



# End of Project Evaluation Report

## Civil Society Fund20-1201 Securing Adequate Housing and Housing Rights for the Marginalised and Vulnerable Communities in Zambia

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*This report contains the views of the Consultant, which do not necessarily represent the views of Habitat for Humanity Zambia, its funders, partners or individuals consulted. Full responsibility for the text of this report rests with the authors.*

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The Final Evaluation was conducted by: Ackim N. Hamweenda, Lead Consultant and Mazuba Mutinta, Evaluation Technical Advisor. The team was accompanied on field trips by Raphael Chikwampu, the Monitoring and Evaluation Officer, Mukonda Banda, Senior Programme Officer.

## THE GLOSSARY

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>BISO</b>	Bwafwano Integrated Service Organisation
<b>CBO</b>	Community Based Organisation
<b>CBTO</b>	Community Based Tuberculosis Organisation
<b>CWAC</b>	Community Welfare Assistance Committee
<b>DWAC</b>	District Welfare Assistance Committee
<b>DDCC</b>	District Development Coordination Committee
<b>EMEA</b>	Europe, the Middle East, and Africa (HFHI Area Office)
<b>EU</b>	European Union
<b>FBO</b>	Faith Based Organisation
<b>GRZ</b>	Government Republic of Zambia
<b>HFH Ireland</b>	Habitat for Humanity Ireland
<b>HFHI</b>	Habitat for Humanity International
<b>HFHZ</b>	Habitat for Humanity Zambia
<b>HIV</b>	Human immunodeficiency virus
<b>IA</b>	Irish Aid
<b>LWSC</b>	Lusaka Water and Sewerage Company
<b>LCC</b>	Lusaka City Council
<b>MCC</b>	Millennium Challenge Corporation
<b>MLNREP</b>	Ministry of Lands, Natural Resources and Environmental Protection
<b>MCDMCH</b>	Ministry of Community Development Mother and Child Health
<b>NGO</b>	Non Governmental Organisation
<b>OVC</b>	Orphans and Vulnerable Children
<b>OVG</b>	Orphans and Vulnerable Groups
<b>SNDP</b>	Sixth National Development Plan
<b>VIP Latrine</b>	Ventilated Improved Pit Latrine
<b>WHO</b>	World Health Organisation
<b>WLSA</b>	Women and Law in Southern Africa

## EXECUTIVE SUMMARY

### *Introduction*

Habitat for Humanity Zambia (HFHZ) entered into partnership with Habitat for Humanity Ireland (HFH IR) in the year 2012 to implement a 3-year project titled “Securing adequate housing and housing rights for the marginalised and vulnerable communities in Zambia” designed from Vulnerable Group Housing Programme. The Project was aimed at responding to the housing needs for Orphans and Vulnerable Children (OVC) and providing communities and caregivers with the knowledge and skills necessary to care for OVCs, and to contribute to on-going local development efforts in Lusaka (Chazanga, Kamanga and Chilanga [Linda]) and in Ndola (Chipulukusu and Twapia). The project’s amended budget of €799,906 is funded by the Civil Society Fund, Ireland through Irish Aid with matching funds from HFH IR from donations by Irish Global Village volunteers. This project, which started in July 2012, ended in September 2015. The project was granted a 3 month no-cost extension (NCE) in year 2, therefore the reporting period of the 3 year project ended 30th September 2015.

### *Purpose and Objectives of the Evaluation*

The purpose of the evaluation was to explore the outcomes and impact of the project, in order to facilitate an understanding amongst HFHZ, its partners and project beneficiaries of the extent to which the envisaged change has been realised. The evaluation was also purported to identify and document best practices and lessons learned during the project implementation period as well as offer recommendations for future programming.

The project was therefore evaluated against the five broad evaluation themes of **Relevance** and **Appropriateness**, **Effectiveness**, **Efficiency**, **Impact** and **Sustainability**, with the conventional evaluation aspects of Inclusiveness, Participation, Equality, Non-discrimination and Social Transformation being mainstreamed. In so doing, the evaluation adopted a cross-sectional study design employing qualitative and quantitative data collection methods to measure the project outcomes and impacts. Below is a summary of key findings of this evaluation:

### *Relevance and Appropriateness*

The project was highly relevant. Firstly, **Context**: It addressed priority Housing, Sanitation and OVC care and HIV prevention, care and treatment knowledge needs of households and OVC as informed by empirical evidence gathered through extensive literature review and situation analysis whose results had indicated among other factors, lack of housing for OVC, lack of access to water and sanitation facilities and services and lack of knowledge and skills necessary to care for the OVCs. Secondly, **Design**: The project design and its activities were also well aligned and in sync with the national priority response efforts in addressing housing, water and sanitation and HIV knowledge needs of households and OVC in Zambia as detailed in the relevant national frameworks and other strategy and policy documents. Thirdly, **Implementation Strategy**: The appropriateness of the project was visibly observed through its targeting of the project beneficiaries. It targeted and involved the communities, households and OVC. The project had them actively participating in leading the implementation of the project through delivering services and promoting uptake of the same. Dual targeting achieved through the project’s partnership with community-based organisations ensured that both beneficiaries of the project’s houses as well as non-beneficiaries were reached. By working closely with existing community structures, the project ensured a quick buy-in of the stakeholders and thereby increasing its potential for smooth and successful implementation.

The issue of OVC and housing is a very important development concern and hence by providing housing and at the same time improving the welfare of OVC, socio-economic development was being safeguarded. Within the Irish Aid global programme, ending poverty, OVC and HIV/AIDS, water and sanitation have been identified as some of the major areas of cooperation. And the resources spent in this area were appropriately targeted and relevant to the priorities of Irish Aid. Irish Aid is involved in supporting both OVC and HIV/AIDS programmes in Zambia. Given the relationship between HIV/AIDS and OVC, the HFHZ OVC project contributed in addressing the combined challenge of the two.

### **Effectiveness**

The project was noted to have been effective in facilitating the availability of and increasing access to housing, sanitation facilities and services and increasing awareness and knowledge of HIV prevention and care of OVC. In terms of the targets reached, the consultancy could only verify the figures through a review of key documents and interview of key staff. Upon review of key documents and staff interviews, the consultant notes as follows:

**Objective 1:** *Construct 171 safe, decent houses and 171 VIP latrines, and 8 water points in five disadvantaged communities in Lusaka and Ndola (Chazanga, Kamanga, Chilanga, Chipulukusu and Twapia) by 30<sup>th</sup> September 2015.*

The project ensured that it constructed 171 new health, safe, decent house and 171 VIP latrines, and 8 water points in five disadvantaged communities in Lusaka and Ndola by 30<sup>th</sup> September 2015.

**Objective 2:** *To advocate for and obtain housing and land tenure rights for 627 women/caregivers: 342 (171 x 2) family members from each household of the new families (2012-2015) and 285 previous families served under Irish Aid Grant (2008-2010) and to create awareness and train 4,723 individuals on inheritance rights, succession planning and will writing through awareness raising sensitisation sessions.*

The project reports and documents showed that, the project exceeded the target of 627 by training 695 individual beneficiaries including their households in succession planning and WILL writing to strengthen the protection of their property against the risk of expulsion from their new houses. Those trained included 174 (27.54%) beneficiaries served with the old grant and 521 (82.46%) from the current grant thereby exceeding the target. Additionally, records showed that 10,918 individuals were reached through awareness raising messages on succession planning and Will writing.

**Objective 3:** *To increase the knowledge, awareness and understanding of approximately 5,282 community members on HIV/AIDS prevention, treatment, care and support and link 627 families to livelihoods.*

The project records showed that the project reached 17,395 community members with awareness raising sessions above the target of 5,282 thus exceeding by 12,113. This was due to improved participation of the Community Based Organisations' in delivering the awareness raising sessions.

Records also showed that 679 individuals were trained in HIV/AIDS prevention, treatment and care for the OVCs out of the target of 627. The recorded high increase of families trained was due to active

involvement of Community Based Organisations (CBOs) in the mobilisation and awareness raising meetings.

## ***Efficiency***

The project was efficiently managed both at Project Management level, and project fund management.

### **Project Management**

Project Management was led by specifically dedicated personnel with clear reporting lines and structures. The Programme Manager oversaw the entire management of the project and had the technical support of the whole project management team comprising of a team of competent and qualified National Director, Programmes Officer, Finance Officer and the Monitoring and Evaluation Officer. The project management was also reflected by the overall activity and timeline compliance. All the process indicators showed positive compliance to the annual schedules and plans.

### **Project's Fund Management**

There is evidence of sound project fund management. The project had in place mechanisms to reduce possibilities of fiduciary risks. These included having a well-defined authorisation and approvals terms for any funds disbursements, which were also dependent on project activities and timelines. In purchasing of any goods and services the project insisted on a Value for Money (VfM) basis and followed stipulated procurement procedures all the time. This evaluation, based on the financial statements noted that standard financial management approaches were being used in the way project funds were handled and managed.

### **Monitoring and Evaluation**

A monitoring and evaluation system was developed and implemented by the project at the partner, household/client; and at the project management levels. Periodic information was collected using standardised templates and formats. Monitoring at partner level includes monthly and quarterly reports on the partner performance, as well as virtual and on-site monitoring meetings. At the household/client level a baseline questionnaire was elaborated, which supported the production of learning outputs, and drew some conclusions on trends. The monitoring system at the project management level is supported by templates that collect periodic information around three key components of project implementation: budget, timeline, and quality.

The purpose of this end of project evaluation was to review progress towards achievement of objectives, lessons learned and make recommendations for future and similar community based interventions. The evaluation was a participatory exercise which included both qualitative and quantitative components. It was conducted from January 7<sup>th</sup> through to the 8<sup>th</sup> of February 2016. Full details of study methods, including data gathering tools, consents, sampling procedures and analysis are outlined herein. The evaluation was lead and conducted by External Evaluation Consultants from QSCert Zambia – Ackim Hamweenda and Mazuba Mutinta.

### **Outcomes and Impact**

The **OUTCOMES** envisaged by the project were achieved to greater extent with the Most Significant Changes noticeable at household and individual levels. Four outcome indicators or distinct broad domains of change were identified at project onset:

### **1. Incidences of ill health amongst families served (disaggregated by gender, type of illness and treatment received)**

Diseases associated with poor housing and sanitation were identified as diarrhea, dysentery, cholera and meningitis, tuberculosis (TB) among others. The occurrence of these diseases in the project area stood at 65% at Baseline stage. After the project intervention, there was a gradual decrease in incidence with a 45% incidence in year 1; a 33% incidence in year 2 and a 30% incidence as at September 2015. Results of the study among 48 beneficiaries show that the prevalent diseases over the last 3 months among children is that 40% in Lusaka and 30% in Ndola suffered from coughs respectively which gives an average of 35% for the two regions; while 30% in Lusaka and 43% in Ndola suffered from Malaria with an average of 36.5% for both regions; 5% in Lusaka and 10% of Ndola OVCs suffered no illnesses or diseases in the past 3 months giving an average of 8% for both regions. Overall, this implies that the intervention contributed either directly or indirectly to reduction in the incidence of diseases associated with poor housing and sanitation in the project target areas. CBO partner studies and clinical reports indicate that there was significant decrease in the occurrence of dysentery since inception of the project with an indication of a 55% drop from the 233 cases at inception. In the case of cholera, clinical reports show that there was significant improvement, with a decrease of 62% in cholera occurrence being reported after the intervention by the project. Cases of meningitis showed a marginal decrease of only 7%, whereas TB cases decreased by 25% after the intervention of the project. This means that the project intervention in terms of improved housing standards has resulted in positive changes in the case of occurrences of meningitis and TB. To summarise, given the situation revealed above, the evaluators conclude that the project intervention has resulted in substantive positive changes in the occurrence of diseases associated with poor housing and sanitation in the study area. Additional positive measures need to be taken to effect such changes.

### **2. Proportion of families using improved sanitation facilities.**

The project documents and reports showed that all (100 percent) families served with housing have safe and secure houses with proper sanitation facilities, and that, overall, the three-year project met its objective of constructing 171 (9m x 3m) healthy, safe, decent houses with Ventilated Improved Pit latrines benefitting 1,610 OVC including training of 521 individuals in house maintenance and construction of 8 water points in 3 out of 5 disadvantaged communities in Lusaka and Ndola.

The target of 171 (9m x 3m) from the initially planned 137 housing units each with the VIP latrine was met. The changes in the targets were made due to the savings gain made on the exchange rate of foreign currency to the local currency and the exemption from the value added tax (VAT) on the payments for some of the goods and services. The results of this impact assessment indicate that, in total 1,610 OVCs out of a target of 1,368 were served through provision of 171 decent and secure housing units and VIP latrines, exceeding the target by 15.03%.

521 individuals were reached with training in house maintenance, which exceeded the target of 342 by 179. The individuals trained included those who benefited from the previous and the current grant under review which had just ended. Of the 521 individuals trained, 175 (51%) were served with the previous Irish Aid grant (2008 – 2010) and 346 (101%) were those served with the current grant. It was noted that some targeted beneficiary families came along with more than one family member to the trainings thereby resulting in recording more participants at the training sessions.

All 8 water points targeted were installed and are functioning in Chipulukusu, Twapia and Chazanga.

### **3. Proportion of families served with property security (disaggregated by gender, type of property security documentation)**

The project reports and documents showed that, the project ensured that 627 individuals from families served with housing through this grant and the previous Irish Aid grant, were reached through trainings and further 10,918 community members from the targeted areas acquired knowledge of housing and land tenure rights.

The project exceeded the target of 627 by training 695 individual beneficiaries including their households in succession planning and WILL writing to strengthen the protection of their property against the risk of expulsion from their new houses. Those trained included 174 (25.04%) beneficiaries served with the old grant and 521 (82.46%) from the current grant thereby exceeding the target. As similar to the above, more than one family member attended the trainings.

307 households comprising 171 under the current grant and 136 from old grant were found to be in possession of legal land documentation in form of offer letters, land rates and occupancy licences. The Project reached 10,918 individuals with awareness raising messages on succession planning & WILL writing. 99 of the beneficiaries have documented their Wills Year 1 achieved: 17 (13 female and 4 male headed households), Year 2 achieved: 11 females + 0 males) and Year 3 achieved:71 (Q1- 5 +Q2- 1+ Q3- 0 +Q4 -65)

### **4. Proportion of target population (women and men aged 15-64) correctly identify ways of preventing the sexual transmission of HIV, reject major misconceptions about HIV transmission and demonstrate knowledge of OVC care**

The project records shows that the project aimed at reaching Community members through awareness sessions on HIV/AIDS prevention, treatment, care and support; care for OVC, children's rights and women's rights by project partners. The project reached 17,395 community members with awareness raising sessions above the target 5,282 thus exceeding by 12,113. This was due to improved participation of the Community Based Organisations' in delivering the awareness raising sessions.

679 individuals trained in HIV/AIDS prevention, treatment and care for the OVCs out of the target of 627. The recorded high increase of families trained was due to active involvement of Community Based Organisations (CBOs) in the mobilisation and awareness raising meetings. The revision of targets upwards from the initial 312 to 342 resulted in an increased number of individuals being trained.

The study revealed that on average 58% of the households sampled did not know what HIV stands for in Lusaka and Ndola but their knowledge of HIV/AIDS as a disease stood at 100% in both regions. This can be attributed to the education levels of most of the household heads served.

Knowledge of ways of transmitting HIV/AIDS were mainly sharing sharp objects such as razor blades and having unprotected sex. 88% in Lusaka and 78% in Ndola believed that an HIV infected person can still look healthy even after being diagnosed with HIV. Families also indicated that there was Anti-retroviral medicines available to help people to manage the disease.

This evaluation's **IMPACT** assessment on the quality of life of families indicates improvements in the standard of living of the families in project areas. A number of indicators that revealed such changes were examined to isolate changes and impacts. These included economic, social, environmental, food consumption and educational.

### **Economic Impact:**

- ***Housing Gains:*** This survey shows that 56.2% were able to expand existing activities and start new economic ventures. In addition, 16.7% of respondents were able to save money by not incurring money for rent purposes. 27.1% of respondents said that the project had enabled them to save money by not paying rent, expanded their small businesses, engaged in new economic ventures and were able to afford school supplies and school fees for OVC. This implies that the housing project increased the capacity of beneficiaries to save money and expand their economic well-being, as well as provide for OVC.
- ***Family Livelihood:*** The survey shows that 68.75% of respondents were able to increase household consumption, capacity and income as a result of the project. This indicates that the low-cost housing project had a positive impact on family livelihood.

### **Environmental Impact:**

- ***Sanitation and waste-management:*** 94% respondents reported using the newly constructed Ventilated Improved Pit (VIP) Latrines, while 65% indicated that they were able to employ proper garbage disposal methods. Hence the impact of the project on the environment has been positive from the point of view of sanitation and waste-management.
- ***General health conditions:*** With a decrease in the incidence of diseases associated with poor housing and sanitation from 445% at baseline to 30% as at project close-out, this evaluation concludes that the project impacted in substantive positive changes in the general health conditions of beneficiaries.

### **Impact on Food Consumption:**

This survey established that after project intervention, the beneficiaries were able to save money. The money so saved, was part of it used to buy more varied food items for increased home consumption. Some of it was used for re-investment while a little bit was saved for emergencies. The pattern of food consumption consequently changed for the better. The survey indicated that in most consumption situations, the pattern changed positively. This means that the impact of the project on food consumption among beneficiaries was positive as a result of savings obtained from not constantly repairing their homes.

### **Impact on Educational Support:**

This evaluation shows that respondents were able to become more productive and increase incomes from their small business activities and as such, were able to afford to provide improved OVC care. With the foregoing in addition to the project's partnership with community schools, the project indirectly provided educational support services such as the provision of tuition fees, educational supplies such as books, pens, and shoes, uniform for a child to access educational services. This form of support together with psychosocial support services aimed at helping the OVCs manage and understand the factors of peer pressure through counseling sessions by trained guidance teachers at partner community schools, expanded during the project duration. The project had provided support to 1,610 OVCs against a target of 1,368 OVCs as the project was able to achieve economies of scale through its combination of efforts, resources and activities with those of partners.

### ***Sustainability of the Project***

HFHZ made efforts to ensure sustainability of the project in two broad ways:

Establishing collaborations with other stakeholders and ensuring active involvement and participation of communities, care-givers and OVC in the implementation of the project. HFHZ signed memorandum of Understanding (MoUs) with Government Ministries (Ministry of Lands, Natural Resources and Environmental Protection; Ministry of Community Development Mother and Child Health) and the various CBO partners, which enables it to continue lobbying the government to assist care-givers and OVCs and making sure that they receive the necessary support to access appropriate and up to date housing, sanitation and HIV prevention services, and sustain their households. Through partner CBO's Health centres the project was able to create demand for OVC friendly HIV prevention, counseling, testing and treatment services and these are going to continue being provided as it also remains the mandate of the Ministry of Health to achieve its objectives in addressing the sexual and reproductive health (SRH) needs of OVC as stipulated in the National HIV Strategy. Through its partnerships, the project was able to link beneficiary OVC to community schools and other partner CBOs which not only made provisions and support with school supplies and paying school fees for OVC, but also offered training and education support in HIV prevention, counseling, testing and treatment services.

### ***Key Discussion Issues***

- ⇒ It can be concluded that most of the OVC Caregivers (145 females and 26 males) in the Project sites are women and that they are at the centre of surviving and livelihoods strategies of the vulnerable children in the communities. By virtue of cultural norms and beliefs, women tend to be excluded from participating in economic activities. This might pose an economic challenge on the welfare of the OVC in the society.
- ⇒ The project raises issues as to whether the various pieces of legislation have provided an enabling environment for the policy makers to devise viable housing policies. And if they have, whether such policies have worked for the benefit of the low-income groups.
- ⇒ Housing size was prominent among some respondents as they do not have enough sleeping rooms to cater for all the household members more especially where the OVC caregiver is married and have dependents of above five years old of different sexes. The said situation still finds some of the intended household beneficiaries including OVC sleeping in mud and grass thatched houses that were meant to be replaced by the newly built houses of the housing project initiative.
- ⇒ Communities have huge challenges in the provision of safe water for drinking and that even the newly constructed Kiosks were not accessible as the community could not afford to pay 5n per 20-litre container to the vendor.
- ⇒ Low usage of newly constructed VIP latrines and bathrooms as households were still waiting for the old pit latrines to be full.
- ⇒ Lower number of beneficiaries documenting their Wills on account of fear and cultural barriers.

### ***Recommendations***

The following recommendations can be made based on the findings:

1. **Partnership strengthening with Government:** there is need to continually strengthen partnership with the Government and Civic authorities on land issues and ensure that OVC and Caregivers are given recognition in the provision of land documents.
2. **Community participation in decision making:** Communities must be centrally involved in decision-making. Communities should have a determining voice in how resources for OVC are allocated and used in their local settings. Donors and implementing agencies must create mechanisms for regular, substantive community consultation and involvement in the design, implementation, monitoring, and evaluation of externally-funded programmes that support OVC. Resources must be channeled to communities in appropriate ways and must be distributed using mechanisms and timelines that respect community processes and enable community organisations to increase their effectiveness and expand the scale of their response.
3. **Strengthening local level advocacy:** Lobbying and advocacy are not often the priorities of CBOs. However, the concept of an ‘enabling environment’ applies locally, as well as nationally, regionally and internationally. At the local level, much can be achieved by CBOs targeting and influencing local leaders – traditional, political or public sector employees. For those CBOs that wish to undertake lobbying and advocacy activities to mobilise support for OVC, external agencies can provide training and information.
4. **OVC participation in programme design:** OVC should take part in defining the goals and methods of programmes that are conducted for their benefit. Their voices should be clearly heard in evaluating programme success. The international Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child set the ethical and legal foundation of children’s participation.
5. **Ensuring inclusive approach:** Children of HIV positive parents experience need, long before their parents die. Therefore, livelihood security initiatives for HIV and AIDS affected families need to be prioritised to ensure that the households are sustained through education and livelihood empowerment for vulnerable families. Building up the resources of families that are already providing for OVC is the logical direction for a more efficient, effective, and sustainable response.
6. **Awareness raising:** CBOs/FBOs should be supported to undertake civic and rights awareness campaigns aimed at educating communities on child rights and child protection. Work with CBOs is also key to sensitise community management committees on child rights to enable them to detect and deal appropriately with violations to the Rights of the child within the community environment. Development agencies should work also with local mass media organisations to promote the development of Information Education and communication.
7. **Protect property rights:** Children in households with ill parents should also participate in decision-making regarding their future foster care. This is crucial for succession planning, which helps parents (who know they are terminally ill) prepare for the future and provide their children with the necessary care and support. In order to remove fear and break the cultural barriers associated with the Will Writing, the project should consider replacing the Will Writing with the So-called ‘**memory books**’ or ‘**memory boxes**’ that should offer a valuable psychological benefits; usually containing important family information and memorabilia, these should be jointly created by parents and children. (UNAIDS, 2002).



## INTRODUCTION

### **Background**

Habitat for Humanity Ireland partnered with Habitat for Humanity Zambia (HFHZ) and its local affiliates to improve the lives of orphans and vulnerable children (OVC) and their care givers in five communities of Twapia and Chipulukusu (peri-urban communities) located in Ndola in the Copperbelt Province and Chilanga (Linda), Kamanga and Chazanga- all urban slum communities located in Lusaka. The three year project was funded by Irish Aid under the Civil Society Fund (CSF) in Ireland. The project aims at improving the livelihoods of orphans and vulnerable children (OVC) affected by HIV/AIDS and their caregivers in each of the five communities in the districts of Ndola and Lusaka.

The **main goal** of this initiative was to attain a sustainable improvement in the lives of Orphan and Vulnerable Children in selected impoverished communities in Zambia by September 2015.

The **project aim** was to improve the lives of Orphan and Vulnerable Children and their caregivers through the provision of adequate housing, water and sanitation services, the attainment of land tenure rights, facilitation of livelihoods and an increased knowledge and understanding on the prevention, care and treatment of HIV & AIDS.

The goals were intended to be achieved through the following **Strategic Objectives**:

- a) *Construct 171 new healthy, safe, decent houses and 171 VIP latrines, and 8 water points in five disadvantaged communities in Lusaka and Ndola by 30th September 2015.*
- b) *To advocate for and obtain housing and land tenure rights for 627 women/caregivers: 342 (171 x 2 family members from each household of the new families (2012-2015) and (285 previous families served under Irish Aid Grant (2008-2010) and on inheritance rights and succession planning and will writing & 4,723 individuals through awareness raising sensitisation sessions. development of implementable district-wide socio-economic development plans; physical and land use systems; M&E systems; and transparent public financial management systems.*
- c) *To increase the knowledge, awareness and understanding of approximately 5,282 community members on HIV/AIDS prevention, treatment, care and support and link 627 families to livelihoods.*

Overall Project Goal: To attain a sustainable improvement in the lives of OVC in selected disadvantaged communities in Zambia by September 2015.

Project Aim: To improve the lives of OVC & their caregivers through the provision of adequate housing, water & sanitation services, the attainment of land tenure rights, facilitation of livelihoods and an increased knowledge and understanding of the prevention, care and treatment of HIV/AIDS.

Objectives: The project objectives below show the original & revised objectives during the project:

Outcome Indicator 1: Incidences of ill health amongst families served (disaggregated by gender, type of illness and treatment received)

Outcome Indicator 2: Proportion of families using improved sanitation facilities.

Outcome Indicator 3: Proportion of families served with property security (disaggregated by gender, type of property security documentation)

Outcome Indicator 4: Proportion of target population (women and men aged 15-64) correctly identify ways of preventing the sexual transmission of HIV, reject major misconceptions about HIV transmission and demonstrate knowledge of OVC care

## **Beneficiary Targeting and Assessment**

The unique aspects of the project are that it works with families, orphans and vulnerable children and their caregivers, and it does so, holistically. Those targeted through this project are considered vulnerable due to a variety of factors such as: disease; loss of a breadwinner; loss of power and protection; disability; or social exclusion. Being vulnerable and poor, and possibly chronically ill too, creates a situation where people are more likely to be residing in substandard and hazardous housing, where they cannot meet their essential needs, where caregivers do not have the health and/or resources to fully care for their families/dependents, and where they cannot escape poverty on their own. In such cases, simply meeting their housing needs alone is not sufficient, thus HFHZ endeavours to comprehensively meet their needs either directly or through partnerships.

The project target group has the following characteristics:

- ↳ **Poverty** - living on less than two dollars a day, HFHZ strives to reach the poorest of the poor. Unlike most other HFHZ programmes, the OVC Housing project does not require any loan repayments from families served.
- ↳ **Doubly vulnerable** – that is, they are vulnerable by their poverty AND due to additional factor(s) such as: ill health (terminal illness); gender; lack parental care; cultural or institutional discrimination. For example, orphans, children whose caregivers are living with HIV/AIDS, those suffering from leprosy, and the disabled.
- ↳ **In need of shelter** - the current shelter is clearly unsuitable for habitation due to some or all of these factors: overcrowding, the structure is dangerous and/or poses a health risk to family members, or because it does not have essential household services (such as sanitation facilities or a close water source).

HFHZ maintains a clear policy and selection criteria which indicates:

- a) what differentiates someone / a family as vulnerable (how they are different to the regular “poor” target group, that is, what specifically makes them vulnerable)
- b) how their housing and living conditions are unsuitable (this is recorded in a verification document)
- c) each vulnerable person to be served including identification documents (for OVC ages and gender must be indicated)
- d) some form of external recognition of their vulnerability (such as a government document, a letter from the tribal chief, or a document from a partner NGO)

All documentation related to the selection process is retained at national office.

HFHZ, partners with appropriate community-based organisations to assess essential needs, then incorporates them into the OVC Housing project design. The OVC project focuses on the provision of subsidised housing, security of tenure, water and sanitation and other services to OVC (up to the age of 18) and their caregivers.

## EVALUATION AIMS AND METHODOLOGY

### ***Purpose and Objectives of the Evaluation***

The purpose of this end of project evaluation was to review progress towards achievement of objectives, lessons learned and make recommendations for future and similar community based interventions. This entailed assessing the extent of delivery of agreed project objectives, relevance of the intervention and methods as well as appropriateness and effectiveness of the intervention in relation to outcomes. Apart from a “*progress towards outcomes*” approach, this evaluation also examined the enablers and constraints during the period of implementation to assess the extent to which they impacted on outcomes. Finally, the evaluation outlines critical gaps and lessons learned in order to make informed recommendations for the future.

The evaluation focused itself on three implementing peri-urban areas of Chilanga (Linda), Kamanga and Chazanga in Lusaka City, and two peri-urban areas of Twapia and Chipulukusu in Ndola City. To this end, key development outputs and outcomes of the project in the designated peri-urban areas were drawn (in-line with the mid-term evaluation methodology) from statistically representative peri-urban areas per district.

The aforesaid key elements of the project included:

- a) *Families served with housing have safe and secure houses with proper sanitation facilities;*
- b) *Individuals from families served with housing through this grant and the previous Irish Aid grant, and community members from the targeted areas have knowledge of housing and land tenure rights;*
- c) *Individuals who received housing from this current and the previous Irish Aid grant, as well as individuals from the targeted communities have knowledge of HIV/AIDS prevention, treatment, care and support; and on care for OVC.*

In summary, the evaluation focused on the following core evaluation issues:

- ↪ Relevance
- ↪ Effectiveness
- ↪ Efficiency
- ↪ Progress towards outcomes
- ↪ Lessons Learnt and recommendations for future programming.

### ***Evaluation Methodology***

In order to analyse effectiveness, appropriateness efficiency and impact, the team developed Six methodologies:

1. A survey among a statistically representative sample of 48 beneficiaries.
2. 36 Focus Group Discussions (FGDs) with HFHZ beneficiaries (male, female and children separately) in each of the 5 operational areas.
3. Interviews with key stakeholders (KSIs), such as local CBOs, NGOs, authorities.
4. Interviews with key HFHZ staff in Lusaka and Ndola.
5. Direct field observations, transversal walks, ad-hoc meetings with beneficiaries.
6. Documents study.

For the efficiency questions, our sources were limited, but for each of the analyses of appropriateness, effectiveness and impact, at least three methodologies were applied: Triangulation ensured that every conclusion was based on verified information. This gave the team a large degree of confidence in the validity of findings.

Effectiveness of HFHZ's OVC housing project focused on output, for which we took the objectives of the initial project proposal as our starting point. The team analysed (monthly, quarterly, mid-term) reports to measure to what extent these objectives were achieved and then verified the quality of the outputs through the surveys, the FGDs, the KSIs and the evaluation team's own observations.

The survey questionnaires were designed in Lusaka to measure beneficiary appreciation for five project sites based on 5 quality indicators:

- I. Shelter design,
- II. Technical quality,
- III. Security,
- IV. Assessment process, and
- V. Building process.

The Consultant recruited and trained 10 research assistants to conduct the surveys. The training was also used to test the questionnaires, before administering it to the beneficiaries. Survey data were entered into an excel-sheet and analysed by the technical specialist on the team. This allowed the team to understand the quality and appropriateness of HFHZ's output from the beneficiaries' perspective, which was then triangulated with the results from the FGDs, KSIs and team's own observations in the field.

The survey gave a solid basis of quantifiable data. The team verified these with the qualitative information obtained from focus group discussions, for which Consultant recruited and trained FGD facilitators and note takers. The team held three FGD with non-HFHZ beneficiaries, giving the team some basis for comparison of the relative value of beneficiary appreciation of HFHZ's programme.

The team also interviewed a select number of key stakeholders, especially community-based partners, representatives of coordinating bodies and local authorities. This was triangulated through meetings with beneficiaries' (surveys), and authorities (KSIs). Staff interviews focused mainly on programme approach, design and management issues.

## PRESENTATION OF EVALUATION FINDINGS AND CONCLUSIONS

### *Demographic of the Study Sample of the Evaluation*

Out of 48 OVC Caregivers interviewed during the final Evaluation of HFHZ OVC Project, 31% (15/48) are headed by male while 69% (33/48) are female headed households. It can be concluded that most of the OVC Caregivers in the Project sites are women and that they are at the centre of surviving and livelihoods strategies of the vulnerable children in the communities. By virtue of cultural norms and beliefs, women tend to be excluded from participating in economic activities. This might pose an economic challenge on the welfare of the OVC in the society. The figure below shows the gender disparities in the study sample sites of the Evaluation.

**Table 1. Gender of Caregivers**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Men	15	31.2	31.2	31.2
	Female	33	68.8	68.8	100.0
	Total	48	100.0	100.0	

From the total of 48 respondents that were interviewed, 44% (21/48) are married, 10% (5/48) single, 6% (3/48) divorced and 40% (19/48) widowed. The table below indicates the marital status of the study sample.

**Table 2. Marital Status**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	21	43.8	43.8	43.8
	Single	5	10.4	10.4	54.2
	Divorced	3	6.2	6.2	60.4
	Widowed	19	39.6	39.6	100.0
	Total	48	100.0	100.0	

## **General Findings: Project Document vs Evaluation findings**

### **What progress was made towards the targets set?**

**Objective 1:** The project documents and reports showed that **all families served with housing have safe and secure houses with proper sanitation facilities**, and that, overall, the three-year project met its objective of constructing 171 (9m x 3m) healthy, safe, decent houses with Ventilated Improved Pit latrines benefitting 1,610 OVC including training of 521 individuals in house maintenance and construction of 8 water points in 3 out of 5 disadvantaged communities in Lusaka and Ndola.

The target of 171 (9m x 3m) from the initially planned 137 housing units each with the VIP latrine was met. The changes in the targets were made due to the savings gain made on the exchange rate of foreign currency to the local currency and the exemption from the value added tax (VAT) on the payments for some of the goods and services. In total 1,610 OVCs out of a target of 1,368 (122.90 % achieved) were served through provision of 171 decent and secure housing units and VIP latrines.

521 (152.33%) individuals were reached with training in house maintenance, which exceeded the target of 342 by 179. The individuals trained included those who benefited from the previous and the current grant under review which had just ended. Of the 521 individuals trained, 175 (51%) were served with the previous Irish AID grant (2008 – 2010) and 346 (101%) were those served with the current grant. It was noted that some targeted beneficiary families came along with more than one family member to the trainings thereby resulting in recording more participants at the training sessions.

All 8 water points targeted were installed and are functioning in Chipulukusu, Twapia and Chazanga.

### **Evaluation findings**

#### ***1.1 Provision of Housing***

The final evaluation study of 48 sampled OVC caregivers equally revealed that they were all satisfied with the quality of building structures and acknowledged that the houses were very strong and could stand a test of time as they are made of strong materials. However, housing size was prominent among some respondents as they do not have enough sleeping rooms to cater for all the household members more especially where the OVC caregiver is married and has dependents of above five years old of different sexes. The said situation still finds some of the intended household beneficiaries including OVC sleeping in mud and grass thatched houses that were meant to be replaced by the newly built houses of the housing project initiative.

The results of impact assessment indicated that 100% of the respondents benefited from the activities of the project. This is a reasonable success in promoting low-cost housing.

#### ***1.2 Access to safe water***

In Zambia, safe water is obtained from protected wells, protected boreholes and taps. Conversely, unsafe water is obtained from unprotected wells, unprotected boreholes and natural water courses such as rivers, lakes, dams, and streams, etc.

The study found out that out of 48 households interviewed 71% (34/48) use Kiosk constructed by the project, 27% (13/48) use Public Tap and 2% (1/48) use the unprotected dug wells.

**Table 3. HOUSEHOLD Main Water Source**

	Frequency	Percent	Valid Percent	Cumulative Percent
Kiosk	34	70.8	70.8	70.8
Dug Well	1	2.1	2.1	72.9
Public tap	13	27.1	27.1	100.0
Total	48	100.0	100.0	

The Focus Group Discussions further supported that the communities have access to the Kiosks and that number of diarrhea cases have reduced in the communities. The discussions further found that some of the community members could not afford to pay 5n (0.0039 Euro) per 20 litre container to the vendor at the water Kiosk. The study also observed high number of dug wells within the dwellings of most households in Chipulukusu and Twapia in Ndola.

### ***1.3 Access to proper sanitation (toilets and garbage disposal)***

Out of the 48 caregivers interviewed, 94% (45/48) reported using the newly constructed Ventilated Improved Pit (VIP) Latrines while 6% (3/48) reported using Pit Latrine dug in the dwelling/yard, made of either mud bricks or grass without slab. Though the majority of the respondents reported using VIP Latrine, the observation by the study team found that some of the newly built VIP and Bathrooms had not been used as households were still waiting for the old pit latrines to be full.

*Quote: “This toilet is still new, I am keeping the keys in my bedroom and will only open it when this old one we are still using is filled up or when I receive visitors like you”*

The table below shows the number of all 48 caregivers who reported using VIP and Pit Latrines during the final Evaluation study visit in Lusaka (Chazanga, Kamanga and Chilanga (Linda), and Ndola (Chipulukusu and Twapia) project sites.

**Table 4. Household Main Sanitation**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid VIP Latrine	45	93.8	93.8	93.8
Pit Latrine	3	6.2	6.2	100.0
Total	48	100.0	100.0	

### ***1.4 Economic Impact of Housing Provision***

The final study sought to examine whether beneficiary households experienced positive changes or otherwise as a result of project operations. Two indicators were employed for the purpose: housing gains; and family livelihood indicators:

- a) **Housing gains:** During the survey, respondents were asked to indicate the type of accrued gains that they realised from the housing project. Their responses are shown in Table 5. The table shows that 56.2% were able to expand existing activities and start new economic ventures. In addition, the table shows that 16.7% of respondents were able to save money by not incurring money for rent purposes. The table also shows that 27.1% of respondents said that the project had enabled them to save money by not paying rent, expanded their small businesses, engaged in new economic ventures and were able to afford school supplies and school fees for OVC. This implies that the housing project increased the capacity of beneficiaries to save money and expand their economic well-being, as well as provide for OVC.

**Table 5. Housing Gains from Project**

Type of gain	Frequency	%
1. Money saved by not paying rent other than house repairs	8	16.7
2. New economic ventures started	27	56.2
3. All the above	13	27.1
<b>Total</b>	<b>48</b>	<b>100</b>

- b) **Family Livelihood:** The evaluation sought to investigate the effects of the housing project on family livelihood capacity and income. Respondents were asked to give their views on housing consumption, household capacity and income. Their opinions are summarised in Table 6. The table shows that 80% of respondents were able to increase household consumption, capacity and income as a result of the project. This indicates that the low-cost housing project had a positive impact on family livelihood.

**Table 6: Impact on family livelihood:**

Type of gain	Frequency	%
1 Reduced home consumption	2	4.17
2. Reduced capacity	4	8.33
3. Reduced income	1	2.08
4. Increased consumption, capacity & income	33	68.75
5. No effect	8	16.67
<b>Total</b>	<b>48</b>	<b>100</b>

### ***1.5 Educational and Care-giver Support***

This evaluation shows that respondents were able to save money by not incurring money for rent purposes and as such were able to afford school supplies and school fees for OVC. With the foregoing in addition to the project's partnership with community schools, the project indirectly provided educational support services such as the provision of tuition fees, educational supplies such as books, pens, and shoes, uniform for a child to access educational services. This form of support together with psychosocial support services aimed at helping the OVCs manage and understand the factors of peer pressure through

counseling sessions by trained guidance teachers at partner community schools, expanded during the project duration. The project had provided support to 1,610 OVCs against a target of 1,368 OVCs as the project was able to achieve economies of scale through its combination of efforts, resources and activities with those of partners.

### **1.6 Environmental Impact**

The purpose here was to investigate the effects of the housing project in the target areas on the environment. In other words, did the project's intervention lead to any changes in the attitude of people towards environmental protection and general health conditions? The indicators selected for this purpose are sanitation and waste-management and after the project and incidence of diseases associated with poor environmental sanitation and poor housing. These indicators are discussed below:

- a) **Sanitation and waste-management:** As outlined in 1.3 above.
- b) **General health conditions:** Diseases associated with poor housing and sanitation was identified as diarrhea, dysentery, cholera and meningitis, tuberculosis (TB) among others. The occurrence of these diseases in the project area stood at 65% at Baseline stage. After the project intervention, there was a gradual decrease in incidence with a 45% incidence in year 1; a 33% incidence in year 2 and a 30% incidence as at September 2015. This implies that the intervention contributed either directly or indirectly to reduction in the incidence of diseases associated with poor housing and sanitation in the project target areas. CBO partner studies and clinical reports indicate that there was significant decrease in the occurrence of dysentery since inception of the project with an indication of a 55% drop from 233 cases. In the case of cholera, clinical reports show that there was significant improvement, with a decrease of 62% in cholera occurrence being reported after the intervention by the project. Cases of meningitis showed a marginal decrease of only 7%, whereas TB cases decreased by 25% after the intervention of the project. This means that the project intervention in terms of improved housing standards has resulted in positive changes in the case of occurrences of meningitis and TB. To summarise, given the situation revealed above, the evaluators conclude that the project intervention has resulted in substantive positive changes in the occurrence of diseases associated with poor housing and sanitation in the study area. Additional positive measures need to be taken to effect such changes.

### **1.7 Impact on food consumption:**

The evaluation's concern was to find out whether the housing project had resulted in positive changes in food consumption patterns among beneficiaries. The assumption here was that after project intervention, the beneficiaries would save money. The money so saved, was part of it used to buy more varied food items for increased home consumption. Some of it was used for re-investment while a little bit was saved for emergencies. The pattern of food consumption consequently changed for the better. The survey indicated that in most consumption situations, the pattern changed positively. This means that the impact of the project on food consumption among beneficiaries was positive as a result of savings obtained from not paying house-rent.

**Objective 2:** The project reports and documents showed that, it ensured that **627 individuals from families served with housing through this grant and the previous Irish Aid grant, were reached**

through trainings and further 10,918 community members from the targeted areas acquired knowledge of housing and land tenure rights.

The project exceeded the target of 627 by training 695 individual beneficiaries including their households in succession planning and WILL writing to strengthen the protection of their property against the risk of expulsion from their new houses. Those trained included 174 (27.54%) beneficiaries served with the old grant and 521 (82.46%) from the current grant thereby exceeding the target. As similar to the above, more than one family member attended the trainings.

307 households comprising 171 under the current grant and 136 from old grant were found to be in possession of legal land documentation in form of offer letters, land rates and occupancy licences. The Project reached 10,918 individuals with awareness raising messages on succession planning & WILL writing. 99 of the beneficiaries have documented their Wills. Year 1 achieved: 17 (13 female and 4 male headed households), . Year 2 achieved: 11 females + 0 males) and Year 3 achieved:71 (Q1- 5 +Q2- 1+ Q3-0 +Q4 -65)

## Evaluation findings

### 2.1 Advocate for and obtain housing and land tenure rights

The findings from the evaluation revealed that out of the 48 OVC Caregivers interviewed during the final evaluation study 71% (34/48) reported having land title documents from Ministry of Lands, City Council or Chiefs that indicated the ownership of the land where the OVC housing structure was constructed while 29% (14/48) reported not having any documents for the land where the house was built on but added that the process of having the land documents was underway. The table below shows the number of caregivers who responded having the documents and those who reported not in possession.

**Table 7. Household Possession of House Title Documents**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	34	70.8	70.8	70.8
No	14	29.2	29.2	100.0
Total	48	100.0	100.0	

Out of the 48 Caregivers interviewed, 25% (12/48) had written Wills through assistance from the project while 75% (36/48) had not.

**Table 8. Project helped in Will writing**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Written	12	25.0	25.0	25.0
	Not Written	36	75.0	75.0	100.0

**Table 8. Project helped in Will writing**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Written	12	25.0	25.0	25.0
	Not Written	36	75.0	75.0	100.0
Total		48	100.0	100.0	

Out of the 48 Caregivers interviewed, 29% (14/48) were assisted by the project on acquiring Land documents while 71% (34/48) had acquired documentation.

**Table 9. Project helped in Land Acquisition**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Assisted	14	29.2	29.2	29.2
	Not Assisted	34	70.8	70.8	100.0
Total		48	100.0	100.0	

**Objective 3:** The project records show that the project aimed at reaching **Community members through awareness sessions on HIV/AIDS prevention, treatment, care and support; care for OVC, children’s rights and women’s rights by project partners.** The project reached 17,395 community members with awareness raising sessions above the target 5,282 thus exceeding by 12,113. This was due to improved participation of the Community Based Organisations’ in delivering the awareness raising sessions.

679 individuals trained in HIV/AIDS prevention, treatment and care for the OVCs out of the target of 627. The recorded high increase of families trained was due to active involvement of Community Based Organisations (CBOs) in the mobilisation and awareness raising meetings. The revision of targets upwards from the initial 312 to 342 resulted in an increased number of individuals being trained.

The reduction of sexual risk among OVC was taken into consideration by the project. The project entered into partnership with community and school-based Life Skills Education organisations, who through their Peer Facilitators (PF) and Guidance and Counseling Teachers (GCT) worked towards the reduction of sexual risk among OVC by conducting school – based trainings, as well as peer education sessions at their respective schools. Outside the school environment, caregivers also received HIV prevention skills training as an integrated component of the OVC care program.

The study revealed that on average 58% of the households sampled did not know what HIV stands for in Lusaka and Ndola but their knowledge of HIV/AIDS as a disease stood at 100% in both regions. This can be attributed to the education levels of most of the household heads served.

Knowledge of ways of transmitting HIV/AIDS were mainly sharing sharp objects such as razor blades and having unprotected sex. 88% in Lusaka and 78% in Ndola believed that an HIV infected person can still look healthy even after being diagnosed with HIV/AIDS. Families also indicated that there was Anti-retroviral medicines available to help people to manage the disease.

### **Evaluation findings**

Although the project reports and other related documents indicate that high number of the community members were reached through awareness raising messages by the implementing partners in the project sites, the evaluation study of the 48 sampled caregivers also revealed that all caregivers received messages on awareness raising on HIV/AIDS prevention, treatment, care and support as well as other related child protection issues. The table showed the number of the 48 caregivers who received messages from the implementing partners during the implementation of the project.

Of all the 48 who reported having received the messages from the implementing partners (CBO, FBO or NGO), 73% (35/48) reported that the messages were beneficial while 27% (13/48) said the message was not beneficial or did know whether the message was beneficial despite having received it from the implementing partners (CBO, FBO or NGO).

**Table 10. Beneficial of messages received from CBO/FBO/NGO**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	35	72.9	72.9	72.9
Not / Don't know	13	27.1	27.1	100.0
Total	48	100.0	100.0	

In Ndola, Samaritan Strategy were found to be the only implementing partner that was active on the ground in terms of child rights programming issues. While Kafubu Water and Sewerage Company is the only partner in the provision of water Kiosks in the two communities of Chipulukusu and Twapia project sites. Salvation Army is not active at the District level though at the grass root, the Community Assistants Welfare Committee (CWAC) volunteers recruited by Salvation Army are very active and now submit reports to Samaritan Strategy. In Lusaka, Bwafwano Integrated Service Organisation, SOS Children's Village, Community Based Tuberculosis Organisation, Salvation Army, Chazanga Water Trust, Zambia Open Community and Kamanga Nutrition Project were found to be the major implementing partners of the OVC project.

## LESSONS LEARNED

### ***Strengthening the community actions***

Community support for OVC and their families has been critical to protecting children from the worst effects of HIV and AIDS. External resources and technical assistance from external agencies are key especially where care is taken to ensure these complement, not replace, community action. The solution is not to reduce urgently needed external support for programming at community level but for governments and international partners to take deliberate steps to ensure that programme models and resource flows match community needs and support the effective community-led responses already taking place. Critical to this outcome is more effective coordination among different stakeholders, informed by substantive community participation. Coordination requires a systematic approach at all levels of Government. Coordinating shared action between external agencies and communities is part of a broader process of stakeholder alignment critical to deliver better outcomes for OVC.

In addition, political commitment is crucial because of Governments' ability to use existing structures, resources and networking capabilities to scale up OVC support.

There is no single model for effective resource delivery at a local level. Context, needs, and capacities of communities must be taken into account. Communities should be enabled to access and monitor external resources to sustain their activities, expand their scale and scope, and establish or develop economic strengthening activities that maintain community safety nets.

### ***Addressing the vulnerabilities of OVC***

Placing children front and centre in development programmes should be the key element of response to diverse vulnerabilities of OVC living in Zambia. This effort should be complemented by strengthening families, supporting collaborative action within communities, and securing the human capital of rising generations.

Upon the demise of the parents, orphans face a further affliction as they become disinherited of household property by unscrupulous relatives. The Government has not done much to ensure that orphans property is secured and administered for their best interest. Despite very limited capacity the (CBO, FBO or NGO) in the project sites in Chipulukusu and Twapia in Ndola, Chazanga, Kamanga and Chilanga (Linda) in Lusaka are actively involved in securing property for orphans by assisting ailing parents to draft wills and testaments.

Children in households with ill parents should also participate in decision-making regarding their future foster care. This is crucial for succession planning, which helps parents (who know they are terminally ill / HIV-positive) prepare for the future and provide their children with the necessary care and support.

## RECOMMENDATIONS

1. ***Partnership strengthening with Government:*** there is need to continually strengthen partnership with the Government and Civic authorities on land issues and ensure that OVC and Caregivers are given recognition in the provision of land documents.

2. **Community participation in decision making:** Communities must be centrally involved in decision-making. Communities should have a determining voice in how resources for OVC are allocated and used in their local settings. Donors and implementing agencies must create mechanisms for regular, substantive community consultation and involvement in the design, implementation, monitoring, and evaluation of externally-funded programmes that support OVC. Resources must be channeled to communities in appropriate ways and must be distributed using mechanisms and timelines that respect community processes and enable community organisations to increase their effectiveness and expand the scale of their response.
3. **Strengthening local level advocacy:** Lobbying and advocacy are not often the priorities of CBOs. However, the concept of an ‘enabling environment’ applies locally, as well as nationally, regionally and internationally. At the local level, much can be achieved by CBOs targeting and influencing local leaders – traditional, political or public sector employees. For those CBOs that wish to undertake lobbying and advocacy activities to mobilise support for OVC, external agencies can provide training and information.
4. **OVC participation in programme design:** OVC should take part in defining the goals and methods of programmes that are conducted for their benefit. Their voices should be clearly heard in evaluating programme success. The international Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child set the ethical and legal foundation of children’s participation.
5. **Awareness raising:** CBOs/FBOs should be supported to undertake civic and rights awareness campaigns aimed at educating communities on child rights and child protection. Work with CBOs is also key to sensitise community management committees on child rights to enable them to detect and deal appropriately with violations to the Rights of the child within the community environment. Development agencies should work also with local mass media organisations to promote the development of Information Education and communication.
6. **Protect property rights:** Children in households with ill parents should also participate in decision-making regarding their future foster care. This is crucial for succession planning, which helps parents (who know they are terminally ill / HIV-positive) prepare for the future and provide their children with the necessary care and support. In order to remove fear and break the cultural barriers associated with the Will Writing, the project should consider replacing the Will Writing with the So-called ‘**memory books**’ or ‘**memory boxes**’ that should offer a valuable psychological benefits; usually containing important family information and memorabilia, these should be jointly created by parents and children.(UNAIDS, 2002). The memory boxes or books could include parents wishes on how the property is to be secured for the children.

## ANNEX 1: LIST OF STAKEHOLDERS AND HABITAT STAFF AND MANAGEMENT INTERVIEWED

No.	Name	Designation	Organisation/Institution	Station
1	Joyce Mbimbi	Programme Officer	HFHZ	Ndola
2	Bevan Matabula	Assistant Accountant	HFHZ	Ndola
3	Felix Tafeni	Construction Supervisor	HFHZ	Ndola

4	Pastor Charles Mwambo	National Director	Samaritan Strategy	Ndola
5	Mrs Mutali	Director of Commercial	Kafubu Water & Sewerage	Ndola
6	Mr. Ngulube	Water Distribution Manager	Kafubu Water & Sewerage	Ndola
7	Julius Mapepa	Chipulukusu CWAC **	Samaritan Strategy	Ndola
8	Grace Mwape	Twapia CWAC **	Salvation Army	Ndola
9	Getrude Mutale	Twapia CWAC **	Salvation Army	Ndola
10	Jonathan Kansenga	Project Manager	Chazanga Water Trust	Lusaka
11	Victor Sitali	Programmes Manager	HFHZ	Lusaka
12	Ronn Chisambi	Clerk of Works	HFHZ	Lusaka
13	Kanyata Mukelebai	National Director	HFHZ	Lusaka
14	Mukonda Banda	Senior Programmes Officer	HFHZ	Lusaka
15	Voster Tembo	Senior Resource Mobilization Officer	HFHZ	Lusaka
16	Raphael Chikwampu	Monitoring and Evaluation Officer	HFHZ	Lusaka
17	Linda Sharon Mafonko	Resource Dev and Communication Manager	HFHZ	Lusaka
18	Edith Hambulo	Community Coordinator	Salvation Army-Linda	Lusaka
19	Isaac Phiri	Programmes Manager	BISO	Lusaka
20	Getrude Chirwa	Caregiver	Food and Nutrition Foundation	Lusaka
21	Ella Mupuna	Community Outreach	SOS	Lusaka
22	Margret Daka	Programmes Manager	CBTO	Lusaka

\*\*CWAC = Community Welfare Assistants Committees

**List of OVC Caregiver interviewed in Ndola, Lusaka and Kabwe**

No.	Name	Ward/ Catchment Area	Constituency	District
1	Loti Chinke	Chipulukusu	Ndola Central	Ndola
2	Abraham Kapaipi	Chipulukusu	Ndola Central	Ndola
3	Elisa Kasako	Chipulukusu	Ndola Central	Ndola
4	Mary Maseme	Chipulukusu	Ndola Central	Ndola
5	Belina Mulongwe	Chipulukusu	Ndola Central	Ndola
6	Betina Mwanza	Chipulukusu	Ndola Central	Ndola
7	Belita Mwape	Chipulukusu	Ndola Central	Ndola
8	Boniface Silole	Chipulukusu	Ndola Central	Ndola
9	Monicah Chumbo Mwaba	Twapia	Ndola Central	Ndola
10	Agness Kabwe	Twapia	Ndola Central	Ndola
11	Eunice Mayekeshe	Twapia	Ndola Central	Ndola
12	Benard Mwansa	Twapia	Ndola Central	Ndola
13	Esther Mwape	Twapia	Ndola Central	Ndola
14	Annie Mwewa	Twapia	Ndola Central	Ndola

15	Clementina Sokosi	Twapia	Ndola Central	Ndola
16	Greyford Zulu	Twapia	Ndola Central	Ndola
17	Patricia Chipisha	Raphael Chota (Chazanga)	Mandevu	Lusaka
18	Veronica Chisheta	Raphael Chota (Chazanga)	Mandevu	Lusaka
19	Jesta Malunga	Raphael Chota (Chazanga)	Mandevu	Lusaka
20	Eveline Namfukwe	Raphael Chota (Chazanga)	Mandevu	Lusaka
21	Esther Phiri	Raphael Chota (Chazanga)	Mandevu	Lusaka
22	Caleb Sibanda	Raphael Chota (Chazanga)	Mandevu	Lusaka
23	Ignitious Sicheba	Raphael Chota (Chazanga)	Mandevu	Lusaka
24	Enice Simayoba	Raphael Chota (Chazanga)	Mandevu	Lusaka
25	Sara Choongo Phiri	Raphael Chota (Chazanga)	Mandevu	Lusaka
26	Cecilia Mwenya	Raphael Chota (Chazanga)	Mandevu	Lusaka
27	Diveli Banda	Chakunkula (Kamanga)	Munali	Lusaka
28	Raphael Banda	Chakunkula (Kamanga)	Munali	Lusaka
29	Betty Kayuni	Chakunkula (Kamanga)	Munali	Lusaka
30	Raphael Lufungulo	Chakunkula (Kamanga)	Munali	Lusaka
31	Sarah Mutale	Chakunkula (Kamanga)	Munali	Lusaka
32	Linata Phiri	Chakunkula (Kamanga)	Munali	Lusaka
33	Hellen Sakala	Chakunkula (Kamanga)	Munali	Lusaka
34	Joseph Tembo	Chakunkula (Kamanga)	Munali	Lusaka
35	Elizabeth Tembo	Chakunkula (Kamanga)	Munali	Lusaka
36	Betty Shabenzu	Chakunkula (Kamanga)	Munali	Lusaka
37	Lainess Phiri	Chakunkula (Kamanga)	Munali	Lusaka
38	Finita ChamuKanga	Munkolo (Chilanga-Linda)	Kanyama	Lusaka
39	Cosmas Chilukuta	Munkolo (Chilanga-Linda)	Kanyama	Lusaka
40	Elina Hamujamba	Munkolo (Chilanga-Linda)	Kanyama	Lusaka
41	Ronica Kalowa	Munkolo (Chilanga-Linda)	Kanyama	Lusaka
42	Juliet Makanga	Munkolo (Chilanga-Linda)	Kanyama	Lusaka
43	Milos Nangwala	Munkolo (Chilanga-Linda)	Kanyama	Lusaka
44	Lilian Shoba	Munkolo (Chilanga-Linda)	Kanyama	Lusaka
45	Cecilia Enny Tembo	Munkolo (Chilanga-Linda)	Kanyama	Lusaka
46	Join Phiri	Munkolo (Chilanga-Linda)	Kanyama	Lusaka
47	Lexina Mwale	Munkolo (Chilanga-Linda)	Kanyama	Lusaka
48	Enelessi Nyangu	Munkolo (Chilanga-Linda)	Kanyama	Lusaka

## **ANNEX 2: DATA COLLECTION TOOLS**

### **INTERVIEW WITH THE COUNTRY REPRESENTATIVE HABITAT FOR HUMANITY ZAMBIA**

1. What is your designation?

- .....  
.....
2. How long have you been working in this organization?  
.....  
.....
  3. What is the mission statement of your organization?  
.....  
.....
  4. Do you work with implementing partners in your projects?  
.....  
.....
  5. How do you identify implementing partners?  
.....  
.....
  6. Do you have Memorandum Of Understandings for your implementing partners?  
.....  
.....
  7. What policies has Habitat for Humanity Zambia put in place towards provision of decent houses to the low income groups?  
.....  
.....
  8. What inspires you to do such noble responsibility?  
.....  
.....
  9. How many projects are you running currently?  
.....  
.....
  10. How many households have you helped to date?  
.....  
.....
  11. What is your working capital?  
.....  
.....
  12. In what areas do you feel you have need very well?  
.....  
.....
  13. Which areas will still need your efforts/improvement?  
.....  
.....
  14. What are the qualifications that you look for in order for one to qualify for your assistance?  
.....  
.....
  15. What kind of contributions do you expect from the community involved in your projects?

.....  
.....  
16. Are the houses you assist to build have permanent materials?  
.....  
.....

17. What indicators do you use to measure success of your projects?  
.....  
.....

18. Other than houses, what other social amenities does Habitat for Humanity Zambia provide?  
.....  
.....

19. Do you give guidance to the participants on the size of house and plans to be used?  
.....  
.....

20. Do you give loans or grants to the poor for buying building materials?  
.....  
.....

21. Do you work in partnership with financial institutions so as to give loans to the beneficiaries and their houses being securities?  
.....  
.....

22. Do you provide land/plots for the poor who cannot afford?  
.....  
.....

23. What procedures do you follow before starting projects in the communities?  
.....  
.....

24. At what stage do you withdraw your assistance to the communities?  
.....  
.....

25. How has been the relationship between your organization and Government?  
.....  
.....

26. What incentives do you get from the Government?  
.....  
.....

27. From your own view can you say that your organization has done significant work in providing decent shelter in Zambia?  
.....  
.....

28. Would you say the project has uplifted the standard of living of the beneficiaries?  
.....  
.....

29. Finally, what are the major obstacles that have hindered your work to progress?

.....  
.....  
.....  
.....  
.....

30. Give any suggestions/recommendations to improve your future performance?

.....  
.....

\*\*\*\*\*

## **INTERVIEW WITH THE LOCAL GOVERNMENT HOUSING OFFICER**

1. What is your designation?

.....  
.....

2. How long have you been working in this Department?

.....  
.....

3. What policies has Government put in place towards provision of decent houses to the low income people?

.....  
.....

4. Do you have an idea as to how much allocation your Ministry receive from the National Treasury each year?

.....  
.....

5. What is the number of houses constructed in the last five years?

.....  
.....

6. Does the Government have specific policies on partnership with Non-Governmental Organizations and donors interest in the housing projects?

.....  
.....

7. What incentives does Government give to these partners of development in decent housing provision?

.....  
.....

8. Does Government give tax waiver on building materials imported?

.....  
.....

9. How do you monitor housing projects of the Non-Governmental Organizations?

- .....  
.....  
.....  
.....
10. How often do you visit the sites of these projects?  
.....  
.....
11. What building materials do you recommend for use?  
.....  
.....
12. Do you give guidance to the size of houses and plans to be constructed?  
.....  
.....
13. Do you provide land/plots for those who cannot afford to buy one?  
.....  
.....
14. Does Government give loans or grants to the poor for buying building materials?  
.....  
.....
- How has been the relationship between Government and the partners (NGOs and Donors)?
15. ....  
.....
16. Is it possible to give statistics as to how many people have been provided with decent shelter in the last five years?  
.....  
.....
17. On the whole can you say that Government has done significant work in the provision of housing to its citizens?  
.....  
.....
18. What is Government's policy on this housing?  
.....  
.....
19. Apart from houses, does Government provide other social services?  
.....  
.....
20. Has Government legitimized these houses so as to enable the owners to secure loans from the banks/  
.....  
.....
21. What benefits does Government get from such projects?  
.....  
.....
22. Would you state whether it is the NGOs or the communities which benefits from these projects?

.....  
.....  
23. Finally, what would you say about the Habitat housing project initiative in Zambia?

.....  
.....  
.....  
.....  
.....

24. Give suggestions/recommendations to improve future performance

.....  
.....

\*\*\*\*\*

## HOUSEHOLD QUESTIONNAIRE

### GENERAL INFORMATION

Location of the household:

- Province:
- |    |                          |            |
|----|--------------------------|------------|
| 1. | <input type="checkbox"/> | Central    |
| 2. | <input type="checkbox"/> | Copperbelt |
| 3. | <input type="checkbox"/> | Lusaka     |

District:..... Constituency: .....

Ward: .....

### SECTION A

1. Name of Caregiver: .....Tel Contact ..... (optional)

1A. Gender

(i) Male ( ) (II) Female ( ) Age..... years

1B. Marita Status:

- (i) Married ( )
- (ii) Single ( )
- (III) Divorced ( )
- (iv) Widowed ( )

- 1C. Educational Status: (i) Never attended school ( )  
 (ii) Non-formal education ( )  
 (iv) Completed Primary ( )  
 (v) Incomplete Secondary ( )  
 (vi) Completed Secondary or higher ( )

1D. Household Population Male ..... Female .....

- 1E. How long have you lived in this community?  
 (i) Below 2 years ( )  
 (ii) 3 -5 years ( )  
 (iv) Above 6 years ( )

**2. Household Socio-economic status**

**2. A Source of water**

- a) Piped water into dwelling ( )  
 b) Public tap/standpipe ( )  
 c) Water Kiosk ( )  
 d) Borehole ( )  
 e) Dug well ( )  
 f) Spring/River ( )  
 g) Other specify .....( )

**2.B Sanitation**

- a) Flush/pour to septic tank ( )  
 b) Flush/pour to pit latrine ( )  
 c) Ventilated improved (VIP) Latrine ( )  
 d) Pit latrine with slab ( )  
 e) Other specify .....( )

**3. Housing environment**

**3. A** Number of Sleeping Rooms Please circle **1 2 3 4 5 6**

**3.B Lighting**

- a) Electricity ( )  
 b) Kerosene lamp ( )  
 c) Solar Lamp ( )

**3.C Cooking fuel**

- a) Firewood ( )  
 b) Kerosene ( )  
 c) Charcoal ( )

- d) Other specify ( )..... d) Gas ( )  
 e) Other specify ( ).....

**3.D General observation about environment/ yard**

- a) Household have a rubbish pit/bin ( )  
 b) Have a hand washing facility ( )  
 c) House have windows ( )  
 d) House floor is made of.....  
 e) House wall is made of .....  
 f) House roof is made of .....  
 g) Other observation (specify).....

**3. E Household possessions**

	<b>Yes</b>	<b>No</b>
A. Radio	( )	( )
B. Television	( )	( )
C. Computer	( )	( )
D. Mobile telephone	( )	( )
E. Bicycle	( )	( )
F. Motorcycle	( )	( )
G. Shop/Katamba	( )	( )
H. House with title	( )	( )
I. No of Chicken	.....	
J. No of Goats/sheep	.....	
K. Number of Cattle	.....	
L. Land	..... Metres/Acres	
M. Other (Specify).....		

## **SECTION B**

4. How did you know about this housing project?  
.....
5. Do you know the objectives of the this Non-Governmental Organization called Habitat for Humanity Zambia?  
.....
6. What building materials are provided by Habitat for Humanity Zambia?  
.....
7. How long are you supposed to pay back the loan?  
.....
8. Are you happy with the quality of houses?  
.....
9. What benefits have you gained from home ownership?  
.....
10. Are you able to get a loan from the bank using your house as security?  
.....
11. Is the size of the house adequate for tour family?  
.....
12. What is the importance/benefit of owning a house?  
.....
13. Is there any improvement in the standard of living of the people in your community?  
.....
14. Has the provision of pit latrines improved sanitation?  
.....
15. What role has the Government played in this project?  
.....
16. What role has other NGOs played in this project? (Name each NGO)  
.....  
.....
17. What requirements are supposed to be met in order to receive assistance from Habitat for Humanity Zambia?  
.....
18. Does the Habitat Humanity Zambia give loans to individuals?  
.....
19. What assistance have you received from the Government?

.....  
20. What other assistance have you received from Habitat for Humanity Zambia?  
.....

21. In which ways are supporting efforts of the Habitat for Humanity Zambia?  
.....

22. How has been the relationship between the Habitat for Humanity Zambia and recipients of the houses?  
.....

23. How long do these houses last without falling/collapsing?  
.....

24. What other areas do you think this project has helped the community?  
.....

25. In what areas/stages are community members involved in the project?  
.....

26. Do you think that the NGO is exploiting the community?  
.....

27. Has the project improved the welfare and living conditions of the community?  
.....

28. Which areas do you think this project has impacted the community most?  
.....

29. How would you rate this project?  
.....

30. What messages do Community Based Organizations/ Faith Based Organizations/ NGOs give in this community?  
.....  
.....

31. According to your opinion, are these messages beneficial?  
.....

\*\*\*\*\*

## **FOCUS GROUP DISCUSSION GUIDES**

- 1) What is the objective of this Non-Governmental Organization called Habitat for Humanity Zambia?
- 2) What benefits are there in home ownership of this project?
- 3) Is there any improvement in the standard of living of the people in your community?
- 4) Has the provision of pit latrines improved sanitation?

- 5) What role has other NGOs played in this project? (Name each NGO)
- 6) What other areas do you think this project has helped the community?
- 7) In what areas/stages are community members involved in the project?
- 8) Which areas do you think this project has impacted the community most?
- 9) How would you rate this project?
- 10) What messages do Community Based Organizations/ Faith Based Organizations/ NGOs give in this community?
- 11) According to your opinion, are these messages beneficial?
- 12) Give suggestions/recommendations to improve future performance of all NGOs in this area.

\*\*\*\*\*

## **CHECKLIST TO DETERMINE QUALITY OF OVC HOUSES DURING HOUSEHOLD VISITS.**

OVC House Quality Checklist has been adapted from the mid-term review housing quality checklist. The purpose of this tool is to provide a means of determining the quality and state of OVC houses at project close-out stage. This tool will be used by the evaluation team to make quality control and standard checks on the OVC houses.

### **House Quality, Standard and Construction Quality Checklist: HFHZ OVC Housing**

#### **Earth**

- Earth is graded away from foundation  $\geq 0.5\text{m}$ , and preferably  $> 1\text{m}$  (10% grade = 5cm/50cm or 10cm/100cm)
- Water drains away from the house and does not collect in pools near the house.

#### **Earth meets Foundation**

- Earth meets house below damp-proof course.

#### **Foundation**

- Foundation walls are plumb
- Foundation courses are level
- Foundation corners are square
- Foundation walls rise  $> 1$  course above surrounding earth

#### **Foundation meets Walls**

- There is a damp-proof course installed between the foundation and the walls

## **Walls**

### ***Walls: General***

- Walls are plumb.
- Courses are level.
- Corners are square.
- Lintels are level.

### ***Walls: Blocks***

- Quality of blocks: un-installed whole blocks can withstand being dropped from above shoulder level without breaking.
- Condition of blocks: installed blocks are either whole or cut to appropriate size.

### ***Walls: Mortar Joints***

- Joints are filled completely with mortar.
- Joints are of consistent thickness.
- Bonding of courses is consistent.

## **Wall meets Roof Structure (Timbers)**

- Timbers are tied down at front, back, and sides of house.
- Timbers are tied down at  $\geq 5$  points along front and back of house.
- Centre timber is tied down to each of the short walls (interior and exterior).
- Each tie down attaches to the wall  $\geq 2$  courses of block below the timbers.

## **Wall meets Roofing**

- Gaps between wall and roofing are filled completely with mortar (interior and exterior).

## **Roof Structure (Timbers)**

- Quality of timbers: timbers are of consistent dimensions and are not split.
- Timbers extend beyond sides of house 10-20cm.
- Exterior exposed ends of timbers are treated to resist decay.
- Linear joints in timbers overlap  $> 30$ cm.

## **Roof Structure (Timbers) meets Roofing**

- Roofing is attached to timbers with proper roofing nails.
- Nail caps are tight to the roofing.
- Nails penetrate roofing only at top of corrugations.
- Nails attach roofing to each timbers at least every three corrugations.
- Nails attach roofing to each timber at last corrugation in each direction.

## **Roofing**

- Roofing overhangs house at front, back, and sides by 10-20cm.
- Overhang of each wall is parallel to the wall.
- Roofing sheets overlap  $\geq 2$  corrugations.

### **Fittings (Doors, Windows, Vents)**

- Fittings are of appropriate quality for their respective uses.
- Windows and doors open and close easily.
- Windows and doors fit snugly in their frames.
- Windows and door close and lock securely.

### **Fittings meet Wall**

- Fittings are installed level and plumb.
- Fittings are securely attached to the walls.
- Gaps between fittings and walls are sealed to prevent the entrance of water.

### **Front Step**

- The level of the front step is below the level of the finished floor.
- Front step slopes away from the house to prevent to accumulation of water.

### **Front Step meets Foundation**

- Gaps between the front step and the foundation are completely filled with mortar.

\*\*\*\*\*

## **PROPOSED STAKEHOLDER QUESTIONS**

### **Stakeholder Assessment**

- 1) What is your job function and in what way are you and your organization involved in the HFHZ OVC Project?
- 2) What is was your expectation from the HFHZ OVC project?
- 3) Please give your views of the benefit of this project from a local/national/international perspective (based on your involvement in the project)
- 4) Were the objectives of the project reasonable and do you think they led to the expected housing for OVC's benefits? If not, why?
- 5) Does your organization have a Memorandum of Understanding with the HFHZ OVC Project?

- 6) From your opinion, were the provisions agreed on in the MOU met by the Project and/ Did your organization deliver on all provisions of the MOU?
  - 7) From your perception, did the Project meet your anticipated needs? If not, in what way did it fail?
  - 8) Did you have contact with other stakeholders involved in the project? If yes who and for what purpose?
  - 9) Did the project assist in addressing the national housing deficit/need for housing by OVC? Did the project meet or operate within relevant national frameworks on housing? If yes, please give some examples. If not, please give examples of why not and how this could be improved.
  - 10) Were the longer term aspects (i.e. beyond the completion of this project) of this project clear? Do you think that the outcome of this project will be sustainable? Can you suggest how this sustainability has been achieved?
  - 11) Did you have sufficient contact with the HFHZ project team and did this meet your needs? If not, please indicate how often you had contact with HFHZ (project team)?
  - 12) Was the information coming from the HFHZ OVC Project of sufficient clarity to enable you to monitor the progress of the project? If not how could this have been improved?
  - 13) Do you think this project interacted satisfactorily with other national/international projects? If not please explain.
  - 14) Was the information provided by the HFHZ project to the general public of benefit? If not how could this be improved?
  - 15) Please provide any suggestions that would enhance the benefit of this project to you or other stakeholders in future?
  - 16) Any other comments?
- 

## **PROPOSED PROJECT STAFF QUESTIONS**

### **HFHZ Office Interviews**

#### **Project Management and Administration**

1. List KEY Project administrative documents
2. List KEY decisions and outputs from project
3. List KEY Project implementation documents and how they were used.
4. HOW have these helped support national dimensions of the project?

#### **Project Substantive and Technical Implementation**

1. What are the project's immediate objectives?
2. To what extent have these been achieved? (level?)
3. What estimate of quality can be placed on the Project Activities?

**Project Execution (incl. Cooperation with Partners):**

- In your opinion, how did HFHZ as the project executing agency performance?
- How did individual partner agencies with valid MOUs performance

**Monitoring and evaluation:**

- Was there a monitoring and evaluation framework for the project? Was it efficient?
- Was the reporting framework effective or appropriate?
- Is this framework suitable for replication/continuation for any future project support?

**Risk Management:**

- Identify problems/constraints which have impacted or might have impact on the successful delivery of the Project
- Are they likely to repeat or occur in next phase?

**Project finances**

- What changes were made to fund allocations as a result of budget revisions? What is your opinion on the appropriateness and relevance of such revisions, taking into account the project activity timeframe?
- Were the project's financial coordinating mechanisms effective?

**Project Support**

- What were the project's overall project objectives?
- In your opinion, what were the priorities of the project?
- What problems were encountered at the project management office, as well as at project partner's office?
- What lessons were learnt from the implementation of the project?
- In your opinion what project management issues were encountered?
- What would be your recommendations for future project implementation?
- Do you have any other additional points you feel would be of value to this evaluation?

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## ANNEX 3: EVALUATION WORKPLAN

	Activity	Due Date & Estimated Time	Key Outputs /Specific Deliverables
1	<p><b>Inception/consultative Meeting</b></p> <p>An inception/consultative meeting, aimed at agreeing on the evaluation process will be conducted with key staff and members of HFHZ</p>	<p>7 January</p> <p>(0 day)</p>	<ul style="list-style-type: none"> <li>• A shared understanding of the key elements of this work.</li> <li>• A clearly defined set of roles and responsibilities for all the people who will be involved in the process at different levels</li> <li>• Development of the Inception Report which will provide a detailed methodology and plan of work, following the inception meetings.</li> </ul>
2	<p><b>Literature Review/Desk Review:</b></p> <p>Among the relevant documents that will be reviewed include:</p> <ul style="list-style-type: none"> <li>• Collected secondary field data from project reports e.g. <ul style="list-style-type: none"> <li>- quarterly, mid-year and end-of-year reports</li> <li>- field/monitoring visit reports</li> <li>- baseline survey</li> <li>- project financial reports</li> <li>- mid-term evaluation report and responses to it, e.t.c.</li> </ul> </li> </ul>	<p>8 January</p> <p>(3 day)</p>	<ul style="list-style-type: none"> <li>• Gained deeper knowledge on the project processes and challenges;</li> <li>• Assessed project reach; and obtained information for project effectiveness.</li> <li>• Informed about the overall evaluation process and guide in mapping the overall direction the evaluation should take.</li> <li>• Drafted the evaluation guides and the evaluation framework, as well as sampling strategy</li> </ul>
3	<p><b>Development and finalization of Evaluation/survey tools:</b></p> <p>Based on the analysis of the programme documents, the evaluation team will work together to develop a set of data collection tools that focus on the key questions specified in the terms of reference.</p>	<p>11 January</p> <p>(3 day)</p>	<p>Production of Questionnaire Package</p> <ul style="list-style-type: none"> <li>• Drafted data collection guides</li> <li>• Drafted questionnaire</li> <li>• Drafted data quality and security plan</li> <li>• Hard and soft copy of the final survey questionnaire</li> <li>• Detailed description of the methodology and sampling strategy</li> <li>• A list of sampled beneficiaries/households and implementing partners by project sites, location, district,</li> </ul>

			<p>Agreement on activities &amp; timeframes with HFHZ;</p> <ul style="list-style-type: none"> <li>• Preparation of stakeholder meetings/programme</li> <li>• Scheduling of interviews with stakeholders</li> </ul>
4	<p><b>Training Research Assistants &amp; pre-test of tools:</b></p> <p>All Research Assistants to be properly re-trained in the data collection tools and oriented in the overall goal and objectives of the evaluation</p> <p>The issues that may be examined through pre-tests include:</p> <ul style="list-style-type: none"> <li>- The adequacy, clarity, refinement of questionnaires and procedures of the survey</li> <li>- The interaction between the interviewer and the respondent, indications as to whether the latter was puzzled or frightened, extent of co-operation and response</li> <li>- Clarity of time reference</li> <li>- Adequacy of recording space</li> <li>- The most appropriate respondent for various kinds of information.</li> </ul>	<p>14 January (2 day)</p>	<ul style="list-style-type: none"> <li>• Research Assistants oriented and acquainted with questionnaires and survey protocols</li> <li>• Evaluation tools tested and reviewed</li> <li>• Schedule for data collection/fieldwork and final methodology</li> <li>• Training report</li> <li>• Data entry mask/Screen compatible with Excel and SPSS</li> <li>• Detailed questionnaire codebook</li> <li>• Final data quality and security plan</li> <li>• Final questionnaire</li> </ul>
5	<p><b>Fieldwork and data collection ; Interviews and Focus Group Discussions, meetings&amp; discussions with Stakeholders</b></p> <p>Field visits</p> <p>Data collection using conventional hard-copy tools for FGDs and semi-structured interviews and recording of interviews with beneficiaries and other respondents.</p>	<p>16 January (8 days)</p>	<ul style="list-style-type: none"> <li>• Final survey questionnaires printed</li> <li>• Data collected from all the sampled beneficiaries and Institutions/partners that include: <ul style="list-style-type: none"> <li>- Number of New OVC Houses and Pit Latrines;</li> <li>- Number of OVC served with housing &amp; sanitation;</li> <li>- Number of new Communal Water Points;</li> <li>- Number of Trainings in Home Maintenance;</li> <li>- Number of Dedication Ceremonies for completion of houses.</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>- Number of Trainings in Inheritance Rights &amp; Will Writing;</li> <li>- Number of households with approved Wills;</li> <li>- Number of Trainings to 10 partners in Advocacy skills on housing &amp; tenure rights;</li> <li>- Number of MOUs signed with 10 CBO partners;</li> <li>- No. of households with legal title to their homes and land;</li> <li>- Number of Trainings in HIV/AIDS Awareness for household members;</li> <li>- Number of Trainings in HIV/AIDS Awareness for the Community;</li> <li>- Number of sessions held by 6 Partners reaching 100 participants on care &amp; support for OVC's;</li> <li>- Number of sessions held by 6 Partners reaching 250 participants on HIV/AIDS prevention &amp; treatment.</li> <li>• Documented records of interviews with stakeholders</li> <li>• Documentation of case study of best practices or Significance Change Stories</li> </ul>
6	<p><b>Processing and Analysis of data and information according to the agreed analysis plan</b></p> <p>Both qualitative and quantitative data analysis methods will be used</p> <p>Statistical Package for Social Sciences (SPSS) will be used in analysing quantitative data.</p>	24 January (6 day)	<p>Quantitative data:</p> <ul style="list-style-type: none"> <li>• Final datasets, cleaned and well labeled in Excel and SPSS format</li> <li>• Final analysis sythax document</li> </ul> <p>Qualitative data:</p> <ul style="list-style-type: none"> <li>• Groups of key themes, positions and ideas</li> <li>• Perceptions and views triangulated</li> <li>• Authenticity of findings guaranteed</li> </ul>
7	<p><b>Preliminary Presentation of findings to HFHZ &amp; Irish Aid</b></p> <ul style="list-style-type: none"> <li>• Hold meeting(s) with HFHZ and</li> </ul>	1 February (1 day)	<p>Presentation of preliminary findings to key stakeholders;</p> <ul style="list-style-type: none"> <li>• Forum for participatory feedback.</li> </ul>

	<p>stakeholders including Irish Aid to present preliminary findings and recommendations to collect feedback that will help finalize the report, give suggestions and get feedback</p> <ul style="list-style-type: none"> <li>• Incorporate feedback into findings</li> </ul>		<ul style="list-style-type: none"> <li>• Agreement on final format of the evaluation report</li> <li>• Feedback and suggestions noted</li> </ul>
8	<p><b>Drafting Report Preparation</b></p> <ul style="list-style-type: none"> <li>• Drafting of the evaluation report</li> <li>• Presentation of draft report HFHZ and Arish Aid</li> <li>• Report writing incorporating feedback from HFHZ and Arish Aid;</li> <li>• Draft Report &amp; Final Report;</li> </ul>	<p>2 February (7 days)</p>	<ul style="list-style-type: none"> <li>• Draft presentation of findings</li> <li>• Findings /report delivered to HFHZ for consideration and for comments.</li> <li>• Comments made by MFHZ incorporated into the draft report</li> </ul>
9	<p><b>Submission of Final Report /Exit Meeting within 2 working days after the completion of the mission</b></p>	<p>(0 day)</p>	<ul style="list-style-type: none"> <li>• Final report submitted to MFHZ in soft &amp; hard copy /word document &amp;PowerPoint presentation format with tables/graphs where appropriate</li> </ul>
	<p><b>Time allocated to the Assignment</b></p>	<p><b>30 Days</b></p>	