

# REBA case study. brief

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## About REBA Case Study Briefs

### What is RHVP?

The Regional Hunger and Vulnerability Programme (RHVP) supports improvements in policy and programme approaches to hunger and vulnerability in southern Africa with particular emphasis on the role of social protection.

### The Regional Evidence Building Agenda (REBA)

Evidence-building, together with capacity-building and policy change, is one of RHVP's three interlinked activities. The Regional Evidence Building Agenda (REBA) is a cohesive framework that has guided the Programme's cross-country evidence-related activities between April 2006 and September 2007. The REBA consists of individual case studies of 20 ongoing social transfer programmes together with thematic studies covering cross-cutting design and implementation issues. The studies were carried out by locally commissioned researchers, mostly working through national research and consultancy institutions, in the six southern African countries covered by RHVP (Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe). All the case studies involved close collaboration with the agencies – government departments and government-appointed bodies, local and international NGOs, UN agencies and communities – that were implementing the social protection schemes under review. The research was supported and guided by a core team of international mentors which included Stephen Devereux (IDS, Sussex), Frank Ellis (ODG, University of East Anglia) and Lionel Cliffe (University of Leeds) and was coordinated and managed by Philip White (ODG).

### REBA Aims

The REBA aims to support RHVP's efforts to promote improved policy and programme approaches to social transfers as a means of addressing hunger and vulnerability. REBA findings are feeding into a range of policy, advocacy and research outputs and processes, including policy briefs, best practice guidelines, national and regional learning events for policymakers, practitioners and civil society, a film series and research publications. In addition, by working through a network of national consultants, the REBA aims to increase national capacity to carry out analytical research on hunger and vulnerability within the six countries.

### REBA Case Study Briefs

This series of briefs was prepared by Frank Ellis on the basis of the 20 individual case studies undertaken under the REBA. Based on these findings and those of the accompanying thematic studies, a parallel series of thematic briefs that cut across the case studies is also in preparation. The full reports of each case study will be made available in early 2008.

## Urban Food Programme, Zimbabwe

### Overview

The Urban Food Programme in Zimbabwe is a food delivery and food voucher programme implemented by Action Aid International (AAI) that also includes other activities, namely low input gardens, and capacity building and training with local partners. The programme comes under the umbrella of DFID Zimbabwe's Protracted Relief Programme (PRP). The purpose of PRP is to stabilise food security and protect the livelihoods of vulnerable households in Zimbabwe, particularly those affected by HIV/AIDS. PRP is implemented by 12 NGOs (of which AAI is one) and their local partners.

A first phase of PRP ran from 2004 to 2007, with a recent extension to 2008. A new phase is in the pipeline for 2008 onwards. In its first phase, the PRP reached about 1.5 million beneficiaries per year within an overall budget of sterling £30 million (US\$60 million)<sup>1</sup>. It is a mainly rural-based relief effort intended to support agricultural production through advice and inputs, as well as to provide clean water, and to support destitute people and those living with HIV/AIDS. The AAI Urban Food Programme is the only urban-based scheme in the portfolio, and is directed especially at individuals and families dealing with AIDS.

In the Urban Food Programme, AAI has pioneered the use of food vouchers as a means of ensuring stable food and grocery supplies to recipients in conditions of hyperinflation, steeply deteriorating exchange rates, and macroeconomic instability. The food voucher is worth sterling £9.00 (US\$18) per month. The voucher provides beneficiaries with a basket of commodities designed to fulfil nutritional as well as non-food basic needs (see Box 1). This composition was determined by experience, and after consultation with stakeholders. The corn-soya blend (CSB) nutritional supplement is delivered directly to beneficiaries by AAI partners, it is not collected by them at retailers with the other voucher items. At its peak the Urban Food Programme reached 3,145 beneficiaries; however, erosion of the real value of its external resources, due to exchange rate and inflation effects, has meant that in 2007 it was only able to reach 2,000 beneficiaries.

1 Sterling £ are converted here to US\$ at £0.50 = US\$1, even though this would not be accurate for the whole period under discussion. Zimbabwe dollars (Z\$) have varied in value from Z\$5 = US\$1 to Z\$250 = US\$1 (official rates) between 2003 and 2007, with a devaluation to Z\$30,000 = US\$1 occurring on 6 Sept 2007. The mid-2007 unofficial rate is said to have been around Z\$250,000 = US\$1.

## Box 1: Composition of the Food Voucher

20 kg maize meal  
1 kg beans  
375 ml peanut butter  
2 bars laundry soap  
4 tablets carbolic soap  
750 ml cooking oil  
12.5 kg CSB porridge<sup>2</sup>

## Organisation

Initially AAI started with food deliveries, but then shifted towards food vouchers that could be redeemed by recipients at local supermarkets. This switch reflected the comparative advantage of different institutions in procuring food and groceries in an unstable macro environment. In procuring food and other groceries, AAI was essentially duplicating what supermarkets already do, however at significantly higher cost. AAI experienced considerable cost savings in the switch, although the extent of these gains was moderated by accelerated inflation, supply failures for particular voucher items, and rapid deterioration in the exchange rate. AAI continues to deliver directly to beneficiaries who do not live within reasonable proximity to the participating supermarkets, OK and TM.

AAI established a partnership with the OK supermarket chain in March 2005, and extended this to TM supermarkets for coverage reasons in March 2006. OK supermarkets cover the redemption of Harare vouchers. TM supermarkets cover vouchers for Bulawayo, Gweru and Chitungwisa. The choice of supermarket is determined entirely by its location relative to the living places of beneficiaries. For example, the high-density suburb in Gweru is Makoba, which has a TM supermarket. Similarly, in Chitungwisa, the beneficiaries are in St Marys and there is a TM supermarket in nearby Zengesa. In Bulawayo, the supermarkets are in shopping complexes and are rather distant from the high-density suburbs in which AAI beneficiaries reside.

AAI liaise closely with the retailers as to the availability of voucher commodities and shopping days stipulated for the clients (see Box 2). This ensures that the supermarkets stock adequate supplies for the redemption of vouchers. The onus is on the retailers to ensure that

all the items are available. However, due to the prevailing economic situation shortages do occur and the retailer either provides a substitute or shifts the shopping days in order to enable them to source the required items. The relationship between AAI and the retailers is generally cooperative. AAI meets the cost of producing the vouchers, as well as the personnel and administration overheads of the scheme. The supermarkets are given one per cent of the value of the voucher as a handling fee for their administrative costs. OK supermarkets produce the vouchers themselves, while TM supermarkets outsource the printing of the voucher.

## Box 2: Modalities of the Food Voucher

AAI personnel go to the OK Head Office in Granitside, Harare, every month to pick up the vouchers. The vouchers are then distributed to the implementing partners who pass them on through volunteers to the clients. The clients then use them on set days to collect their food items from the supermarket. Each voucher has a number and the beneficiary's ID number. It is difficult to abuse this system. Furthermore, since the programme has been operating for a couple of years, the supermarket branch managers and staff are familiar with the clients. The main responsibility for OK management is to guarantee the items at prior agreed prices each month. OK then invoice AAI, which pays after collection of food by the clients.

AAI works with ten implementing partners (see Table 1 below), all legal entities, a mixture of NGOs such as Child Protection Society and community-based organisations such as New Dawn of Hope. The choice of AAI operating in the various suburbs was partly determined by the existence of community-based organisations that provide home-based care and AIDS services. The implementing partners work with community groups and resident associations. These groups provide the entry point to the beneficiaries. They are voluntary organisations and form committees, often comprising school heads, retired teachers, nurses, police and officials from the Department of Social Services.

The implementing partners work with volunteers in the communities, who carry out work with the beneficiaries

<sup>2</sup> This corn-soya blend nutritional supplement is delivered directly to beneficiaries by AAI partners, it is not collected at retailers with the other voucher items.

on a daily basis. About 90 per cent of these volunteers are HIV positive and probably hope to get some assistance when they get sick. The volunteers themselves are poor and vulnerable and their turnover is high due to death and becoming bedridden. Some of the volunteers work for more than one organisation in order to get more benefits. Besides providing money allowances, some partner NGOs provide food packs, uniforms and bicycles. However, these benefits are not standardized and can be a source of conflict when different organisations are working in similar areas and some pay or give more incentives to the volunteers, thereby creating disharmony amongst the volunteers.

## Vulnerability

The Zimbabwe economy has been in deepening crisis for five or more years. The outward manifestations of this crisis are hyperinflation (estimated to have reached 6,600 per cent in mid-2007) and a rapidly depreciating external value of the domestic currency (see footnote 1 above). Hyperinflation affects most severely those whose income and assets do not adjust upwards in value as fast as the rate of inflation, and the poorest and most vulnerable members of society are always the hardest hit.

Almost all recent macroeconomic data about Zimbabwe has to be treated with a great deal of caution, since accurate measurement is practically impossible when events are moving so fast. According to official UN data, Zimbabwe GDP fell by more than half, from 7.4 to 3.4 billion US\$ between 2000 and 2005; while per capita GNI declined by 25 per cent from US\$460 to US\$350. The discrepancy between these two rates of decline is explained by remittance income from outside the country underpinning the income levels of a great number of Zimbabweans. It is estimated that out of a total population of 13 million in 2005, roughly 3 million Zimbabweans are living outside their country.

Rapid economic decline increases the proportion of the population in poverty, as well as their vulnerability to food entitlement failure. Additional factors are rainfall failures, causing production failures and food security stress in rural areas; and AIDS causing loss of able-bodied labour, chronic illness, medical and funeral costs, more prevalently in urban than in rural areas. Zimbabwe currently has an overall estimated HIV prevalence rate of 20.1 per cent in adults aged 15-49 years. This has apparently come down from higher previous levels, although quality of reported data may be an issue. At any rate some 1.7 million Zimbabweans are thought to be living with HIV (2005 estimates) and there are believed to be 1.1 million AIDS orphans (UNAIDS, 2006).

**Table 1: AAI Locations, Implementing Partners and Beneficiaries, 2007**

| Town                 | Suburb                                                                   | Partner                                    | No. of HHs.  |
|----------------------|--------------------------------------------------------------------------|--------------------------------------------|--------------|
| Harare               | Mufakose                                                                 | New Dawn of Hope                           | 150          |
| Harare               | Budiriro, Glen View                                                      | Chiedza Children's Home                    | 300          |
| Harare               | Highfields, Mabvuku, Tafara                                              | Aids Counselling Trust (ACT)               | 300          |
| Harare & Chitungwisa | Mabvuku, Tafara                                                          | Island Hospice                             | 30           |
| Harare               | Kambuzuma, Glen Norah, Highfields                                        | Child Protection Society                   | 300          |
| Harare               | Mabvuku, Tafara                                                          | Mavambo Trust                              | 100          |
| Bulawayo             | Magwegwe, Lobengula, Nketa, Nkhlumane, Belaview, Goodhope, Hope Fountain | Matabeleland AIDS Council                  | 335          |
| Bulawayo             | Robert Sinyoka, Methodist Village, Pumula South                          | Christian Health Care Services             | 225          |
| Gweru & Chitungwisa  | Mukoba                                                                   | Padare Men's Forum                         | 100          |
| Gweru                | Mukoba, Senga, Mambo, Mutapa                                             | Midlands AIDS Service Organisation (MASCO) | 160          |
| <b>Total</b>         |                                                                          |                                            | <b>2,000</b> |

## Targeting

According to AAI programme documents, the criteria for selection of beneficiary households are those obtaining less than US\$1 per day from all sources, plus one or more of the following criteria:

- a home-based care (HBC) client who is chronically ill;
- families caring for a large number of orphans and vulnerable children (high dependency ratio);
- single-parent headed households due to death of spouse from chronic illness;
- households with no able-bodied adult;
- overall: priority is given to bedridden home-based care clients.

The Urban Food Voucher scheme selection is mainly carried out by implementing partners (Table 1 above). These are largely HIV/AIDS service organisations, who identify and assess potential beneficiary households. There is also self-selection where potential beneficiaries can approach the implementing partners and are placed on a waiting list. Clinics and the Zimbabwe Government's Social Welfare Department also sometimes refer beneficiaries. AAI and implementing partners then jointly verify these potential beneficiaries through follow-up visits. Spot checks are conducted monthly on 10 per cent of both selected and beneficiary households to identify targeting errors.

AAI has tended to take a flexible approach to targeting, as the symptoms of AIDS-related deprivation are multiple and constantly changing. Those helped by the scheme have included the bedridden with no sources of income, old people with cross-infections, orphans and grandmothers. The food voucher is particularly useful to those on anti-retroviral therapy (ART) as proof of obtaining adequate nutrition, which is a prerequisite for being registered for treatment. The home-based care organisations have a waiting list, and it is estimated that AAI can only reach about 10 per cent of those that fit its criteria, in the urban areas where they operate. Thus exclusion is substantial, not due to administrative incompetence, but due to limited budgets in a non-universal transfer context.

A DFID review found zero evidence of inclusion errors in the AAI scheme. The cooperating supermarkets have a beneficiary list and check ID numbers. The system can detect a missing voucher, which can be nullified quickly if required. In fact it is rare for vouchers to go missing, and this has happened only three times in the entire duration of the programme.

## Coverage

Table 1 shows the coverage of AAI implementing partners across suburbs in the main urban areas of Zimbabwe. The Technical Learning Centre (TLC) influenced choices of geographical location for implementation of the project (see Coordination section below for the role of the TLC). AAI had started in Harare and Bulawayo and the TLC suggested that they move into other towns. Consequently AAI moved into Gweru and Chitungwisa. The majority of PRP social protection projects are in rural areas that traditionally have been the most food insecure areas. However, funding agencies do not have the corresponding information about urban areas, and thus AAI's urban food programme was an opportunity to cover more diverse communities. A drawback of moving into other towns is that of spreading the impact too thinly. The TLC suggested cutting down in Harare and Bulawayo as these towns have more NGOs and donor initiatives. Other factors to consider in geographical location are the availability of appropriate implementing partners on the ground and the location of suitable retailers. Another reason for spreading the beneficiaries out is to avoid overstretching a particular supermarket. An advantage of having implementing partners across suburbs is that it helps AAI manage urban transport limitations which is often a problem in reaching needy urban households.

Findings of a study undertaken by FAO indicate that there is generally very little, less than one per cent, 'double dipping' in urban areas i.e. beneficiary families receiving assistance from more than one source. At the beginning of implementation of AAI's programme there were a few instances of this problem, but these were overcome. AAI is normally the only food assistance implementation agency in the areas where it operates. Furthermore, the use of local volunteers who have intimate knowledge of the area helps to prevent duplication. There is no duplication with AAI in Harare, as the Joint Initiative works in Mbare suburb, not covered by AAI. In Gweru and Bulawayo, AAI and the Joint Initiative share beneficiary lists in order to prevent double-dipping.

## Coordination

The urban food programme delivered by AAI and its partners is part of the DFID-funded Protracted Relief Programme (PRP) in Zimbabwe. The PRP has provided sterling £30 million over the three years 2004-07 to improve the food security of more than 1.6 million of the poorest and most vulnerable people in Zimbabwe by increasing their access to seeds, fertilizers, nutrition gardens and safe water. The PRP works with a consortium of NGOs that include Action Aid, CARE, Oxfam, Save the Children UK and several others. The activities of these DFID partners are coordinated through a body called the Technical Learning and Coordination Unit (TLC) to which all PRP partner-NGOs belong, and which has been managed by a consultancy company (GRM International) under contract to DFID. The TLC plays multiple coordinating roles, assisting NGOs with their proposals and action plans, providing guidance on targeting and implementation, and stimulating cross-project lesson learning between projects. In the future it is planned that the TLC should take over the budgeting and management of projects for DFID, as well as its current advisory roles. In addition to its NGO partners, DFID Zimbabwe also tries to coordinate with other donors supporting similar or complementary projects, including FAO, UNICEF etc. The portfolio of relief activities conducted under the PRP is as follows:

- emergency relief (WFP, 3.6 million monthly rations, 11 partner NGOs)
- food vouchers (the AAI urban food programme of this case-study )
- agricultural support interventions (input packs, input fairs, many partners)
- basic education assistance module (BEAM)
- block grants (school fee waiver programme)
- school feeding programmes (WFP, 9 partner NGOs)
- home-based care (WFP & DFID)
- savings and loan programme (CARE International microcredit scheme)
- cash transfers (partial trials within other projects).

PRP is a predominantly rural-based relief programme, with the Urban Food Programme being a rare exception to the rural focus. A second coordination framework also supported (but not wholly funded) by DFID is called the Joint Initiative which is wholly urban-based, and originally arose as a response to Operation Murambatsvina (Operation Restore Order, but also meaning "clearing out the rubbish") that occurred in 2004. According to official Government of Zimbabwe data, 92,460 houses were demolished affecting 133,534 households, and

32,538 small, micro and medium enterprises were destroyed. Most observers concur that these figures are substantial underestimates. A comparison between the PRP and the Joint Initiative is provided in Table 2.

**Table 2: Comparison Between PRP and Joint Initiative**

| Protracted Relief Programme                                         | Joint Initiative                                                            |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Coordinated by Technical Learning and Coordination Unit             | Coordinated by Mercy Corps                                                  |
| Mainly rural-based (with the exception of Action Aid International) | Urban based                                                                 |
| TLC provides coordination, technical advice, M&E                    | Mercy Corps provides coordination, very basic M&E                           |
| DFID funded                                                         | Multi-funded (DFID funds 60-80%)                                            |
| Food usually obtained at retailers (more expensive)                 | Food imported by wholesalers, and paid in foreign exchange (less expensive) |

**Source:** Manjengwa and Mukamuri, 2007

## Cost Effectiveness

Cost effectiveness data on AAI was not available in 2007, presumably due to the massive accounting difficulties occasioned by the acceleration in the rate of inflation (see Diagram 1 below). Nevertheless, an earlier study by Sampson and Mac Quene (2006, p.20) provides cost efficiency data for several of the projects coming under the PRP umbrella, covering the period from their inception in 2004 or 2005 up to March 2006. In that era, both exchange rate and inflation effects were more moderate than in the post-March 2006 period. According to this data, AAI was perhaps the most efficient of the five PRP schemes examined, requiring US\$1.44 to deliver US\$1.00 benefit to direct beneficiaries (cash value of transfer) and US\$1.30 to deliver US\$1.00 total benefit (including nutrition gardens, capacity building etc.). The averages of these ratios across five schemes were US\$3.33 and US\$1.87 for direct and total benefits respectively.

## Market Effects

The critical market difficulty in the Zimbabwe context is the impact of inflation and exchange rate changes on the feasibility of keeping a constant real exchange value for beneficiary transfers. AAI have responded to the challenges posed by inflation, first, by delivering physical packs to recipients, then by developing the voucher system, redeemable at cooperating supermarkets. The vouchers proved less expensive to deliver for AAI, and were more popular with recipients who were able to enter shops to receive the items specified on their voucher from the shopkeepers. In instances of market failure in specified items i.e. their physical disappearance from urban supply chains, then the voucher fails to deliver its full list of items, or substitutions are made.

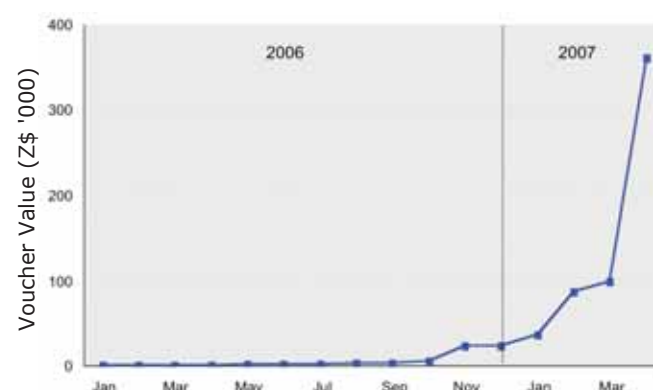
The voucher system switches the risk of rapidly changing prices from the beneficiary to the delivery agency. The cooperating supermarkets charge AAI for the bundle of supplies at the prices then ruling in their stores. AAI must convert budgets denominated in sterling into Zimbabwe dollars that are then sufficient to meet its obligations to the beneficiaries via the supermarkets. AAI uses the Crown Agents to negotiate an exchange rate with the Zimbabwe authorities that is higher than the official rate, but is still some way below the unofficial rate that more accurately reflects domestic market price movements, so some loss of potential benefit occurs at this point. The accelerating rate of inflation means that AAI often has to pay cooperating supermarkets higher amounts than estimated, and further loss in the real purchasing power of a given budget occurs at this point.

To give some idea of the difficulties confronting AAI and retailers, Figure 1 shows how the value of the food voucher in Z\$ varied between January 2006 and April 2007. In this period the external value stayed the same at sterling £9.00, while the Z\$ value moved from Z\$1,592 to Z\$362,200, a rise of more than 200 times in 16 months. Moreover, this rise accelerated steeply in the last 4-5 months of the period, making price coordination between retailers and AAI increasingly difficult to accomplish.

Despite these difficulties, AAI continued to explore other possible methods for delivery. It ran a cash transfer pilot with 50 beneficiaries who each received Z\$100,000 in cash, in order to see whether instantaneous money adjustments were more feasible to accomplish than voucher value adjustments. It also began to explore issuing beneficiaries with a credit card that could be

charged up each month with the latest cash value; however, this would have required installing additional equipment in participating retailers (to take the value off the card, and to register price and value data), and AAI decided to suspend the experiment until its funding in Phase 2 of PRP from 2008 onwards is known.

**Diagram 1: The Rise in the Z\$ Value of a £9.00 Food Voucher (Jan 2006 to Apr 2007)**



**Source:** Manjengwa and Mukamiri (2007, Table 1, p.14)

## Asset Building

The poorest of the poor who are the beneficiaries of this programme have very few, if any, assets to start with. The most such a programme can hope to achieve is protection of any existing assets. The monthly food voucher provides some asset protection. The best-case scenario is that selling products from the low input gardens could lead to some asset building, albeit at a very small scale. Some assets, such as garden tools, may be gained through the low-input gardens, but the majority of garden assets, such as wheelbarrows, are community-owned. The gardens are of different sizes, with household gardens ranging from a few containers to about ten square metres. Even with containers and small plots, foodstuffs such as green vegetables, carrots, beans, onions, tomatoes and pumpkins, can be produced to supplement the diet. The larger community or institutional gardens provide training opportunities and seed.

## Strengths

The Urban Food Programme implemented by Action Aid International in Zimbabwe has a number of strengths that are worth bringing together at this point:

- (i) there is wide agreement from available sources (including the independent review conducted by Sampson and MacQuene in 2006) that AAI has done a good job in difficult circumstances in its urban social transfers in Zimbabwe;
- (ii) AAI has pioneered a food voucher scheme, as a way of overcoming the problem of rapid changes in the prices of basic goods in a situation of hyperinflation; the food voucher switches the risk of price changes away from beneficiaries to the implementing organisation (AAI);
- (iii) a food voucher is not the same as direct food delivery to recipients as occurs with WFP food aid; a food voucher inserts itself into the food and grocery retail system and helps to support that system, while food delivery tends to come from outside and may disrupt normal market functioning;
- (iv) AAI achieved a successful partnership with two private supermarket chains for the implementation of the voucher scheme; even in conditions where the supermarkets themselves were dealing with unpredictable price policy rulings from government;
- (v) AAI has continued to experiment with other delivery methods, including cash and credit cards, despite the unpropitious circumstances for the success of such schemes; however, the credit card experiment was shelved pending clarification of the future funding position.

## Weaknesses

In the Zimbabwe context it is difficult to isolate weaknesses in scheme design or implementation from the extreme circumstances within which any social transfer scheme has to operate. Some comments can, however, be made about scope and sustainability:

- (i) The Urban Food Programme has been of limited scope, and has spread itself thinly across five urban centres, and several suburbs within each of those centres. This is not the fault of AAI which seems to be doing its best in exceptionally difficult circumstances, but nevertheless the 'imprint' of such efforts tend to be tiny in relation to the overall scale of the problem addressed. This is perhaps an aspect that funding agencies need to address, rather than the implementing agency;
- (ii) AAI confronted considerable uncertainty during the early months of 2007 regarding the future of the Urban Food Programme due to slippage in DFID decision-making regarding the continuation and next phase of the Protracted Relief Programme. In the event an extension to the previous phase of the PRP occurred through to 2008, and a new phase of the PRP was agreed in August 2007. Nevertheless, when social protection programmes are as critical to the life chances of vulnerable beneficiaries as is the case with the Urban Food Programme, the onus must be on funding agencies to make their intentions clear so that orderly forward planning by implementing agencies can occur.

## Policy Lessons

AAI's Urban Food Programme in Zimbabwe reveals in an usually sharp way circumstances in which cash transfers may not be the appropriate mechanism for delivering social transfers to destitute people and their families. In conditions of rapidly rising prices of food and other basic needs, monthly or quarterly cash transfers may not be able to adjust quickly enough to prevent beneficiaries from incurring a steep fall in the value of their benefit.

Nevertheless it is possible that electronic technologies (credit cards, mobile phones) could overcome this, even in a Zimbabwe-style situation, if cash payments can be adjusted instantaneously to the times when recipients go to purchase their supplies. In the absence of this degree of technical capability, the food voucher scheme implemented by AAI in urban areas of Zimbabwe is an effective and tested alternative: it protects beneficiaries from adverse price movements, while placing the burden of adjustment squarely on the shoulders of either the implementing or funding agency of the transfer scheme.

## Sources

Manjengwa, J. and B. Mukamuri, 2007, *Lessons from Action Aid International's Urban Food Programme*, A report written for the Regional Hunger and Evidence Building Agenda (REBA) of the Regional Hunger and Vulnerability Programme (RHVP), Harare: Centre for Applied Social Science (CASS), June

Samson, M. and K. Mac Quene, 2006, *Approaches to Social Protection: An Evaluation of Donor-Supported and NGO-Implemented Social Protection Initiatives in Zimbabwe*, Cape Town: Economic Policy Research Institute

UNAIDS, 2006, *2006 Report on the Global Aids Epidemic: Annex 2 HIV and AIDS Estimates and Data*, 2003 and 2005, Geneva: UNAIDS

## More Information

REBA material, including these briefs and fuller case study reports, as well as information regarding the REBA process can be viewed and downloaded from: [http://www.wahenga.net/index.php/core\\_activities/building\\_evidence](http://www.wahenga.net/index.php/core_activities/building_evidence)

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