



**Save the  
Children**

## **QuIP Report**

# **‘The Garden Trust Project Evaluation in Zimbabwe’**

January 2023

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## Acronyms

BSDR	Bath Social & Development Research Ltd.
CA	Conservation Agriculture
COVID / Covid	Coronavirus Disease 2019
FGD	Focus Group Discussion
GT	Garden Trust
HHs	Households
IYCF	Infant & Young Child Feeding
MoHCC	Ministry of Health and Child Care
SBCC	Social and Behaviour Change Communication
SC / StC	Save the Children
ToC	Theory of Change
QulP	Qualitative Impact Protocol
VHWs	Village Health Workers
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organisation
ZimVAC	Zimbabwe Vulnerability Assessment Committee

## Glossary of QulP Terms

**Attribution:** Evidence that an action (X) of a named organisation or project is contributing to change in an *outcome* (Y) in the presence of other *drivers of change* (Z).

**Attribution code:** a code that indicates whether a *causal claim* (a) is having either a positive, negative or neutral effect on a specified *outcome*, and (b) explicitly identifies a selected organisation as the *driver of change*, is implicitly consistent with its *theory of change*, or is unrelated/incidental to its actions.

**Causal claim:** A proposition that a specified *outcome* (Y) was a direct consequence of a specified action (X) or (Z). Note that an outcome in one causal claim can be a driver in another causal claim. Consider one narrative where X leads to Y<sub>1</sub> and another narrative where Y<sub>1</sub> leads to Y<sub>2</sub>; then Y<sub>1</sub> is an outcome in the first claim, but a driver in the second. the outcome of X and the driver of Y<sub>2</sub>. Similarly, Y<sub>2</sub> is both the outcome of Y<sub>1</sub> and the driver of Y<sub>3</sub>.

**Causal driver:** See *driver of change*.

**Citation Count:** The number of times an ‘outcome’, ‘driver of change’ or ‘casual claim’ is cited across the data set, with a maximum of one count per respondent per domain.

**Citation intensity:** The mean number of citations of a coded driver, causal claim or outcome per respondent. Hence, if C is the citation count, R is the respondent count and I is the Citation intensity then  $I=C/R$ .

**Commissioner:** The organisation contracting a QulP study, and the primary user of the evidence to be collected. Responsibility rests with them to decide what sort of evidence they want, as well as when, where, how and why to collect it.

**Credible causation:** X credibly causes Y in a particular context if (a) there is strong evidence that X and Y happened, (b) several stakeholders independently assert that X was a cause of Y, with minimal prompting, (c) there is no more credible counter-explanation for why they might have said this, (d) their account of how X caused Y is consistent with a plausible *theory of change*.

**Domain:** A field or category of outcomes, agreed in advance with the commissioner and used to structure interviews and focus group discussions. Most studies address a set or group of domains that are consistent with a *theory of change*. For example, they may refer to different aspects of the well-being of individual intended beneficiaries.

**Driver of change:** An action or state (X or Z) behind outcomes (Y). These are generally self-reported by respondents, in answer to questions like '*why did that happen?*' or '*what was the reason for that?*' This term is synonymous with *causal driver*. Thematic coding is used to group similar drivers together into groups or clusters.

**Intended beneficiary:** Those people that a specified organisation is aiming to benefit, by achieving *outcomes* specified in its *theory of change*. In the case of capacity building projects, the intended beneficiaries may be organisations or associations of people.

**Impact:** Evidence that a specified project credibly caused a specified set of outcomes. In some cases the term impact may refer specifically to final or *tertiary outcomes*.

**Outcomes:** Changes (positive or negative) reported by respondents, often in the answer to the question '*during the last [specified time period] has anything changed in relation to [domain of wellbeing]?*'

**Project:** A specified set of activities, intervention, investments over a given period of time aimed at achieving a specified set of intended outcomes for a specified group of intended beneficiaries. This is the object of a specified QulP study, and it is the responsibility of the commissioner to define it, as well as the theory of change behind it, as precisely as possible. Others may refer to the project as a 'treatment' but in QulP studies this term is generally avoided.

**Respondents:** These are the main source of causal claims, linking drivers of change (including but not limited to project activities) to outcomes, both intended and unintended. Respondents are usually a sample of intended beneficiaries, and data is collected from them through a mix of semi-structured interviews and focus group discussions.

**Respondent Count:** One count per interview – to a maximum of 56 in this study (FGDs are counted as one response for the purposes of analysis)

**Theory of change:** The causal processes by which the commissioner of QulP study expects a specified project to achieve intended outcomes and impact. Not all causal drivers originate with the project. Theories of change also identify incidental drivers of change and may also assess the risks associated with their occurrence or non-occurrence.

# Executive Summary

## Introduction

Between 2013 and 2022, Save the Children in Zimbabwe (SC) and The Garden Trust's integrated Food Security, Nutrition, Health, and Water, Sanitation, and Hygiene (WASH) program reached over 50,000 children and their communities in Binga and Kariba districts. Both districts contend with high levels of food insecurity, poor access to clean water, poor access to quality health care, and high risk of disease outbreak. These factors, in addition to limited knowledge of IYCF, nutrition, and hygiene practices, contribute to high levels of malnutrition. SC and The Garden Trust program addressed each of these factors for a more impactful nutrition intervention. The programme was implemented in 8 phases, of which Phases 1 – 5 (2013 – 2018) of the program were implemented in Binga district, and Phases 6-8 (2019 – 2022) of the program were implemented in Kariba district.

## Methods

To evaluate the performance of the Garden Trust programme, and to generate deeper insights about the project design the current study was carried out using the [Qualitative Impact Protocol \(QuIP\)](#) evaluation approach with fieldwork conducted in May-July 2021. This study aimed to focus on household-level impacts of the Garden Trust program interventions, by gathering project beneficiaries' perceptions of what has changed in their lives across a series of pre-determined domains (based on the project's theory of change). A total of 48 individuals were interviewed, and 8 focus groups were conducted in Binga and Kariba districts to answer the following evaluation questions:

- Is the programme having the expected effect?
- What other factors have affected expected outcomes, and how do these factors relate to each other?
- Has the programme had any unanticipated effects, positive or negative?
- What drivers of change or patterns can be identified that could inform future programme design?

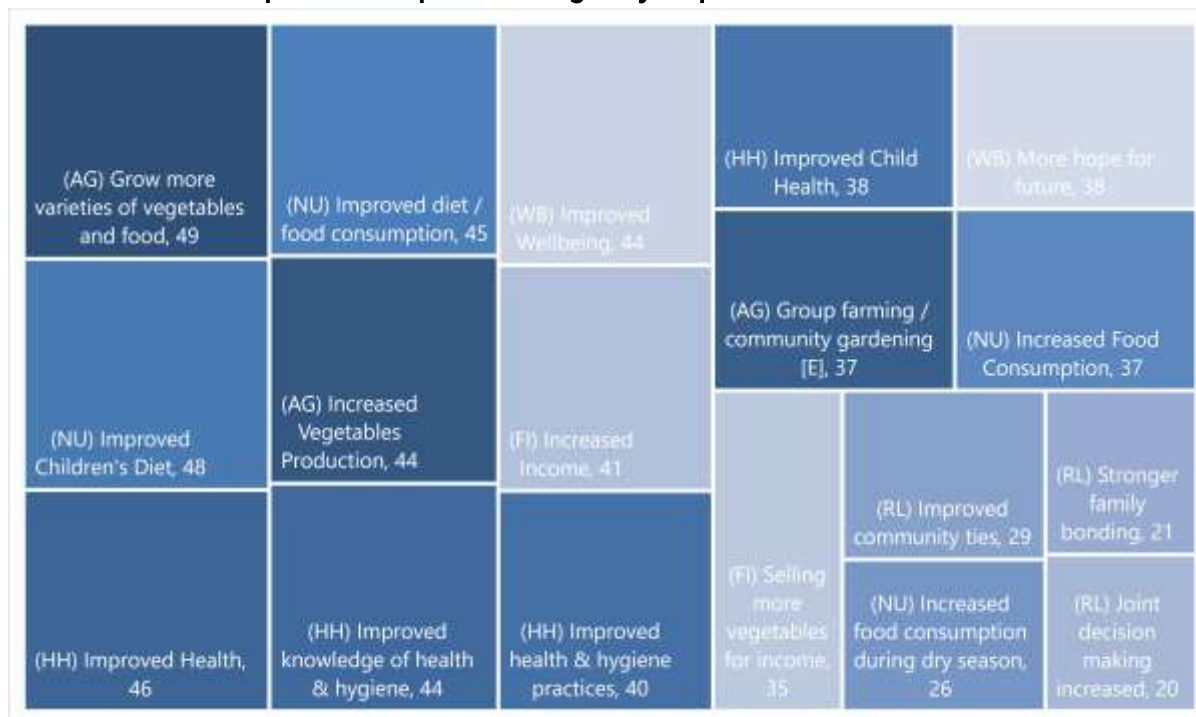
## Main findings

Individual and focus group interviews identified the key changes their households had experienced over the last three years in the six domains of:

- Agriculture or farming for food and income (AG)
- Health and hygiene (HH)
- Finance and income (FI)
- Nutrition and food security (NU)
- Household and community relationships (RL)
- Overall wellbeing (WB)

The most commonly identified changes across all domains are illustrated in the tree map below in which the larger areas illustrate greater source counts, which is also recorded in the number in brackets:

**Tree map of most reported changes by respondents across all domains**



The tree map shows a very interesting mixture of positive changes being reported. Some changes, such as those related to diet, are closely linked to the Garden Trust programme's theory of change. Others are less tangible, such as increased community ties. It is important to remember that these reported changes were unprompted and generated by project beneficiaries in response to open ended questions in each domain. These changes were in turn attributed to a number of 'drivers of change' by individual and focus group interviewees. Some of these changes themselves become drivers of further change. For example, 'increased food consumption' is reported both as a positive change in itself, and as a driver of further changes.

Key findings related to evaluation domains are shown below:

### **Agriculture for income and consumption**

A high proportion of study participants reported learning new knowledge about crop farming and storage practices, and many claimed to have adopted new crop and vegetable varieties, cultivating in lines and improved crop storage as a result. A majority reported an increase in food production linked to this new learning and improved practice. Some respondents also reported a decrease in production due drought and pests. The increased food production primarily resulted in an increase in food consumption and diversity, and to a lesser extent increased income. There was a high attribution of the training/improved knowledge, change in cultivation and storage and increased food production explicitly and implicitly to project activities.

### **Finance & income**



While providing livelihoods options and generating increased income was not a key Garden Trust supported intervention, it was part of the project's theory of change. The project interventions seem to have influenced household finances in two main ways: increased vegetables production has provided food for household consumption thereby reducing expenses, and the selling of vegetables have more directly added to household earnings coming from other sources. One out of three respondents mentioned a positive change in income compared to three out five respondents reporting a negative or no change in income in the past three years preceding the QuiP study. Respondents reports clearly indicate that the main drivers of increased income are increased production and selling of vegetables, selling of crops from other farming activities, selling livestock as well as non-farming business.

### **Nutrition & Food Security**

A high proportion of project participants had learnt new knowledge on maternal, infant and young child nutrition and the more general value of eating a diversity of food groups. Most of these considered that they had improved the feeding of children and of other household members, increased the diversity and quantity of food for all adults. This change in nutrition was considered to be driven by new knowledge, increased and more varied farm production, increased income (to buy food) and improved storage. There was very high attribution of the learning and practice change to the project activities.

### **Health & hygiene**

A high proportion of the respondents had learnt new knowledge or had had existing knowledge reinforced about hygiene practices such as hand washing, use of latrines, use of mosquito nets, household and personal cleanliness and food preparation practice. Most participants claim to have made significant changes to behaviour in response to this knowledge. Moreover, a very high proportion of those claiming to have changed hygiene practice consider that it has led to improved health, which may be an important motivating factor in maintaining and spreading the behavioural change. Majority of the respondents attributed their learning, change in practice and improvement in health to the project activities.

### **Household and community relationships**

A large number of respondents reported new understanding on gender relationships, about half reported improved household relations and increased sharing of decision making between husband and wife. Almost similar number of respondents also reported improved community ties, and community members helping each other. A few (one in three) reported increased sharing of household tasks. There were frequent causal links made between learning, increased household decision making and improved household relationships. These changes were strongly attributed to the Garden Trust programme.

### **Wellbeing**

The study participants reported a strong positive perception of increased happiness, feelings of wellbeing and hopes for the future. This is particularly remarkable given the difficult weather conditions, the Covid19 pandemic in the period leading up to the QuiP study. The most frequently cited causal pathway for improved wellbeing was improved health, driven by improved hygiene and improved nutrition or food consumption. However improved household and community relationships were also mentioned as causes of improved wellbeing. There was clear attribution of improved wellbeing to the project activities.

# **1. Introduction**

## **1.1. Background**

In Zimbabwe, 67 percent of children under five live in rural areas and are more likely to experience suboptimal care, health and feeding practices than their urban counterparts. Poverty continues to be one of the major underlying causes of vulnerability to food and nutrition insecurity as well as precarious livelihoods in Zimbabwe. The Government of Zimbabwe, primarily through the Ministry of Health and Child Care (MoHCC), has made considerable investments to improve the overall health and nutrition status of women and children, especially in rural Zimbabwe. However, vital gaps remain. According to the National Nutrition Survey 2018, 26.2 percent of children under five years in Zimbabwe are stunted, indicating that chronic malnutrition remains a significant problem. Zimbabwe also faced the shock of Covid-19, which was declared a global pandemic in 2020. Zimbabwe reported its first confirmed case on 20th March, and subsequently, the government of Zimbabwe announced several lockdowns through 2020 and 2021, which severely affected the lives and livelihoods of all the people but disproportionately affected the poorest communities.

## **1.2. The Garden Trust Program**

Between 2013 and 2022, Save the Children in Zimbabwe (SC) and The Garden Trust's integrated Food Security, Nutrition, Health, and Water, Sanitation, and Hygiene (WASH) program reached over 50,000 children and their communities in Binga and Kariba districts. Both districts contend with high levels of food insecurity, poor access to clean water, poor access to quality health care, and high risk of disease outbreak. These factors, in addition to limited knowledge of IYCF, nutrition, and hygiene practices, contribute to high levels of malnutrition. SC and The Garden Trust program addressed each of these factors for a more impactful nutrition intervention. The programme was implemented in 8 phases, of which Phases 1 – 5 (2013 – 2018) of the program were implemented in Binga district, and Phases 6-8 (2019 – 2022) of the program were implemented in Kariba district.

Throughout each phase of the program, community gardens and nutrition centres were established, alongside new or rehabilitated water supply systems, where community members learned about 'Healthy Harvests' and good agronomic practices, safe harvesting, and proper food handling and storage. Positive health, nutrition, and IYCF practices were promoted through Mother-to-Mother Care Groups and Padare (Men's Groups), facilitated by trained Community Health Workers. Children were regularly screened for malnutrition, and those suffering malnutrition received quality care by health workers who participated in integrated management of acute malnutrition training and mentorship.

# **2. Methodology**

## 2.1. The QulP methodology

This research was carried out using the [Qualitative Impact Protocol \(QulP\)](#) evaluation methodology. The QulP is an impact assessment method devised by Professor James Copestake and Fiona Remnant of the Centre for Development Studies at the University of Bath, UK. The QulP is designed to collect credible information direct from intended beneficiaries on significant drivers of change in selected domains of their life over a pre-defined period of change. This information is gathered directly from intended beneficiaries and based on their perceptions of what has changed in their lives over a set period of time and across a series of domains related to the project's theory of change (ToC). This is particularly useful in complex contexts where a variety of factors that are hard to disentangle can influence the outcomes of an intervention. Narrative data collected by 'blindfolded' independent field researchers (they have no knowledge of the hypotheses being tested), is cross-analysed against the commissioner's project activities to identify unexpected as well as anticipated drivers of change. The QulP does not require a baseline or a control group, and as such can be used at any stage of the project cycle. Further details about the QulP methodology and associated resources can be found at [www.bathsdr.org](http://www.bathsdr.org).

## 2.2. Data Collection

The QulP methodology recommends that local research is undertaken by local researchers<sup>1</sup> who are employed by the lead evaluator<sup>2</sup> and have no knowledge of the hypotheses being tested, and no direct contact with the project implementing team<sup>3</sup> or commissioner<sup>4</sup>. This helps to minimise pro-project and confirmation bias in the narrative reports of drivers of change collected from respondents. This approach is flexible, and can be altered should the commissioner feel that total blindfolding is not a key concern in the study, may cause difficulties in access to the sampled communities, or is not logistically possible due to availability of data on intended beneficiaries. When it is needed to use a partially blindfolded approach, the research team can maintain the QulP open-ended approach to interviewing and ensure that researchers do not know any programme-level information.

This study aimed to focus on household-level impacts of the Garden Trust program interventions, by gathering project beneficiaries' perceptions of what has changed in their lives across a series of pre-determined domains (based on the project's theory of change) between 2018 and 2021. The 'blindfolded' and open-ended nature of the questionnaire means that researchers are generally able to collect a broad range of information about activities and drivers of change in the community, since respondents are not limiting themselves to reporting on one intervention.

The field work activities were carried out in May 2021 in Binga and Kariba districts targeting 4 wards. Four field researchers (2 males and 2 females) were responsible for conducting the interviews after the training and pretesting. Participants were mobilised prior to community visits by the Councilors. The team ensured that each respondent was interviewed on his or her own. All transcriptions were recorded, and transcription is currently underway. During interviews,

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<sup>1</sup> Independent local researcher recruited by the Lead Evaluator. Responsible for: recruiting and managing a team of field researchers who will remain 'blindfolded' to the project's hypotheses.

<sup>2</sup> Employed and trained by Bath SDR in the UK. Responsible for: designing the QulP questionnaire and sampling approach, managing the Lead Field Researcher in the country selected and supporting data analysis.

<sup>3</sup> Local project officers working on implementation of the Garden Trust programme. Responsible for working with the Lead Evaluator to provide community/household sampling data.

<sup>4</sup> The commissioner was Save the Children Zimbabwe who was responsible for providing all relevant data and contacts required to select sample and key informant data.

respondents were assured of information confidentiality and had to consent before doing the interviews.

Prior to the initiation of fieldwork activities, permission was sought and granted from the local authorities (District Coordinators Office and Rural District Council). Both offices requested introductory letters and directed the field teams to the respective councillors and Chiefs. All gate keeping issues were addressed before starting the interviews on 10 May 2021.

In terms of quality control the four field researchers worked under close supervision of the Lead Researcher who received daily briefings to get updates on the number of interviews and challenges faced during the interviews. Respondents were not informed who was commissioning the research by the researchers in order to try and maintain the blindfolding and mitigate some bias. However, it is quite possible that respondents were aware since the researchers were introduced to community leaders by Garden Trust programme staff. Informed consent was obtained by all respondents prior to starting interviews.

The semi-structured questionnaire used in this study was designed by Bath SDR, with input and feedback from Save the Children staff. The questionnaire was divided into six domains relevant to the Garden Trust Theory of Change (ToC). The domains covered were:

- Agriculture or farming for food and income
- Health and hygiene
- Finance and income
- Nutrition and food security
- Household and community relationships
- Overall wellbeing

Questions were purposefully designed to be broad and open-ended to allow the respondents to speak freely about what they believed to be significant changes in their lives. Additional prompting questions were included to help the flow of conversation and to probe for any further details of change. Researchers followed the QulP interviewing technique, consistently asking respondents to share the perceived drivers behind any reported change. Closed questions were then used at the end of each questionnaire domain to capture the overall perception of change in each area of respondents' lives. Towards the end of the interview, respondents were asked to rank external organisations, groups or projects they had interacted with and to detail their involvement with them. This element of the QulP questionnaire provides further information about which organisations and interventions are at work in the community and their relative importance to respondents.

### **2.3. Case Selection**

QulP studies are usually planned in discrete sets of around 24 households and 4 focus groups. Based on action research it was found that this is a large enough number to gather detailed qualitative information within a selected and relatively homogenous community, taking account of the likely diminished marginal returns from many more than this number. Increasing the size and scope of the QulP is done in relation to the number of different types of communities and/or beneficiary types rather than simply scaling up within the same sample. The QulP methodology

uses a combination of purposive and then random sampling. Four communities were selected in total from two districts; two in Binga (ward 8 and 16) and two in Kariba (ward 11 and 12). The communities were purposefully selected based on the length of project implementation, the number of project components started, and the diversity of geographic locations. In each community 12 individual households were interviewed (48 in total). The table below shows the number of interview and focus group discussion (FGD) samples from two districts.

*Table 1: Case selected for individual interviews and FGDs from Binga and Kariba districts*

District	Ward	Individuals	FGDs	Totals
Binga	Ward 8	12	2	24 individual
	Ward 16	12	2	4 FGDs
Kariba	Ward 11	12	2	24 individual
	Ward 12	12	2	4 FGDs
Total		48	8	

## 2.4. Data Analysis and Reporting

Using QulP's rigorous analysis process, analysts only code statements related to changes that the individual or focus group experienced and reported (i.e. statements about the status quo were not coded). Data analysis and reporting of this study was managed by Save the Children, with significant support provided from Bath SDR. Analysis of the data was done using the [Causal Map software](#). Analysis of the data largely aimed to answer the following questions:

- Is the programme having the expected effect?
- What other factors have affected expected outcomes, and how do these factors relate to each other?
- Has the programme had any unanticipated effects, positive or negative?
- What drivers of change or patterns can be identified that could inform future programme design?

# 3. Important Findings

## 3.1. Agriculture for income and consumption

### 3.1.1. Agricultural interventions

Both Binga and Kariba districts lie in the Zambezi Valley to the North West of the country; one of the most food insecure areas of Zimbabwe. Rainfall is erratic and averages at 450-650mm per year. This creates poor agricultural potential, which in turn leads to limited cash income earning opportunities from agriculture. Additionally, climate change has meant the performance of rainfall between October and January is poor and erratic where it used to be stable and predictable. Therefore, the communities are often unable to grow enough crops to meet their food need which subsequently leads to lack of income from selling the surplus food items. To tackle these issues the Garden Trust programme promoted adaptive agricultural techniques to mitigate against the impact of climate change, potentially improving food and nutrition outcomes in these households, as well as economic outcomes through selling any excess food production.

Garden Trust agricultural activities in the areas covered by the QulP have included:

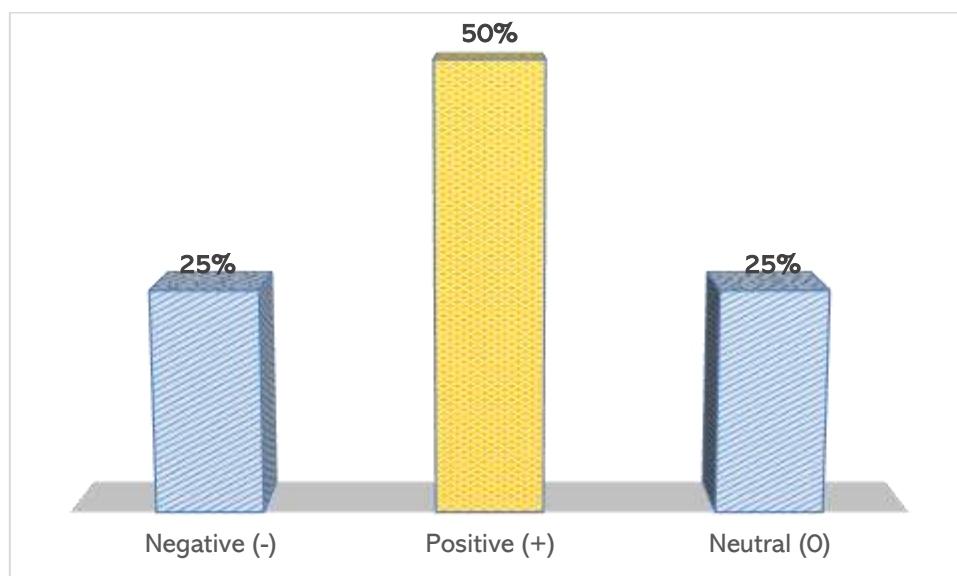
- **Support to establish communal nutrition gardens:** Save the Children worked closely with the Agricultural Extension Workers based in the community and provided seeds, pesticides, and fencing to establish nutrition gardens. The gardens promoted horticulture to grow more quantity and variety of food items that are lacking in the diet of the community. Examples include green vegetables, tomatoes, carrots, lentils and pumpkins. Nutrition-sensitive agriculture through nutrition gardens has shown to have important impacts on nutrition and dietary diversity.
- **Building the capacity of community members in adaptive and innovative agricultural techniques,** in response to agricultural effects of climate change, through training of farmers. Training included topics such as conservation agriculture techniques and the use of organic fertilisers. Community members were trained by Ministry of Agriculture Extension Workers who went through a 'training of trainers' in adaptive and innovative agricultural techniques as well as post-harvest food management, storage, preservation, processing and value addition.
- **Training target households in post-harvest food management,** storage, preservation, processing and value addition, for example, peanut butter making, oil pressing, and packaging.

### 3.1.2. Agricultural changes

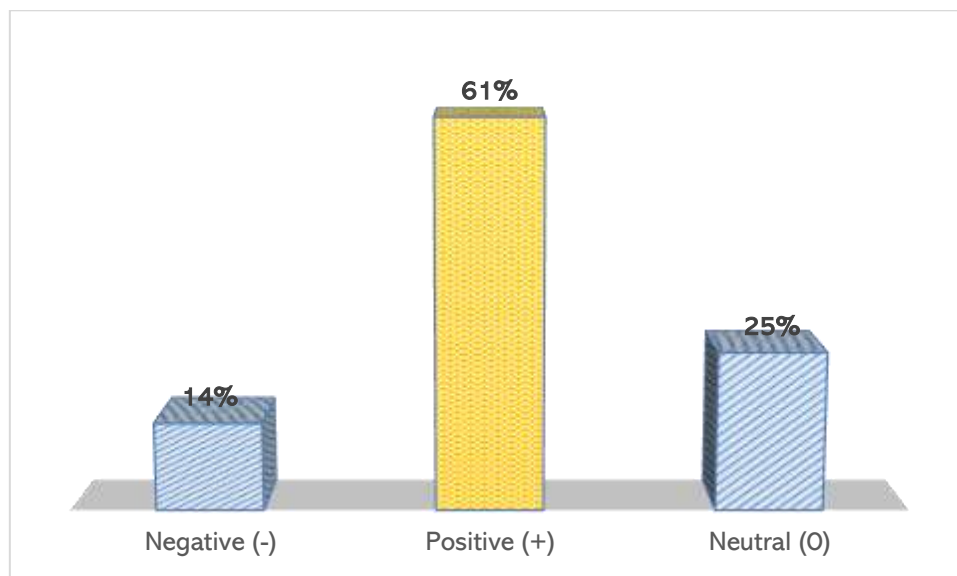
When asked openly about changes to the quantity and variety of food items produced for household consumption and income, a large proportion of respondents reported positive changes in the past three years preceding the QuiP study.

Around half of the respondents, reported growing more food for household consumption (Figure 1) in the past three years, while 25 percent responded a negative change and another 25 percent responded no change in the amount of food grown (for consumption) by the household. In terms of changes in the variety of food grown by the household (for home consumption) in the last three years (Figure 2), six out of 10 responded a positive change, and a smaller portion (14 percent) mentioned a negative change.

*Figure 1: Changes in the amount of food grown (for consumption) by the household in the last three years*



*Figure 2: Changes in the variety of food grown by the household (for home consumption) in the last three years*



When asked about changes in the amount of food grown for income by the household in the last three years (Figure 3), only a very small portion mentioned a negative change; one in three reported no significant change (i.e. neutral) and more than half of the respondents mentioned a positive change in the past three years. The findings were quite similar regarding changes in the variety of food grown for income by the household in the last three years (Figure 4). A large proportion (2 out of 3) of respondents highlighted growing more varieties of vegetables that they can sell to generate income; and only 6 percent reported to experience a negative change.

*Figure 3: Changes in the amount of food grown for income by the household in the last three years*

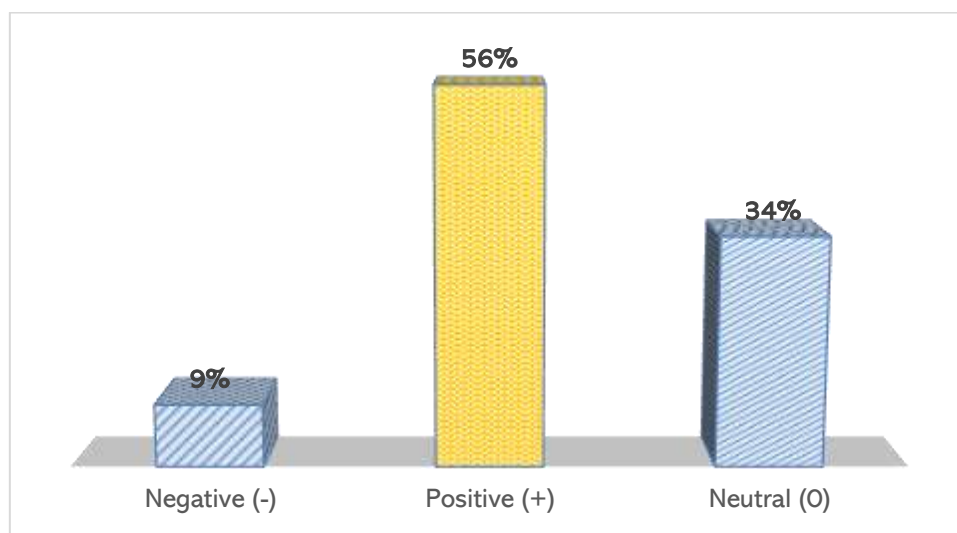
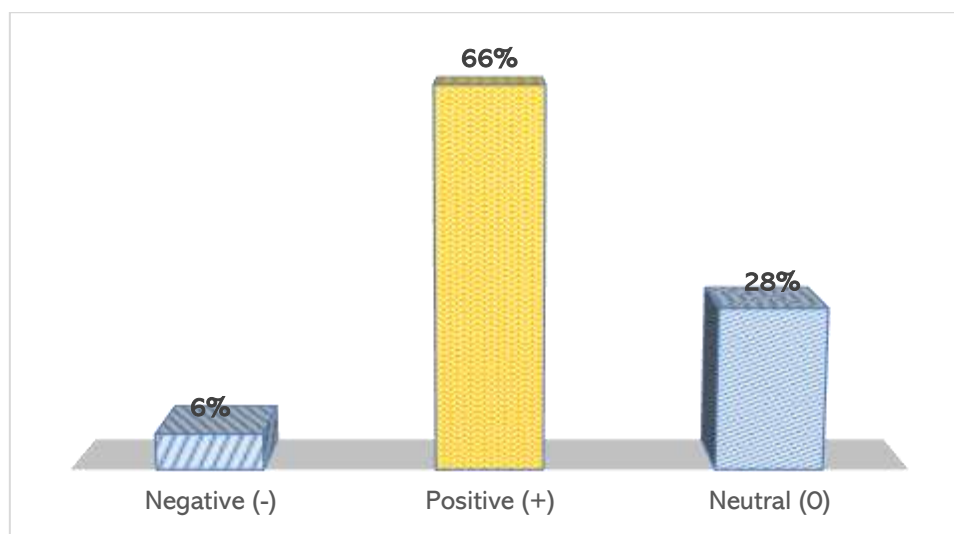




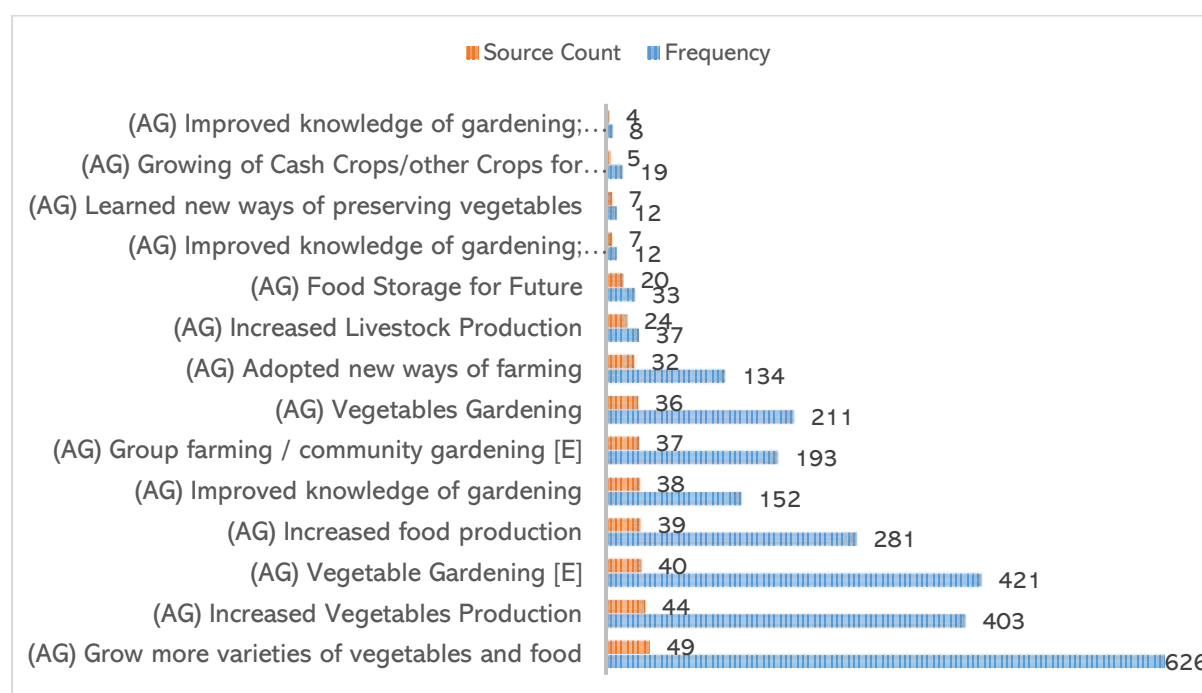
Figure 4: Changes in the variety of food grown for income by the household in the last three years



### 3.1.3. Drivers of agricultural changes

The next chart (Figure 5) illustrate the perceived drivers of some of the key positive changes in agriculture and food production reported by respondents. The perceived drivers of improved agricultural outputs are multiple, with new crops/varieties and learning about new methods predominating. However, several other drivers were cited quite frequently including increased livestock production, and improved post-harvest management or food storage. Very high number of participants have repeatedly mentioned (both explicitly and implicitly) the Garden Trust and Save the Children supported horticultural intervention (i.e. vegetables gardening) being a key driver of positive agricultural changes, while highlighting the importance of learning as the key first step.

Figure 5: Reported positive changes in Agriculture and Food Production





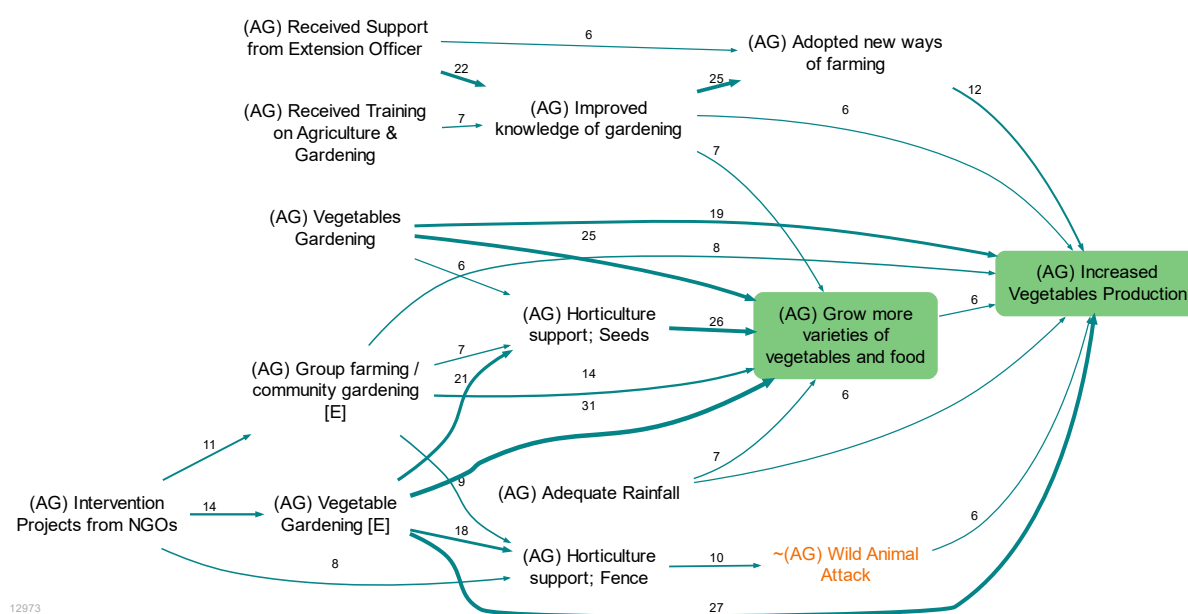
### 3.1.4. Agricultural causal pathways

Figure 6 shows the causal links made by respondents in relation to positive agricultural changes. This illustrates well the drivers of positive changes experienced by these agricultural communities, showing links between increased production of vegetables in terms of quantity and variety with key project activities related to horticulture. The causal pathway strongly linked with improve knowledge and other direct inputs (e.g. seeds, fencing) the beneficiaries received from the Garden Trust project. In terms of factors unrelated to the project interventions, adequate rainfall was highlighted in at least seven different sources. It should be noted that changes related to livestock hardly feature in the overall diagram because of the low numbers of respondents mentioning them.

The following quotes illustrate aspects of the overall causal story where production and variety has increased in the (translated) words of individual respondents/FGD participants:

*KHF29: Previously my household used to plant vegetables haphazardly mixing different varieties in one bed. Now we plant vegetables in rows and one variety in each bed to prevent spreading of plant diseases. We were taught this by Agriculture officers. This has increased my vegetable yield per bed compared to previous years when I grew vegetables in my home garden. I now have more space for gardening because I joined the Save the Children project. I now have 12 more beds to grow vegetables in addition to the 6 I had then in my home garden. I am now growing more varieties like carrots, beetroot and spinach that I did not use to grow in previous years. In 2020 we learnt to dig 30cm deep holes and to mulch them with grass and the fernier from an NGO by the name SAT. Because of this new method I had a good harvest than in previous years.*

Figure 6: Causal claims related to positive agricultural drivers



Source Count: 5+

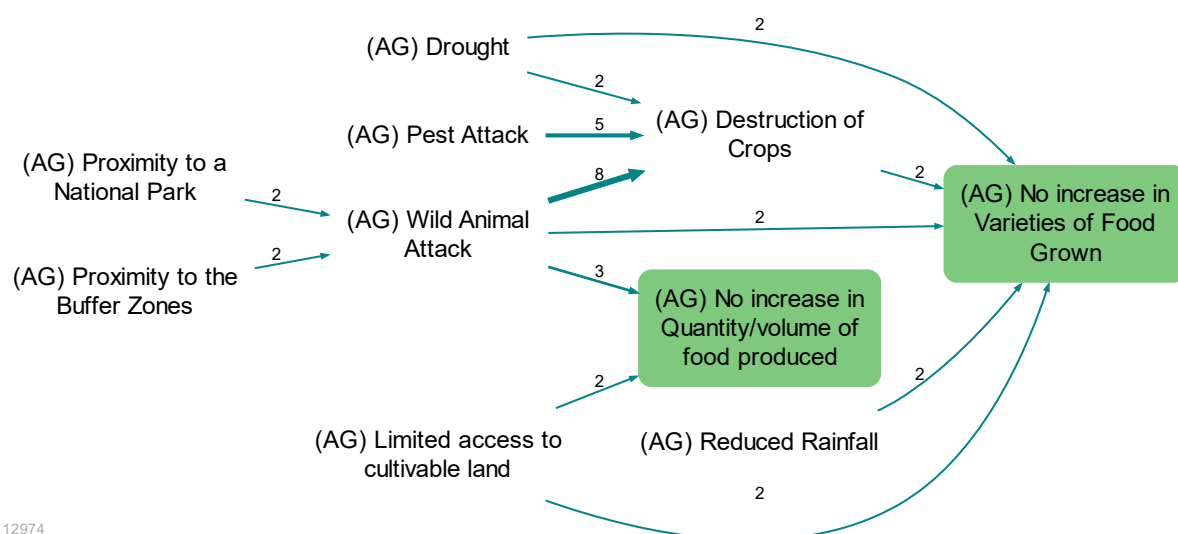
**KIM69:** My household is now growing new vegetable varieties like sugar beans, groundnuts, and cow peas that we did not grow then. This is due to lessons we learnt from the drought experience and advice from Agriculture extension officers that we should diversify our crops in order to increase chances of getting food for consumption when the weather changes unexpectedly. In 2020 Agriculture extension officers also introduced to us to a new method of planting maize, that of digging holes and putting specifically measured fertilizer and mulch. This increased my maize harvest from one cartful that we used to get previously to four cartful.

My household now grows new vegetable varieties like spinach and beetroot that we did not previously grow. Save the Children introduced us to these new varieties in 2020 when it helped us with materials for constructing the nutrition garden, tools, and seeds. In this new garden we do not use fertilizer as we used to then, now we apply manure from our livestock because fertilizers are not good for our health. Our vegetables are now safe from livestock compared to previous years when they were exposed to destruction by livestock. People from Save the Children usually visited twice a month.

**KHM20:** Since 2019, the most important reason for that change is a result of sufficient and improved security at the nutrition garden established for our community by Save the Children. Now our garden produce are safe from wild and domestic animals resulting in surplus food that I sale at the local market.

The QulP study also identified the perceived drivers of decreased farm production (Figure 7). These drivers were overwhelmingly linked to causes exogenous to the Garden Trust programme – primarily wild animal attack, pest infestations and drought. Limited access to cultivable land and reduced rainfall (which might have contributed to the drought) was also highlighted by the participants.

**Figure 7: Causal claims related to negative or neutral agricultural drivers**



12974

Source Count: 1+

The following quotes illustrate aspects of the overall causal story where production and variety has decreased in the (translated) words of individual respondents/FGD participants:

*BCF63: In as much as I try to plant big plots but when it comes to harvesting time, I get low yields because the crops would have been affected by pests, wild animals especially elephants and the heat - our place is too hot resulting in us having unchanged quantities of food.*

*BCF70: The quantity has decreased because of animals that continue to invade our fields. We have lost hope to plant any variety of food because even if we try to plant a variety of crops elephants will still come invade our fields. We have tried to keep goats but hyenas and lions come and kill our animals. Goats are also victims of crocodiles since we reside 2kilometres away from the lake. Drought is another biggest challenge that we are facing.*

*BAF82: Despite Save the Children efforts through the community nutrition to alleviate my household poverty I have failed to grow meaningful crops in my garden beds. As a result, there is less food at my household and the diet of my children has not improved.*

Overall, most respondents had learned about and adopted some improved agricultural and storage practices and had a strong perception that these practices were resulting in increased vegetables production. There was very strong attribution of these positive outcomes to the activities of SC, with very limited attribution to other organisations. The difficult weather and wild animal/pest infestation had reduced production for some, meaning coping strategies were required, but this didn't undermine belief in the improved practices by the vast majority of the beneficiaries. Farmers perceive clear linkages between increased farm production, increased income, increased food consumption and food variety.

## **3.2. Household income**

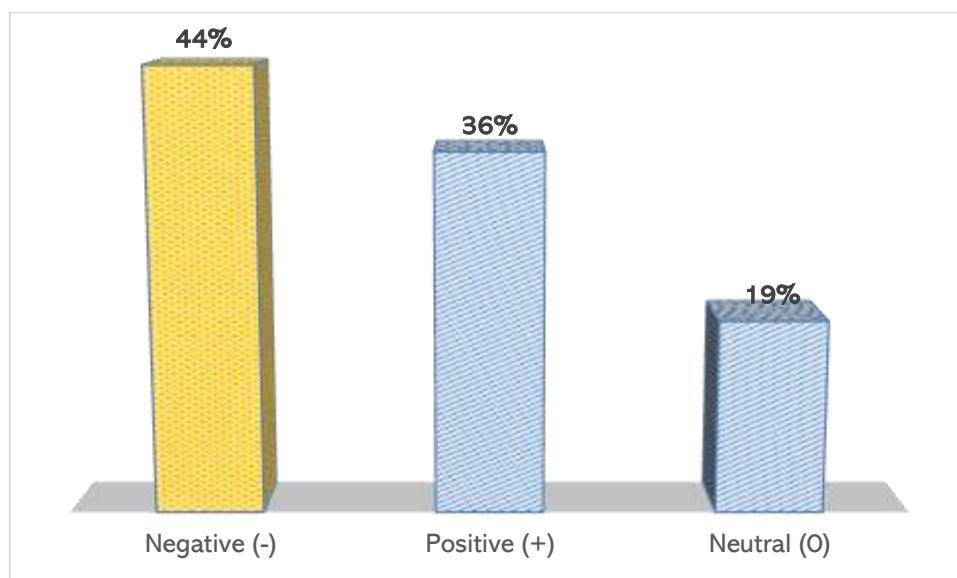
### **3.2.1. Income & savings related activities**

While providing livelihoods options and generating increased income was not a key Garden Trust supported intervention, it was part of the project's theory of change that due to the agricultural interventions (e.g. knowledge and direct inputs related to community vegetable gardening) will directly boost the household income through increased farm production as well as by decreasing the expenses by increased consumption of nutritious vegetables harvested from the community gardens.

### **3.2.2. Changes in household income & expenditure**

As part of the closed-ended questions, when asked (Figure 8) about changes household income (amount of money or food household earns), two out five respondents mentioned experiencing a negative change in the last three years. One out of five respondents remained neutral and one out of three respondents mentioned a positive change in income in the past three years preceding the QuiP study.

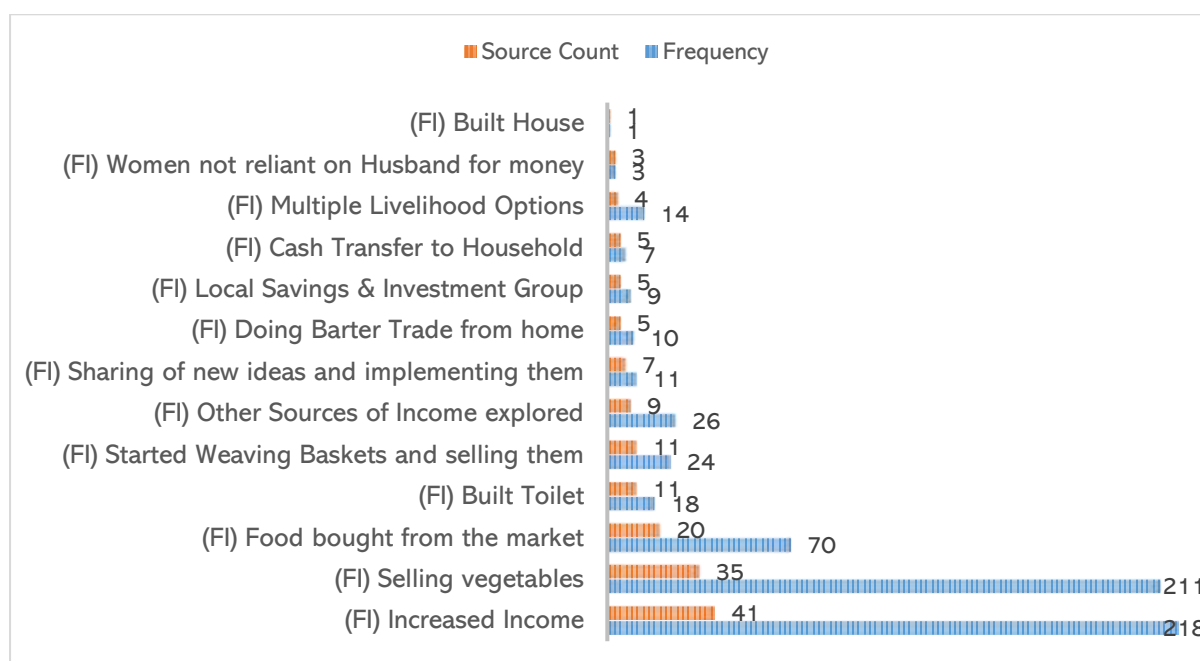
Figure 8: Changes in the household income (amount of money or food household earns) in the last three years



### 3.2.3. Drivers of income changes

Figure 9 illustrates the perceived drivers of some of the key positive changes in household level income. The perceived drivers of increased income include, increase in income from selling produce from the community vegetable gardens, having multiple livelihood options on top of existing small-holder farming (e.g. vegetables production, selling baskets) some of which options are not related to the project. With an increase in income, some households reported investing in building/repairing the home, building toilets, and buying food from the markets when household production was not sufficient to meet the need.

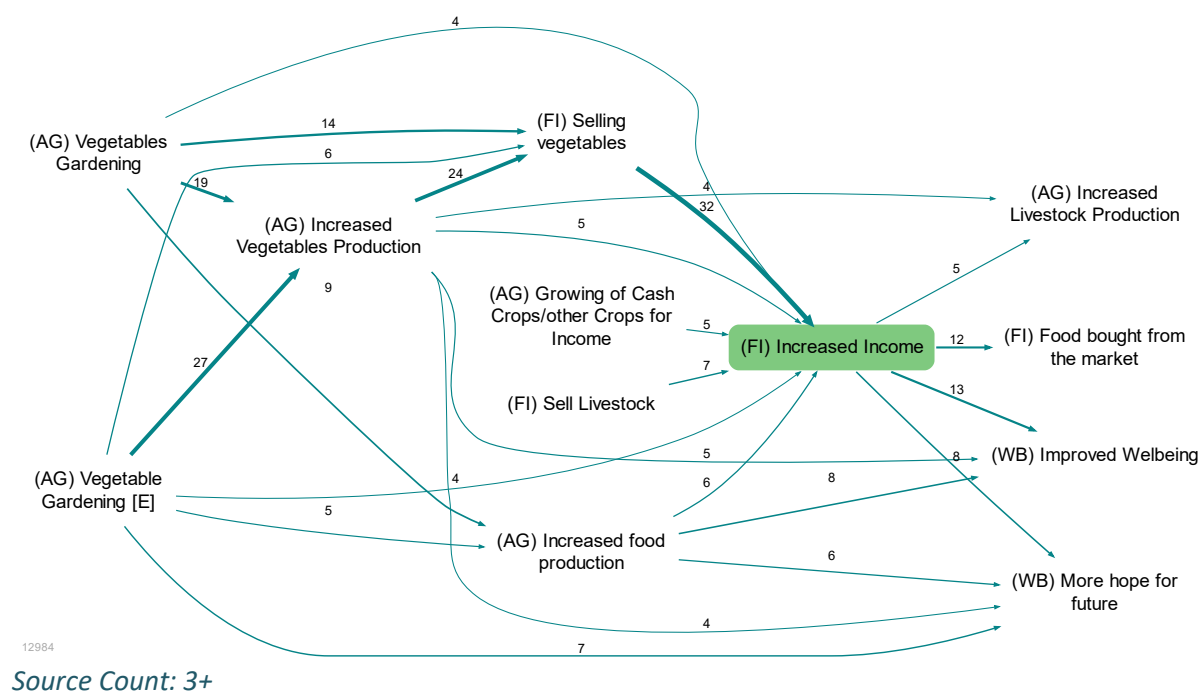
Figure 9: Reported positive changes in income, savings, and economic activities



### 3.2.4. Household income causal pathways

Respondents reports clearly indicate that the main drivers of increased income (Figure 10) are increased production and selling of vegetables, selling of crops from other farming activities, selling livestock as well as non-farming business.

Figure 10: Causal claims related to increased income



The following quotes illustrate aspects of the overall causal story related to increased income in the (translated) words of individual respondents/FGD participants:

**KIF60:** Since 2020 I now sell vegetables from the nutrition garden. I am enjoying financial independence compared to previous years when I relied on my husband even for small household items like bath soap. Save the Children taught women to work for themselves. Because of the 2020 good rains and increased harvest in most households, I now do piece jobs to complement income from the garden. Previously I could not afford piece jobs because of the drought.

**KIF77:** I now have more gardening space through the Save the Children garden project started in 2020. I now have 12 beds of vegetables. Before, I had three beds only in my family garden. This is good for me because of the new responsibility of looking after my grandchildren that I have. My household now grows a variety of new vegetables like butternut, spinach, beetroot and king onions that I did not grow before. Save the Children officers visit our garden twice a month. The Agriculture extension officers taught us to dig fertility trenches first before planting our vegetables. Because of this my yield per bed in the nutrition garden is more than what I previously had in my family garden.

*The officers also raised awareness on the need to grow traditional grains that are more nutritious to improve our health, we had forgotten about traditional grains like millet and sorghum but we are now growing them in our fields. We are now digging wider and deeper holes for our maize seed as taught by Agricultural extension officers last year. We now put mulch and fertilizer in the holes for nutrients and to preserve more moisture for the plants compared to previous years where we just planted maize seeds in shallow holes without fertilizer. As a result of the we have a bumper harvest for my maize crop this year.*

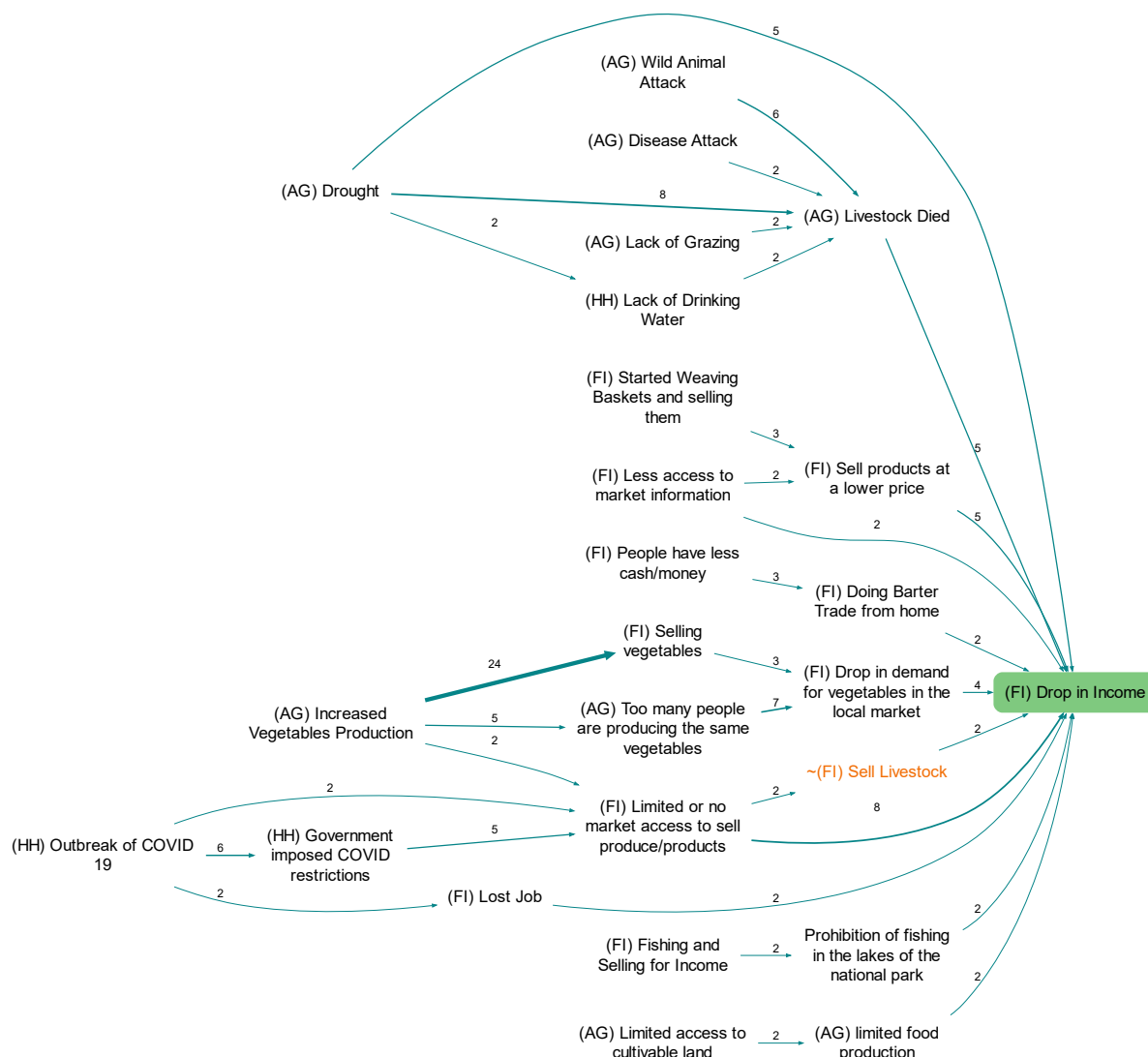
*Agriculture extension officers used field days to disseminate this new method. I now pre-cook most grains and dry them for future use because of plenty harvest. Now the household cattle herd has increased from six to nine in the past two years. This is because we now keep a bull among the herd to increase the number of cattle. Challenges I faced in the 2019 drought period gave me a rude awakening. I realised that I have to come up with different projects for sustenance. The good rains of the last season resulted in increased pastures of the cattle. The vegetable garden provides me with surplus vegetables to sell, I now have income to meet some of the household costs.*

On the other hand, the main drivers of decreased income (Figure 11) are death of livestock which led to lower number of livestock to sell for income generation, lower demand and price for agricultural produce, as well as lower production of vegetables due to drought. The limited access to market due to government imposed Covid restriction also negatively affected the income generation in the past three years. On interesting (but logical) reason for lower prices for produces from communal gardens were reported to be many households producing the same vegetables leading to oversupply of certain types of vegetables compared to the demand.

The following quotes illustrate aspects of the overall causal story related to increased income in the (translated) words of individual respondents/FGD participants:

**BAF99:** *The income we earn as a household has decreased. The drought in 2018 was so bad that we lost our livestock. As a result of what we lost we have nothing that we can now sell. We used to depend on livestock for income but we have nothing to depend on now. The drought was so bad that some of our livestock died due to lack of water and some of them were attacked by some disease but because we did not have money to buy acaricides it was then a big loss. I lost 17 goats out of 29. For the garden produce we don't have a market where we can sell our produce. In addition to the drought menace wild animals also killed our livestock. which was a source of our household income. Our area is heavily inhabited with menace wild animals since it is close to the Chizarira National Parks. We don't have grazing land for our domestic animals that was the reason why most of our livestock fell prey of menace wild animals. These wild animals include amongst others elephants and hyenas. Elephants were also destroying our crops like sorghum, maize and millet in the area and as result we resorted to harvesting our crops prematurely. Important to note is that I remember last year I produced 4 buckets of beans but failed to get a buyer.*

Figure 11: Causal claims related to decreased income



Source Count: 1+

**KIF77:** We grow cotton but this year the cotton company did not pay us cash as in the previous years. It gave us basic groceries like flour, cooking oil instead of the hard cash I was expecting. I am not sure what caused this change but I was very disappointed because I did not earn any income to meet other household needs. Now, I sell vegetables from the garden to raise income for school needs of my grandchildren like pens and rulers. I am now able to meet costs for the grinding mill, previously I did not have any vegetables for sale because of the drought.

**BAM30:** Due to the covid 19 our livelihoods options became very limited due to restrictions of movements and as part of adherence to WHO COVID 19 protocols. This therefore limited our ways of making money for our livelihoods. Drought and covid 19 made it difficult for us to earn income for our families. Drought was so severe that even our chickens died due to lack of food. Covid



*19 made it difficult to move around and sell our baskets. The little income that we used to get before 2018 totally depleted*

### 3.3. Nutrition & Food Security

#### 3.3.1. Nutrition interventions

In Zimbabwe, 67 percent of children under five live in rural areas and are more likely to experience suboptimal care, health and feeding practices than their urban counterparts. 28 percent of children under five years old in Zimbabwe are stunted<sup>5</sup>, meaning that they have failed to reach their optimal growth. This condition is associated with substantially higher mortality and morbidity, with long-term effects on cognitive development, school achievement and economic development. In the district of Binga, the stunting prevalence is estimated to be at 27% , 7% over the WHO threshold of 20% . While stunting is influenced to some extent by economic status, poor nutrition practices contribute to the high rate of stunting in Binga, and Zimbabwe as a whole<sup>6</sup>. In the project districts, exclusive breastfeeding rates are low (64.2%) against a National Target of 80%, with women commonly introducing food other than breast milk when their infants are under three months old. Since 2010 dietary diversity (a key way to combat malnutrition) has increased in Kariba from 13.7%<sup>7</sup> to 40%, thanks to a range of interventions and the support of donors.

To address these existing nutritional issues, in different rounds of the Garden Trust programme, the nutrition interventions largely focused in two different areas: (i) at the individual level to improved feeding and care practices for mothers, infants and children under two years old, and (ii) at the facility level to improved quality and delivery of maternal, infant and young child nutrition services. Nutrition interventions in the areas covered by the QulP have included:

Individual or household level interventions:

- Develop and rollout a context specific social and behaviour change and communication intervention focusing on nutritional best practices including the promotion of recommended infant and young child feeding (IYCF) practices.
- Promote the use of nutrition and health services and the importance of healthy practices including routine immunisation, iron, and vitamin A supplementation.
- Support 'Men's Group' encouraging men to support positive nutrition behaviours and assist in household activities.

Facility level interventions:

- Support the timely monitoring, recording and actioning for nutrition services in health facilities using the mobile health application. This include Growth Monitoring and active screening data of the under-fives in project locations and transmitting service data from the clinics to the district office enabling better mapping and focused intervention for healthcare support.
- Improve quality and efficiency of maternal, infant and young child nutrition services through on job mentorship of 'Ministry of Health and Child Care' (MoHCC) staff.
- Quarterly District Review meetings to build the capacity of health facilities.

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<sup>5</sup> Zimbabwe Vulnerability Assessment Committee (ZimVAC) 2019

<sup>6</sup> National Nutrition Survey 2018

<sup>7</sup> Zimbabwe National Nutrition Survey 2010

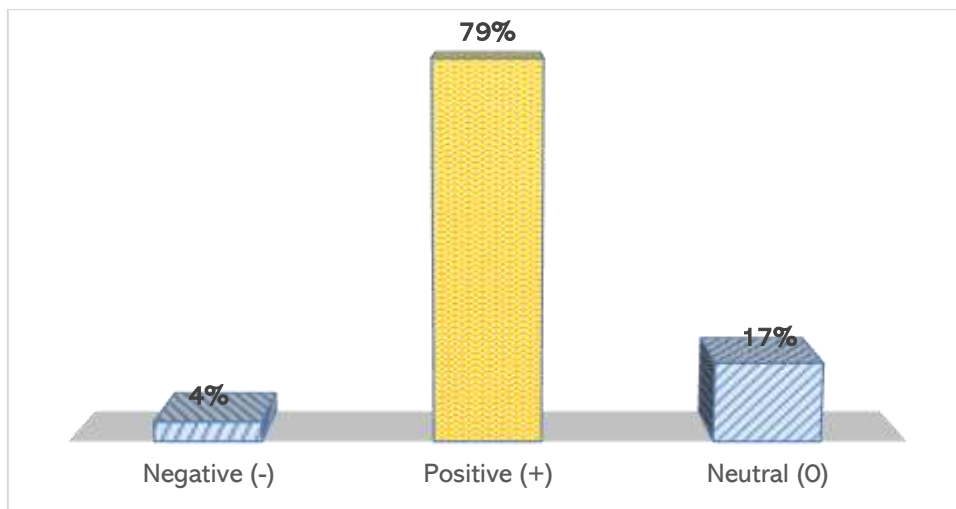


### 3.3.2. Changes in diet and nutrition

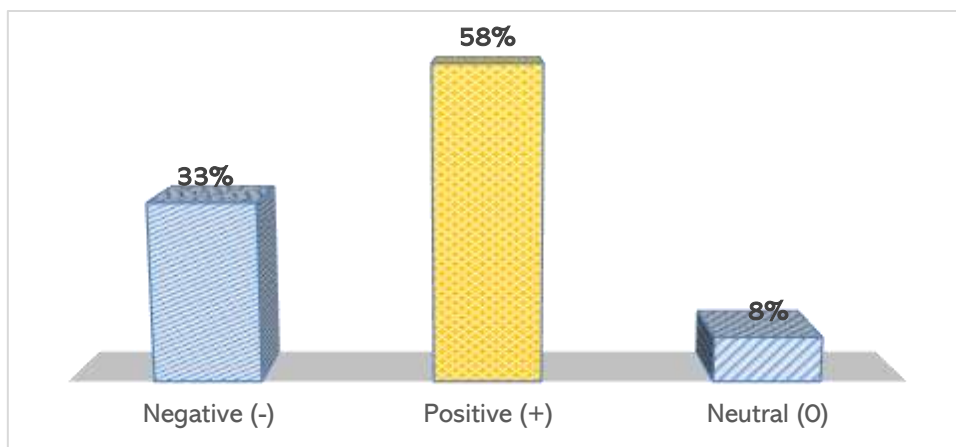
The majority of the respondents (4 out of 5) reported a positive change in the overall household diet in the last three years (Figure 12). When asked specifically about changes in the quantity or amount of food consumed by the household in the last three years (Figure 13), six out of 10 reported a positive change and only one in three reported a negative change in the amount of food consumed by the household. In terms of the changes in the household dietary diversity (variety of food consumed by the household), 72 percent of the respondents reported a positive change compared to only 8 percent reporting a negative change in the last three years (Figure 14). Results were slightly less impressive for reported changes in the quantity or amount of food consumed by the household during the dry seasons in the last three years (Figure 15). Almost similar proportion of the respondents reported a positive (44 percent) and negative (39 percent) amount of food consumed by the household during the dry seasons.

Overall changes in children's diet in the last three years (Figure 16) have been overwhelmingly positive. Nearly 90 percent household reported a positive, and only 3 percent reported a negative change in the children's diet.

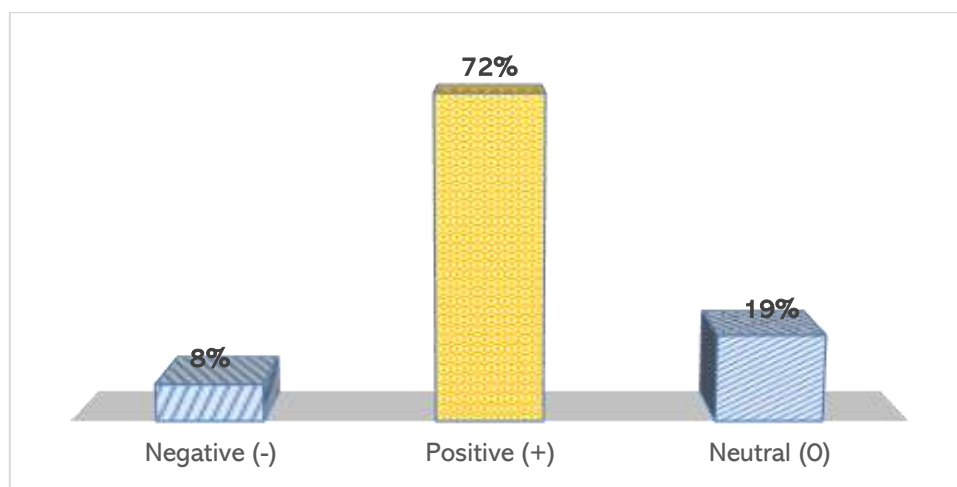
*Figure 12: Changes in the overall household diet in the last three years*



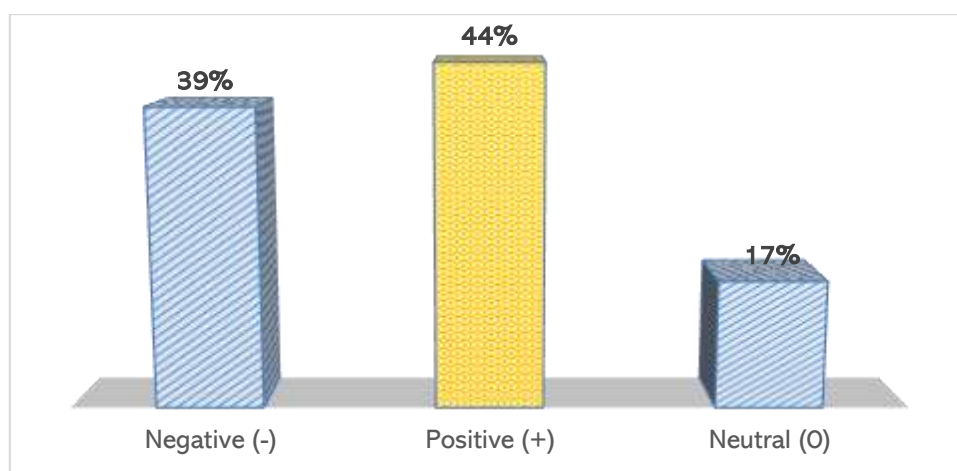
*Figure 13: Changes in the quantity or amount of food consumed by the household in the last three years*



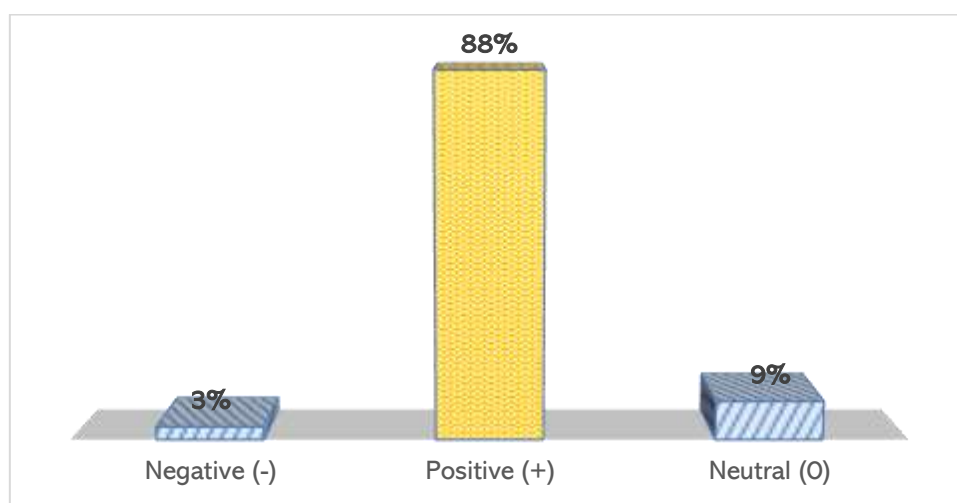
*Figure 14: Changes in the household dietary diversity (variety of food consumed by the household) in the last three years*



*Figure 15: Changes in the quantity or amount of food consumed by the household during the dry seasons in the last three years*

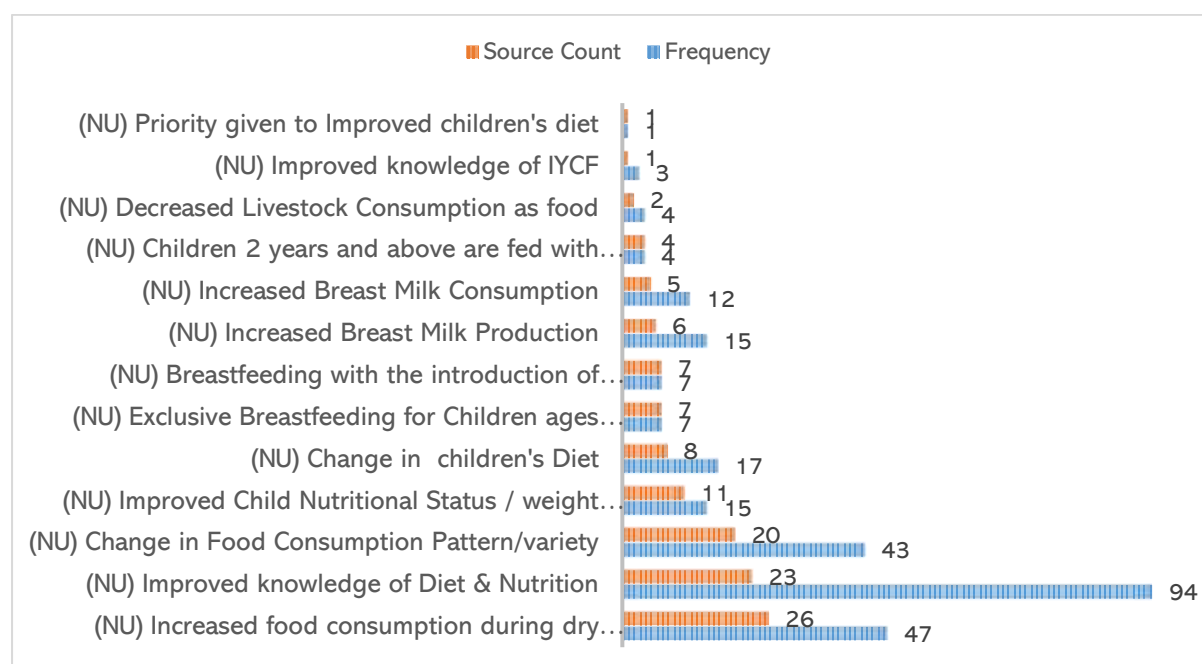


*Figure 16: Overall changes in children's diet in the last three years*



In terms of positive changes in behaviour and practices related to nutrition (Figure 17), a large number of respondents mentioned, improved knowledge of diet, nutrition and infant and young child feeding (IYCF) leading to diversified diet for the adult household members as well as the children. Most commonly reported IYCF practices include early initiation of breastfeeding, exclusive breastfeeding, continued breastfeeding and improvement in the quality of children's diet. Increased consumption of food during the lean seasons and a change in household dietary diversity were repeatedly mentioned by multiple individuals during the interviews and focus group discussions.

Figure 17: Reported positive changes in household and child nutrition and food consumption



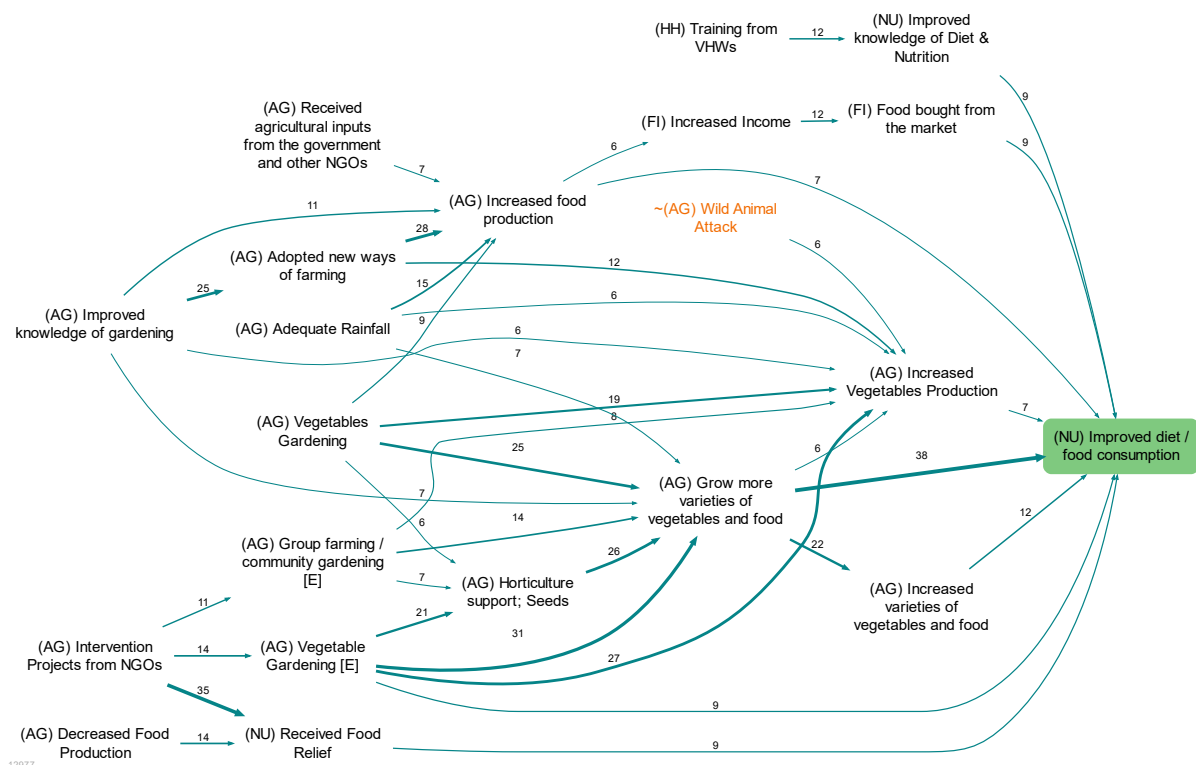
### 3.3.3. Nutrition and food consumption causal pathways

Looking more broadly at reported causal links between improved food consumption and project interventions, it is interesting that many respondents reported links between increased production and varieties of vegetables coming from the communal vegetable gardens, as well as learning about new practices, adopting new practices promoted by the Garden Trust project. This causal chain is shown in Figure 19, where the high citation counts shows that three out of four respondent mentioned this chain, and several mentioned it within different question domains in the interview.

The following quotes illustrate aspects of the overall causal story in relation to nutrition and improved food consumption in the (translated) words of individual respondents/FGD participants:

*KHM20: The amount of food that my family eats during dry season has increased since 2020 because I have been working harder in the community nutrition garden established for us by Save the Children. Thus, I have been successfully growing more food from that garden and we consume dried garden produce that we reserve for dry seasons. I also get additional food like sugar, flour, rice, cooking oil and fish from the local market.*

Figure 18: Causal claims related to an improvement in household food consumption



Source Count: 5+

**KHM20:** My family started growing new crops like butternuts, green paper, king onion, carrots, beetroots, eggplants, spinach, tsunga and lattice in the community nutrition garden in 2020. Since then, I have been growing those crops in huge quantities. I was taught new farming practices like the use of organic manure. I am now applying dead tree leaves, cow and goat dung in my garden beds and my garden yield increased. I was also taught not to use pesticides on our garden crops since they have side effects on human health in future. I am now using natural wild plants to control pests. These new farming techniques increased the yield of my garden produce and I have learnt ways pf preserving and storing them. I simply shreds them and dry them under cool dry place and they don't loose nutrients. My domestic animals like chickens and goats are increasing because I rarely eat them since I would be consuming a variety of vegetables in my household. This change is a result of Save the Children community nutrition garden established in our community that is producing the majority of food we are consuming.

I am now eating balanced diet food coming mainly from the nutrition garden donated to us by Save the Children in 2019. Therefore, I am now regularly eating carrots, beetroots, eggplants, spinach, tsunga, green paper from that again. This improved my diet.

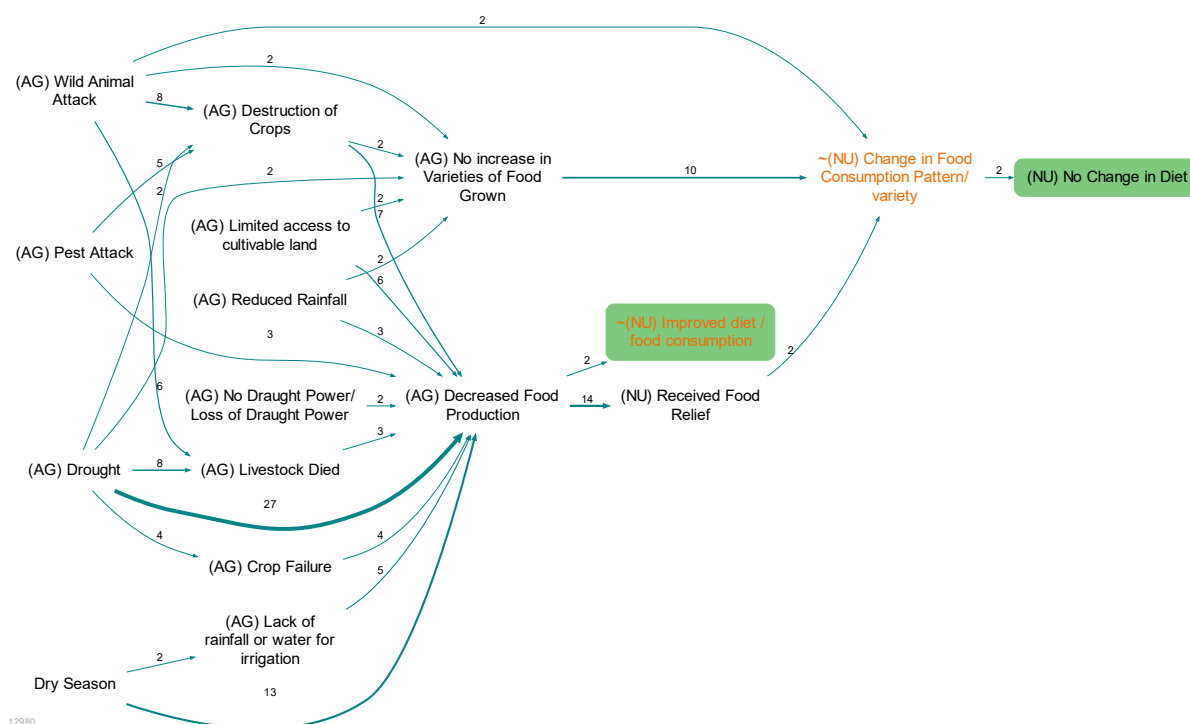
**BCF63:** Our food basket has improved with the inclusion of new foods that were not part of our meals before the garden project like carrots, onions,

*butternuts and maize. We rape more because we grow it in large quantities. There is no specialised food allocation because we eat in the same plate with my daughter. I try to make sure that the diet is balanced and serve varied food combinations where possible because the VHWs taught us that we should have a balanced diet to stay healthy. During the lean season, we reduce the size of the pot and also the number of meals we take so that our food lasts longer. The vegetables are dried for use in the dry period. To boost our diet, I buy other food stuffs that are not grown like sugar, rice, flour, salt from the income I get when I sell garden produce. From the bush we collect mbubu and boabab fruits which I at times exchange for grain to those who need them.*

**KHF32:** *My household is now growing more and varied food for our household consumption since 2020 because Save the Children has been giving us more varied garden inputs and technical support. This increased the yield of that garden resulting in my household consuming diverse food. This change is because of more food coming from the community nutrition garden project.*

Similar to the causal claims related to an improvement in household food consumption, the household reporting no or negative changes in household food consumption (Figure 20), the respondents primarily highlighted the low production and varieties of vegetables coming from the communal vegetable gardens as the leading cause of negative or no change in the household diet.

**Figure 19: Causal claims related to a decrease in household food consumption**



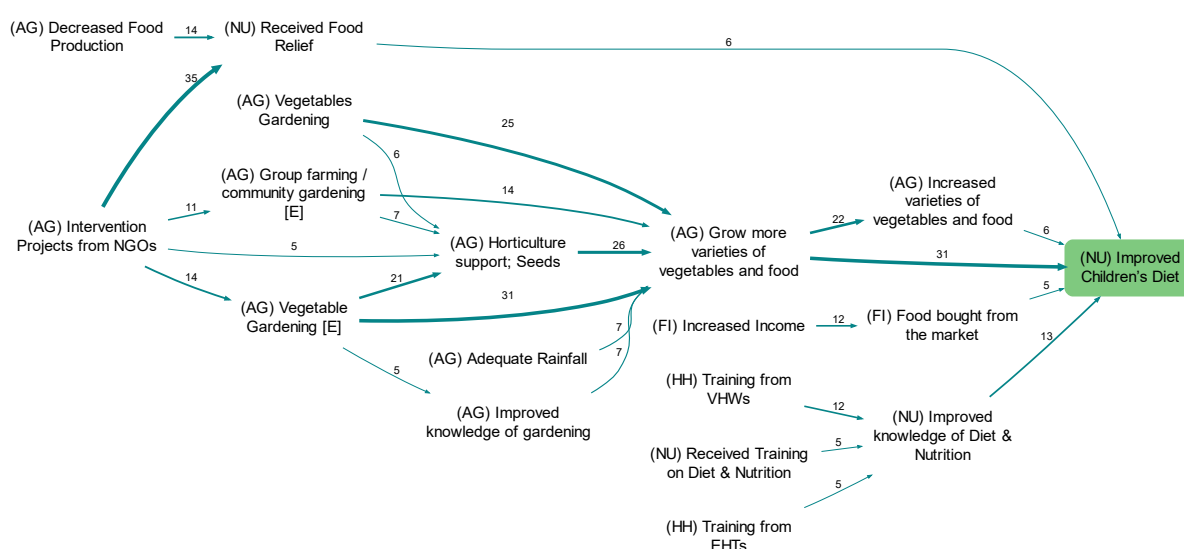
Source Count: 1+

The following quotes illustrate aspects of the overall causal story in relation to nutrition and decreased food consumption in the (translated) words of individual respondents/FGD participants:

**KIF75:** *Despite Save the Children efforts through the community nutrition to alleviate my household poverty I have failed to grow meaningful crops in my garden beds. As a result, there is less food at my household and the diet of my children has not improved.*

**BAM30:** *There has been no change because we are at risk and we are characterised by lack of productive assets such as livestock and limited labour for production due to high dependency ratio within the households on NGO food aid. We found ourselves coping with food insecurity by decreasing the quantity and quality of meals, increasing consumption of wild foods and distressful selling and barter of small livestock for staple grains, resulting in total depletion of the existing physical assets and a high school dropout rate. Main sources of income are sale of grass, vegetables, wild foods and local crafts. However, these income sources have very low profit returns and do not adjust to the current levels of hyperinflation in the local markets, causing a steady erosion of our purchasing power. The 2018 drought worsened our already bad situation. We lost our livestock for example I lost 6 and I'm left with only 3 cows. I just want to put more emphasis that we suffer from a great deal of food deficit which is attributed to low rainfall, compounded by limited arable land and patch arable soils. Our region has the dry warm winters and the hot wet summers. The temperatures are high and rainfall quite unreliable. Because of these reasons we have been reduced to perpetual beggars for food relief to bail us from hunger.*

Figure 20: Causal claims related to improvement in children's diet



Source Count: 4+

The following quotes illustrate aspects of the overall causal story in relation to nutrition and improved children's diet in the (translated) words of individual respondents/FGD participants:

*KHM20: My children are now eating balanced diet food coming mainly from the community nutrition garden donated to us by Save the Children in 2019. They are now regularly eating carrots, beetroots, eggplants, spinach, tsunga, green paper from that again. This improved their diet. This change is due to more balanced diet they are eating which comes from the community nutrition garden.*

*BCM71: Children from 0-6 months are breastfed only while the 6-23 months continue with breast milk and then introduced to other solid foods like porridge with peanut butter and sadza<sup>8</sup> in soup. They are fed solids 3 times a day. The 2 years plus get same food as that for the adults even having in mind the need to have a balanced diet as advised by the VHWs. There is no special or specific food for the breastfeeding and pregnant mothers, they eat whatever is prepared for everyone. There are no number of meals stipulated for them but they are encouraged to eat any time they feel hungry as long as we have enough food stocks.*

### **3.4. Health & hygiene**

#### **3.4.1. Health and hygiene behaviour change interventions**

In different rounds of the Garden Trust supported programme in Binga and Kariba, the health and hygiene interventions have been delivered in conjunction with the nutrition interventions; and the activities included awareness raising of household and community members about water, sanitation and hygiene (WASH) through Social and Behaviour Change Communication (SBCC). The project Theory of Change (ToC) also assumes the facility level interventions will also improve the availability and quality of health services.

#### **3.4.2. Changes in health & hygiene**

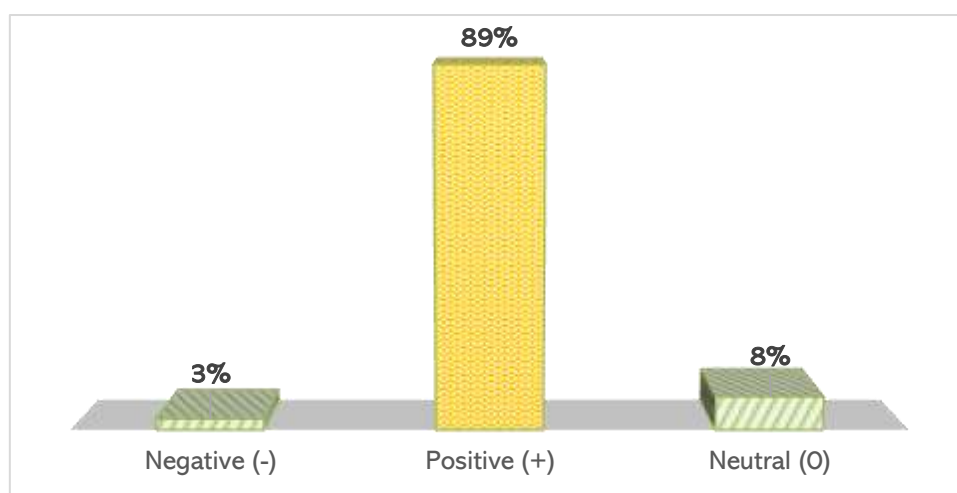
A high proportion of respondents reported positive changes in health and hygiene practices. Figure 22 & 23 shows changes in the health of adults and children in the past three years. Nearly 9 out of 10 adults and children over 5 years (Figure 22) reported a positive change and the results are very similar for children under 5 years (Figure 23).

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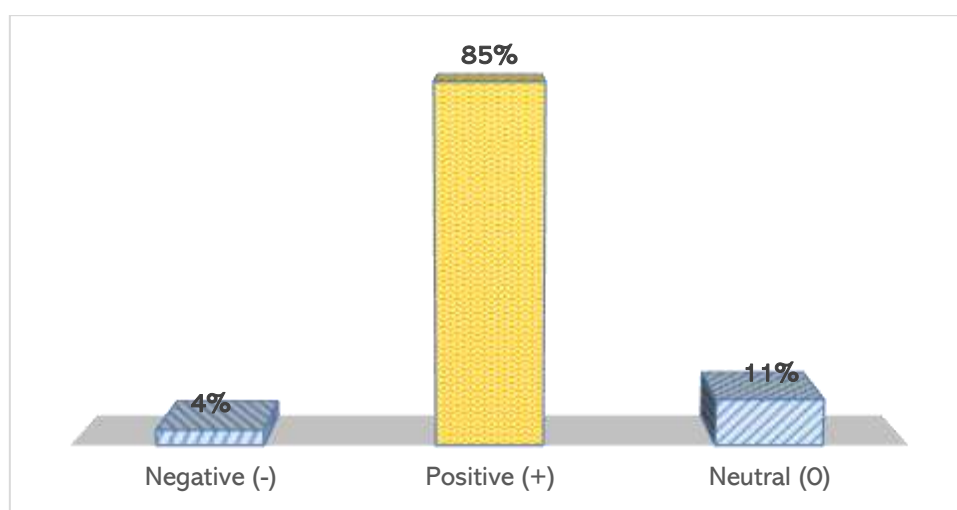
<sup>8</sup> "Sadza is a Shona name that refers to a Zimbabwean porridge-like dish made by cooking maize meal (cornmeal) in hot water, until it forms a stiff, dough-like consistency. Other flours such as sorghum, millet, and cassava flour can be used to make it. It is a staple that is not only popular in Zimbabwe, but in other parts of Africa as well, where it goes by different names such as pap in South Africa, and Nsima in Malawi." – Source: <https://weeatatlast.com/sadza-recipe/> (date accessed: 01 March 2023)



*Figure 21: Overall changes in the health of adults and children over 5s in the past three years*



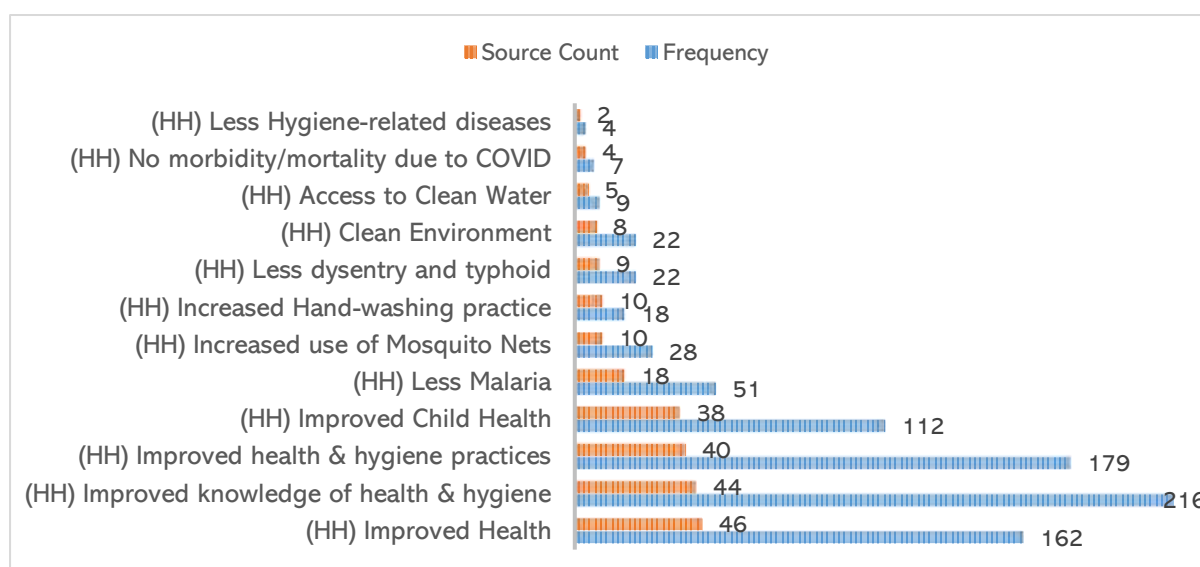
*Figure 22: Overall changes in the health of young children (under 5 years) in the past three years*



The reported drivers of changes for improved household and child health includes improved knowledge of personal and environmental health & hygiene, clean environment, better hand-washing practices and increased use of mosquito nets that led to less water borne diseases and decreased malaria.



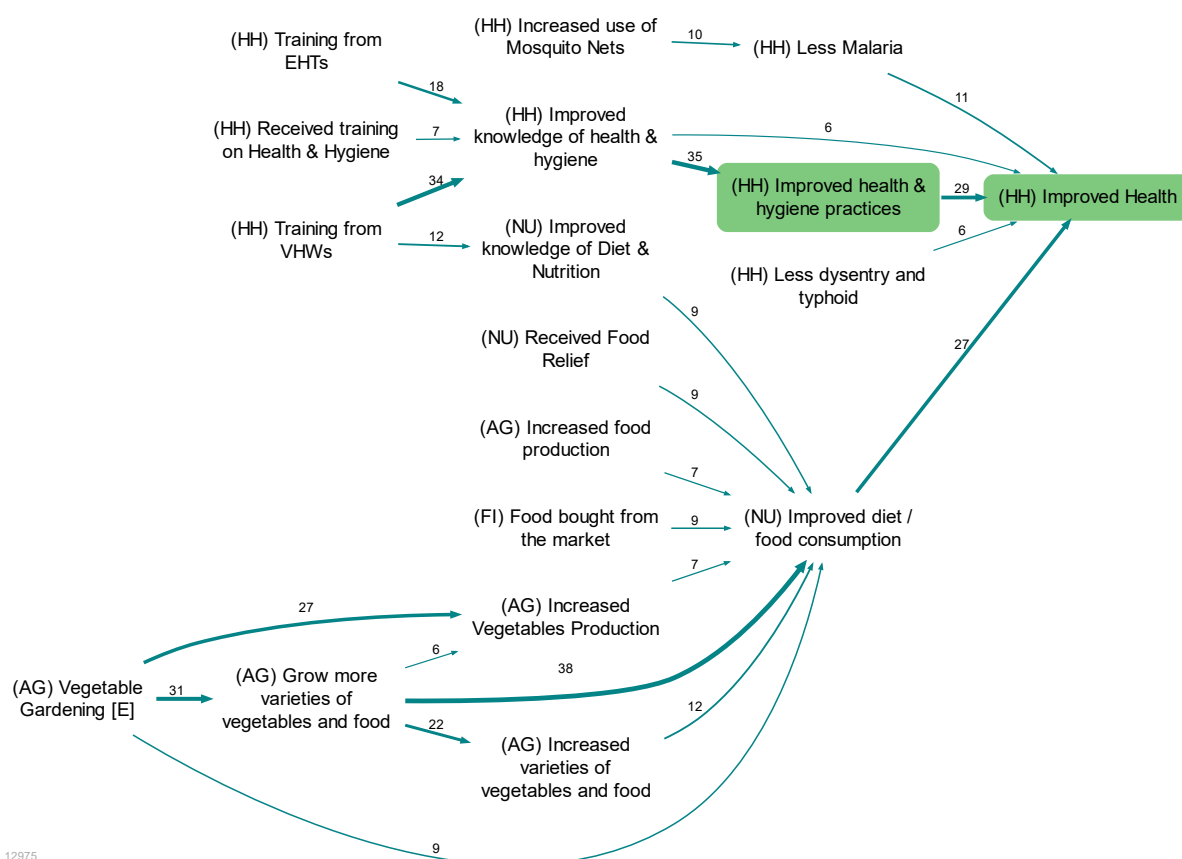
Figure 23: Reported positive changes in household and child Health & Hygiene



### 3.4.3. Health & hygiene causal pathways

Looking more broadly at reported causal links between health and hygiene practices and improved health, it is interesting that many respondents reported links between learning about new practices, adopting new practices and believing that their household's health has improved as a result. An equally large number of respondents reported improved diet being one of the key factors for better household and child health. This causal chain is shown in Figure 25 and Figure 26.

Figure 24: Causal claims related to household health and hygiene



Source Count: 5+

The following quotes illustrate aspects of the overall causal story in relation to household health and hygiene practices in the (translated) words of individual respondents/FGD participants:

**BAM3:** *Our health and hygiene has changed because we are now using the toilet and following all the hygiene practices we were taught by the VHWs. This has afforded us to stay healthy and the diseases that we used to suffer from are now a thing of the past.*

*I foresee an improvement of my future by continued heading to the tenets of good hygiene health in the home because this has assured me that if followed well one's health can improve. I have witnessed reduced sickness of diseases like malaria and diarrhoea because my household surroundings are now clean. In that case, if any new concept was to be introduced I have the confidence that we as a household we can manage to adhere and comply. For example, with the advent of COVID 19, we had no problems following what we were told to do because we have been already used to washing hands and seen its benefits. We now have no problem washing hands constantly, wearing masks, maintaining physical distance and sanitising, and this has seen us minimising cases in our area and household.*

**BAM96:** *I feel there has been a great change in terms of our health. For years we suffered greatly from malaria. We were always victims of severe sickness of*

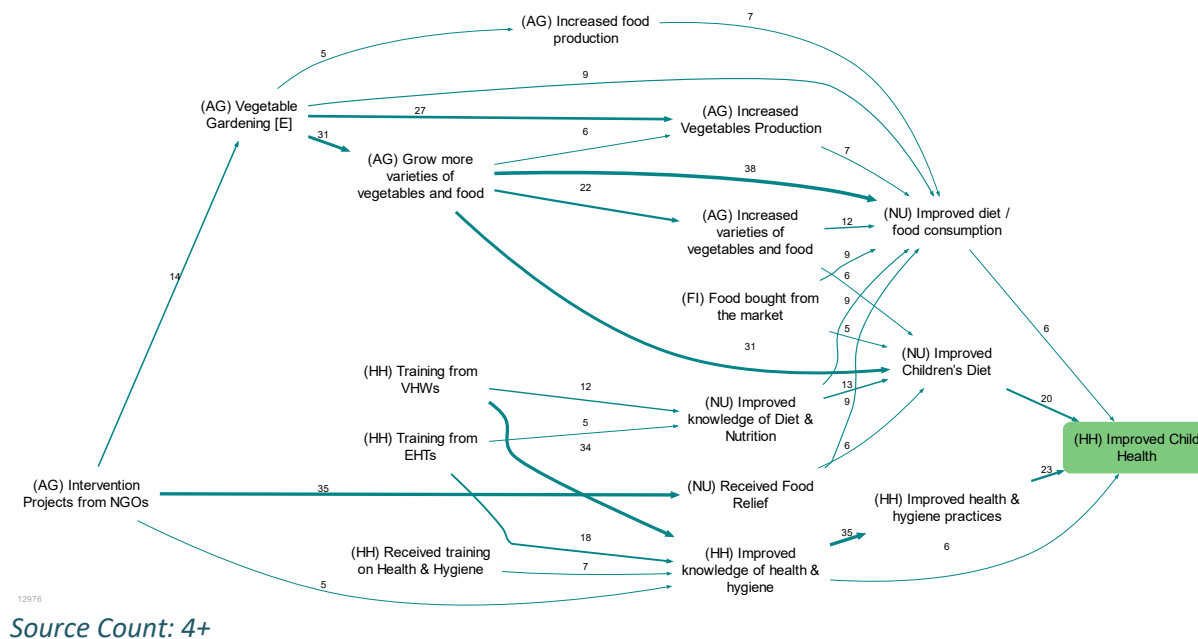
*malaria. Sometimes one person would be admitted at the hospital three times in a year. The simple reason is that we never cleared breeding areas for mosquitoes in our home. Mosquitoes hibernate in tall and long grass, potholes and ditches with water. After some trainings from the EHTs from 2017 to 2021 we managed to put into practice what they had taught us. We cleaned our surroundings and that brought about a huge change. Since that time my household never suffered from malaria. Another change has been in the source of water we used. We used open wells even well before 2018. These wells were causing sicknesses such as dysentery and typhoid. We suffered from stomach ache always. We held several meetings with our local leadership to come up with solutions for proper and clean sources of water. We are lucky the Gods heard us we now have a borehole. It was installed about 3 and half years ago. This is a community borehole. I'm not very sure where our leaders got the donation for this borehole. That became the end of malaria, dysentery and typhoid sickness. For malaria after the workshops that we attended which were being conducted by our Village health Workers on prevention and control of malaria it became an eye opener. We learnt that in order to deal with malaria once and for all we need to identify breeding areas such old tins with water, old tyres, ditches and then remove all the water or spray the containers with insecticide. we also avoided mosquitoes bites, we had also to use mosquito nets which we were given by Ministry of Health but never used them even in a single day. In some of the days we would spray our rooms, and close the doors and windows for several hours and that would totally kill the insects. Since 2018 none of us was admitted because of malaria*

**BCF63:** *Since I started embracing the education and knowledge we got from the VHWs and Agritex Officers on hygiene and CA respectively I have realised a change in my life. I rarely get sick from diseases, the diet has improved and the crops have improved due to following what we learnt .*

**FGKHF1:** *Women and children from households like ours are more healthier because they now have enough food due to the good field harvest of 2020/2021. Rains were good so their food base widened to include pumpkins, sweet potatoes and peanuts. Previously they did not have this variety because of drought. Now children are registering weight increase when they go for monthly scaling at the local health centre because they are now eating three or four times a day compared to previous years. Previously their weight registered stagnancy or decreased weight because of lack of adequate food due to the drought. Nursing mothers now have sufficient milk because of increased food varieties as well.*

*Women and children from households like ours also benefitted from the monthly maize grain supplied by Social Welfare from 2019 to April 2021. They could at least afford a meal a day since they had grain. Things improved when Save came with the nutrition garden project in 2020. They were now having nutritious vegetables and alternatives to maize like butternuts. This resulted in them having good health and saving the time they used to go into the wild to gather tubers for food.*

Figure 25: Causal claims related to child health



The following quotes illustrate aspects of the overall causal story in relation to child health and hygiene practices in the (translated) words of individual respondents/FGD participants:

**BAM3:** *The children's health and hygiene has improved in that we were taught on the need to feed our children a four star diet which includes all the nutrients needed for them to grow. The VHWs also taught us how to use locally available resources to provide the 4 star diet. We also supplement some of the food that makes part of the 4 star diet by growing a variety of vegetables in the garden.*

**KIM72:** *My 3 year old son is now very healthy because during his first six months my wife exclusively breast feed him. When he was above 6 months she began to feed him with a variety of balanced diet garden produce from the nutrition garden and they made him healthier*

**BCM64:** *Children are no longer suffering from diseases like diarrhoea since we started practising the hygiene standards that were taught to us by CADEC in 2009 and also the education from EHT later on. Our children now use the toilet all the time and wash their hands after that since there is a hand washing point just outside the toilet and that we as parents we keep reminding them of the need to stay clean.*

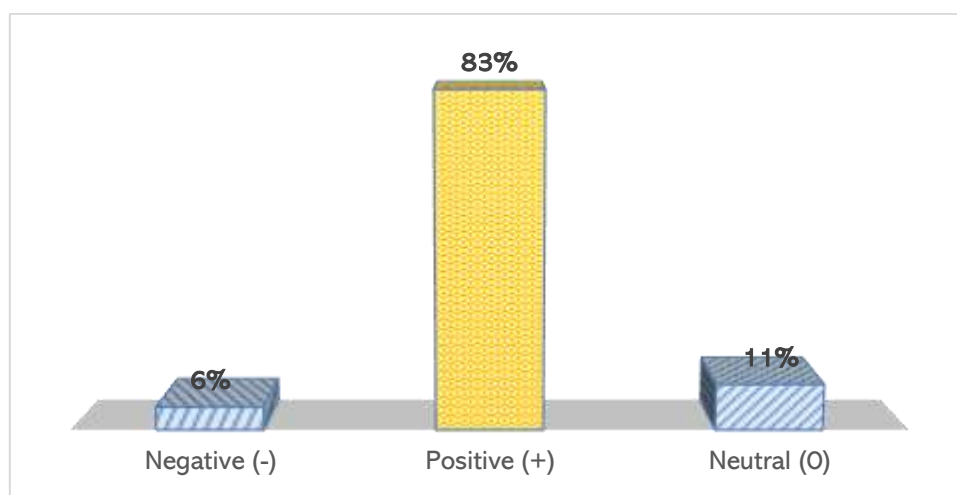
### 3.5. Household and community relationships

#### 3.5.1. Relationship changes

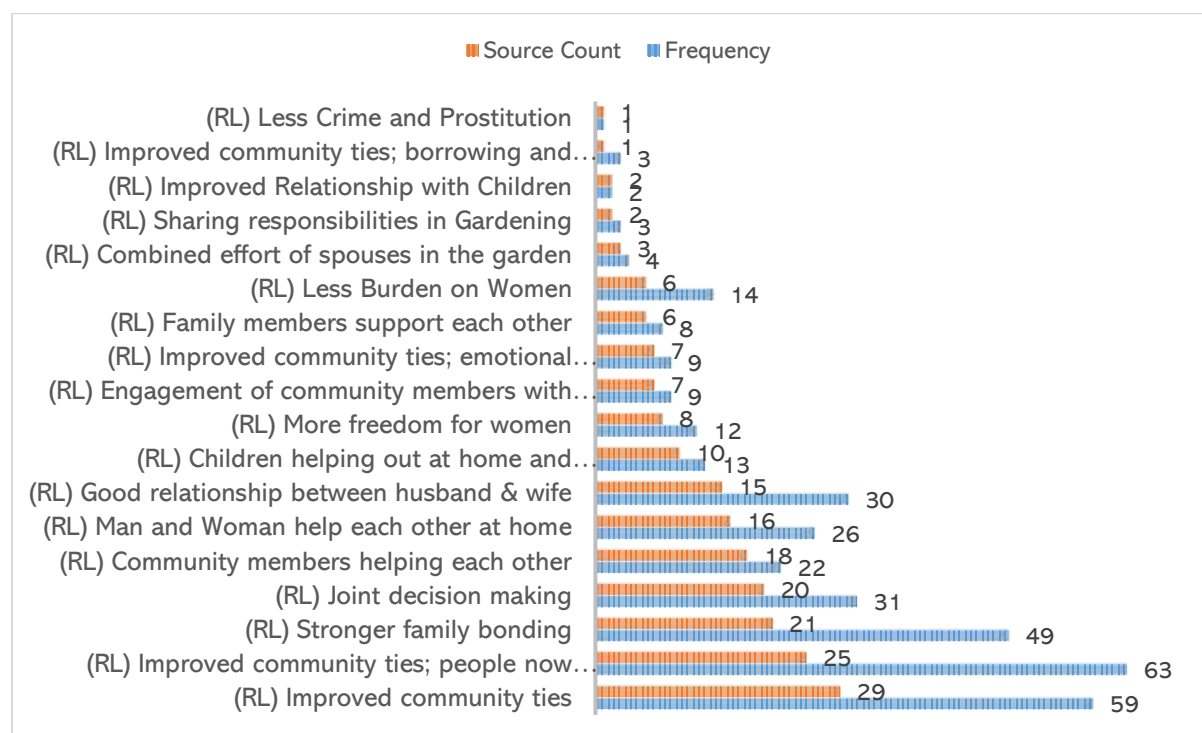
Looking at the changes related to the community relationship, more than 80 percent of interviewees reported a positive change in the way the community works together (Figure 27). The majority of respondents reported (Figure 28) improved functioning of community

groups/community and in how the community works together. Half reported community development and smaller numbers reported shared learning with others and observing change in others. Very few noted community leaders leading by example and having learnt from others. At the household level, joint decision making and man and women helping each other were reported as key drivers for improved intra-household relationships.

*Figure 26: Perceived changes about the way the community works together over the past three years*



*Figure 27: Reported positive relationship changes within the household and the community*

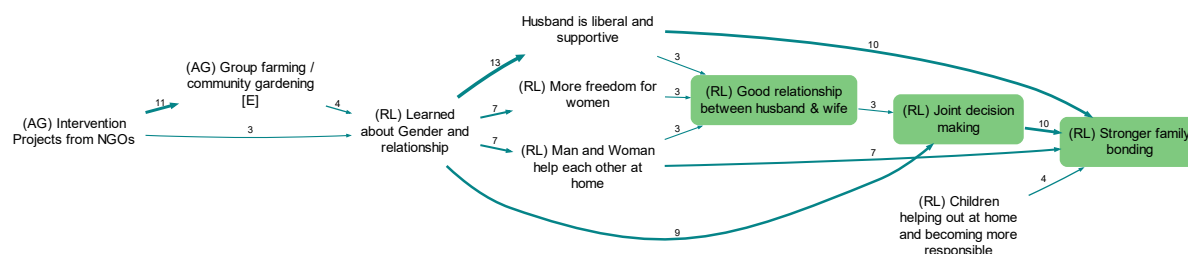


### 3.5.2. Relationship causal pathways

For better intra-household relationship and stronger family bonding respondents made the links between learning about relationships and gender, practice changes both in household decision making leading to overall improved household relationships. The numbers transferring the

learning into changes in practice in household tasks, male involvement in childcare and the wife's involvement in spending/decision making, while slightly lower, is still very impressive.

Figure 28: Causal claims related to intra-household relationships



Source Count: 2+

The following quotes illustrate aspects of the overall causal story about intra-household relationship changes in the (translated) words of individual respondents/FGD participants. The stories do seem to show a remarkable level of change, particularly among the men, with observed benefits for the rest of the household:

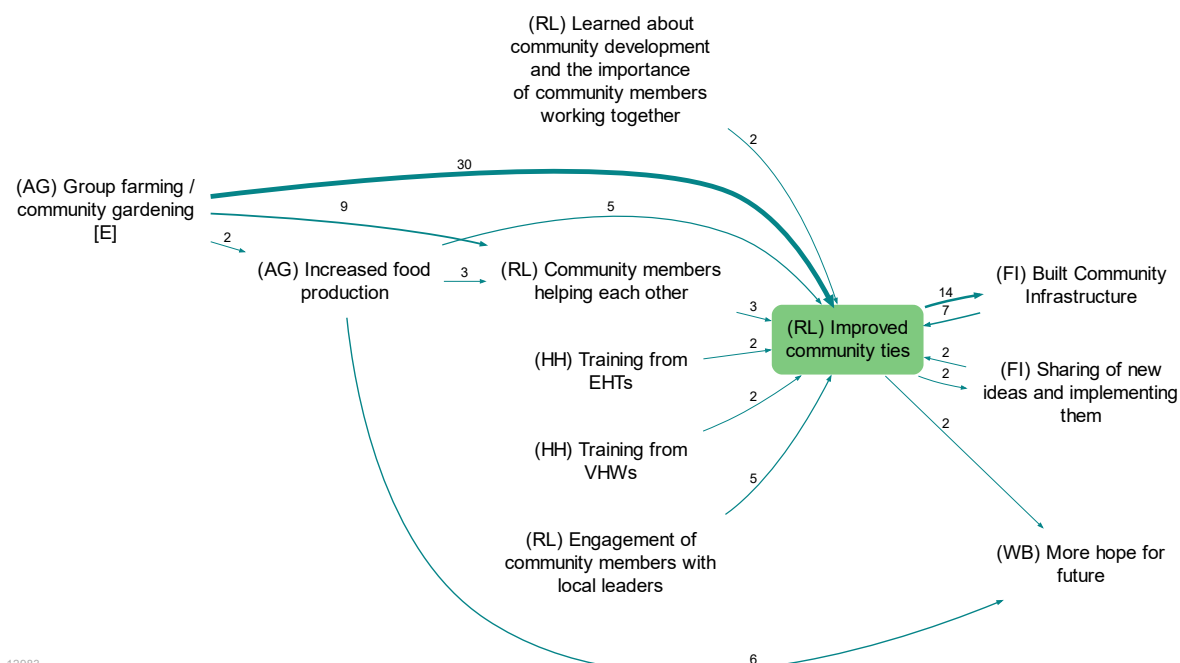
**BAF29:** ..... I know I live in one of the communities where it was difficult for a woman to sit with her husband and take decisions together about family matters, because of cultural practices, lack of platforms where women can present their concerns on decision making matters. I'm lucky this has not been the case with my husband. I'm so free to sit and discuss with my husband and discuss ideas that concern us as a household. Of course since he is working outside our district I consult him on major decisions before I implement any thing. I always solicit for his views/opinions and he does the same. .... For example if I want to go to a far away place to visit my relatives, I always inform him. I also keep him abreast of any new developments in my home and he does the same. The change is attributed to his interaction with different people of diverse cultures and perspectives

**BCM71:** Decisions are made by both me and my wife. We share work according to the labour required, heavy work is done by me. I only assist in cooking when my wife and daughters are nit there. I assist with child care like feeding and even cleaning the baby once he/she soils her clothes or after I have fed them. Basilwizi Trust gave us training on child rights and protection that is when I realised that there is need for me to be part and parcel of the upbringing of my children. The trainings were given before 2018, it was from 2011 to 2017 to be specific. Working together as a household helps build trust and promotes peace among family members.

There are potential pathways between household/group based learning and the wider community. A lot of the project activities involved groups of those who learned together about agriculture, health and nutrition, and relationships and worked together on community gardens. The most important drivers of improved community relations included project supported group farming or community gardening, followed by the activities engaging the community members with the local leaders. Stronger community ties have also led to working together to build key

community infrastructures for examples, roads, schools, toilets irrigation system for communal gardens.

Figure 29: Causal claims related to community relations



Source Count: 1+

The following quotes illustrate aspects of the overall causal story in relation to community level relationship change in the (translated) words of individual respondents/FGD participants:

*KHF41: Since 2019, the nutrition garden has been the rallying point for all community members. People who didn't speak with each other or spend time together before, were made to spend most of their time at that garden. Ultimately, they end up smoking the peace pipe and started working together. This is due to a conducive environment created by Save the Children through the community nutrition garden.*

*BCF70: The relationship has improved, this is evidenced by working at the garden since 2014 as a team. It has as been so inspiring. The garden has led us to unite and work together. This was one of the biggest changes. We later embarked on building our own toilets. and tried also to assist each other as households . We got building material from Red Cross in 2017 and 2018 and we assisted each other as different households. We worked together with our neighbours . We also mobilised ourselves for bigger projects such as building our own secondary school classroom block . We observed overwhelming support from community members for the construction of our schools. We learnt that we can drive our own change without any external force. We learnt that as long as we are united nothing can divide us*

*FGBAF1: The relationship has been good for example when we were reclaiming some gullies there was so much cooperation such that almost all men and women came and participated in that activity. We have seen a change. Many gullies have been well attended and managed. At one time we were rehabilitating our dusty road. The response and participation was overwhelming. Many community members turned up and we managed to rehabilitate our road. At one time we were ferrying river sand to our local school, the participation was also pleasing. As a result we have so far managed to build our classroom block.*

## 3.6. Wellbeing

### 3.6.1. Wellbeing changes

There were no project interventions specifically targeting wellbeing, and the project's goal doesn't mention wellbeing. Instead, the project expects that the cumulative changes in health, nutrition, food security, agriculture, income, intra-household relationships and community relationships will result in mothers, children under 5 years, who are well nourished and live in food secure, resilient and more gender equitable households. The QuIP study invited respondents to reflect on a more open-ended question about feelings of wellbeing, happiness and hopes for the future. This is important, not only as a measure of impact upon perceived wellbeing, but also as hope for the future will be a positive motivating factor in maintaining and spreading the behaviour changes occurring through the Garden Trust supported project.

Figure 35 & 36 shows a strongly positive perception of increased happiness, feelings of wellbeing and hopes for the future. This is particularly remarkable given the difficult weather conditions, the Covid19 pandemic in the period leading up to the QuIP study. More than 80 percent respondents reported to perceive positive changes in the household wellbeing in the past three years, and an equal number of the respondents reported to have confidence and hope for the future (i.e. in the next five years household wellbeing will be positive).

*Figure 30: Perceived changes in the household wellbeing in the past three years*

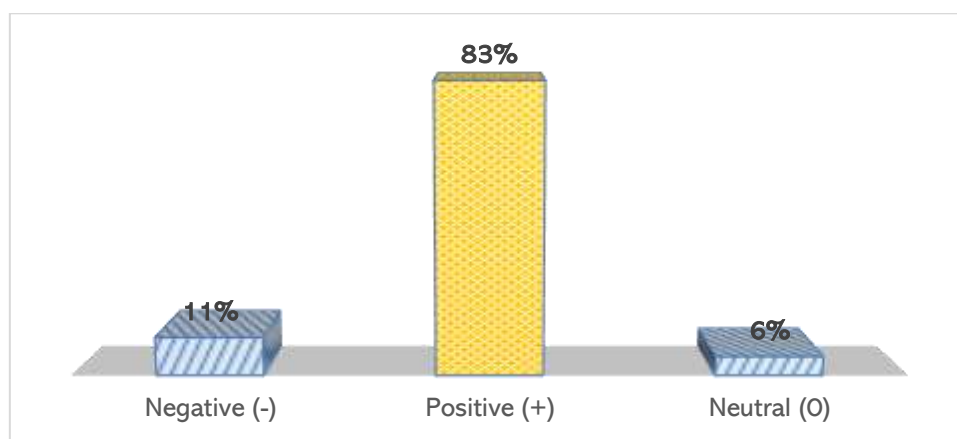




Figure 31: Household's confidence and hope for the future (i.e. in the next five years household wellbeing will be positive)

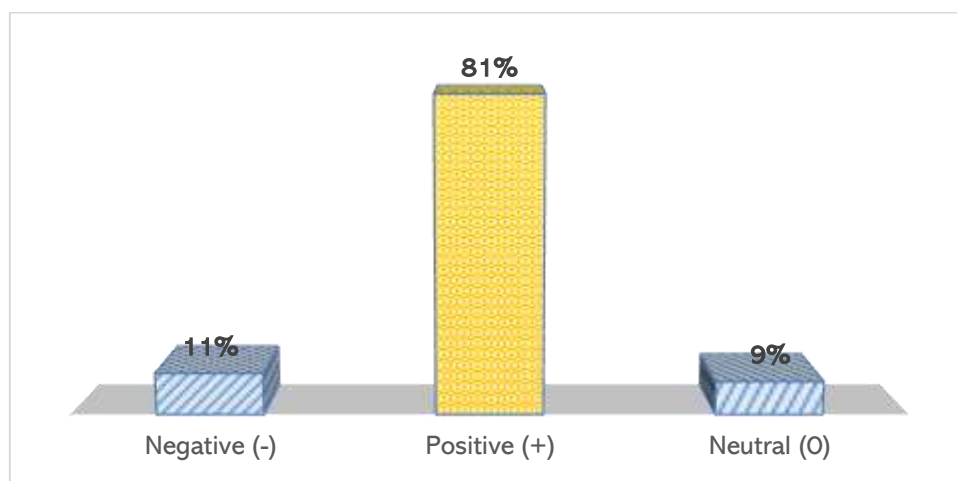
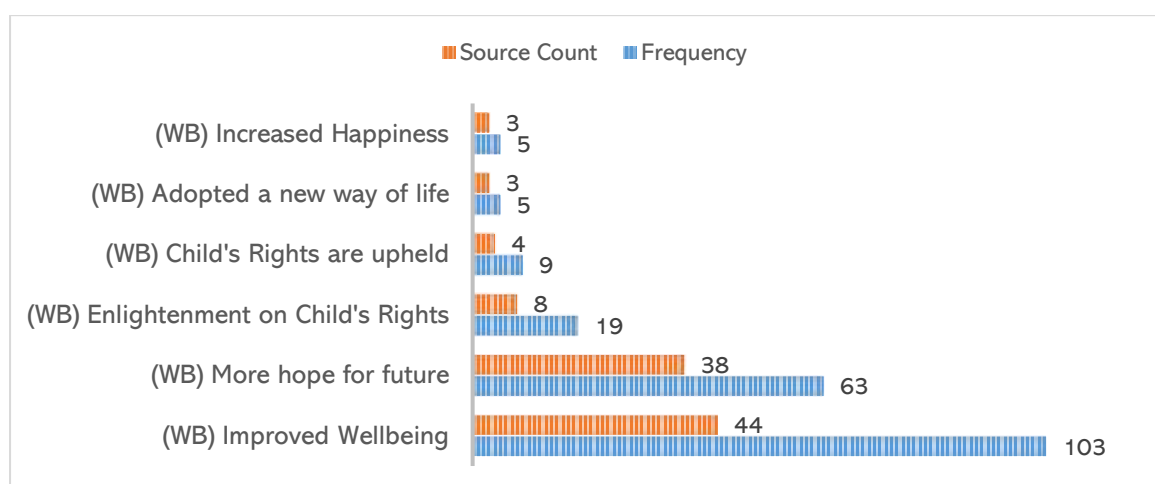


Figure 32: Reported positive changes in wellbeing



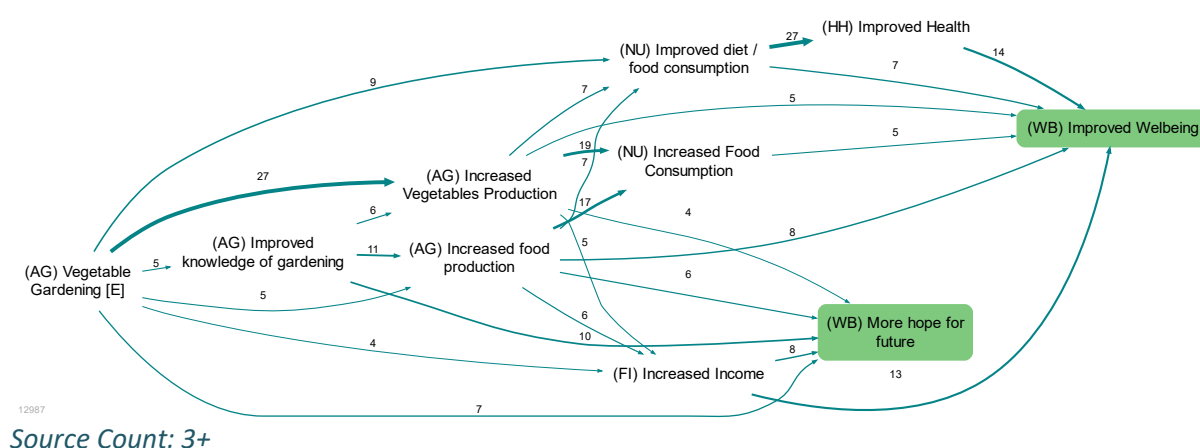
### 3.6.2. Wellbeing causal pathways

The drivers of improved happiness/wellbeing are most commonly improved health, food consumption and income. Despite overall positive changes in improved community and household relationships reported earlier in the QulP interviews, these did not figure as highly as health. There were relatively few responses on causal pathways leading to hope for the future, with the most common being about community gardening leading to increased food production and income, which could refer to any or all of the project interventions.

The following quotes illustrate aspects of the overall causal story in relation to improved wellbeing in the (translated) words of individual respondents/FGD participants:

*KIM78: I am now settled emotionally because of the availability of enough food, for my household as well as the good health that my family is enjoying from the nutrition garden.*

Figure 33: Causal claims related to improved wellbeing



**KIF80:** My wellbeing improved ever since I become a beneficiary of a community nutrition garden project donated to our community by an organization I cant remember its name in 2019. Now I am now eating balanced diet food coming mainly from the nutrition garden. Additionally, my husband is now helping me doing household chores and it makes me very happy. This change is because of the community nutrition garden that has enhanced our family relations.

**BAF95:** The unity in our home has been so good. I'm now feel at home because of my home environment. It was difficulty to understand that one man would love all his three wives equally. That gives me hope to approach the future with confidence.

**KIF86:** In the next five years, I foresee myself having a brighter future because I shall continue to access adequate food for my household consumption, generate more income through the nutrition garden and our health would continue to improve. The community nutrition garden established by Save the Children shall continue to inspire and motivate us to do more.

### 3.7. Overall changes in the Garden Trust project locations

In the individual interviews, at the end of each open question domain, the respondents are asked to summarise their experiences by answering one or two closed questions<sup>9</sup>. These closely reflect the more detailed discussions in each domain, but also provide a useful comparison across domains, as the same questions are asked of every interviewee.

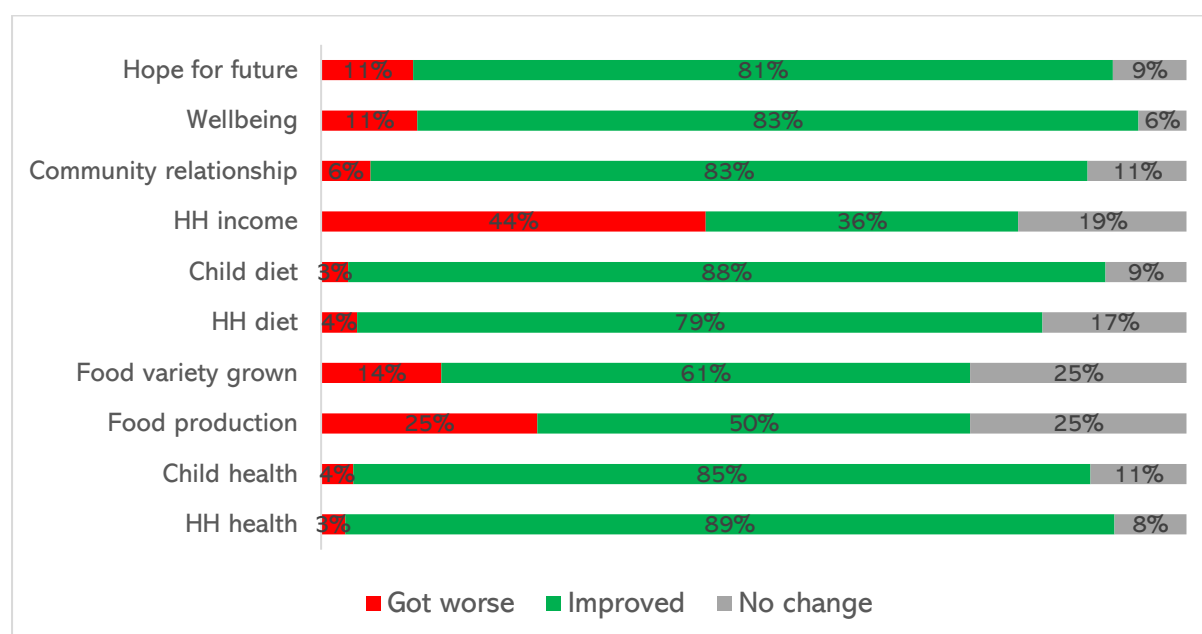
The results (Figure 34) show a very positive picture, particularly considering a challenging weather and the effect of the global Covid19 pandemic. These changes can be interpreted in relation to the attribution information collected in the open questions. The strongly positive changes in areas of project intervention such as agricultural production (both quantity and

<sup>9</sup> Figure 34 uses shortened versions of the closed questions. The figure also summarises all improved/ increased/ more variety answers as 'Improved' (green), and all got worse/decreased/less variety answers as 'Got worse' (red). Answers of no change are shown in grey.

variety), health & hygiene, children's diet, and household diet appears to be a strong endorsement of the project by participants. However, it is remarkable that even in a difficult crop year coupled with limited movement due to Covid restrictions, more respondents reported improvements than those reporting no change or things getting worse.

The overall positive picture is mirrored by very high positive responses to overall wellbeing and hope for the future. These beliefs by the community may be important in reinforcing learning, driving local copying and sustaining the changes being achieved.

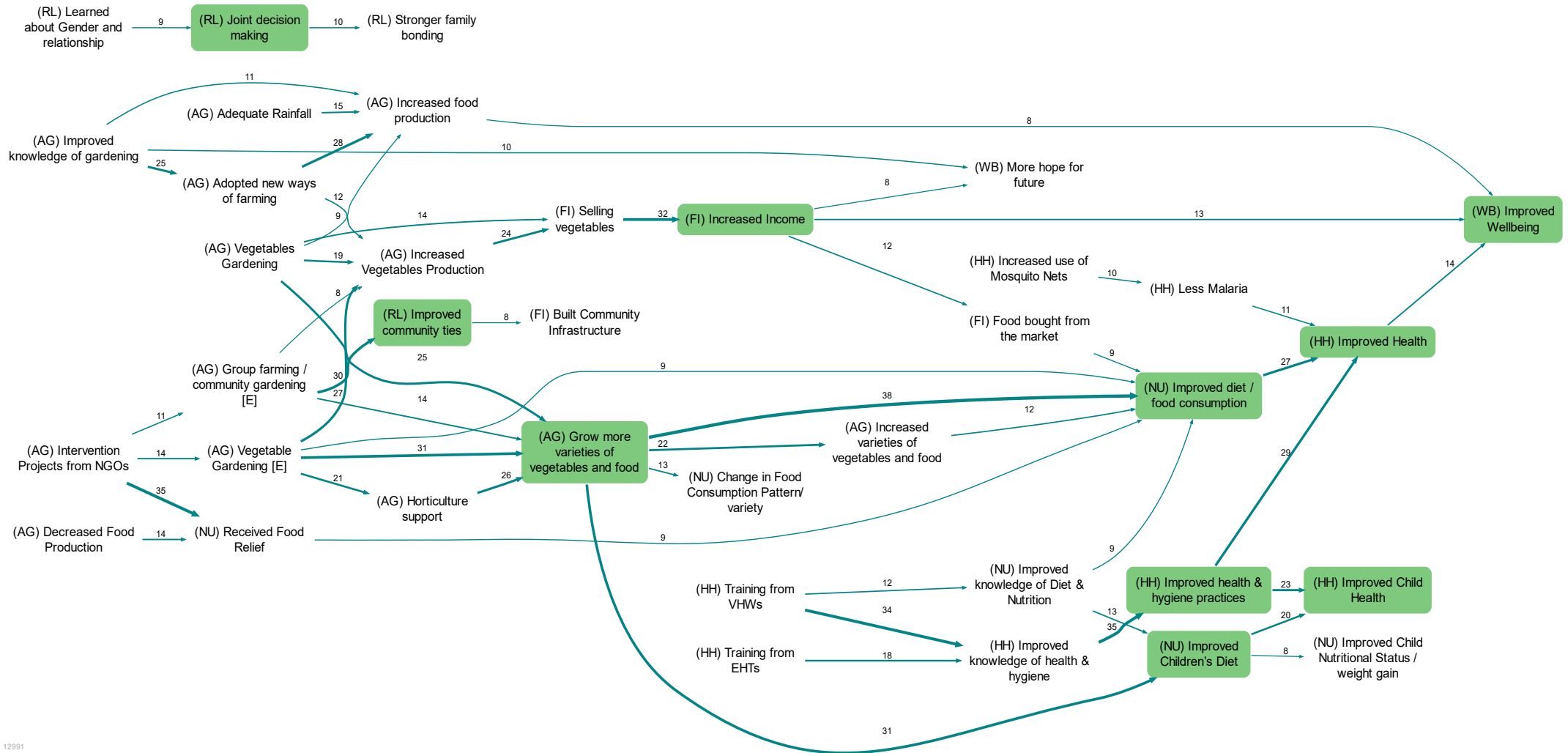
*Figure 34: Closed question response summary (% of respondent count)*



### 3.8. Causal pathways across all project components

Figure 35 shows the most frequently cited causal pathways across all the components of Garden Trust program, showing key outcomes, not only of the individual components, but also of the interaction between them. A whole series of logical pathways have been identified by project participants from project supported learning on different topics, through a number of intermediary steps to positive outcomes like improved household relationships, community development, improved wellbeing, healthier children, increased food consumption, hungry period resilience and improved purchasing power. The most frequent cross-cutting pathways are from the agricultural learning, with increased vegetables production feeding into improved health, increased and more varied food and increased income.

Figure 35: Causal pathways across all Garden Trust components



Source Count: 7+

## **4. Discussion and Conclusion**

### **4.1. Quality of information available from the QulP study**

The quality of the individual interviews was generally very high. In particular there was good detail of the changes being reported, good explanation of the causal pathways between initial changes and subsequent changes and the reasons behind the changes. There was also very clear attribution of the changes to activities by the project. Changes reported in the open question parts of the study were confirmed with similar changes being reported in the closed question summaries. Confirmatory repeat stories were also reported in different question domains in the same interview.

Because of the need to obtain permission from government and community leaders for the study, it was not possible to conduct this QulP study in a manner that was double blinded (which would have meant both the interviewers and respondents not knowing the project that the study was related to). However, the interviewers were unaware of the details of the Save the Children (StC) / Garden Trust (GT) project and it seems likely that the respondents were aware that the interview was about the GT activities they were engaged with but did not particularly consider the interviewers to be Save the Children staff.

There was considerable internal consistency of the responses given by the respondents, and the description of the activities that they were engaged in that led to the outcomes they were describing have a high degree of authenticity. The way snippets of evidence were repeated in different but compatible words in different question domains suggests a high degree of triangulation in the interviewing process.

An observation that may be related to the level of blindfolding of respondents and researchers is the extraordinary focus on StC in the reports. It is remarkable the extent to which interviews focus on StC partners. In the individual interviews by the very high attribution rates to the project. Despite the above, it does seem likely that the information recorded from the individual interviewees or FGDs is substantially correct.

### **4.2. Evaluation Questions:**

This QulP evaluation specifically set out to answer four evaluation questions, which are:

- (i) Is the programme having the expected effect?
- (ii) What other factors have affected expected outcomes, and how do these factors relate to each other?
- (iii) Has the programme had any unanticipated effects, positive or negative?
- (iv) What drivers of change or patterns can be identified that could inform future programme design?

This section of the report discusses these questions based on the available data from the QulP study.

#### **4.2.1. Did the programme have the expected effect on intended beneficiaries?**

More specifically, this questions explored, whether there have been any changes (positive or negative) in respondents' lives over the past year and a half? (Particularly in relation to

breastfeeding practices, feeding practices and diets of women and children, cropping practices, and resilience during hungry periods.)

Individual and focus group respondents reported a very high level of change in understanding and knowledge of improved nutritional requirements for infants young children (<24 months) and for pregnant and lactating mothers, in line with project objectives. There is also a very high level of reported change in feeding practices for infants, young children and pregnant and lactating mothers in line with the objectives. The small number of instances where no change was reported were linked to lack of availability of varied food rather than lack of knowledge.

There were also frequent reports of improved consumption in quantity, frequency, use of multiple food groups (largely produce of the gardens established by the project). Individual and FGD respondents observed and/or believed that these changes to diet are causing a significant improvement in their children's health. This perception is likely to be important in sustaining changes in practice after the end of the programme. Individual and FGD respondents attributed their change in knowledge and behaviour to education/advice they had received. They valued highly the opportunity to learn, and felt that this is a continuing process, though it was mentioned a several times by food insecure households (self identified) about the continuation of the food relief, especially during the lean seasons.

In parallel with the nutrition knowledge, individual and focus group respondents reported new knowledge and changed practices in relation to agriculture. The most frequent changes mentioned were the growing of vegetables in communal gardens, change/greater diversity in both food and cash crops, and improvements to crop procession and storage. These changes were linked by individual and FGD respondents to consuming an improved quantity and variety of food, including having increased income to buy food. A minority of respondents reported that their crops or income had not improved and/or they are still food insecure for a variety of reasons.

Beneficiaries reported overwhelmingly that their wellbeing had improved over the last three years. In addition, there was an equally strong belief that their wellbeing would continue to improve over the next five years. This is important, as perceived wellbeing is considered to be an indicator of impact in QulP studies. Respondents attributed improved wellbeing to training and advice received as well as to improved food production and consumption. Given the very strong link made by respondents between education/advice and the project it would seem reasonable to conclude that the project had a significant positive impact on the wellbeing of respondents.

In conclusion, the evidence collected by the QulP study shows that the project has made a very significant contribution to the improved nutrition of infants young children and expecting and mothers within the intended beneficiary group in line with project objectives. The Garden Trust interventions has also contributed alongside others to a wider set of outcomes including improved health, agriculture, income, family gender relations, community cohesion and at impact level to improved overall wellbeing.

#### **4.2.2. What other factors have affected expected outcomes, and how do these factors relate to each other (including gender norms and relationships in the home and community)?**

Individual and FGD respondents reported significant changes in intra-household relationships changes and changes in gender norms, with more joint decision-making between husband and wife on household expenditure and crop growing, with men taking more of a role in childcare and women being able to do a wider variety of activities. The reason for these changes in gender roles was linked to 'gender-focused education', but the source of this education was not often explicitly identified or linked to Garden Trust. Change in gender relations seems to be due to working in the communal gardens together.

Individual and FGD respondents also noted changes in inter-household relationships within the community, with more learning from each other, an increase in the community working together, more confidence in solving shared problems at the community level and greater social cohesion. Looking across the interviews as a whole, it seems likely that improved intra-household relationships, increased community cohesion and increased advice from government and different media during the COVID period are contributing to advanced learning, improvements in agricultural production and increased savings. One interesting thing that came up in multiple interviews is the effect of Drought and COVID. The respondents mentioned that the crisis arising from the drought and COVID had forced the community to realise that they needed to help each other; otherwise, everyone would find it difficult to weather the shocks.

#### **4.2.3. Has the programme had any unanticipated effects, positive or negative?**

It is unclear to what extent the changes in the intra-household relationship and broader improvement in community cohesion were anticipated; these are clearly positive and partly attributable to project activities, as noted above.

Most of the adverse effects reported are interventions that haven't worked according to expectations. For example, for some communities, due to drought or wild animal attack, the production in their agricultural plots and communal gardens were hampered. Covid-19-related restrictions have also made market access difficult and lowered cash income, decreasing the demand and prices of available vegetables. While these causes were linked to the outcome of the project activities, these drivers were deemed beyond the control of the project interventions.

Overall the negative outcomes noted are of low frequency, generally tend to relate to lack of outcome, and sometimes relate to constraints that are outside the GT project's remit. However, given the frequency and intensity of drought and wild animal attacks on garden beds, the future project designed for similar contexts should ensure support for fencing (especially the ones near national parks or areas prone to animal attacks) and irrigation as part of agricultural and horticultural interventions. There are very few other individual negative experiences noted in the main report.

#### **4.2.4. What drivers of change or patterns can be identified that could inform future programme design?**

The key Garden Trust attributed driver of change has been 'training/awareness raising', primarily in the nutrition and agricultural domains. Awareness raising about gender and the experience of working in groups seem also to have been drivers of intra-household gender change and improvements in community ties.

The GT project's combination of improving HH food availability and access to support nutrition outcomes while also engaging in nutrition education with age-specific messages has been effective and was explicitly confirmed in several interview replies.

The coherence in health and nutrition understanding at the household level has been driven by consistent nutrition, health and hygiene education by different organisations (including electronic and print media, community health workers and clinics) across the region. While the Covid-19 pandemic has a lot of adverse effects on the life and livelihoods of most of the project participants, it was clearly mentioned in multiple interviews how it (i.e. the health & hygiene awareness raising linked to Covid-19) has positively affected people's knowledge attitude and practices towards personal and communal hygiene.



## 5. Appendices

### Appendix 1: QulP Individual Interview Questionnaire

#### Section A. Introduction

<b>A1</b>	Household code (Please use the codes provided)	
<b>A2</b>	Ward	
<b>A3</b>	Name of the interviewer	
<b>A4</b>	Date of interview (dd/mm/yyyy)	
<b>A5a</b>	Start time of interview (hh:mm)	

During this interview I will write down your answers. Later these notes will be typed onto a computer. We will not use the information in any way that will enable others to identify you as its source. Our hope is that this research will lead to improvements in the help outside organisations provide to you and to other people in this area and living in similar places. Shall we begin?

Are you willing to be interviewed?	Yes/No
To make sure our record of the interview is accurate we would like to make an audio-recording of the interview. Are you happy for us to make this recording?	Yes/No
IF NO: record here any reasons given for not wanting to proceed or any observations for this	
IF YES: we would like to hear your personal answers to our questions. Are you willing to be interviewed alone?	Yes/No
IF NO: write down who else is present and how they are related to the named interviewee	
Most of our questions refer to what has happened in the last three years. Can you think back to something important that happened to you three years ago? What was it? Please answer questions below by thinking back to that time.	Specify the event (e.g. a dry or wet growing season, family birth, marriage or death; moved residence; major new livelihood activity; major community event)

**A6.** Please can you tell me who currently belongs to your household?

Household members	Sex (Male/Female)	Age Range (0-5 months; 6-23 months; 2-9 years; 10-14 years; 15-19 years; 20-45 years; 46+)
1 - Main respondent		

2		
3		
4		
5		
6		

**A7.** Please indicate the status the household (choose one):

- Husband and wife
- Male only (single parent)
- Female only (single parent)
- Other

I would now like to ask you some general questions about changes over the last **three years** - in other words since [*specify the event*] took place. There are no right or wrong answers to these questions. Indeed, it is your choice of what to say that is most interesting to me.

#### **Section B. Health and Hygiene**

**B1.** Please tell me about how the **health** of your household has changed; do you feel that things are different compared to **three years ago** - particularly for any children in the household?

- *Do you or your children get sick more or less often than you used to? Why do you think this is?*
- *Have you changed anything you are doing in the family's hygiene practices, including your children?*
- *Is there anything else new you are doing to stay healthy, or any help you and your family are accessing to help stay healthy, and if so, what?*
- *Has this been different for different members of the household (males/females; adults/children)?*

<b>B2</b>	Overall, how has the health of adults and children over 5 in your family changed <b>over the past three years</b> ?	<i>Improved, Got worse, No change, Not sure</i>
<b>B3</b>	What is the main reason for this change?	

<b>B4</b>	Overall, how has the health of young children (under 5) in your family changed <b>over the past three years</b> ?	<i>Improved, Got worse, No change, Not sure, N/A</i>
<b>B5</b>	What is the main reason for this change?	

### **Section C. Gardening for food and income**

<b>C1.</b> Please tell me whether the way your household grows vegetables and other food items for consumption and income, has changed over the past three years; how are things different compared to then?	
<ul style="list-style-type: none"> <li>• Have you changed the <b>type</b> of crops you grow, or how much you grow of them (e.g. more or less of certain crops); if so, how and why?</li> <li>• Have there been any changes to your <b>farming practices</b>; if so, why?</li> <li>• Has anything changed in the way you <b>store, preserve</b> or <b>process</b> crops after harvest; if so, why?</li> <li>• Have you changed anything you are growing for food in your <b>home garden</b>; if so, why?</li> <li>• Have you changed the <b>amount</b> or <b>type</b> of livestock or chickens you are rearing; if so why?</li> </ul>	

<b>C2</b>	Overall, how has the <b>amount</b> of food your household grows for <b>home consumption</b> changed in the last three years?	<i>Increased, Decreased, No change, Not sure, N/A</i>
<b>C3</b>	What about the <b>variety</b> of food your household grows for <b>home consumption</b> , how has this changed in the last three years?	<i>Increased, Decreased, No change, Not sure, N/A</i>
<b>C4</b>	What is the main reason for any change?	
<b>C5</b>	Overall, how has the <b>amount</b> of crops your household grows for <b>income</b> changed in the last three years?	<i>Increased, Decreased, No change, Not sure, N/A</i>
<b>C6</b>	What about the <b>variety</b> of food your household grows for <b>income</b> , how has this changed in the last three years?	<i>Increased, Decreased, No change, Not sure, N/A</i>
<b>C7</b>	What is the main reason for any change?	

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#### Section D. Food Consumption

<p><b>D1.</b> Please tell me about whether the <b>food your household eats</b> has changed over the last <b>three years</b>.</p> <ul style="list-style-type: none"> <li>• Are you eating more or less of anything; if so why?</li> <li>• Are you eating anything new; if so, why?</li> <li>• Has the distribution of food between members of the household changed at all, e.g. who eats first, or most?</li> <li>• Has food consumption during the dry season (lean times) changed? How and why is this?</li> <li>• Have you changed how you process or store your food for the dry period? Why is this?</li> <li>• Do you purchase food from the market to top up your own food? If so, has the type or amount of food you purchase from markets changed? Why is this?</li> <li>• Has the type or amount of wild food you collect changed? Why is this?</li> </ul>	
<p><b>D2</b> Overall, how has the <b>quantity</b> of your <b>household's</b> food changed in the last three years?</p>	<p><i>Increased, Decreased, No change, Not sure</i></p>
<p><b>D3</b> What is the main reason for any change?</p>	
<p><b>D4</b> Overall, how has the <b>variety</b> of the different foods your household eats changed in the last three years?</p>	<p><i>More variety, Less variety, No change, Not sure</i></p>
<p><b>D5</b> What is the main reason for any change?</p>	
<p><b>D6</b> Overall, how has the amount of food your <b>household eats during the dry season</b> changed in the last three years?</p>	<p><i>Increased, Decreased, No change, Not sure</i></p>
<p><b>D7</b> What is the main reason for any change?</p>	

	<p><b>D8.</b> Please tell me about how what the women and children in your household eat has changed over the last three years.</p> <ul style="list-style-type: none"> <li>• If you have been looking after a <b>young baby (&lt;6 months)</b> during the last <b>three years</b>, what did/do they eat? <ul style="list-style-type: none"> <li>- Do/did they eat anything except for breastmilk for first 6 months and if so what?</li> <li>- Has this changed from either a previous baby or the way babies were fed before last year and if so why?</li> </ul> </li> <li>• If you have been looking after an <b>older baby (6 months-2 years)</b> during the past three years, what did/do they eat? <ul style="list-style-type: none"> <li>- Do/did they eat anything except for breastmilk and if so what?</li> <li>- How many meals and snacks do they eat per day?</li> <li>- Has this changed from previous babies and if so why?</li> </ul> </li> <li>• What different <b>types</b> and <b>combinations</b> of food are children <b>over two years old</b> eating? Is this different for boy or girl children in your household? Has this changed and if so why?</li> </ul>	
	<p><b>D8. cont. (where relevant)</b></p> <ul style="list-style-type: none"> <li>• Where relevant, what are the <b>number of meals</b> and <b>types of food</b> eaten by pregnant or breastfeeding mothers in your household? Has this changed and if so why?</li> <li>• Are there any taboos around what pregnant or breastfeeding mothers should or shouldn't eat/do? Have there been any changes to these practices in your household, and if so, why?</li> <li>• Are these changes good or bad in your opinion?</li> </ul>	
<b>D9</b>	Overall, do you think the <b>diet of your children</b> in the last <b>three years</b> has...	<i>Improved, Got worse, No change, Not sure, N/A</i>
<b>D10</b>	What is the main reason for any change?	

D11	Overall, has <b>your</b> diet in the last <b>three years</b> ...	<i>Improved, Got worse, No change, Not sure</i>
D12	What is the main reason for any change?	

#### **Section E. Income**

<p><b>E1.</b> Please tell me about any changes in how your household <b>earns money</b>; how are things different compared to <b>three years</b> ago?</p> <ul style="list-style-type: none"> <li>For example, has the amount of money you are earning from <b>selling crops</b>, from <b>agricultural labour</b> or <b>other sources</b> changed; if so, why?</li> </ul>	
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E2	Overall, how has the amount of money/food your household earns changed <b>in the last three years</b> ?	<i>Increased, Decreased, No change, Not sure</i>
E3	What is the main reason for any change?	

#### **Section F. Household Relationships**

<p><b>F1.</b> Please tell me how <b>relationships between men and women</b> within your household have changed over the last three years.</p> <ul style="list-style-type: none"> <li>Have there been any changes to how <b>decisions are made</b> in the household and if so why? (e.g. over what crops to grow, food/diet, money/finance...)</li> <li>Are there any changes in <b>who does what</b> jobs within the household and if so why?</li> <li>Are men getting more involved in the <b>care of babies and children</b> and if so why?</li> <li>Are these changes good or bad in your opinion?</li> </ul>	
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#### **Section G. Community Relationships**

<p><b>G1.</b> Please tell me how your <b>relationships between people in this community</b> have changed over the last <b>three years</b>.</p> <ul style="list-style-type: none"> <li>• <i>Have there been any changes in the way people in the community work together?</i></li> <li>• <i>Have there been any changes in the way people in the community learn new things or how new ideas are shared?</i></li> </ul>	
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G2	Overall, how do you think the way the <b>community works together</b> has changed over the past <b>three years</b> ?	<i>Improved, Got worse, No change, Not sure</i>
G3	What is the main reason for this?	

#### **Section H. Overall Wellbeing**

H1	If we consider wellbeing as including your physical, emotional, mental and spiritual health and happiness, taking all things into account, how do you think the <b>wellbeing of your household</b> has changed during the past <b>three years</b> ?	<i>Improved, Got worse, No change, Not sure</i>
H2	What is the main reason for this? Are there specific things you can think of that have happened to improve/reduce your feeling of wellbeing during the period?	

H3	Overall, how <b>confident do you feel about the future</b> ; in the next five years do you think the wellbeing of your household will...	<i>Get better, Get worse, No change, Not sure</i>
H4	Please explain your answer. Have any of the changes in the last <b>three years</b> changed the way you feel about the future?	

#### **Section I. External relationships**

**I1.** Finally, please list the most important organisations inside or outside of your village that have affected your life in the last three years. For example: community groups, savings groups, NGOs, religious groups or government representatives.

- *How have you been involved with these groups, organisations or other actors in the community, and what difference has this made to you?*

*Please rank in order of importance the organisations you have listed, giving 1 to the one you value most and going down from here*

Organisation and/or group	Activity and what change this has made to your household	Rank #

#### **Section J. Notes and Observations**

*Please don't forget to thank the interviewee for their participation and invite them to ask you any questions they have. Note down what these are, and if they prompt issues relevant to the research that you would like to share. Please also note down any observations you have about the respondent and the interview process (e.g. were they relaxed, were there distractions, or do you think their answers were influenced by other people present at the interview?)*

**J1. QUESTIONS ASKED BY RESPONDENT:**

**J2: OTHER OBSERVATIONS**

<b>A5b</b>	End time of interview (hh:mm)	
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## Appendix 2: QuIP Focus Group Discussion (FGD) Questionnaire

### Section A. Introduction

<b>A1</b>	FGD code  <i>(Please use FG, Ward number and sex of participants, e.g. FG11F for Ward 11, Female)</i>	FG...
<b>A2</b>	Ward	
<b>A3</b>	Name of the interviewer	
<b>A4</b>	Date of interview <i>(dd/mm/yyyy)</i>	
<b>A5a</b>	Start time of interview <i>(hh:mm)</i>	
<b>A8</b>	Male or female FGD	Male/ Female
<b>A9</b>	Number of participants	

During this interview I will write down your answers. Later these notes will be typed onto a computer. We will not use the information in any way that will enable others to identify you as its source. Our hope is that this research will lead to improvements in the help outside organisations provide to you and to other people in this area and living in similar places. Shall we begin?

Most of our questions refer to what has happened <b>in the last three years</b> . Can you think back to something important that happened to you <b>three years</b> ago? What was it? Please answer questions below by thinking back to that time.	<i>Specify the event</i>
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### Section B. Health and Hygiene

<p><b>B1.</b> Please tell me about how the <b>health</b> of households like yours in this community has changed; do you feel that things are different compared to <b>three years ago</b> - particularly for any children in the household?</p> <ul style="list-style-type: none"> <li>• <i>Do any of you or your children get sick more or less often? Why do you think this is?</i></li> <li>• <i>Have any of you changed anything you are doing in the family's hygiene practices, including your children?</i></li> <li>• <i>Is there anything else new you are doing to stay healthy, or any help you and your family are accessing to help stay healthy, and if so, what?</i></li> <li>• <i>Has this been different for different members of the household (males/females; adults/children)?</i></li> </ul>	
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### Section C. Gardening for food and income

<p><b>C1.</b> Please tell me whether the way households like yours in this community <b>grow vegetables and other food items for consumption and income</b>, has changed over the past <b>three years</b>; how are things different compared to then?</p> <ul style="list-style-type: none"> <li>• <i>Have farmers changed the <b>type</b> of crops they grow, or how much they grow of them (e.g. more or less of certain crops); if so, how and why?</i></li> <li>• <i>Have there been any changes to your <b>farming practices</b>; if so, why?</i></li> <li>• <i>Has anything changed in the way people <b>store, preserve</b> or <b>process</b> crops after harvest; if so, why?</i></li> <li>• <i>Have you changed anything you are growing for</i></li> </ul>	
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<p><i>food in your <b>home garden</b>; if so, why?</i></p> <ul style="list-style-type: none"> <li>• <i>Have you changed the <b>amount</b> or <b>type</b> of livestock or chickens you are rearing; if so why?</i></li> </ul>	
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#### **Section D. Food Consumption**

<p><b>D1.</b> Please tell me about whether the <b>food households like yours eat</b> has changed over the last <b>three years</b>.</p> <ul style="list-style-type: none"> <li>• <i>Are you eating more or less of anything; if so why?</i></li> <li>• <i>Are you eating anything new; if so, why?</i></li> <li>• <i>Has the distribution of food between members of the household changed at all, e.g. who eats first, or most?</i></li> <li>• <i>Has food consumption during the dry season (lean times) changed? How and why is this?</i></li> <li>• <i>Have you or people in the community changed how you process or store your food for the dry period? Why is this?</i></li> <li>• <i>Do you purchase food from the market to top up your own food? If so, has the type or amount of food you purchase from markets changed? Why is this?</i></li> <li>• <i>Has the type or amount of wild food you collect changed? Why is this?</i></li> </ul>	
<p><b>D8.</b> Please tell me about how what women and children in households like yours eat has changed over <b>the last three years</b>.</p> <ul style="list-style-type: none"> <li>• <i>Has the diet of <b>young babies (&lt;6 months)</b> changed during the last <b>three years</b>?</i> <ul style="list-style-type: none"> <li>- <i>Do/did they eat anything except for breastmilk for first 6 months and if so what?</i></li> <li>- <i>Has this changed from either a previous baby or the way babies were fed before last year and if so why?</i></li> </ul> </li> <li>• <i>Has the diet of <b>older babies (6 months-2 years)</b> changed during the past three years?</i></li> </ul>	

<ul style="list-style-type: none"> <li>- <i>Do/did they eat anything except for breastmilk and if so what?</i></li> <li>- <i>How many meals and snacks do they eat per day?</i></li> <li>- <i>Has this changed from previous babies and if so why?</i></li> </ul> <ul style="list-style-type: none"> <li>• <i>What different <b>types</b> and <b>combinations</b> of food do children <b>over two years old</b> eat? Is this different for boy or girl children? Has this changed and if so why?</i></li> <li>• <i>What about the diet of pregnant or breastfeeding mothers? Are there any taboos around what pregnant or breastfeeding mothers should or shouldn't eat/do?</i></li> <li>• <i>Are these changes good or bad in your opinion?</i></li> </ul>	
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### Section E. Income

<p><b>E1.</b> Please tell me about any changes in how households like yours in this community <b>earn money</b>; how are things different compared to <b>three years</b> ago?</p> <ul style="list-style-type: none"> <li>• <i>For example, has the amount of money you are earning from <b>selling crops</b>, from <b>agricultural labour</b> or <b>other sources</b> changed; if so, why?</i></li> </ul>	
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### Section F. Household Relationships

<p><b>F1.</b> Please tell me how <b>relationships between men and women</b> within your households have changed <b>over the last three years</b>.</p> <ul style="list-style-type: none"> <li>• <i>Have there been any changes to how <b>decisions are made</b> in the household and if so why? (e.g. over what crops to grow, food/diet, money/finance...)</i></li> <li>• <i>Are there any changes in <b>who does what</b> jobs within the household and if so why?</i></li> <li>• <i>Are men getting more involved in the <b>care of babies and children</b> and if so why?</i></li> </ul>	
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<ul style="list-style-type: none"> <li>• <i>Are these changes good or bad in your opinion?</i></li> </ul>	
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### **Section G. Community Relationships**

<p><b>G1.</b> Please tell me how your <b>relationships between people in this community</b> have changed over the last <b>three years</b>.</p> <ul style="list-style-type: none"> <li>• <i>Have there been any changes in the way people in the community work together?</i></li> <li>• <i>Have there been any changes in the way people in the community learn new things or how new ideas are shared?</i></li> </ul>	
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### **Section H. Overall Wellbeing**

<p><b>H2.</b> If we consider wellbeing as including your physical, emotional, mental and spiritual health and happiness, taking all things into account, how do you think the <b>wellbeing of your households</b> has changed during the past <b>three years</b>? What is the main reason for this? Are there specific things you can think of that have happened to improve/reduce your feeling of wellbeing during the period?</p>
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<p><b>H4.</b> Thinking about the next five years, how <b>confident do you feel about the future</b>? Have any of the changes in the last <b>three years</b> changed the way you feel about the future?</p>
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### **Section I. External relationships**

**I1.** Finally, please list the most important organisations inside or outside of your village that have affected your lives in the last three years. For example: community groups, savings groups, NGOs, religious groups or government representatives.

- *How have you been involved with these groups, organisations or other actors in the community, and what difference has this made to you?*

*Please try to agree as a group and rank in order of importance the organisations you have listed, giving 1 to the one **you value** most and going down from here*

Organisation and/or group	Activity and what change this has made to your household	Rank #

### **Section J. Notes and Observations**

*Please don't forget to thank the group for their participation and invite them to ask you any questions they have. Note down what these are, and if they prompt issues relevant to the research that you would like to share. Please also note down any observations you have about the focus group (e.g. were there dominant participants who influenced other people in the group?)*

**J1. QUESTIONS ASKED BY RESPONDENT:**

**J2: OTHER OBSERVATIONS**

<b>A5b</b>	End time of interview (hh:mm)	
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## Appendix 3: Closed Question Summary

Source ID	Overall, how has the health of adults and children over 5 in your family changed over the past three years?	Overall, how has the health of young children (under 5) in your family changed over the past three years?	Overall, how has the amount of food your household grows for home consumption changed in the last three years?	What about the variety of food your household grows for home consumption, how has this changed in the last three years?	Overall, how has the amount of crops your household grows for income changed in the last three years?	What about the variety of food your household grows for income, how has this changed in the last three years?	Overall, has your diet in the last three years	Overall, has your diet in the last three years ...	Overall, how has the quantity of your households food changed in the last three years?	Overall, how has the variety of the different foods your household eats changed in the last three years?	Overall, how has the amount of food your household eats during the dry season changed in the last three years?	Overall, do you think the diet of your children in the last three years has	Overall, do you think the diet of your children in the last three years has...	Overall, how has the amount of money/food your household earns changed in the last three years?	Overall, how do you think the way the community works together has changed over the past three years?	How do you think the wellbeing of your household has changed during the past three years?	Overall, how confident do you feel about the future; in the next five years do you think the wellbeing of your household will...
BAF29	+	+	+	+	0	0	NA	+	+	+	+	NA	+	0	0	+	0
BAF78	+	+	-	+	+	+	+	NA	-	+	-	+	NA	+	+	+	+
BAF82	0	0	0	-	0	+	0	NA	0	0	-	0	NA	-	+	+	+
BAF9	+	NA	0	0	-	-	0	NA	-	+	-	NA	NA	-	+	+	+
BAF95	+	+	+	+	0	0	NA	+	+	+	-	NA	+	+	+	+	+
BAF99	+	+	-	+	0	0	NA	+	+	+	+	NA	+	-	+	+	+
BAM12	+	NA	+	0	+	+	+	NA	+	+	0	NA	+	0	+	+	+
BAM3	+	+	+	+	0	+	+	NA	+	+	-	NA	+	+	+	+	+
BAM30	+	+	0	0	-	0	NA	+	+	+	+	NA	+	-	0	+	+
BAM8	+	NA	-	+	+	+	+	NA	-	+	0	+	NA	-	+	+	+
BAM96	+	+	-	-	0	0	NA	+	-	0	-	NA	+	-	+	+	+
BCF52	0	0	-	0	NA	NA	0	NA	-	0	0	NA	+	-	NA	0	0
BCF54	+	+	0	0	0	0	NA	+	-	-	+	NA	+	-	+	-	0
BCF57	-	+	0	0	NA	NA	NA	+	-	+	+	NA	+	0	+	+	-
BCF62	+	+	0	0	0	0	0	NA	-	0	-	NA	+	+	+	+	+
BCF63	+	NA	0	+	+	+	+	NA	0	+	-	NA	+	-	+	+	+
BCF68	+	+	+	+	0	+	NA	+	+	+	-	NA	+	0	+	-	-
BCF70	+	+	-	-	NA	NA	NA	0	-	0	0	NA	0	0	+	+	0
BCF73	+	+	-	-	0	0	NA	0	-	-	+	NA	0	-	-	-	-
BCM64	+	+	0	+	+	+	+	NA	+	+	-	NA	+	0	+	+	+
BCM71	+	+	-	0	+	+	+	NA	0	0	-	NA	+	-	+	+	+

BCM72	+	+	+	+	O	O	NA	+	-	O	+	NA	+	-	O	O	-
BCM74	O	NA	O	O	NA	NA	+	NA	+	+	-	NA	O	-	O	+	+
KHF13	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	+
KHF29	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	+
KHF32	+	NA	+	+	+	+	+	NA	+	+	+	NA	+	O	+	+	+
KHF41	+	+	+	+	+	+	+	NA	+	+	+	NA	+	+	+	+	+
KHF43	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	+
KHF45	+	+	+	+	+	+	+	NA	+	+	O	NA	+	-	+	+	+
KHF47	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	+
KHM16	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	+
KHM20	+	O	+	+	+	+	+	NA	+	+	+	NA	+	+	+	+	+
KHM27	+	+	+	+	+	+	+	NA	+	+	+	NA	+	+	+	+	+
KHM34	+	+	+	+	+	+	+	NA	+	+	-	NA	+	+	+	+	+
KHM44	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	+
KIF50	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	+
KIF60	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	+
KIF75	+	-	-	-	-	-	-	NA	-	-	-	NA	-	-	-	-	-
KIF77	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	+
KIF80	+	+	+	+	+	+	+	NA	+	+	+	NA	+	-	+	+	+
KIF81	+	NA	+	+	+	+	+	NA	+	+	+	NA	+	+	+	+	+
KIF86	+	NA	+	+	+	+	+	NA	+	+	+	NA	+	+	+	+	+
KIM66	+	NA	+	+	+	+	+	NA	+	+	+	NA	+	+	+	+	+
KIM69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	+
KIM72	+	+	+	+	+	+	+	NA	+	+	+	NA	+	+	+	+	+
KIM78	+	+	+	+	+	+	NA	+	+	+	O	NA	+	+	+	+	+
KIM84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	+



