



USAID
FROM THE AMERICAN PEOPLE



**United States Agency for International Development
Bureau of Democracy, Conflict and Humanitarian Assistance**

Office of Food for Peace

Fiscal Year 2014 Annual Results Report

**ACDI/VOCA Liberia
Cooperative Agreement AID-FFP-A-10-00015**

Submission Date: November 14, 2014

Michael Thayer
Senior Director
ACDI/VOCA
50 F Street N.W., Suite 1000
Washington, D.C. 20001
mthayer@acdivoca.org
Tel: (202) 469-6090
Fax: (202) 469 6257

Emmanuel Mugabi
Chief of Party
ACDI/VOCA – LAUNCH
Fouta Corp. Building
UN Drive, Vai Town
Bushrod Island, Monrovia, Liberia
emugabi@acdivoca-liberia.org
Tel: +232 (0) 888 726 625

TABLE OF CONTENTS

I. INTRODUCTION: LIBERIA AGRICULTURE UPGRADING NUTRITION & CHILD HEALTH PROGRAM RESULTS	4
STRATEGIC OBJECTIVE 1: INCREASED AVAILABILITY OF AND ACCESS TO FOOD OF VULNERABLE RURAL POPULATION.....	5
<i>IR 1.1: Improved Smallholder Production</i>	5
<i>IR 1.2 Increased Rural Household Livelihood Opportunities</i>	6
STRATEGIC OBJECTIVE 2: REDUCED CHRONIC MALNUTRITION OF VULNERABLE WOMEN AND CHILDREN UNDER FIVE.....	10
<i>IR 2.1: Improved Nutrition, Feeding and Care Practices among PLWs and Children under 2...</i>	11
<i>IR 2.2: Improved Prevention and Treatment of Maternal and Child Illnesses</i>	12
STRATEGIC OBJECTIVE 3: IMPROVED EDUCATIONAL OPPORTUNITIES FOR CHILDREN AND YOUTH	17
<i>IR 3.1 Improved Quality of Primary School and Livelihoods-based Education for Youth</i>	17
<i>IR 3.2 Improved Management of Schools/Education Programs</i>	18
Cross-Cutting: Disaster Risk Reduction and Early Warning Systems	18
Cross-cutting: Social and Behavioral Change Strategy	19
II. LESSONS LEARNED	20
ATTACHMENTS	
A. Indicator Performance Tracking Table	
B. Detailed Implementation Plan	
C. Standardized Annual Performance Questionnaire	
D. Tracking Table for Beneficiaries and Resources	
E. Expenditure Report	
F. Completeness Checklist	

LIST OF ACRONYMS

ANC	Antenatal Care
BCC	Behavior Change Communication
CDHC	Community Health Development Committee
CDMC	Community Disaster Management Committee
CHC	Community Health Committee
CHV	Community Health Volunteers
C-IMCI	Community Integrated Management of Childhood Illness
CMAM	Community Management of Acute Malnutrition
DMU	Disaster Management Unit
DRR	Disaster Risk Reduction
EMMP	Environmental Mitigation and Monitoring Plan
ENA	Essential Nutrition Actions
FaaB	Farming as a Business
FDP	Food Distribution Point
FFP	Food for Peace
FMC	Food Management Committees
FTG	Farmer Training Group
FY	Fiscal Year
gCHV	general Community Health Volunteers
GCHV	Government Community Health Volunteers
GMP	Growth Monitoring and Promotion
GoL	Government of Liberia
IY	Implementation Year
JSI	John Snow, Inc.
LAUNCH	Liberian Agricultural Upgrading Nutritional and Child Health
LM	Lead Mother
LOA	Life of Award
M&E	Monitoring and Evaluation
MCI	Making Cents International
MOA	Ministry of Agriculture
MOE	Ministry of Education
MOH	Ministry of Health
MOHSW	Ministry of Health and Social Welfare
MOU	Memorandum of Understanding
MYAP	Multi Year Assistance Program
PCI	Project Concern International
PHH	Post Harvest Handling
PLW	Pregnant and Lactating Women
PM2A	Preventing Malnutrition in Children Under two Approach
PTA	Parent Teacher Association
QIVC	Quality Improvement Verification Checklist
RBHS	Rebuilding Basic Health Services/Funded by USAID
RVA	Rapid Vulnerability Assessment
SBC	Social Behavioral Change
SO	Strategic Objective
TBA	Traditional Birth Attendants
TTM	Traditionally Trained Midwives
USAID	United States Agency for International Development

I. INTRODUCTION: LIBERIA AGRICULTURE UPGRADING, NUTRITION & CHILD HEALTH (LAUNCH) RESULTS

This report represents the achievements from the annual activities implemented for the fiscal year (FY) 2014 by ACDI/VOCA and its sub-grantees, Project Concern International (PCI), John Snow Inc. (JSI) and Making Cents International (MCI), through the Liberian Agricultural Upgrading, Nutrition and Child Health (LAUNCH) program. In FY 2014 the LAUNCH Program contributed to the improved food security status of targeted beneficiaries and used the lessons learned from FY 2013 to facilitate the scale-up of agricultural, nutrition and child health activities in Nimba and Bong Counties. Program implementation focused on scaling up activities under the three Strategic Objectives (SOs) and strengthening the monitoring and evaluation (M&E) system through improvements to the databases and field testing of M&E tools and improving the efficiency and performance of the commodity management system using mobile phone registration. Further emphasis was placed on delivering quality training to beneficiaries while providing LAUNCH staff with needed technical assistance through the ACDI/VOCA volunteer program and other technical assistance provided through supervisory visits from headquarters and paid consultancies.

Under SO1, the LAUNCH program continued to facilitate new farmer training groups and provided technical support and follow up to existing ones. A total of 100 new farmer groups (3,173 farmers) were recruited and trained during the year. Progress was registered in the adoption of improved farming practices and the participation of women in group agricultural activities. During the final quarter of the year, there was a significant disruption in the farming activities due to the Ebola outbreak. Regular LAUNCH activities were scaled back and retooled to focus primarily on Ebola awareness, education and community mobilization in the prevention of the disease.

During the first nine months of FY 2014, the LAUNCH team continued to address key issues related to chronic malnutrition through two intermediate results: improved nutrition, feeding and care practices among pregnant and lactating women (PLW) and children under two, as well as improved prevention and treatment of maternal and child illness. There are currently 158 active care groups in the LAUNCH program reaching approximately 21,008 PLW and children. The implementation focused on strengthening health clinics, community mobilization, and improving hygiene and sanitation practices. In March 2014, the first cases of Ebola Virus Disease (EVD) were identified in Liberia and the neighboring countries of Guinea and Sierra Leone. Because of the project area's common borders with both countries, LAUNCH began to provide EVD prevention and awareness information through lead mothers, general community health volunteers, disaster management committee members and community WASH committee members. As the epidemic intensified in June/July, LAUNCH staff expanded EVD activities to include the distribution of educational materials, hand washing buckets and supplies to 402 project communities reaching approximately 135,000 community members, support of Ministry of Health and Social Welfare training at the national, county and district levels and the provision of medical supplies for the care and treatment of Ebola patients.

Under the education component (SO3), the team increased outreach to primary schools. The project's 80 targeted primary schools continued to receive management support for school principals and teachers on topics such as the preparation of lesson plans and guidance to local PTAs on their roles and responsibilities. The closure of schools in June due to the Ebola crisis and the national State of Emergency limiting large gatherings of people for any activity including training, has had an impact on the project's ability to complete planned activities but the closure of schools has permitted an opportunity to utilize PTA members in Ebola prevention activities and an extended period for the renovation and repairs of school facilities.

Disaster Risk Reduction (DRR) and Early Warning activities have expanded in the Ebola crisis and committee members have used their skills in identifying potential hazards/disasters/shocks related to Ebola (including identification of sick community members, isolation of household in collaboration with district and county authorities, and monitoring of hand washing stations and community visitors. During the year DRR activities were expanded to a total of 100 communities. DRR is now integrated across all SOs, with the composition of Disaster Management Committees (DMC) to including representation from multiple sectors – health, education, youth and agriculture.

The program also continued collaboration with the Government of Liberia (GoL) at multiple levels (national, county, and district) and there is a good working relationship with the main line ministries (Agriculture, Health and Social Welfare, Commerce and Industry, Education and Public Works). The LAUNCH team continued participating in line Ministry coordination meetings in Monrovia and in the counties to update the government and other stakeholders on activities and discuss relevant topics.

Some of the **key achievements during the reporting period** were:

- The number of individual smallholder farmers that have adopted and replicated at least 3 recommended sustainable agronomic technologies increased from **55 percent last year to 64 percent**.
- Outreach to over **7,921 smallholder farmers** with services in improved agricultural production training, post-harvest handling, farming as a business and bulk-marketing. This was an increase of 157 percent from FY 2013.
- Participation of women in agricultural group activities increased from 51 percent in FY 2013 to **55 percent in FY 2014**.
- **Provision of hand washing buckets, initial supply of chlorine and IEC materials.** LAUNCH communities received Ebola prevention supplies and educational posters for distribution throughout the community.
- **Implementation of water and sanitation activities** focused on community-led repair, rehabilitation, installation and/or construction of 69 water pumps. Please see additional details on LAUNCH water and sanitation activities directly below; and
- **Completion of the construction and the provision of furnishings** for two maternal waiting homes and one labor and post-partum ward/MNCH ward. LAUNCH completed the construction of two maternal waiting homes and one post-partum ward/MNCH to increase access to health facilities for improving pregnancy outcomes, newborn and child health and to provide a confidential counseling area for youth health services including reproductive health services. Maternal waiting homes were completed in July.

A) STRATEGIC OBJECTIVE 1: INCREASED AVAILABILITY OF AND ACCESS TO FOOD OF VULNERABLE RURAL POPULATION

IR 1.1: Improved Smallholder Production

In FY 2014, the LAUNCH program provided technical and in-kind assistance to 7,921 smallholder farmers. Of these, 3,173 farmers were organized into 100 new farmer groups and provided in-kind starter kits of assorted farming tools and seeds as well as training on their demonstration plots. Farmers from previous years were also provided follow-up technical support in replicating improved technologies on their individual farms. The technical support provided to the new farmer groups included training in site selection, nursery management, land preparation, transplanting or appropriate seed sowing, integrated pest management, farm maintenance and post-harvest loss prevention. The trainings were facilitated with the involvement of community lead farmers that were trained by LAUNCH Agricultural Extension Agents. The involvement of lead farmers in the training is part of the exit strategy that aims at developing a cadre

of community resource persons and local capacity to deliver extension services in the absence of a functional government supported agricultural extension system.

During the year, the farmers added an extra 630 hectares under improved technologies and management practices. The new farmer groups developed 100 demonstration plots measuring 70 hectares in total with an average of 0.7 hectare per demonstration plot. The demonstration plots were planted with a variety of crops including the main value chains of rice and cassava. Other crops planted include corn, peanuts and a variety of other vegetables.

Table 1: Farmer Groups Supported by LAUNCH, Crop Category Cultivated per value chain and Acreage Cultivated during FY 2014

BONG COUNTY						
Crop category	Total Crop	FGs	by	% of FGs	Average Cultivated	Acreage
Lowland Rice		7		7		4.9 Ha
Cassava		4		4		2.8 Ha
Corn		16		16		11.2 Ha
Other Vegetables		18		18		12.6 Ha
Sub Total		45		45		31.5 Ha
NIMBA COUNTY						
Crop category	Total Crop	FGs	by	% of FGs	Average Cultivated	Acreage
Lowland Rice		12		12		8.4 Ha
Cassava		8		8		5.6 Ha
Corn		10		10		7 Ha
Other Vegetables		25		25		17.5 Ha
Sub Total		55		55		38.5 Ha
Overall Total (Bong & Nimba)		100		100		70 Ha

Sub-IR 1.1.1: Improved Farm Management Practices Adopted

The LAUNCH program continued to use the group learning extension methodology through the establishment of demonstration plots where improved agricultural production practices are demonstrated to smallholder farmers. Learning sessions at the demonstration sites were facilitated with support from lead farmers who are themselves members of the community. During FY 2014, 3,173 farmers benefited from training sessions that were held at 100 demonstration plots. These participants included 1,792 female and 1,381 male farmers.

The outreach methodology outlined above has proven worthwhile owing to the fact that the percentage of LAUNCH supported smallholders using at least 3 sustainable agronomic technologies has increased from 25% (baseline) to 64% according to results obtained from the 2014 annual survey report. This percentage

is 7% above the 60% annual target. The survey also found that there is an increase in the percentage of smallholder's households diversifying crops cultivated from 27% (baseline) to 36% in FY 2014. This percentage represents a 20% increase above the annual target of 30%.

In the same period, 1,358 farmers received training in poultry production, post-harvest handling, farming as a business and training of trainers (TOT). Of all the farmers trained in different sectors, 55% were women. This represents 8% increase participation of women in training activities from last year.

SO1 Beneficiaries Reached by Category - FY 2014				
Program Category		Beneficiary		
		Male	Female	Total
1	In-kind grants disbursed to farmer groups & training at block farm	1,381	1,792	3,173
2	Lead farmer TOT	234	49	283
4	Training in farming as a Business	44	88	132
5	Training in poultry production	0	70	70
6	Training in Post-harvest Handling	376	497	873
7	Outreach to individual farmers	331	299	630
8	Bulk marketing & Market Linkages	410	520	930
10	Smallholders reached through savings and credits	834	996	1,830
Total		3,610	4,311	7,921

Sub-IR 1.1.2: Improved Smallholder Access to Agricultural Inputs

During FY 2014, the LAUNCH program disbursed 100 in-kind agricultural starter kits to 100 farmer groups comprised of 3,173 farmers. The starter kits included seeds/planting materials such as rice, cassava, corn, legumes and assorted vegetables. In addition, 10,164 assorted tools including cutlasses, hoes, shovels, diggers, axes, watering cans and knapsack sprayers were disbursed. These starter kits were used by the farmers to establish their demonstration plots and as well as replication of new technologies on their individual farms.

IR 1.2: Increased Rural Household Livelihood Opportunities

LAUNCH completed a poultry pilot which commenced in June 2013 and ended in March 2014 with 20 mothers from existing care groups supported under LAUNCH Strategic Objective two. Each of the 20 beneficiaries in the pilot received 20 local pullets, one improved cockerel (exotic breed), and technical assistance on poultry husbandry practices and housing construction. Essential vaccines and veterinary drugs were also provided as in-kind starter kits to 4 trained community animal health workers. The essential drugs were operated as a revolving scheme where beneficiaries paid service fees to replenish the kits. Assessment after the pilot found a 6% mortality rate among the 220 breeding stocks that were provided to the beneficiaries by the program. This is deemed by poultry specialists as acceptable in such a low but appropriate technological poultry management system.

During the same year, the scale-up of the poultry started with the identification of 160 new household mothers from care groups supported by LAUNCH in Bong and Nimba Counties. Forty of these 160 new beneficiaries received training in improved poultry husbandry and shelter construction. This activity was interrupted by the Ebola outbreak. The training for the remaining 110 beneficiaries and the disbursement of poultry grants will be completed in FY 2015.

Sub-IR 1.2.1: Increased Market Linkages

The market linkage component of the program received a significant boost in FY 2014 with the hiring of senior program staff with specific focus on value chain and market development initiatives. A mapping exercise to identify key value chain actors within the program area was conducted and major actors including input dealers, buyers and sellers of farm produce, processors and fabricators of local agro-processing equipment were identified. A two-day workshop was organized for the value chain actors to identify major opportunities and constraints associated with the LAUNCH supported value chains. Some opportunities identified include the existence of several value actors who are actively involved in agricultural production activities, and the prevailing peace and stability within the program area (Bong and Nimba). Some of the constraints identified include lack of market information that would enable them to make sound business decisions, lack of coordination among value chain actors, lack of access to credit to expand businesses and remoteness of some actors who cannot be reached easily by phone or other transport means. At the end of the workshop, participants exchanged contacts and agreed that constant communication and coordination among themselves would be necessary in addressing the constraints that are associated with the development of the value chains.

Road Rehabilitation

LAUNCH commenced the rehabilitation of 7.5 kilometers of Gblah-Rlantuo road – a farm to market road in Nimba County to facilitate market access for smallholder farmers and other value chain actors. The rehabilitation of farm to market roads will enable smallholder farmers to take their farm produce to nearby markets and afford buyers and sellers of farm produce to buy directly from farmers’ fields; thus enhancing interaction among market actors and income generation by smallholder farmers. The 7.5 km farm to market road could not be completed due to the Ebola disease outbreak. An additional 31.4 kilometers of road were assessed for rehabilitation during this period. The uncompleted rehabilitation works have been rescheduled for FY 2015.

Bridge Civil Works



A completed road culvert in Nimba County



Sub-IR 1.2.2: Improved Smallholder Access to Financial Resources

As part of efforts to strengthen smallholder access to financial resources, LAUNCH provided refresher trainings to 32 Agricultural Extension Agents in the basic principles and approaches of farming as a business (FaaB) including farm planning, budgeting, record keeping, profit & loss analysis, bulk marketing and the value chain concept. Training was also provided in community savings and credit methodologies. These trainings further enhanced the technical capacities of agricultural extension agents and guided them in providing advisory services to more than 2,892 smallholder farmers. There is evidence that farmer groups and individual smallholder farmers who benefited from this outreach are applying these principles and concepts in their day-to-day farming and community development activities. The 2014 annual survey showed a slight increase in market interactions among smallholder farmers and the number of smallholder households with access to cash savings and/or credit increasing to 64% from baseline figure of 53%. Although this is still below the Life of Project (LOP) target of 73%.

During FY 2014, eight additional savings and credit groups were formed, bringing the total number of groups formed in all years to 61. The LAUNCH team provided the 61 savings and credit groups with technical assistance through training on savings and credit methodology, record keeping, profit and loss analysis and group dynamics. The team also provided follow-up support as part of the technical assistance. The 61 groups saved a total of L\$819,659 groups of which L\$351,995 was loaned out with accumulative interest earned totaling L\$70,399.

Table 3: Total Savings & Loans given out and interest generated by Savings Groups

County	No. saving Groups	Membership			Amount saved (LD)	Amount Loaned Out (LD)	Interest (LD)	Amount Generated (Savings + Interest) LD
		M	F	Total				
Bong	17	253	257	510	441,425	167,200	33,440	474,865
Nimba	44	581	739	1,320	307,835	184,795	36,959	344,794
Total	61	834	996	1,830	749,260	351,995	70,399	819,659

Note: The exchange rate of US\$ to LR\$ is 1:85

Post-Harvest Handling

During FY 2014, trainings were conducted for 873 farmers (376 male and 497 female) on post-harvest handling and loss prevention. The focus of the trainings was mainly on appropriate harvesting techniques, produce handling, sorting, and drying of farm produce using solar dryers. Further emphasis was put on storage techniques and the use of rat guards to prevent store house losses. Five solar dryers were constructed to demonstrate the use of the technology in drying farm produce as part of the practical sessions conducted during the trainings. The Post-Harvest Handling team also constructed 167 drying scaffolds and installed rat guards on 43 local storage kitchens.

LAUNCH identified and recruited an agro-processing volunteer who conducted a feasibility study on the processing of rice and cassava using appropriate technologies. At the end of the assignment, four pilots of rice and cassava processing using a model that allows farmer groups to engage community private entrepreneurs to operate and manage the processing facilities was initiated with four farmer groups (2 rice and 2 cassava FGs) in Bong and Nimba counties. The LAUNCH team is finalizing plans to develop memorandum of understanding between the farmer groups and the entrepreneurs, and to train the entrepreneurs and workers of the processing facilities in business management skills, and operations and maintenance of processing equipment. The procurement and installation of the processing equipment will

be done in FY 2015. Farmer groups will provide or construct shelters for the equipment as part of the cost sharing.

Farm yield data was also collected from 31 block farms owned by 31 farmer groups comprising of 930 members (410 male and 520 female). A total of 14,520 kilograms of farm produce was harvested with 13,317 kilograms sold for the total amount of L\$201,335. Average yield data for cassava in FY4 shows an increase of 650 kg/Ha against 500 kg/Ha (baseline). During the same period, 930 (409 male and 521 female) rice farmers from 31 groups were linked to markets. Over 13 metric tons of rice were sold realizing proceeds in excess of L201,000.

Challenges and assumptions encountered in SO1

Agricultural Extension Services: As the program begins to gradually phase down, there are still major gaps the agricultural extension services. There are no government institutional structures for extension services and post- program intervention follow-up monitoring and support to smallholder farmers. To address that, LAUNCH commenced work with community lead farmers and provided them with training on leadership development, governance, group dynamics, appropriate agricultural production practices, farming as a business and post-harvest handling. Lead farmers are currently providing agricultural advisory services to their fellow farmers within the program area. Collaboration with the Ministry of Agriculture at central and local levels will also be further strengthen by engaging the ministry staff in all program work with smallholder farmers.

Road Rehabilitation Work: The start of the road rehabilitation work was delayed due to difficulties in finding a competent contractor. The contractor was hired early May 2014 but the civil works was further hampered by the onset of the rain season.

B) STRATEGIC OBJECTIVE 2: REDUCED CHRONIC MALNUTRITION OF VULNERABLE WOMEN AND CHILDREN UNDER FIVE

The LAUNCH team continued to implement all program activities in the early part of FY 2014, specifically October 2013-June, 2014 to address chronic malnutrition through two intermediate results: improved nutrition, feeding and care practices among pregnant and lactating women (PLW) and children under two, as well as improved prevention and treatment of maternal and child illness through strengthening health clinics, community mobilization, and water and sanitation practices. Each month, new beneficiaries, including PLWs and children under two, were registered while children who reached 24 months of age were graduated from the program. Women continued to participate in care groups even after they no longer qualified for rations, which demonstrates the positive impact of the care group model on participating women. Focus group discussions held during the annual survey showed that women expressed happiness in the mutual support they received from the group and in the positive results the lessons we having in the health of their families. Lead Mothers expressed their desire to stay in the groups after their children had "graduated" because they felt proud of being a community leader and recognized by their husbands and peers. It is anticipated that their sustained membership will continue to have an impact on the health of their children under the age of five, and, perhaps, the overall health and nutrition of the family as a whole. During FY 2013, the LAUNCH team worked with communities to form three additional care groups, for a total of 158 care groups (73 in Bong County and 85 in Nimba County) since project inception, with 1,492 lead mothers. The annual survey finding, that 98.8 percent (642/650) of

beneficiaries with active ration cards are participating in care groups, is in line with project records documenting care group participation.

In late March 2014, Liberia, Guinea and Sierra Leone identified their first cases of Ebola Virus Disease (EVD). In Liberia the initial epidemic was in Lofa, Margibi and Montserrado Counties. From the earliest announcement that EVD was identified in Liberia, and because LAUNCH counties border Guinea, Lofa and Margibi counties, the LAUNCH team began identifying opportunities to provide Ebola information, prevention messages and awareness about an infection that had never been seen in West Africa. Ebola messages, focusing primarily on the signs/symptoms and the risk of infection because of traditional burial practices, were provided by LAUNCH staff during community meetings, radio messages and trainings eventually reaching over 135,000 community members in all LAUNCH communities during the last quarter of FY 2014. The care group platform proved especially useful in terms of community education as lead mothers and general community health volunteers (gCHVs) were able to share these key Ebola messages during their household group meetings. During this first wave of the epidemic LAUNCH became a member of the National Ebola Task Force and the Case Management sub-committee providing logistical and technical support to the initial training of health workers throughout the country.

In June 2014, the second wave of the epidemic precipitated a consolidated response at the community, district, county and national levels which took precedence over all project health-related initiatives. In June, the Ministry of Health and Social Welfare (MOHSW) suspended all non-Ebola related training and travel so that core MOHSW staff could focus solely on the Ebola response. This impacted LAUNCH's ability to achieve the following two objectives: training community health committees (CHC) and community health development committees (CHDC) in their roles and responsibilities; and training CHC/CHDCs, gCHVs, and Trained Traditional Midwives (TTM) in community case management (CCM). The subsequent declaration of a national State of Emergency in August, prohibited public meetings, closed central markets impacting food security and instituted a national curfew.

IR2.1 Improved Nutrition, Feeding & Care Practices among Pregnant and Lactating Women (PLW) & Children under Two

During FY 2014, LAUNCH provided food rations to 4,999 PLW, reaching 129% of the target, and 16,009 children under two, reaching 165% of the target. The LAUNCH team reached a total of 21,008 cumulative beneficiaries during the reporting period.

LAUNCH surpassed its beneficiary target due largely to robust measures that were taken to reduce absentees during the non-lean season, coupled with the fact that LAUNCH provided lean season rations as opposed to non-lean season rations in the months of October, November, and December. With the approval by USAID, LAUNCH distributed commodities whose Best Used by Dates were due in February and March 2014 to avoid potential quality issues and the costly procedures of testing commodities for fitness for human consumption.

The project was phasing out the PM2A ration distributions starting with beneficiary's registration which ended in April 2014 while the monthly ration distributions were scheduled to provide the last ration distribution in October. However commodity distributions were suspended in August and September due to the Ebola epidemic.

LAUNCH piloted a paperless distribution model during the FY 2014 which was very successful. The model used photo identification comparing the original beneficiary photo taken during registration to a current photo of the same beneficiary taken at the distribution point as proof that she/he collected her/his ration replacing the traditional thumb print.

The Post Distribution Monitoring surveys showed an average of 95.65% of beneficiaries were satisfied with the date and time of food distribution while an average of 90.25% beneficiaries reported that they were treated well by those who distribute food at the FDPs.

In addition to the distribution of commodities, LAUNCH increased household nutrition through the introduction of household vegetable gardens. The AEAs provided training to Lead Mothers in the planting and harvesting of vegetables and micronutrient rich foods including okra, peanuts, greens (including collard greens and potato leaf), sweet potatoes and corn. The produce from these gardens was primarily used to improve household dietary diversity – many beneficiaries sold excess crops to increase household income.

IR 2.2 Improved Prevention and Treatment of Maternal and Child Illnesses

The annual survey results showed no changes in vaccination rates, with the percentage of children fully vaccinated remaining at 54%. Attendance at four or more antenatal care (ANC) visits during the last pregnancy increased from 71% to 82% with this information validated by the mothers' health record. Furthermore, 97% (632/651) of mothers of children under age had at least one ANC visit.

The percentage of households reporting an outbreak of diarrhea in the past two weeks decreased dramatically with the FY 2014 annual survey from 47% in FY 2013 to 24%. It is important to note the impact of WASH activities on household hygiene and sanitation. Construction/repair/rehabilitation of wells, construction of institutional latrines and the expansion of community-led total sanitation, began in full-force once again in March 2014.

Exclusive breast feeding (EBF) rates dropped from 74% in FY 2013 to 57% in FY 2014. This is most likely due to a change in the parallel sampling size of women with children 0-5 months of age over the sample size in the two prior annual surveys. The team will redouble their efforts to raise awareness on the importance of EBF and work closely with community members, health workers and lead mothers on identifying the barriers to EBF.

IR2.2.1 Strengthened Clinic Response to Community Health Needs

Before the second wave of the Ebola epidemic, LAUNCH continued to conduct refresher Essential Nutrition Action (ENA) trainings for clinic health workers and TTMs and training for newly deployed health facility staff. Specific topics covered during these ENA trainings included: optimal breastfeeding

practices; the importance of vitamin A and supplements; complementary feeding; the causes of malnutrition; the need for growth monitoring; feeding a sick child; and nutrition for women. In addition to ENA training at the health facility and community level, LAUNCH remained a key advocate and technical supporter of the expansion of ENA in collaboration with the MOHSW/Nutrition Division, UNICEF and Rehabilitating Basic Health Services (RBHS). In collaboration with the MOHSW/Nutrition Division and the Ministry of Agriculture's Food Security Committee, the Ministry of Agriculture began the development of a training manual for county and district level Agricultural Extension Agents (AEAs) to expand the roll out of ENA. It was anticipated that these AEAs would join LAUNCH AEAs in ENA training and community mobilization activities among farmer groups in Bong and Nimba. The Ebola epidemic suspended this activity at the community level.

During this reporting period Liberia became a member of the SUN Movement (Scaling Up Nutrition) and collaborative meetings with key ministries (Ministry of Health and Social Welfare, Ministry of Education and Ministry of Agriculture) and partner agencies began in April. The planning meetings were suspended due to Ebola and the Nutrition Division of the MOHSW is now focusing on integrated management of acute and severe malnutrition (IMAM/SAM) in children with Ebola or impacted by Ebola due to the loss of a parent/caretaker. LAUNCH is an active member of both the SUN Movement and the government's IMAM/SAM initiative.

During the first half of FY 2014, LAUNCH staff played an active role in monitoring and supportive supervision of health staff in the 13 health facilities in the six LAUNCH operational districts.

Initially, routine clinic data, annual survey data, and the health facility assessment all demonstrated that Growth Monitoring and Promotion (GMP) has improved in the health facilities in the LAUNCH project area. Annual survey results showed that 82% percent (238/291) of children with a child health card were weighed and marked correctly on the card in the past three months. In July 2014, more than 25 health workers became infected with the Ebola virus and by August 2014, over ninety percent of them had died, including a doctor from Uganda and four of only 50 doctors nationally. The deaths of these health workers, coupled with the limited availability of effective personal protective equipment (PPE) including hazmat suits, poor training on infection protection and control (IPC), and non-payment of government health worker salaries caused the majority of these health professionals to walk off the job, effectively closing health facilities, including hospitals, across the country. LAUNCH worked closely with the District Health Officers to provide training and medical supplies to encourage the quick reopening of the 13 facilities supported by the project.

The breakdown of the essential health care system has had an enormous impact on the availability of services including ANC and safe delivery, immunization, treatment of common infectious and chronic diseases. Preliminary data from UNICEF shows that the immunization rates in Liberia have fallen since the Ebola crisis as well the number of pregnant women delivering with a skilled birth attendant.

Although the rebuilding of essential health services will take time, LAUNCH began to address this situation in August by assisting the MOHSW at all levels to provide the support needed to encourage

health facility staff to return to work. LAUNCH worked closely with the County and District Health Teams to expand training in IPC, provide protective equipment and supplies including gloves, bleach, PPEs and other medical consumables, and is currently working with community leaders to begin rebuilding confidence in the health care system. While these activities are just beginning, they will be continued throughout FY 2015 to ensure that the health care system can rebound from this crisis and that the linkages to the communities are restored.

LAUNCH continues to work with gCHVs and TTMs as conduits for information about EVD, distribution of IEC materials and sanitation supplies, and resources for the re-establishment of community linkages to the clinic services. TTMs have received gloves to ensure that both are protected when the TTM is counseling mothers and palpating the belly. Before the Ebola outbreak, LAUNCH's ENA Advisor also conducted review meetings and refresher trainings to ensure TTMs' active participation in mobilizing pregnant women for ANC and facility delivery.

IR2.2.2 Improved Community Mobilization for Health

The project introduced one additional module in the care group curriculum in FY 2014, (Module 6, Household Prevention and Management of Childhood Illness) having completed and planned for the introduction of a second (Module 7, Newborn Care) before the Ebola epidemic. During this time, LAUNCH also provided refresher training in three modules: Pregnancy Spacing and Male involvement (module two), Essential Hygiene Actions (module three), and Infant and Child Complementary Feeding (module four). LAUNCH trained all health and nutrition staff, developed a schedule for the roll out of the modules and trained approximately 1,492 lead mothers. LAUNCH staff work closely with gCHVs to increase their capacity by supporting them to mobilize their lead mothers and initiating the transition of care group training from LAUNCH staff to gCHVs through team teaching. that the LAUNCH team plans for team teaching to continue with future modules of on-going Ebola training including infection protection and control (IPC), Ebola contact tracing, reporting and referral and key Ebola messages as they are designed by the MOHSW/UNICEF. The transition, including on-going use of the Quality Improvement Verification Checklist (QIVC) by LAUNCH staff, and observations, will continue with Modules Seven and a module, currently under development, on Ebola Readiness, Resistance and Resilience in FY 2014.

The annual survey found that the 99.8% (588/589) of SO2 beneficiaries are actively engaged in LAUNCH care groups.

In FY 2014 LAUNCH continued to expand the impact of the project's interventions to include men at the community level as an important part of gender equity and the impact men have on the health of the family and the resources allocated for health. GCHVs are predominantly male and are encouraged to share health and nutrition messages with their peers to reinforce the project's social and behavioral change messages. In addition, to ensure the continued implementation of LAUNCH activities, the project continued building the capacity of the CHDC, which includes a member from each CHC in FY 2014. Close collaboration with CHDCs has been essential to the community EVD response with members providing support and supervision to community volunteers. All of these committees are designed to be permanent community structures, and are essential for the sustainability of LAUNCH interventions. The

solidification of the community level health structure in FY 2013 should have continued into FY 2014 but was delayed by the current Ebola crisis. As soon as Liberia is declared Ebola-free LAUNCH will move its focus to additional technical trainings for the gCHVs, including the continuation of community case management of childhood illness as another way to strengthen the connection between the community and the health facility and rebuild the referral system.

In FY 2014, LAUNCH utilized existing “mini-grant” funding to support existing activities, expand project impact and purchase Ebola-related hygiene and sanitation supplies for each project community.

- **Provision of hand washing buckets, initial supply of chlorine and IEC materials.** LAUNCH communities received Ebola prevention supplies and educational posters for distribution throughout the community.
- **Implementation of water and sanitation activities** focused on community-led repair, rehabilitation, installation and/or construction of 69 water pumps. Please see additional details on LAUNCH water and sanitation activities directly below; and
- **Completion of the construction and the provision of furnishings** for two maternal waiting homes and one labor and post-partum ward/MNCH ward. LAUNCH completed the construction of two maternal waiting homes and one post-partum ward/MNCH to increase access to health facilities for improving pregnancy outcomes, newborn and child health and to provide a confidential counseling area for youth health services including reproductive health services. Maternal waiting homes were completed in July, just as the second wave of the Ebola outbreak began. Although they are currently open they are underutilized due to concerns of medical staff and women regarding the congregation of people from different communities in the same location during the ongoing Ebola outbreak.
- In addition, the construction and turnover needed to be followed by the development of a management system and close collaboration between the community and the nearby health facilities. This has not yet happened. The facilitation of the maternal waiting home management system will take place when the EVD crisis begins to subside and the health system has time to rebuild essential services and outreach program to the community.

IR2.3 Improved Water & Sanitation Practices

LAUNCH’s water, sanitation, and hygiene (WASH) project expanded implementation in FY 2014. Utilizing the community level assessment conducted in FY 2012, the WASH team formed and trained Community Water Committees (CWCs) in 58 communities, completing the construction/rehabilitation/repairs of 69 well sites and constructed 20 institutional latrines (including schools, clinics and public locations) in Bong and Nimba Counties. Memoranda of Understanding (MOUs) were signed in all communities and labor and sand was contributed to the construction projects by communities as part of their program contribution. CWCs are sub-committees of the CHC/CHDCs and training was conducted in collaboration with the Ministry of Public Works at the county level. Additional training and tools for pump maintenance were provided to members of the CWCs. WASH activities will continue in Bong and Nimba through most of FY 15, providing additional wells and institutional latrines to address hygiene and sanitation and prevention of Ebola. Proper hygiene and sanitation practices are a key component of the Ebola prevention response. LAUNCH has redoubled its efforts in the Ebola

response through the distribution of 1,019 hand-washing buckets, chlorine bleach and training on locally available tippy taps. In addition, LAUNCH provides and reinforces hand-washing messages at all levels.

Challenges and Assumptions Encountered in SO2

Over the past four years LAUNCH has advocated for the modification of MOHSW policies that affect LAUNCH implementation. This is especially true of the implementation of child weighing/growth monitoring and promotion (GMP) at the community level which is currently prohibited. Recent challenges with the provision of essential health services through the health facility structure has highlighted the need for community GMP. The MOHSW expressed interest in moving this conversation forward as soon as Liberia is declared free of EVD and the “no touching” policy is lifted. LAUNCH is prepared to implement this change in policy immediately since TTMs and gCHVs have received training on GMP and are encouraging mothers to bring their children on a monthly basis for GMP. GCHVs provide referrals for faltering children identified at the community level and work closely with the health facility staff to ensure that follow-up is provided for the most vulnerable children.

In FY 2013 LAUNCH strongly advocated through the National Nutrition Coordination Committee and UNICEF to roll out ENA throughout the country. This came to fruition during the first six months of FY 2014, with the ENA roll out completed by the MOHSW in Nimba County and six other counties throughout the country. Unfortunately, the Bong County roll out was suspended due to Ebola.

Other challenges that emerged due to EVD, include:

- Stigma against EVD survivors prevents them from assisting in the care of Ebola affected families
- Lack of essential services decreases the identification and care of malnourished children
- Protecting community health workers and care group leaders from EVD as they conduct training and disseminate messages on prevention of the disease as well as positive health and nutrition practices
- Policies on “no touch” and “no crowds” make it difficult to train and to disseminate health and nutrition messages resulting in the need for more creative approaches
- Lack of ANC and post-partum services leading to more dangerous home births resulting in increased maternal and newborn mortality
- Increase in newly orphaned children by the death of one or more parents from Ebola and the increased need for them to be protected, have a safe environment, nutritious food and psychosocial care
- Increase in vulnerable groups including elderly and disabled whose needs are not met because of the impact of Ebola on family members
- Lack of counseling and support services for adults and children grieving because of the death of family member(s) and the trauma related to the handling and disposal of the deceased
- Decrease in food security due to border closures, decreased production and market closures
- Decrease in essential health services at health facilities leading to an increase in infectious and chronic diseases, lack of ANC and skilled care delivery, and a decrease in family planning services resulting in an increase in reproductive, maternal, newborn and child complications.

SO 3: IMPROVED EDUCATION OPPORTUNITIES FOR CHILDREN AND YOUTH

In Bong and Nimba Counties, LAUNCH staff directly support 80 primary schools and collaborate with the schools, communities, teachers, school principals and parent teacher associations (PTAs) to promote improvements in quality education. During the first eight months of FY 2014, LAUNCH conducted on-going training of teachers, administrators and PTAs, supervision and the provision of materials such as (cement, zinc roofing, and wood for the construction/rehabilitation of doors/windows, etc. The school year ended in June 2014 and plans were in place to provide additional training during the one month break. The outbreak of EVD and the declaration of a 90-day national State of Emergency on August 4th closed all schools indefinitely and resulted in teachers and administrators returning to their home areas, usually outside the project area. The project team and 10 PTAs in Nimba County used the school closure period to carry out renovations and repairs on existing buildings in preparation for the student’s return.

IR3.1 Improved Quality of Primary School and Livelihoods-based Education for Youth

For the first eight months of FY 2014, LAUNCH focused on training opportunities for teachers and PTA members, in close collaboration with the County and District Education Officers. For teachers, this included the creation of peer clusters. Peer clusters allow greater opportunity for continuous on-the-job training of teachers by subject area. Peer trainers are identified during LAUNCH facilitated trainings as those with the greatest skills and expertise in their subject area (i.e. math, English, science). The peer trainers receive additional training materials from LAUNCH to provide on-site mentoring to primary teachers within their subject area.

In FY 2014 LAUNCH Education Coordinators trained PTA members from each of the 80 schools on their roles and responsibilities, school management and administration. In addition to the training of PTA members, LAUNCH continued to support the Ministry of Education’s (MOE) Early Childhood Development initiative working closely with the County and District Education Officers in the refresher training of 54 pre-school teachers in both counties and the training of new pre-school teachers. Following the training, each additional participating school received the supplies necessary to implement early ECD activities.

Youth Agro-business Activities

Young people have an important role in LAUNCH’s efforts to reduce malnutrition, and since 2011 LAUNCH has designed and implemented a portfolio of activities aimed at fostering agro-business opportunities among young people. These activities view youth as both active participants in groups as well as individuals who make business decisions, and as such agro-business activities have mirrored this dual approach to learning.

LAUNCH Program Activities Aimed at Individual Success	Individual + Group Success	LAUNCH Program Activities Aimed at Group Success
Delivery and assessment of a start-up agro-business	 Project-based learning to	Design and delivery of an agro-processing machine



grant package to qualified youth	transfer agro-business knowledge, skills and attitudes	
Design and implementation of one-on-one coaching to youth grant recipients		Design and delivery of a youth group dynamics training course

The progress of the youth livelihoods activities is measured according to three indicators as described below. In particular, the third indicator, “the # of businesses started by youth who participated in entrepreneurship programs” measures the number of grant recipients that actually started a business (rather than consuming a grant, for example). This fiscal year, of those receiving a grant, 100% started a business. Given the number of uncertainties (sickness, death in the family, low business acumen, limited control over assets), it is impressive that 100% of grants turned into businesses.

No.	Indicator	Target	Actual	2014 % Target Met
AV OP 3.1.2	# of entrepreneurship grants to youth	60	39	65%
AV OP 3.1.3	% of grants disbursed to women	50%	65%	130%
AV OP 3.1.4	# of businesses started by youths who participated in Entrepreneurship Programs	60	39	65%

Training is a key component of the youth livelihood approach, and while not reflected in the above indicators, it is worth noting that the approach to training has been very successful with 85% of youth who start the program actually able to complete it. Unlike many youth programs that offer a one-time enrollment, LAUNCH offers “rolling enrollment” so that youth can show-up at any point. This allows youth to gain from as much business training as they are ready to absorb and makes them accountable for completing training, which is directly linked to receipt of a grant.

IR3.2 Improved Management of Schools/Education Program

In FY 2014 the education team conducted training for 228 school administrators, including principal and registrars, in effective school management, trained 386 school teachers in planning classroom achievement tests, lesson planning and classroom management, and established/developed progress report cards in 80 schools. In addition, 404 PTA members were trained. Efforts continue to be made to improve record keeping in the schools, with LAUNCH providing additional ledgers to each school to be used by staff and principals to record teacher attendance and student grades. PTAs are also becoming more involved in school management.

Cross-Cutting Issues

Disaster Risk Reduction and Early Warning Systems

Disaster risk reduction (DRR) is a cross-cutting component within the LAUNCH program and has gained momentum in FY 2014, especially with the current Ebola crisis. DRR activities have been “ramped up”

in the 100 communities with Disaster Management Committees (DMC) and have included engagement with the district and county level government to participate in contact tracing for Ebola, working with community leaders in the support and monitoring of individuals and families under isolation as possible contacts, on-going Ebola information provided at the household level, and monitoring of non-residents of communities to ensure that they are not putting the inhabitants at risk of infection. DMC members oversee hand washing stations at community “check points” and many are monitoring the temperature of visitors and residents on a daily basis. DMC members have received megaphones to provide Ebola information without having large groups congregate decreasing the risk of physical contact.

In FY 2014 the DRR team completed an assessment of 62 LAUNCH communities in Bong and Nimba and conducted leadership training for more than 700 new DMC members. The DMCs work in close collaboration with the CHCs and gCHVs and carry out activities that are not related to the current crisis as well, including relocating trash disposal sites to more appropriate locations that do not pose a health threat, covering abandoned wells and cleaning up areas of stagnant water and heavy bush and brush. These activities, identified by community and DMC members, are managed independently by the communities, low cost, and key to reducing environmental health risks, including the spread of communicable disease.

LAUNCH anticipates that the role of the DMCs will continue to expand since they have now been recognized by their communities as essential agents of changes. As the Ebola crisis subsides it is the intension of LAUNCH to build upon their contact tracing and case reporting knowledge and experience to carry out community level disease surveillance in the hopes of catching future epidemics of Ebola and other diseases at their earlier, controllable stage.

Cross-cutting: Social Behavioral Change Strategy

Social and behavioral change communication expanded in FY 2014 with the Ebola crisis with the lessons learned in the creation of maternal, child health and nutrition messages, including care group educational dramas, songs and jingles being used to get the message out about Ebola. Every opportunity has been utilized to spread these lifesaving messages including religious services, commodities distribution, community meetings/gatherings, etc. The MOHSW/UNICEF messages are consistent and have been shared with other project components including SO1 and SO3 with all staff trained in Ebola awareness and prevention in order to share key messages with every LAUNCH beneficiary.

LAUNCH identified 20 school health clubs in FY 2014 and provided teachers with training materials beginning to work with them prior to the closure of the schools. It is anticipated that this activity will begin again once the schools open in FY 2015 when staff will work with teachers to develop key health topics for the provision of health and nutrition information at schools and in communities. Educational billboards for the dissemination of hygiene and sanitation messages were placed in 27 communities.

II. LESSONS LEARNED

The following are lessons learned on the LAUNCH program during FY 2014.

- The late commencement of market linkages among value chain actors, farmers, input dealers, processors and buyers and sellers of farm produce and enhancing market access would have brought more benefits to smallholder farmers if these components were started at the onset of the program implementation.
- The utilization of existing community groups for rapid mobilization for EVD at the onset of the epidemic. This permitted LAUNCH to respond quickly, allocate essential resources and use of a variety of entry points to the community to disseminate information. LAUNCH communities responded quickly resulting in less than 10 of LAUNCH's more than 300 communities reporting an Ebola case or contact.
- A major epidemic crisis can shut down a health system's essential services and the community system has to be mobilized to continue to disseminate health and nutrition messages, provide primary services, and expand services for vulnerable populations impacted by the crisis.
- Following the initial dissemination of Ebola messages, materials and supplies, it was essential to return to the core activities of the project including nutrition training, commodities distribution and training of community cadres to ensure that project and community gains were not lost.
- During this fiscal year, the youth livelihoods team began to implement one-on-one coaching to young people. Youth Livelihoods Specialists used a coaching handbook in order to follow-up with youth grant recipients. Youth reported that coaching was the "real training" because it allowed them to bring real life problems to a business coach. Rather than give answers, the job of the coach was to help youth "think through" solutions and hold them accountable for set-backs.