In November 2014, The Hunger Project carried out an evaluation study of the epicenter strategy in Chokwe, Mozambique. The project involved 280 randomized household surveys, a focus group discussion, and four key informant interviews. The purpose of the study was to collect data on Hunger Project programs in Chokwe to establish the epicenter’s progress, set realistic targets and milestones for each program component, and examine epicenter achievements and outcomes. The results will also be used to empower community partners to set future priorities, track progress and to compare results over time.

**Insights from the survey**

<table>
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<tr>
<th>Community Mobilization</th>
<th>70% believe they can impact their community</th>
<th>86% voted in the most recent election</th>
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The survey revealed high confidence in both the community leader’s ability to address concerns (77%) as well as community members’ own ability to impact change (67% of women and 75% of men). This confidence in political participation is also evidenced by a high voter turnout at the latest election, with 18% of the population having participated in THP activities.

<table>
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<tr>
<th>Women’s Empowerment</th>
<th>7% own small businesses</th>
<th>94% women receiving antenatal care</th>
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Chokwe is making great strides towards empowering women. The ratio of girls to boys attending school is 1.25, meaning for every 100 boys there are 125 girls attending school. Among the 94% of women receiving antenatal care 74% have had all four of the recommended antenatal checkups. However, the survey revealed that only 7% of women are small business owners. The Women’s Empowerment Index score was 51.14 out of a possible 100. Women performed best in the areas of leadership and resources but are still the sole bearers of domestic responsibility, as evidenced by the lowest achievement seen in the time index.
While 98% of households are using an improved water source, Chokwe has struggled because of the high salinity of the water; it is clean but non-consumable. Only 20% of respondents report using improved sanitation. Surveyed families say they know the benefits of a latrine, but they don’t have the materials to build it. This has resulted in poor waste management and 58% of households burning and burying their solid waste. Furthermore 28% of children under the age of five are still experiencing diarrhea.

The education gender parity ratio indicates there are more girls than boys in school. This is mainly due to families needing boys to work in the field and girls to work at home, and the cost of school supplies. There is also a low participation of men in adult literacy classes. They have reported that they are embarrassed to take the class with their spouses (they don’t want their wives to see they don’t know an answer) and have poor eyesight.

Chokwe has performed poorly in nutrition due, in part, to environmental factors such as drought. Within the community, 28% of households experience moderate to severe hunger, women of reproductive age have little dietary diversity (on average eating 2.82 out of 9 necessary food groups), and a low percentage of households have knowledge of exclusive breastfeeding practices. Despite this, focus group participants believe the arrival of THP has improved their diets and agricultural productivity.
Chokwe is performing very well in health indexes: 88% of people say they visit a health worker or clinic when sick; 96% of births were attended by licensed healthcare professionals; and 63% of children under age five sleep under bed nets to protect them from mosquitos. The report also recognized only 14% of the population over age 15 don’t have comprehensive and correct knowledge of HIV/AIDS, and only 46% are aware of their status.

Unfortunately 60% of families still live below the poverty line\(^1\). A potential contributing factor is limited access to financial services, with only 8% of adults accessing savings and loans, and only 7% of women with their own businesses. In addition, only 17% of the population have non-agricultural businesses and owners reported that their main difficulty is the lack of transportation infrastructure. Business owners say that transportation costs have greatly reduced their profits.

Many community members credit THP for improved agricultural productivity, particularly for greens, maize and legumes. 79% of farmers say they have implemented practices to reduce risk or become climate-change resilient. In particular, smallholder farmers have found crop rotation and improved seed use to be beneficial. Nearly all community farmers (99%) apply improved management process, but only 21% sell their produce because, “transportation of products is difficult and it’s easier to just grow food for yourself.”

\(^1\) Defined as the percentage of the population living on less than $1.25 a day 2005 PPP
Recommendations

- Expand access to financial services, income-generating activities, and address the issues of market access and insufficient transportation.
- Increase coverage to improve the percentage of people participating in THP activities.
- Improve HIV/AIDS education. Despite positive progress on health indicators, comprehensive knowledge of HIV/AIDS is limited to 14% of people 15 and older.
- Increase participation in schools for boys and girls. Income and poverty are the main drivers behind poor school attendance amongst children age 4-18.
- Improve adult literacy participation. Interviews with community members exposed that currently participation is low.
- Investigate possibilities to increase access to improved sanitation and desalinize the water.