need to establish whether beneficiaries accessed GCPDO support through the strategies established by the GCPDO. GCPDO strategies include:

6. identification of OVC
7. establish contacts with guardians of OVC
8. establish needs of guardians of OVC
9. provide support to guardians of OVC i.e., educational materials, food relief, inputs etc
10. administer support through local structures

XXI. Document the Relevance of the program as seen by the beneficiaries (households).

Here the beneficiaries will have to qualify whether poverty is a development concern in their area why they think it is a concern and whether they think the GCPDO interventions are addressing the key concerns in the area. If they are additional issues not being addressed these should be mentioned.

Points to consider:

- Are the Project Purpose and Overall Goal appropriate from the crosscutting viewpoints, including the market, environment and society?
- What are the causes for the consistency, inconsistency and adequacy discussed above? (Possible answers include insufficient identification of local people's needs during planning, a failure to fully anticipate medium- or long-term policies, etc.)

XXII. State the level of self-sustainability of the successful household especially as relate to how the household would fair in changing environment or adverse occurrences and whether other kind of support will be required to stabilize the economic base.

Sustainability is defined by GCPDO as the ability of the guardians to provide basic needs to HHs in terms of education, healthcare, nutrition, improved shelter, food etc

HH will be assessed as to how they could cope in the event of changes in the environment i.e., price increase of inputs/ price fall in commodities; floods/ drought

XXIII. State the Suitability of the holistic approach applied, that seeks to address all areas of a household being Food Security, Education, IGAs and Health, as a package necessary to achieve the objectives of self-supporting.

Here the consultants will make an opinion based on the findings of the evaluation

XXIV. State the Technical capability of GCPDO and Community Institution in administering the program and the effect of this on the performance of the household.

The issues here are addressed under VI above

XXV. Presentation of findings and various recommendations and draft report at a stakeholder's meeting- To include target group data.

Final Report including necessary Annexes of target group data