

Baseline Report
Agriculture and Food Security Emergency Response in Tanganyika Province in Democratic Republic of the Congo
Award # 720FDA20GR00166

Introduction

The baseline survey presented in this report was conducted in mid-August in the Nyunzu and Nyemba health zones in Kalemie and Nyunzu territories, Tanganyika Province. These targeted areas have experienced recurring violence, the most recent bouts occurring between February – April 2020. World Relief Congo’s (WRC) emergency response project is functioning to assist vulnerable returnees and to welcome vulnerable families and victims of violence with holistic agricultural assistance. This project will distribute agriculture kits for the restoration of livelihoods and immediate provision of food, as well as to reinforce communication on COVID-19 risks.

Methods and Data Sources

The sampling size chosen for this survey is representative of household food insecurity indicators in targeted health areas. The sample size was determined by using the sample size calculator software called “Sample Size Calculator by Raosoft,” with an acceptable margin of error of 5%, providing a good estimation of targeted population needs. Thus, a total of 379 households were determined as an adequate sample size from the 27,438 beneficiary households targeted for the agriculture and food security intervention.

To determine a random sampling of households consistent with tracking methodologies, a random number table was assigned to identify names on the list of beneficiaries. Selected beneficiaries from the list were then considered sample respondent representatives of their households’ opinions and needs.

When collecting data, WRC M&E teams were cognizant of the time pressure that certain activities dictated, such as distributing seeds in the time window of a quickly closing regional agricultural season. The time pressure was a result of logistical restrictions due to COVID-19 which prevented teams from entering Tanganyika sooner.

WRC M&E teams worked with World Relief’s impact team based in Baltimore to digitalize data collection tools to complete this survey. Tablets functioned not only as tools to collect the data, but thanks to internal M&E servers, also as points of access to the raw data for analysis by teams in the U.S. Even though the use of the tablets were initially more time consuming as enumerators needed to be trained on their functionality and proper use, as well the number of available tablets for data collection was limited, they nevertheless made it possible to provide quick and easy access to raw data for analysis by multiple teams, and timely reporting development. The support unit overseeing World Relief’s humanitarian and disaster relief countries and the M&E impact team was therefore better able to ensure accurate analyses in coordination with WRC teams, thanks to these internal M&E systems. The results obtained from the survey were systematically analyzed using the statistical software "SPHINX" alongside Microsoft Excel software for data relating to the calculations of different scores.

To enrich the study, supplementary qualitative data was collected through focus group discussions in the targeted communities. As well, secondary data was collected and used from reputable health establishments in the areas of intervention. This data will serve as benchmarks to assess the project’s progress at varying points.

Locations and Timing

The baseline survey presented in this report was conducted from August 23-31 in the Nyunzu and Kalemie health zones, respectively Nyunzu and Kalemie territories in Tanganyika Province. The survey was conducted just after the selection of the direct beneficiaries (27,438 households) in the two targeted health

zones, and before the time-sensitive seed and tool distributions. By conducting the survey between these two program activities, the M&E team truly captured the situation of the households targeted so that the degree to which progress is made can be accurately measured throughout the length of the project.

The following table summarizes where and when the data was collected for the baseline report.

Territory	Health Zone	Health Area	Beneficiary HHs	HHs surveyed	Survey Date
Nyunzu	Nyunzu	Muhuya	2,143	30	28/08/20
		Changachanga	92	1	31/08/20
		Mulongo	3,408	47	31/08/20
		Masamba	3,784	52	31/08/20
		Kabeya mayi	2,488	34	29/08/20
		Sulumba	1,659	23	29/08/20
		Mangala	333	5	30/08/20
		Lengwe	5,155	71	30/08/20
		Kitengetenge	1,068	15	31/08/20
Sub-total	////////////////////	////////////////////	20,130	278	////////////////////
Kalemie	Nyemba	Kisengo	2,310	32	28/08/20
		Kyoko	3,327	46	28/08/20
		Mulolwa	1,671	23	28/08/20
Sub-total	////////////////////	////////////////////	7,308	101	////////////////////
TOTAL	////////////////////	////////////////////	27,438	379	////////////////////

When selecting the health areas in most critical need of this project's projected goals to assist vulnerable households with food security, WRC consulted a number of organizations within Tanganyika Province. Specifically: Nyunzu Health Zone local authorities, a number of community civil societies in Nyunzu Health Zone, ITAPEL Nyunzu, the Central Health Bureaus of Nyunzu and Kalemie, and medical professionals in health centers among others. The resulting conclusions after these consultations resulted in onboarding four new health areas, previously non-considered, in the Nyunzu Health Zone. As well, other health areas initially considered for the project were withdrawn due to active presence of conflict and militia, or being already covered by other NGO actors with a similar response.

The four new health areas selected and added to the above list in Nyunzu Health Zone are Muhuya, Mulongo, Masamba and Mangala. They were not outlined in the initial concept note, which was written in February 2020; given the consistently changing ground situations, WRC already accounted for the probability that this initial list would need to be tailored to fluctuating needs at the point of project implementation. In total, the project will be targeting 12 health areas, three in Nyemba Health Zone, and 9 in Nyunzu Health Zone. These areas are epicenters for returnees and host families who due to continuing conflict, present acute needs and are highly vulnerable.

In summary, the table below outlines the situation in each of the health areas initially considered for this project, but ultimately not chosen for specified reasons as follows:

Health Zone	Health Area	Reasons for non-section of Health Areas
Nyunzu	Kabeya Mukena	Active violent confrontations in the area
	Kahinda	Already targeted by FAO/Nyunzu
	Kalima	Active violent confrontations in the area
	Kampulu	Active violent confrontations in the area



	Kibunga	Mai-Mai Apa na pale milita present/Red Zone
	Mbeya	Already covered by NRC
	Mukundi	Active violent confrontations in the area
	Ngombé	Area still insecure/few to no returnees present
	Ngoy	Area still insecure/few to no returnees present
	Zongwe	Security has not yet been re-established
Nyemba	Lambo Kilela	Red zone/Prohibited to humanitarian access
	Nyemba	High risk of flooding
	Kitoke	Already covered by FH ₃₆₀
	Bimbwe	Already covered by FH ₃₆₀
	Mayi baridi	Already covered by NRC

Limitations and Mitigating Measures

Limitations that the M&E team faced while conducting this survey were not only the vast distances that needed to be covered between one health area to another, but also tracking down the newly selected households for the project. To mitigate this first limitation, covering large spans of geographic areas, WRC doubled down on its logistical coverage by employing four M&E field staff who each were responsible for covering a specified terrain. This allowed for record time coverage of all areas reviewed under the baseline study. As for the challenge of locating the exact beneficiary households, local scouts assisted the M&E teams to find the households required for the survey.

Insecurity as well was a recurring challenge while conducting the survey. This was largely mitigated by recruiting a team of local enumerators to assist WRC staff to better understand the socio-geographic context of targeted villages located in insecure areas. The teams scrupulously observed safety protocols, and only collected baseline data from communities during more secure times of the day.

Findings

Sub-Sector	Indicator	Base line	Target
Outcome Indicator	Percent of households which have improved their food consumption score	0%	60%
1.1 Improving Agricultural Production/Food Security	1.1.1 Number of months of household food self-sufficiency as a result of improved agricultural production programming	0.16 months (5 days) for 100% of beneficiaries targeted by program	2 months for 65% of beneficiaries targeted by program
1.1 Improving Agricultural Production/Food Security	1.1.2 Number of people directly benefitting from improving agricultural production and/or food security activities	0 people	164,624 Individuals (27,438 HHs)
1.1 Improving Agricultural Production/Food Security	1.1.3 Number of hectares under improved agricultural methods	0 Ha	18,369 Ha
Outcome Indicator	Percentage of people acknowledging effectiveness of appropriate crop protection techniques	0%	90%
1.2 Pests and Pesticides	1.2.1 Number of people trained in appropriate crop protection practices	0 people	24,695 people

1.2 Pests and Pesticides	1.2.2 Number and percentage of hectares protected against disease or pest attacks	0 Ha (0%)	18,369 Ha 100% (of 18,369 Ha under improved methods)
1.2 Pests and Pesticides	1.2.3 Number and percentage of people practicing appropriate crop protection procedures	0 people (0%)	22,226 90% (of 24,695 people trained)
Outcome Indicator	Percentage of households who report having received good quality seeds through direct distribution activities	0%	90%
1.3 Seed Security System	1.3.1 Number of months of household food self-sufficiency as a result of seed system security programming	0 months	2 months for 65% of beneficiaries targeted by program
1.3 Seed Security System	1.3.2 Number of people directly benefiting from seed systems/agricultural input activities	0 people	164,624 Individuals (27,438 HHs)
1.3 Seed Security System	1.3.3 Percentage of households with access to sufficient seed to plant	0%	80%
Outcome Indicator COVID-19	Percentage of people directly benefiting from the project knowing at least three barrier measures to COVID-19	0 people	75%
Outcome Indicator COVID-19	Number and percentage of households that observe at least three barrier measures to COVID-19	1%	19,207 70%

Other Impact Assessment Parameters Addressed by the Survey

In addition to the OFDA/BHA indicators, the survey also addressed other key data points that will inform on the progress of the project related to agriculture and food security and household living conditions.

Sub-Sector	Indicator	Baseline	Target
Improving Agricultural Production/Food Security	% of households with a Food Consumption Score in the Limited or Acceptable range	26.5%	65%
Improving Agricultural Production/Food Security	% of households taking at least three meals a day on average (after the crisis)	3.1%	70%
Improving Agricultural Production/Food Security	% of households in which children under five take at least five meals per day (after the crisis)	2.3%	50%
Improving Agricultural Production/Food Security	Average revenue by household (after the crisis)	\$25/month	\$100/month
Improving Agricultural Production/Food Security	% of households whose income has increased	0%	75%

Analysis

Having clear objectives, impact indicators, as well as the results of the baseline survey allows the M&E team to trace the progress of the population benefiting from the project. Observations, surveys and other mediums of measurement will assess the populations' knowledge and practices in agricultural techniques, their access

to seeds and quality tools, their access to income generation through agriculture, and the level of household food security affected by the program at varying decision gates in the project timeline. Baseline data will serve as a benchmark in measuring project impact in follow-up analyses; especially in understanding the relevance and effectiveness of the intervention prior to and after its completion. Tracking sheets will be developed by the M&E Team and shared with the program staff in charge of implementing direct project activities for progressive monitoring of the objectives and indicators monthly, quarterly and biannually. Progress will be analyzed and used for corrective adjustments, if necessary.

Conclusion

The baseline data confirmed that WRC will pursue the objectives and activities as planned. No activities or targets have been modified as a result of analyzing the baseline data. The only changes that have been made are the specific health areas targeted by the project within the approved Tanganyika Province. As outlined above, the four new health areas in the Nyunzu Health Zone became necessary to include within the project given the rising rates of household food vulnerability since the write-up of the original project proposal. Reacting to evolving situations, WRC altered its previous project to include these four locations as well between February and May 2020, to focus on villages where acute needs presented themselves. These communities are in acute need of seeds and agricultural tools to relaunch their agricultural activities after more than three failed cropping seasons following repetitive violence in the area. Under the most recent IPC classification, both zones rank in phase 4 “emergency”, with many returnee and host communities having not yet received any outside emergency assistance. Implementation teams are still responding in the same agreed upon larger geographies within Tanganyika Province: Nyunzu and Kalemie territories, and Nyunzu and Nyemba health zones.