

**Final Evaluation of the USAID Title II Development Activities Plan (DAP)  
FY 1996-2000**

CRS/Benin November, 1999

**EXECUTIVE SUMMARY**

**INTRODUCTION**

Since 1982, CRS/Benin has been collaborating with the Government of Benin to implement a national maternal-child health (MCH) program. In 1996, CRS/Benin began implementation of a Food-Assisted Child Survival (FACS) Program that is a transition from the traditional MCH program (where the activities took place in centers) towards a community-based program. This program constitutes the principal intervention of the five-year (FY1996-2000) "Development Activity Plan" (DAP) funded by USAID/BHR/FFP.

The main activities of the Community-based FACS program include: baseline and follow-up data surveys in the selected communities; support to communities to establish Village Social Development Committees (CVDS); and the training of community agents (AC) to lead monthly educational sessions and undertake baby weight monitoring and food ration distribution in the selected villages. As of November 1999, the program had completed the transition in two departments, and had begun in a third. The community-based FACS program covered 223 communities, serving 27,000 beneficiaries, while the traditional FACS program continued in 40 centers and served approximately 27,000 children each month.<sup>1</sup>

A pilot credit/savings project (PPCE) was introduced into the MCH program in 1997. This project provided capital funds for women participating in the MCH program, with the goal to support them in their income-generating activities. By the end of 1999, the PPCE had reached over 600 women in 10 MCH centers and 10 communities.

The Social Assistance Program (General Relief) is another component of CRS/Benin's DAP. This program provides food assistance to over 2,000 beneficiaries in 27 centers that care for orphans, leprosy victims, handicapped people, and people living with HIV or AIDS. In addition, 1,400 children receive food assistance through Nutritional Recuperation and Education Centers (CREN).

**EVALUATION OBJECTIVES**

The objectives of this final evaluation of CRS/Benin's FY 1996-2000 DAP include:

- Evaluate the program's performance, by comparing the main program objectives with their level of achievement. The evaluation examined the performance indicators, program implementation, the MIS (management information system), and the partnership developed in the context of this program.
- Identify the program sectors where program objectives were met, and explain the reasons underlying this achievement.
- In the areas where objectives were not achieved, identify the principal obstacles.
- Provide preliminary recommendations to address these problems in the short-term (FY2000) and in the medium-term (next DAP period).

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<sup>1</sup> Source: September 1999 MIS report.

## PRINCIPAL RESULTS

### ***Food and Nutrition Program:***

As most of the program's *impact* indicators are collected from the baseline surveys,<sup>2</sup> the results of the final surveys will determine the degree to which the objectives have been achieved. Information collected by the monitoring system on three *performance* indicators - % of children weighed, % of children 11-23 months old who are completely vaccinated, and the levels of community participation – show that the program is on track to meet its objectives by the end of the DAP.

An analysis of the degree of progress of activity implementation indicates that all of the activities planned at the departmental and center levels have been accomplished. At the community level, monthly baby weight-monitoring sessions, health/nutritional education, and food distribution occur regularly. However, other activities planned for village committees (CVDS) – such as village assemblies and community development – have not taken place as planned.

The socio-economic studies, the sensitization of and transfer of knowledge to communities, the strong participation of mothers in the monthly sessions, the MIS, and the model partnership were identified as strong points of this transition process. The limited number of communities, the lack of commitment by certain communities (as shown by their community agents and CVDS), and the constraints inherent in the strategy of nutritional recuperation are areas needing improvement.

A review of the management information system indicated that the tools used to collect information were appropriate but too numerous. The lack of personnel necessary to reinforce the training, to control and verify the information, to analyze it, and to ensure the return of the information to the communities was also noted during the evaluation.

The analysis of the different stakeholders' perceptions of the partnership showed that good relations at all levels contributed to the program's success. However, greater motivation at the village level would have an important impact on the program's sustainability and performance.

Discussions on food distribution as a means of motivation indicated that, for most of the stakeholders interviewed, any modification of food ration targeting so as to limit it to malnourished children will not be easy to put into practice. To proceed gradually and carry out a pilot experience in the most motivated communities were key recommendations developed during these discussions. Pregnant and lactating women were identified as new target groups.

An analysis of the different motivation systems used in the program shows that most of these systems were linked to the presence of food rations, and thus any re- targeting of food will have an important impact on these motivation systems. Credit programs for the mothers and income-generating activities for the community animators (AC) and CVDS were proposed as more sustainable strategies to guarantee program participation.

The program activities that occur at the community level were examined and evaluated in terms of their sustainability. The infant growth monitoring sessions and the health/nutrition education could be carried out by the community with a minimum of support from the centers, if there were a sustainable motivation mechanism already in place. For activities

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<sup>2</sup> Baseline and follow-up studies conducted include Anthropometry surveys to measure child nutritional status and KPC surveys to measure mothers' knowledge, practices and child vaccination coverage.

that depend on the community, such as village assemblies and community development activities, the degree of sustainability of these activities after the program would depend on their successful implementation during the program. In order to assure greater ownership and sustainability of these activities, it was proposed to undertake more sensitization and awareness-raising of local authorities and elders.

***Pilot Credit-Savings Project (PPCE):***

The evaluation of the PPCE indicated that this project achieved and even surpassed its objectives. As planned in the DAP, this pilot project should end with in September 2000 and should be integrated into the regular programming of CRS/Benin.

The integration of the pilot credit-savings project (PPCE) into CRS/Benin's Small Enterprise Development (SED) Program will require a series of reflections and discussions since the two approaches differ in terms of methodology and target groups. The opening of village banks in new FACS communities will not be an easy task because there is a very high demand for credit programs and, at the same time, the community-based FACS program envisions a modification in its food targeting strategy. The Health Program perceives the SED Program as an alternative to food distribution, and the SED Program will not be able to reach all of the women who participate in the health program. Strong coordination between the two programs (Health and SED) will be a key element for the success of this integration.

***Social Assistance Program (General Relief) et CREN Centers (Centers for Nutritional Recuperation/Education):***

The objectives for the GR program and the CREN centers were achieved. With the great diversity of centers and target groups participating in these programs, the impact of food assistance on these groups is not easy to measure. Points to strengthen in these programs include more clearly defined selection criteria and greater involvement by the government and private agencies that are in charge of the centers.

**PRINCIPAL RECOMMENDATIONS**

***Food and Nutrition Program:***

Program Implementation:

In the short-term:

- ❑ Increase and diversify the personnel of the Food and Nutrition Program (FNP) Unit.
- ❑ Re-examine the strategy of nutritional recuperation.
- ❑ Seek a stronger collaboration with health structures that provide vaccination services.
- ❑ Reinforce training of center staff in community development, the role of CVDS, and data quality control.
- ❑ Strengthen support of the CVDS.

In the medium-term:

- ❑ Organize additional activities (distribution of deworming medicine, vaccination) with the monthly sessions to increase access to services and to continue motivating the mothers, particularly if food is re-targeted.
- ❑ Begin the reflection on an exit strategy with communities and a strategy to reach new communities.
- ❑ Support the CVDS in their efforts to obtain funding and carry out community development activities.

### Management Information System:

- ❑ Supervise and control data collection; systematize the methodology to up-date community data, and to verify and correct data at all levels.
- ❑ Simplify data collection tools and data reports by combining certain tools and by developing simple strategies to share the information collected with the communities.

### Partnership :

- ❑ Continue program implementation by the FNP Unit, planning for increases in human and material resources in line with program expansion.
- ❑ Plan to diversify and increase the types of partners by responding to other requests, such as those received from private centers.
- ❑ Develop a stronger collaboration with other ministries, and with the Ministry of Health in particular, to facilitate vaccination services at the community level and prenatal clinic services for any future program targeting pregnant women.

### Targeting and use of food rations as motivation:

#### In the short-term:

- ❑ Reinforce the strategy of nutritional recuperation by developing a special ration for malnourished children.
- ❑ To ensure sustainable development and community ownership, plan to reduce gradually the program distribution of food rations for all children (FACS) regardless of their nutritional status.
- ❑ Begin to sensitize the communities in the Mono and Ouémé Departments on their eventual exit from the program and on a possible transition towards another step such as a program with food rations only for malnourished children (FNCS).
- ❑ Identify communities in the Borgou interested in experimenting with a new targeting of food rations and undertake an evaluation of this experience after two or three years, comparing it with the program from other areas in which food rations were distributed to all children.
- ❑ Define a strategy to include pregnant and lactating women in the community-based FACS program.

#### In the medium-term:

- ❑ In the departments that haven't yet made the transition to the community-based program, begin the sensitization focusing on the possibility of a direct transition to a more targeted program.
- ❑ Execute the plan developed to involve pregnant and lactating women in the community-based FACS program.
- ❑ Implement the plan developed by the SED and Health Sections of CRS/Benin (and the FNP Unit) with respect to organizing and opening village banks and other credit projects in the framework of the community-based FACS program.
- ❑ Develop income-generating activities for the AC (planning for future reductions in revenues earned by the program once food rations are targeted) and the CVDS, and provide financial and technical support to the CVDS undertaking community development projects.

### Sustainability:

In the short term:

- ❑ In modifying and refining the motivation systems, continue to give priority to community participation and facilitating community ownership of the program in order to ensure sustainability of the program.
- ❑ Reinforce the sensitization of local authorities and of communities in the beginning stages of program implementation.
- ❑ Develop a motivation mechanism for the AC with respect to the collection and up-dating of data and conducting home visits.
- ❑ Reinforce the support provided to CVDS, to assist them in their efforts to hold village assemblies, identify community development activities, and raise funds to implement these activities.

In the medium-term:

- ❑ Revise the distribution of revenues earned from beneficiary contributions, to be shared among the community, the center, and the FNP Unit, with the objective of increasing the part allocated for community activities.
- ❑ Introduce village banking activities to groups of mothers.
- ❑ Raise funds and apply the strategy of small income-generating projects for all AC and CVDS (separately from the village banks), as a more sustainable alternative to the current motivation system.
- ❑ Keeping in mind that the sustainability of the program depends on the community, on its degree of involvement, and on its capacity to develop community development activities, organize a small team at the FNP Unit which holds specific responsibility for supporting center staff and CVDS in the development and execution of these activities.

### ***Pilot Credit-Savings Project (PPCE):***

In the short term:

- ❑ Put into place a committee to define the transition process of PPCE groups towards a village banking approach, and apply this transition strategy for each of the current PPCE groups, centers, and communities.
- ❑ Integrate gradually the PPCE Manager into CRS/Benin's SED team.

In the medium-term:

- ❑ Create a Health/SED coordination committee that will take responsibility for planning and monitoring the village banking component in the community-based FACS program.
- ❑ Define the strategy of opening village banks in the future villages of the community-based FACS program, taking into account the priorities and the future approach of ration targeting.
- ❑ Ensure the involvement of the CVDS, AC and center staff in the credit programs in terms of participation, monitoring and/or management.
- ❑ Begin the application of these new strategies in pilot communities before expanding this to several centers and departments.

### ***Social Assistance Program (General Relief) and CREN Centers (Centers of Nutritional Recuperation/Education):***

#### *CREN (Nutritional Recuperation/Education Centers)*

- ❑ Re-evaluate the types of beneficiaries receiving support in the 14 CREN centers, registering those that correspond to specific nutritional recuperation and education criteria in a given category (such as Other Child Feeding). Close those that do not

correspond to any given category and give priority to those that focus on nutritional education.

- Encourage the referral of severely malnourished children identified through the community-based FACS program to centers that care for severe malnutrition cases.
- Provide the necessary technical, institutional, and material assistance to centers undertaking nutritional education and recuperation activities.

*GR Centers (General Relief)*

- Given the specific needs of target groups and their vulnerable situation, it is recommended that all of the centers caring for these groups benefit from CRS/Benin's food assistance. Nevertheless, if a choice must be made due to the availability of food assistance, priority should be given to centers according to the following criteria:
  - The level of vulnerability of the target group
  - The degree of marginalization and/or social exclusion
  - The interest of funders for the specific needs of a given target group
  - The impact of food assistance on the health and/or the social rehabilitation of the target group.
- Explore opportunities for partnership with the Government of Benin, the private sector, and/or faith-based organizations.

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**I. INTRODUCTION**

**A. Overview**

Since 1982, CRS/Benin has worked with the Government of Benin to implement a nationwide maternal and child health program. In FY1996 CRS/Benin began implementation of a five-year DAP funded by USAID's BHR/FFP. The DAP took an integrated approach to resolving food security problems through program interventions in health and safety net.

The goal of the program is to decrease infant, child, and maternal mortality and improve household food security (access and utilization) through child survival interventions, food assistance and income generating activities.

The maternal and child health (MCH) program constitutes the bulk of the five-year plan and is therefore the principal focus of the present final evaluation. The FY 1996-2000 Food Assisted Child Survival Program (FACS) is in a transition phase from a center-based maternal and child health (MCH) program to a community-based program.

CRS/Benin also uses monetization proceeds for complementary program activities such as strengthening counterpart's capacity to assure proper management of Title II health activities and empowering women's groups through income-generating activities in the Pilot Credit-Savings Project. This Pilot Credit-Savings Project (PPCE), launched in 1998, is also part of the present evaluation.

The general relief activities are assessed as well to better orient future CRS programming in this area.

**B. Activities**

**FOOD ASSISTED CHILD SURVIVAL PROGRAM:**

CRS/Benin and the Ministry of Social Protection and the Family (MPSF) are working to decentralize the national network of maternal/child health centers and create a new community based system. CRS implements this project through the Food and Nutrition Program (FNP) Unit or "C/PAN" (Cellule du Programme Alimentaire et Nutritionnel), staffed with personnel from the MPSF and CRS/Benin seconded staff. The C/PAN is responsible for the implementation and follow up of the FACS program, transit activities when food shipments arrive in the port, food delivery to the MCH centers and communities, end-use checking, training and for project funds accounting under the supervision of CRS/Benin.

At the time of the evaluation the FACS program was fully implemented in Regions 1/ Oueme-Plateau and 2/Mono-Couffo and was beginning in Region 3/Borgou-Alibori (training, selection of communities and KPC surveys). CRS/Benin had postponed the transition from the center-based to the community-based program in the other three regions for the next DAP FY 2001-2005. The transition in the last three regions will be designed based on the results of the present evaluation.

The new community-based program (PBC/Programme à Base Communautaire) was introduced in the Oueme-Plateau department in 1997 and in the Mono-Couffo department in 1998. Before the PBC was put into place, KPC (knowledge, practice and vaccination

coverage) surveys were carried out to establish baseline information. CRS/Benin also conducted anthropometric surveys to establish baseline data on nutritional status in each of the project areas. The nutritional status surveys were closely coordinated with the KPC to provide an accurate description of the levels of stunting and underweight.

The PBC is now operating in 165 communities in the Oueme-Plateau and Mono-Couffo departments serving over 27,000 beneficiaries (September 1999 MIS statistics) every month. At the time of the evaluation, 58 communities had begun activities in the Borgou-Alibori department, expected to reach another 10,000 beneficiaries by 2001.

In this program, local health educators work with Village Social Development Committees (CVDS) to promote and implement health activities, which include:

- Monthly baby weighing sessions for children 0-24 months
- Monthly nutrition education sessions
- Cooking demonstrations
- Home visits for malnourished or underweight children
- Financial management
- Distribution of nutritional supplementation foods such as wheat-soya blend, corn meal and vegetable oil
- Community development projects or activities

The educators and village committees are supervised and trained on a monthly basis by a professional social worker (the center administrator), and receive regular visits from C/PAN and CRS staff.

The traditional, center-based program activities continue to function in 44 MCH centers in three other departments (Atacora-Donga, Atlantique-Littoral and Zou-Collines), serving 27,000 beneficiaries every month. In both programs (FACS and Traditional), the food is given on a monthly basis as an incentive for mothers to participate in health activities.

#### **CREDIT AND SAVINGS PILOT PROJECT (Projet Pilote de Crédit/Epargne PPCE):**

In FY 1997, CRS/Benin incorporated the MCH Credit-Savings Program, known as PPCE, into the FACS program in seven MCH centers located throughout the country. The PPCE addresses the impact of poverty upon maternal and child health by providing loans and financial training to mothers. The pilot project is now being executed in 10 MCH centers and 10 FACS communities.

Major activities include dissemination of information to centers and communities about the project, identification of centers/communities, information sessions for women, development of investment plans, disbursement of credit funds and project monitoring. The final evaluation results provide recommendations on the best potential strategy to integrate the pilot project of the Health Program into the SED program of CRS/Benin.

#### **CREN CENTERS (Centres de Récupération et d'Education Nutritionnelle):**

Title II food is channeled through CREN centers with the objective of treating children suffering from acute malnutrition. These 14 centers, mostly run by the Catholic Church, are not necessarily linked to the MCH program and are disseminated throughout the country, reaching 1,500 children.

#### **GENERAL RELIEF:**

Food assistance is also provided to orphanages, leprosaria, psychiatric hospitals, tuberculosis and other welfare centers. As requested by BHR/FFP, this program was scheduled to phase out by the end of FY 1997. In 1998, the local AID Mission approved the

reintroduction of the GR category for the FY 99 for a total of 2,000 severely destitute persons including PWAs (persons with AIDS), HIV positive persons, the handicapped, orphans, mentally-ill, and the elderly. At the end of 1999, this program was reaching 27 centers.

## **II. OBJECTIVES OF THE EVALUATION**

The objectives of the final evaluation are the following:<sup>3</sup>

- A. Evaluate CRS/Benin's program performance by comparing the principal DAP objectives with actual performance. Performance will be measured by the program's progress toward meeting predetermined performance indicators, program implementation, management information system, and partnerships.
- B. Identify program areas where CRS/Benin's program did meet the objectives and assess the reason why objectives were met (strong points).
- C. In areas where CRS/Benin's program did not meet the objective, identify the primary obstacles.
- D. Provide preliminary recommendations for overcoming the above-stated obstacles in the short-term (FY2000) and medium-term (follow-on DAP).

## **III. METHODOLOGY**

The evaluation was carried out by a multi-disciplinary team, using a participatory approach and a variety of tools and methods. CRS and FNP Unit personnel worked closely with the external team during all phases of the evaluation. The list of evaluation team members is found in Appendix II.

The team first conducted a review of program reference documents, the list of which is found in the work plan in Appendix III. The work plan including the specific questions covered by the evaluation was first revised and finalized by the whole team. Subsequently, a list was made of all the evaluation points to be addressed to each type of program actor. Tools were then developed for each group, including the following<sup>4</sup>:

### Food and Nutrition Program:

- #1: Interview guide for CRS and FNP Unit personnel
- #2: Interview guide for Steering Committee ("Conseil de Gestion") members
- #3: Interview guide for MPSF Department Administrators
- #4: Interview guide for MCH Center Administrators
- #5: Interview guide for AC and CVDS
- #6: Interview guide for participating mothers (baby weighing)

### Pilot Credit-Savings Project (PPCE):

- #1: Interview guide for MCH Center Administrators and AC
- #2: Interview guide for participating mothers (PPCE)

### General Relief Program (GR) and CREN centers:

- #1: Interview guide for CRS personnel
- #2: Interview guide for MCH Center Administrators
- #3: Interview guide for beneficiaries

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<sup>3</sup> Detailed objectives of the evaluation are found in Appendix III (Scope of Work).

<sup>4</sup> For copies of each, see Appendix VIII.

#### #4: Interview guide for MPSF personnel

Taking into consideration the time allotted for the evaluation, the availability of the evaluation team and the different types of activities to be observed, a plan of four days of field visits was developed. A random sampling was made to select the centers and communities to be visited for the three programs. The following table shows the number of centers and groups encountered during the evaluation. The detailed calendar and the list of centers visited are presented in Appendix IV.

Category	FACS	PPCE	GR	CREN
# centers	10	5	8	3
# communities	8	5		
# MCH center administrators	17	4	8	3
# AC/CVDS	44	2		
# mothers and other beneficiaries	8 groups (5-8 each)	5 groups	7 groups (between 5-50)	2 groups of 5
# departmental heads	4			
# ministry personnel	4	2		3
# CRS and FNP Unit personnel	8	6		3

The field visits were carried out by four teams: one for the PPCE, one for the GR program and CREN centers and two others for the FACS program (one in the Mono Department and the other in the Oueme). Each team was composed of a member of the external evaluation team, a member of CRS and one or two members of the FNP Unit.

On the field, all the interviews were made by teams of two people, one of whom conducted the interview while the other took notes. The questionnaires were written in French and the questions translated orally into the local language of the group interviewed. In most cases, there was at least one member in each team who spoke the language of the region. The interviews with the MCH center administrators and the AC were conducted in French. The interviews with personnel from CRS, the FNP Unit and the Ministry were conducted by external members of the evaluation team.

After returning from field visits, all the teams met to share their experiences, discuss difficulties encountered, formulate recommendations and plan the agenda for the last part of the evaluation. The minutes from this meeting can be found in Appendix IV.

Compilation of the completed questionnaires was in large part done by secretarial support staff at CRS/Benin. The detailed results of all the questionnaires are presented in Appendix VIII. Only after compiling the results was the team able to begin working on the report, as the report should include ideas and recommendations proposed by different program actors.

During the last week of the evaluation, several meetings were held between the FNP Unit, CRS, the evaluation team, and USAID/Benin. During these meetings, the team of consultants summarized the evaluation process and shared the principal lessons learned in terms of program methodology and interventions. The questions discussed during these encounters helped formulate the recommendations presented in the report. The outline and brief summary of the meeting with USAID/Benin are presented in Appendix IV.

Due to the lack of availability of some of the consultants, most of the report writing was done by the team leader during the weeks following the field visits. The calendar, the list of centers visited and meeting plans/notes from the evaluation can be found in Appendix IV.

#### IV. FINDINGS

##### A. FOOD AND NUTRITION PROGRAM

###### 1. DAP Objectives and program performance

Outcome objectives in the CRS/Benin Community-based Food and Nutrition Program are:

**Goal:** To decrease infant, child, and maternal mortality and improve household food security (access and utilization) through child survival interventions, food assistance and income-generating activities.

**Objective 1:** By the end of September 2000, specific sub-objectives based on knowledge, practice and vaccination coverage (KPC) in the area of child survival will have been achieved. These sub-objectives, listed in the DAP, will serve as proxy indicators for impact on child mortality, maternal outcomes and nutrition.

Progress:

A critical component of the system for measuring success of the health education program is the KPC survey tool. The first survey to establish baseline data was conducted in FY 1997 in Oueme-Plateau, the first region to participate in the community-based program. Surveys were conducted in April 1998 in the Mono-Couffo Department and in August 1999 in the Borgou-Alibori Department to establish baseline information and set program objectives for the second and third regions. The revised sub-objectives (with KPC baseline survey figures for comparison) are included in Appendix V. The targets currently in use differ from the original approved DPP.

In function of the results of each study, CRS/Benin revised its original DAP program objectives to reflect realistically what potential impact the program will have on the knowledge and practices of mothers and the vaccination coverage for their children. The same indicators and questions will be included in final KPC surveys to be conducted after three years of project implementation in each zone to measure impact and achievement of the sub-objectives under Objective 1. The current calendar for baseline and final studies in Regions 1-3 is as follows.

<b>BASELINE</b>	<b>DATE</b>	<b>FINAL</b>
National baseline KPC	Jan. 25 – Feb. 11, 1995	N/A
KPC Region 1 (Oueme-Plateau)	Feb. 18 – March 7, 1997	FY 2000 (July)
Anthropometry Region 1	October 20-31, 1997	FY 2000 (July)
KPC Region 2 (Mono-Couffo)	March 30-April 23, 1998	FY 2001 (August)
Anthropometry Region 2	July 29-August 8, 1998	FY 2001 (August)
KPC Region 3 (Borgou-Alibori)	August 16-Sept. 1, 1999	FY 2002 (September)
Anthropometry Region 3	August 16-Sept. 1, 1999	FY 2002 (September)

The project Management Information System (MIS) is described in detail in Section IV.A.3 of this report. Globally speaking, the MIS consists of reports originating from MCH centers and participating communities. The MIS includes performance indicators, but also reports on two of the KPC indicators: 1) the percent of enrolled mothers with cards whose children were weighed during the last month of the reporting period, and 2) the percent of children 12-23 months completely vaccinated. Information on these two indicators is available from the period October-December 1998, January-March 1999 and April-June 1999.

It is important to note that the reference population for the baseline KPC (sampling at the community level) and the project tracking system (program participants with reference census not always updated\*) are not comparable. Therefore, comparisons should only be considered as estimates.

**Sub-indicator: % of children weighed**

	KPC Baseline Study		MIS Reports		
Group	Sampling at community level		Children weighed compared to children registered (registration not always equivalent to a complete census)*		
Indicator	% of children with cards who were weighed once in last four months		% of children weighed during the last month of quarterly reporting period compared to those registered in the program **		
	Baseline 1997-1998	Target 2000-2001	Dec 1998 report	March 1999 report	June 1999 report
OUEME	52%	80%	73%	74%	74%
MONO	30%	80%	70%	70%	74%

\* At the beginning of the program, Community Animators carry out a complete census and all eligible children are registered in the control book. As the program goes on, only those presenting themselves at the weighing sessions are registered in the book. However, methods of informing mothers of newborn children are not always systematic and differ from one community to another. Therefore, the increase over time in the % of children weighed on a monthly basis could be overestimated.

\*\* At the same time, some communities were gradually reporting decrease in coverage due to the fact they do not cross off the children who exit the program after they are 24 months of age. Instead, they continue using the total number of children registered since the beginning of the program as the reference instead of the number of children aged 0-24 months during the reporting period.

Therefore, even though the percent of enrolled children weighed in the program has increased since the baseline and continues to increase toward the target in both departments, only results of the second KPC will allow the correct comparison with the baseline data in terms of real impact.

The second KPC indicator found in the MIS is the % of children 11-23 months completely vaccinated.

**Sub-indicator: % of children 11-23 months completely vaccinated**

	KPC Baseline Study		MIS Reports		
Group	Sampling at community level		Children weighed compared to children registered (registration not always equivalent to a complete census)*		
Indicator	% of 11-23 months children completely vaccinated		% of 11-23 months children completely vaccinated compared to all 11-23 months children registered in the program **		
	Baseline 1997-1998	Target 2000-2001	Dec 1998 report	March 1999 report	June 1999 report
OUEME	60%	80%	73%	62%	70%
MONO	42%	60%	55%	52%	67%

\* Same as for the above table

\*\* Even though "complete vaccination" is one of the indicators selected for the program, it is important to note that vaccination is not a direct service provided by the program. The program does review

children's vaccination cards at weighing sessions, and gives reminders to mothers regarding dates. Having up-to-date vaccinations is a requirement for a child to continue participating in the program. Mothers have to use regular health services provided by the Ministry of Health to get their children immunized and sometime have to spend time and money to get to those health facilities.

Because of the above mentioned factors, comparisons between KPC results and data from the MIS are only an estimation. It is interesting to note that the percent of children 11-23 months of age who were completely vaccinated exceeded the target in the Mono June 1999 report. In Oueme the percentage decreased slightly in the first and second quarter of 1999. Rates of moderate and severe malnutrition are also significantly lower in project communities in the MIS reports than the baseline data in those same communities, suggesting encouraging performance in this area. Results of the follow-up surveys will allow appropriate comparisons with the baseline data.

To measure the impact of program interventions on nutritional status, anthropometry studies are also conducted as baseline and after three years of functioning. Three indices are used (height-age, weight-age and weight-height), allowing for determination of chronic malnutrition as indicated by stunting, percentage of children underweight, and acute malnutrition by wasting. As with the KPC studies, *impact* will be measured by follow-up studies conducted after three years of program activity.

**Objective 2: By the end of September 2000, 100% of MCH communities will have achieved level 1 in community participation, 50% will have reached level 2 and 20% will have reached level 3.**

Progress:

Three levels of progress towards sustainability of participating communities are monitored to provide information about progress toward the achievement of Objective 2. The criteria for assessing the achieved level of community participation are the following<sup>5</sup>:

Level 1 (All tasks completed in community)

- Village Social Development Committee (CVDS) elected, bylaws written
- Shelter or other meeting place designated/built for FACS activities
- Community Health Animator (AC) selected and trained
- Community baseline survey/registration conducted by community
- Contract between MCH center and community signed

Level 2 (7/11 tasks and attainment of Level 1 – example tasks listed here)

- AC conducting regular health education activities and home visits
- Growth charts and other FACS records properly completed and submitted
- Proper management of logistics and finance
- Reports written and submitted regularly by CVDS
- Regular community meetings held

Level 3 (two of three tasks and attainment of Levels 1 and 2)

- CVDS involvement in other community development activities
- CVDS linkage or contact with government health services and/or development organizations
- CVDS providing material for health education activities

Information from the MIS about this indicator is available for 1998 and 1999.

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<sup>5</sup> For more information see page 12 of the DAP or the Indicator Performance Tracking Table in FY 1999 Annual Results Report.

## Objective 2: Levels of Community Participation

Levels	October 1998 N= 46 communities	June 1999 N = 128 communities	Target 2000
1	80%	89%	100%
2	7%	32%	50%
3	0%	13%	20%

The data indicate that more communities are improving their level of participation in the program and that progress is being made toward achieving this objective.

### 2. Program Implementation

#### a. Degree of Achievement of Activities

The FY 1996-2000 DAP planned a transition to the community-based program in all six regions. As explained in subsequent Annual Program Plans (PAA), due to the delay observed in the first year, only Regions 1 and 2 were decentralized, and Region 3 is mid-way through the transition, having carried out the initial steps of village selection, baseline study and training. In the FY2000 DAP Amendment, CRS proposed putting off the transition to the community-based approach in Regions 4-6 until the next five-year plan. This would allow for reinforcing program quality before extending the approach nationally.

During the evaluation, the various respondents were asked to examine the degree to which activities have been achieved in light of their participation in the program. To carry out this analysis, the activities were regrouped as shown in the following table :

Level	Activities
Department	<ul style="list-style-type: none"> <li>- Information sessions for MCH center administrators</li> <li>- Training of trainers</li> <li>- Training of community animators and village committee members</li> <li>- Baseline KPC study</li> <li>- Refresher training of trainers</li> <li>- Monitoring and supervision by the FNP Unit</li> </ul>
Center	<ul style="list-style-type: none"> <li>- Information sessions for communities</li> <li>- Village committee selection</li> <li>- Training of community animators and village committee members</li> <li>- Monitoring and supervision of communities</li> <li>- Refresher training of community animators</li> <li>- Monthly training of community animators</li> </ul>
Community	<ul style="list-style-type: none"> <li>- Set up of community infrastructures (food storage room and education hut)</li> <li>- Census of eligible children</li> <li>- Monthly baby weighing sessions, health education sessions and cooking demonstrations</li> <li>- Food distribution</li> <li>- Monthly village committee meetings</li> <li>- Quarterly village general assembly</li> <li>- Community development activities</li> </ul>

#### Steering Committee level :

The evaluation team met with three members of the Steering Committee and a former head of the FNP Unit. In their opinion, the program is achieving its objectives and skill transfer to the communities is progressively occurring. Nevertheless, some difficulties should be studied to increase program effectiveness, including inadequate means of transportation for

the MCH centers and problems linked to financial remuneration of FNP Unit personnel, MCH center administrators and AC/CVDS.<sup>6</sup>

#### Departmental level:

Detailed results of questionnaires completed by CRS and FNP Unit personnel are found in Appendix VI A #1. Generally, the personnel reported that activities in Region 1 were carried out as planned. One person specified that some MCH center administrators still do not master the community development activities and there is need for more rigorous monitoring of reporting requirements.

The same comments were made regarding Region 2, with the exception that the refresher training of trainers had not yet been carried out and is planned for January 2000. In Region 3, the program was initiated with the training of MCH center administrators in April 1999 and baseline KPC and anthropometry studies in August. For the three other regions, the delay is explained by the fact that changes in planning of activities were made at the very beginning of the program. This allows for the recommendations of the current evaluation to be integrated into the program before expansion to new zones.

#### MCH Center level:

Results of the meetings with MCH center administrators show that the centers' activities are carried out according to project planning, with the exception of the refresher training in Region 2 scheduled for January.

#### Community level:

Execution of community activities was looked at with the MCH center administrators, AC and CVDS as well as mothers. Basic infrastructures (food storage room, education hut) have been put into place in all communities, but sometimes do not meet required criteria (huts too small or borrowed food storage room instead of new construction).

Community child census were carried out at the beginning of the program as planned, but according to project registers and interviews with MCH center administrators and AC, have not been carried out regularly since. Thus in many villages the child register is not up-to-date.

Baby weighing and nutritional education sessions, cooking demonstrations and food management all occur as planned in all communities. Despite food stock shortages, mothers continue to attend the sessions regularly.

Although it was planned to carry out recuperation for malnourished children at the community level with a particular session during which mothers are asked to contribute ingredients, some AC refer severe cases directly to the center. This is due to the severity of the case, which demands medical follow-up that the AC (who have not received in-depth training on nutritional recuperation) is not capable of doing in the village. Some mothers do not feel they can contribute food if the recuperation takes place in the community. One of the groups of mothers expressed the wish that the program pay for the costs of recuperating malnourished children.

In most cases, home visits occur in the families where the children suffer from moderate or severe malnutrition and who are encouraged to attend nutritional recuperation sessions. The AC, CVDS and mothers interviewed during the evaluation reported that the visits are not

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<sup>6</sup> Compilation of the interviews with Steering Committee members is found in Appendix VI.A.#2.

carried out regularly. This can be explained in large part by the fact that the AC doesn't receive any compensation for the time they spend doing home visits and with multiplication of groups (small groups of 25 mothers), a large part of the time is dedicated to monthly education and weighing sessions.<sup>7</sup>

In principle, each CVDS should meet once a month, and hold village general assembly meetings every three months to inform the community of program progress. Interview results show that the monthly CVDS meetings and quarterly general assembly meetings are not held regularly. The lack of motivation of certain members and lack of community organization are among the explanations given by respondents.

Community development activities are not occurring in a timely manner as scheduled. A few communities have already improved their meeting hut, cleaned the village, or built a latrine at the central market. Irregularity of CVDS and general assembly meetings and the lack of initiative and financial support of these committees are the main reasons cited for delays in this program area.

In addition to comments on activity progress, the evaluation team also looked at the perception of AC and CVDS in regards to the community-based program in their village. Activities that were particularly appreciated include trainings, education sessions of mothers and vaccination monitoring. The majority are interested in program activities, but some mentioned they don't like the voluntary nature of the program (2 people), lack of financial incentives (2), and food stock shortages (2). All the AC were unanimous that baby weighing is the easiest activity to carry out, followed by IEC. The more difficult aspects are home visits and nutritional recuperation.<sup>8</sup>

AC and CVDS made recommendations which could be considered in executing the program in new communities.<sup>9</sup> Suggestions include awareness-raising sessions for the community and the importance of AC/CVDS respecting program guidelines and having a volunteer spirit to contribute to the program.

#### **b. The transition process**

To better prepare for the transition of the program in the other departments, the transition process observed so far was analyzed. Partners' perceptions on the transition process, identification of weak and strong points, aspects of the transition that were easy or difficult to carry out and lessons learned are points covered in this chapter.

##### **▪ Partners' perceptions**

All CRS and FNP staff were able to analyze the transition process. The fact that it occurred over a one-year period facilitated the progressive transfer of the program to the communities. The CRS and FNP Unit team participated in all transition phases beginning with project design, awareness-raising, training, and developing IEC materials. One individual underlined that the transition process could have at the same time been used to experiment with other types of private centers. Another person mentioned that the transition was hard for some MCH center administrators who were used to implementing the traditional program for over 10 years, but that with time, these center heads better understand the community approach.

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<sup>7</sup> This is also discussed in Section 6 on Sustainability.

<sup>8</sup> Results can be found in Appendix VI. A. #5.

<sup>9</sup> See Appendix VI.A.#5 f.

Comments by the four departmental directors on the transition process are also positive, however, one mentioned that the time reserved for training the AC/CVDS was too short. As for the MCH center administrators, perceptions on the transition process are diverse. The majority see it positively because village populations take charge of the program themselves. Also noted were the increase in work load and lack of time for more awareness-raising among communities. One center administrator thought that the period of one year was too short, and the transition should take place over two years to better prepare the communities and the village committees. Another noted that when the AC/CVDS were trained, the communities became impatient when the food stock delivery was late in arriving. After one year in the community program, this same MCH center head recognized that s/he could have used this same time period to reinforce sensitization of the participating communities.

Having not experienced the transition process, the AC/CVDS and the mothers were not interviewed on this point.

#### ▪ **Strong points of the transition**

Steering Committee members noted that the community approach is a good development tool because of the community structures (CVDS) put into place. They also emphasized the importance of pursuing the revitalization of these structures. Similar comments were made by CRS and FNP Unit staff. Other strong points identified include sensitization campaigns for local authorities and MCH center administrators, socio-economic surveys to identify the poorest communities, and the KPC and anthropometry studies to establish baseline information. The progressive transition at the center and department level enables program planners to correct the program's weak points.<sup>10</sup>

Awareness-raising and transfer of knowledge to the communities through the AC and CVDS were identified as strong points of the program by MCH center administrators, as well as the increase in beneficiary numbers compared to the traditional program and the short distance for mothers to travel to weigh their babies.

#### ▪ **Weak points of the transition**

The main weak points cited by the Steering Committee members are :

- ❑ Despite all efforts, the number of communities served is limited
- ❑ Difficulty in supervising and monitoring communities that have limited-access roads
- ❑ Low literacy level of some AC/CVDS
- ❑ Insufficient sensitization of local leaders
- ❑ CVDS who continue to expect a financial remuneration, and dissatisfaction of AC concerning their payment

Other weak points were identified by CRS and FNP Unit staff :

- ❑ Design of community approach did not take into consideration the needs of communities and should have better integrated suggestions from the MCH center administrators (2 people)
- ❑ System of motivation/remuneration of program actors is a point of discontent
- ❑ Lack of engagement of some communities through their AC and CVDS

Some of the preceding points were also raised by departmental directors : AC/CVDS who expect payment or benefits for their participation, differences in perception of community program among various actors, lack of engagement of certain communities. Additional elements include ; short length of trainings and the poorly-elaborated nutritional recuperation strategy.

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<sup>10</sup> Detailed answers of CRS and FNP Unit staff are found in Appendix VI.A.#1 question 2.a.

Most of the weak points reported by these three levels were also cited by the MCH center administrators. New aspects include :

- ❑ Reduction in beneficiary numbers because the number of communities was limited
- ❑ Insufficient refresher trainings
- ❑ Absence of financing for community projects

When asked what they liked least in the new program, the center heads cited the meager financial compensation for the work they carry out. One MCH center administrator stated s/he didn't like the fact that food continues to be distributed in the new program.

#### ▪ **Difficult and easy aspects of the transition**

This question was particularly addressed to CRS and FNP Unit staff, departmental directors and center administrators. For some CRS and FNP Unit supervisors most of the activities planned for the transition were easy to carry out : sensitization, training, baseline studies, etc. For others, these same aspects were reported as more difficult. Sensitization of the communities, difficulties encountered due to lack of financial incentive for the CVDS, and delay in implementation of development activities as a consequence of the first two factors add to the difficulties. Program planners encounter resistance to change on the part of some MCH center administrators who continually demand financial benefits from CRS and do not demonstrate their appreciation for the positive aspects of the program.

The departmental directors identified the monthly sessions as easy aspects of the program. On the other hand, the most difficult part is the loss of power at the MCH center head level, establishing basic community infrastructures, monthly training of AC, and the compensation system for center heads and CVDS which is not what is wished.

The more technical aspects of the transition (training, studies, election of AC/CVDS) are highlighted as easy parts of the transition. The more difficult aspects resulting from the program change cited by the MCH center administrators include : the inaccessibility of certain communities during the socio-economic surveys, establishing community infrastructures, and the weak level of literacy among AC/CVDS, the impossibility of supervising all the groups in all the communities, increase in number of reports to write, and the lack of motivation of certain communities.

Individuals interviewed were asked for suggestions on how the difficulties encountered are, or can be, resolved. Responses include :

- ❑ Constant negotiation and awareness raising
- ❑ Monthly and refresher trainings of AC
- ❑ Remarkable patience on the part of FNP Unit when dealing with MCH center administrators, AC/CVDS in order to help them understand their role in the program
- ❑ Effective meetings of the Steering Committee where strategic decisions are made
- ❑ Good relations between CRS and the MPSF

#### ▪ **Lessons learned**

During one discussion near the end of the evaluation, CRS and FNP Unit staff began to identify the lessons learned on the different aspects of the evaluation. Concerning the transition process, the lessons identified by the team are :

- ❑ The sensitization of MCH center administrators, AC and CVDS on community involvement and the importance of AC/CVDS in mobilizing their community should be emphasized.
- ❑ The time between the training of AC and the beginning of activities is too long.

- ❑ If the gap between training of AC on use of data collection tools and program start-up time in the communities is too long, the AC may have forgotten how to use the tools.
- ❑ In the community-based program, the need for verifying the quality of data collected is more important.

Other lessons learned by the evaluation team concerning program implementation and the transition process are :

- ❑ In the first two regions, the transition went well ; the communities began to manage the program as planned ; the MCH center administrators understood and accepted the change with enthusiasm, the activities occurred as scheduled ; with the exception of community development activities which have been slow. These first experiences provide the necessary elements to carry out the same process in the other departments.
- ❑ The Steering Committee members and departmental directors are well informed about the program, its accomplishments and the difficulties and remain open to discussion and exchange that will benefit the program.
- ❑ FNP Unit personnel, MCH center staff, and AC/CVDS interviewed accepted the transition well, understanding the technical aspects and executing the large part of activities as foreseen despite difficulties encountered in any community-based program.
- ❑ The rapid socio-economic surveys and KPC-anthropometry studies are seen as strong points of the transition, helping to identify the poorest communities and learn about their baseline health situation.
- ❑ Mothers are interested by the monthly sessions. Even when there is a food stock shortage, they continue to show up for baby weighing, education and cooking demonstrations.
- ❑ Although the mothers' contribution is not linked to food distribution, it is hard for mothers to comprehend that they have to continue giving the total amount to participate in the education/weighing sessions when there is food shortage.
- ❑ The number of communities participating in the program through each center is limited (4-6) and the program planners are beginning to reflect on the strategy necessary to graduate mature communities from the program and initiate new ones.
- ❑ The systems of motivation seem to be a continuous preoccupation at several levels. While recognizing the little amount of budgetary flexibility and promotion of sustainability, program administrators at all levels must continue to exercise enormous patience to explain the norms planned in the context of the program so there will not be a delay in program implementation.
- ❑ Most trainings and meetings for AC and CVDS are carried out by MCH center administrators who have been trained by the FNP Unit. Consequently, important aspects of the program such as motivation and community development are left to the MCH center administrators to be transmitted to the communities. More direct contact between the FNP Unit supervisors (and FNP Unit staff in general) and the AC/CVDS will undoubtedly lead to a more thorough understanding of these messages.
- ❑ With the work load and supervision that the program demands and in planning for the transition in the Borgou-Alibori, the current FNP Unit staff is insufficient to meet program needs. The FNP Unit could establish a Training Division in addition to the Supervisors.

- ❑ The current nutritional recuperation strategy is not at all functional. Although cases of severe malnutrition are not numerous, the program should adopt other strategies depending on the possibilities of the MCH centers and needs of the communities.
- ❑ Home visits, monthly meetings, quarterly general assembly meetings, and community development activities are difficult to conduct for the AC. Program planners should continue discussions on these activities and the ways in which AC and CVDS can more effectively carry them out.
- ❑ Keeping a child's vaccinations up-to-date is one of the program participation criteria. Given that this service is not available at the community level, mothers are often forced to travel far and incur expenses to vaccinate their child and be able to participate in monthly sessions.

▪ **Respondents' recommendations**

Based on their learnings from the experience in Regions 1-3, the individuals interviewed made recommendations regarding the way the transition could be carried out in Regions 4-6.

Steering Committee members insisted on the progressive rhythm with which the transition should occur, the importance of not rushing and taking the time to sensitize opinion leaders and village chiefs on the program content and objectives. They highlight the need to identify sustainable incentive systems, ensure that infrastructures are put into place, and verify that beneficiaries understand the strategic objectives of the program before beginning.

CRS and FNP Unit staff also underlined the importance of sensitizing the communities while studying with the CVDS themselves an incentive system at the local level. Other recommendations are to make a judicious choice of AC and CVDS, develop a more sustainable incentive system, and reinforce MCH center personnel, especially to do program monitoring/supervision. Diversifying partners or modification of the existing partnership with MPSF was also recommended by one person. One administrator also emphasized that the decision to put off the program transition to 2001 demonstrates the accent on program quality and desire to learn from the experiences of the first regions before expanding.

The departmental directors also formulated recommendations covering the same points above (reinforcing training and studying possibility of re-targeting food, reinforcing nutritional recuperation strategies). The directors also suggested changing the type of motorcycle used by the MCH center heads, and expressed their desire to be more involved in program monitoring.

Most of the points stated above were also brought up by the MCH center administrators. Some of the new points include:<sup>11</sup>

- ❑ Following sensitization, introduce the other program phases according to the rhythm and understanding of each community.
- ❑ Explain the role and volunteer nature of their work when forming the CVDS.
- ❑ Require a minimum literacy level for the AC, to facilitate data collection and writing of reports in French.
- ❑ Establish certain direct contacts between FNP Unit supervisors and the CVDS so as to not leave this difficult task of monitoring of community development activities completely in the hands of the MCH center administrators.
- ❑ Seek other assets beside food to change the perception that when there is a stock shortage, beneficiary numbers drop.
- ❑ Design and implement a strategy for nutritional recuperation at the center level.

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<sup>11</sup> The complete list is found in Appendix VI. A.#4, question 2f.

### c. Conclusion and recommendations

All of the different stakeholders interviewed during the evaluation indicated that, although implementation of certain community activities has been slower than expected, the overall program has progressed as planned and the transition from the traditional approach to the community-based approach has been very successful in the first two departments.

The surveys, the taking of responsibility by the communities, the strong participation of the mothers in program activities are among the most positive points of the program identified. The lack of awareness-raising of leaders and communities about the program, the limited number of villages targeted by each center, the system of motivation for certain program participants, and the strategy of nutritional recuperation are among the points requiring more attention by those in charge of the program.

The recommendations that follow are a summary of those identified by the participants, from the lessons learned already described, and from observations undertaken by the external evaluation team. Given that other chapters in this evaluation report cover specific issues raised in this section, most of the recommendations from these issues (such as partnership, food rations, information system, sustainability...) are reported in the appropriate chapters.

Program implementation is at different stages in each department. Therefore, the recommendations are presented for each group: the first two departments where the transition has already been completed; the third department (Borgou) where the transition has just begun; and the three other departments where the transition has not yet taken place.

#### ▪ Short-term recommendations (FY2000)

⇒ *For the program in general :*

- ❑ **Increase and diversify the FNP Unit personnel:** given the fact that the community-based program will be implemented in a new department, the need for monitoring and refresher training for the first two departments, and the need to reinforce the work of center staff towards CVDS, the FNP Unit will need to increase its field staff. One possibility would be to create a section of trainers, in addition to the current section of supervisors.
- ❑ **Re-evaluate the strategy of nutritional recuperation:** after team reflections on the targeting of food rations, a new strategy should be defined and probably piloted in a number of communities / departments before adopting it for the entire program.
- ❑ **Continue to sensitize all of the different stakeholder groups on the systems of motivation used in the program** in order to make them understand the limitations and the importance of community participation to ensure sustainability of activities. The systems of motivation themselves should be revised if the food targeting changes.
- ❑ **Seek a stronger collaboration** at the central, departmental and community levels with **health and sanitation structures** that provide **vaccination services**, with the objective of integrating vaccination activities into the monthly education and infant growth monitoring sessions held in the communities.

⇒ *In the OUEME and MONO (transition already carried out) :*

- ❑ **Reinforce the training of center administrators**, especially on such themes as: the role of the CVDS; strategies for community development; data quality control through monitoring and training of village animators; filling out the growth monitoring chart in a uniform manner (tracing the curve by connecting the points); reflections on food targeting and “graduation” of communities; integration of the program with SED activities.
- ❑ **Reinforce the support provided to CVDS**, both that provided by center heads according to need, and that provided by FNP Unit supervisors, and continue to support the CVDS to reflect on community development activities and the use of their revenues whenever this is possible.

⇒ *In the BORGOU (transition just beginning):*

- ❑ **Continue and reinforce the sensitization of leaders and CVDS** where the transition process has already begun, on the issues identified as weak points in the two departments that first undertook the transition.
- ❑ **Develop a flexible and gradual plan to introduce program activities** in MCH centers and communities, according to the level of motivation of the communities and their CVDS; this would no doubt help ensure a more successful implementation of community development activities.
- ❑ Given that the community selection has already taken place, the same steps will be followed in the Borgou to put into place the new program. Consequently, it is very important to **apply the lessons learned in the Ouémé and the Mono** (sensitization of leaders, refresher training, strong support of CVDS, etc.).

- **Medium and long term recommendations**

⇒ *For the program in general:*

- ❑ **Coordinate very closely the activities between the SED and Health Sections of CRS/Benin** to ensure the success of program implementation and the integration of village banks and other income-generating activities into the FACS program.
- ❑ Given the fact that SED activities cannot reach all of the mothers in all of the communities, **organize additional activities such as vaccinations and the distribution of de-worming medicine** in the monthly sessions in order to increase access to these services and to attract the mothers, especially if food is re-targeted. Of course, this should be done following the relevant norms developed by the Ministry of Health.

⇒ *In the OUEME/MONO/BORGOU (transition completed or mid-way)*

- ❑ **Begin the reflection on the “exit plan” for communities** that currently participate in the program (the first communities selected) and on the **strategy to introduce additional communities** (for each center), taking into account the fact that other program components will be added (SED) or revised (ration targeting).
- ❑ With this exit/entry plan, **develop a system of baseline data and objectives for each group of communities** and the impact on the complexity of the monitoring system (for example, the communities that began in 1998 have their baseline data and their

objectives planned in the program; if new communities are integrated into the program after the exit of the first communities, the more recent ones will need new baseline data surveys and corresponding objectives). Support from the Monitoring-Targeting-Impact-Evaluation (MTIE) Unit in this process will be essential.

- Understanding that the program depends on the sensitization of communities, **support the CVDS in their efforts to raise funds and implement community development activities** either by guiding them in the use of their revenues, by facilitating their contacts with local NGOs, or by revising the current use of revenues that have been accumulated from the participant contributions at the center and FNP Unit levels.

⇒ *In the THREE OTHER DEPARTMENTS (transition planned for Nov. 2000/ Atacora and Nov. 2001/Zou + Atlantique)*

- Recognizing that the transition in Regions 4-6 will be different in some ways from the transition in Regions 1-3, and knowing that the MCH center administrators communicate frequently, **begin awareness-raising regarding the transition to the community-based approach in Regions 4-6, emphasizing that the approach will not be the same in every region.**
- Taking into account the lessons learned in the first three departments, **ensure that AC and CVDS are chosen with program needs in mind and that they understand the voluntary nature of their involvement** with the program in their community.

Other recommendations concerning program implementation are discussed in the Sections on partnership, MIS, food targeting and sustainability.

### **3. Management Information System (MIS)**

#### **a. Description of the MIS**

**Baseline Data:** Baseline information was collected through Knowledge, Practices and (vaccination) Coverage (KPC) and anthropometric surveys. The KPC measures mothers' knowledge and practice with regard to key survival indicators in the areas of exclusive breastfeeding, infant feeding practices, maternal health, vaccination, and diarrheal disease. The Anthropometric surveys measure nutritional status of children aged 18 to 36 months in project communities.

Baseline KPC and anthropometric surveys were conducted in 1997 in the Oueme Department (Region 1), in 1998 in the Mono (Region 2), and in 1999 in the Borgou (Region 3). The surveys are carried out by CRS and MPSF personnel and local language animators. The Regional Institute of Public Health (IRSP) is subcontracted to conduct the technical training and data analysis of the anthropometric surveys. The surveys will be repeated in each region after three years of project activities to measure progress toward the program objectives. See the chart in Section II.A. of this report for complete survey dates.

Both surveys use a random 30 cluster sampling methodology. The sample frame was 300 mothers of children 0-23 months of age for the KPC surveys and 600 children aged 18 to 36 months for the anthropometry. The questionnaires for both surveys can be found in Appendix 3 of the Title II Results Report, FY 1998 and in the respective survey reports for each zone.

At the community level a baseline census of children 0-23 months is conducted when the community-based FACS program is initiated. The census serves as the denominator upon which the rate of coverage is computed at the community level. A process for periodically

updating the census exists but is not uniformly implemented. Consequently there are communities reporting declining coverage on the basis of a census that includes all children in the original census as well as those added to the registry since the beginning of the program. Continued training and supervision of community health workers is needed as well as periodic data verification at the community level by supervisors at the Center and C/PAN level.

The baseline information for the PPCE was collected through surveys conducted with ten women selected at random at each Center/community initiating PPCE activities. The survey results are compared to each woman's response twelve months later during the exit survey.

**Indicator selection:** Data are collected regularly on health, community development and PPCE project indicators. The selection of the performance indicators reflect the goals and objectives of the program, the results of the KPC and anthropometric surveys, management information needs, and counterparts' capacity to provide accurate and timely data. The addition of the life of activity (LOA) targets for anthropometric nutritional status indicators complete the tracking system and no additional indicators are necessary for the existing activities. The current list of indicators can be found in Appendix 4: Indicator Performance Tracking Table: Results Report, FY 1998.

**Data collection and analysis:** Data are collected at the community and Center level, recorded on the appropriate recording forms and notebooks, compiled by the community animators and center administrators and submitted to C/PAN for tabulation, analysis, and reporting.

**Reports:** Reports are prepared monthly, quarterly, semi-annually and annually. A list of reports disseminated by CRS/Benin and MPSF can be found in the Final Evaluation Scope of Work, November, 1999.

**Utilization:** MIS reports are used by a variety of decision makers at all levels to improve program activities and plan future activities. Information is also reported to USAID as required.

#### **b. Strengths of the MIS**

CRS and C/PAN personnel cite as strengths the tools for the recording of data, the monthly, quarterly and semi-annual reports, the training material, and the system of monitoring and verification at the Center and C/PAN levels. The new Bulletin was also mentioned as a strength.

#### **c. Weaknesses of the MIS**

CRS and C/PAN personnel cited a number of weaknesses in the system in the areas of training, delays in reporting and analysis, and poor data quality. Among the specific weakness were delays in periodic data analysis and submission of reports at the Center and community level, supervisors' lack of access to data they need for monitoring purposes, untrained supervisors and enumerators, lack of continuing education for C/PAN personnel in the MIS, inability to desegregate data that arrives at C/PAN after synthesis, errors in the reports, a shortage of statistical personnel in C/PAN divisions, a lack of coordination between the C/PAN divisions and between C/PAN and CRS, and the absence of a plan for analysis and utilization of information.

#### d. Appropriateness of data collection tools

Respondents generally found the *Cahier recensement*, *Cahier de finances*, *Cahier de stocks*, and semi-annual health and community development reports appropriate and useful. The *Cahier visite* and *Cahier de recuperation* were criticized as needing simplification. Community animators, when they make home visits at all, enter only the name of the child visited and the date of the visit. Center administrators reported that the *Cahier visite* and *Cahier de recuperation* were sometimes missing, that the two tools could be combined, and that the ACs were not competent to manage nutritional recuperation or maintain the *cahier de recuperation*.

It was suggested that the maintenance of some of the data collection tools be transferred from the AC to the CVDS. The registry (*cahier de recensement*), currently maintained by the AC, and the *cahier de finances*, also maintained by the AC, might better become the responsibility of the secretary and treasurer, respectively, of the CVDS.

#### e. Usefulness of reports

**Baseline reports:** Center administrators reported that they used the results of the baseline reports to determine the theme of monthly instruction for mothers and to educate ACs.

**Monthly, quarterly and semi-annual reports:** Center administrators reported that they used the reports to select the themes for mothers' education and for continuing education for the ACs. A center administrator said that with only a limited number of opportunities each month for demonstrations and education, there were few opportunities to use the reports for instruction.

Center administrators also use the community monthly reports to compile the Center reports, to monitor the distribution of food, and to monitor children's vaccination rates. C/PAN personnel also use the reports to advise and evaluate the Center administrators and prepare supervision visits.

It was repeatedly mentioned that the monthly and quarterly reports ought to be revised and simplified. Several persons said that the educational level of ACs did not permit them to correctly complete the quarterly reports and that this responsibility should pass to the Center administrators or the CVDS secretary.

**Feedback to the Centers and communities:** The *Bulletin du Programme Alimentaire et Nutritionnel a Base Communautaire* was singled out as a useful report that provided feedback to the Centers and the community. One administrator suggested that the Bulletin should contain all the information from the PBC centers. In general, the Center administrators wanted more feedback from C/PAN. One administrator reported that feedback to the Center and community level was a problem because of a low level of literacy. Several people suggested that the Center administrators should report information at CVDS meetings. Another person suggested using mass media to inform the centers and communities in a rapid manner.

It was suggested that opportunities for reflection (bilan, seminars) be provided to share information with the intention to plan responsive action and share among supervisors successful technical field strategies. Inviting the Center administrators and CVDS to share their positive experiences to contribute to the Bulletin was also suggested.

#### **f. Respondents' recommendations**

Respondents made a number of suggestions in the areas of personnel and training. Among these were to hire additional statistical personnel, reinforce the capacity to produce the quarterly Bulletin, create a unit within C/PAN for the analysis of statistical data, sensitize ACs, CVDS and Center administrators about the importance of reducing recording and reporting errors and prompt report submission, periodically retrain those responsible for the MIS at all levels and train new hires, better integrate data analysis and reporting activities within C/PAN, and revise the structure of data collection instruments for monthly and quarterly reports.

#### **g. Conclusions and recommendations**

Several themes appeared repeatedly during the MIS evaluation. The MIS is generally accepted as an effective and useful component of the DAP activities. Areas for improvement were MIS training and retraining for personnel at all levels, improving data quality, and providing appropriate feedback to the Centers and community.

The majority of PBC program data, upon which the success of the program depends, is collected at the community level and the potential exists also for greater utilization of information by the community. Interventions in the short and long term can be taken to reduce the risk of poor data quality and increase community use of information.

With the possible elimination of the use of food as an incentive in the PBC program, the remaining incentive cited by mothers, ACs and others is education. The value of information and the role of the MIS becomes more important and the challenges become greater.

##### **▪ Short-term recommendations:**

- Training and continuing education
  - ⇒ Provide training on MIS for C/PAN personnel
  - ⇒ Provide continuing education for Center administrators, ACs and CVDS
- Supervise, oversee and verify data
  - ⇒ Systemize the update of the community-level census.
  - ⇒ Systematize the correction and verification of data at all levels.

##### **▪ Medium and long-term recommendations**

- Additional personnel
  - ⇒ Examine the possible need for additional MIS personnel at C/PAN.
  - ⇒ Examine ways to coordinate the various data collection, analysis, and reporting units within C/PAN.
- Simplify recording and reporting tools
  - ⇒ Simplify and combine data collection tools.
  - ⇒ Explore non-written feedback of information to the community (radio, oral presentations at CVDS meetings, visual presentations).
- Explore options for sharing successful experiences
  - ⇒ Provide opportunities for reflection (seminars, bilans) to examine data and plan responsive actions.
  - ⇒ Encourage supervisors to share successful MIS strategies.

- Explore options for two-way communication among C/PAN, Centers, and the communities
  - ⇒ Explore ways to assess needs and interests of the community (focus groups, community meetings, needs assessments) in areas of CRS and C/PAN activities.
  - ⇒ Explore responsive ways to provide information and education.

#### **4. Partnership**

Because CRS/Benin works with a counterpart agency to execute the FACS program, the subject of partnership can have an important impact on program performance. For this reason, the evaluation looked at the theme of partnership with the different levels of partners in terms of sustainability, quality, efficiency and the impact of the partnership on program performance.

##### **a. Sustainability**

According to the members of the Steering Committee, the partnership between the Ministry of Social Protection and the Family (MPSF) and CRS is sustainable and efficient and this sustainability depends on the various program actors. In terms of sustainability it is important to keep in mind that the FNP Unit is the semi-autonomous agency established by CRS and the Ministry to manage the program.

The departmental directors encountered during the evaluation emphasized that they follow the administrative orders of the Ministry, and thus their relations with the FNP Unit and CRS reflect the relations between CRS and the Ministry. The departmental directors would like their level to be more involved in the FACS program monitoring.

Program personnel working at CRS and the FNP Unit had a number of comments concerning the partnership between CRS and the MPSF. The majority believe that the partnership will last as long as each party assumes their responsibilities. One person added that while preserving the MPSF as the primary partner, CRS should diversify and include other partners so as not to be tied to instabilities of the government.

Relations between the FNP Unit and the MCH centers was also examined. According to members of the FNP Unit and CRS, the accord between MPSF and CRS includes supporting MCH centers participating in the program and relations are good if each structure takes responsibility for their role. One person asked if the MPSF has a policy of contributing to the program in its centers, whereas another would like to see the program diversify the type of MCH centers that participate in the program and strengthen contacts with other NGOs in addition to government centers.

For their part, the MCH center administrators encountered during the evaluation insisted on the fact that if the conditions of partnership are well established and respected at the central level, relationships between the MCH center administrators and the FNP Unit only reflect this. One center administrator reminded us that the partnership with the centers will only be durable until the communities manage the program. Another individual expressed their wish that the FNP Unit not limit their assistance to verification of notebooks but would include discussions and reflections together. In underlining that the conditions of the program are a large part of the good relations between FNP Unit and the centers, one of the center administrators expressed that mothers' contribution should be lowered when there is a food stock shortage.

Relations between centers and communities was examined by all persons interviewed. According to CRS staff, if each structure takes responsibility for its assigned role, the partnership is sustainable and the transfer of competence from the centers towards the

communities is an important factor in the program. One center administrator noted that the question of sustainability is difficult to answer not knowing how long the activities will continue in a community. Another emphasized the importance of village committee initiative and community projects to ensure sustainability in the partnership between centers and communities.

#### **b. Quality and effectiveness of partnership and impact on program performance**

Interviews with departmental directors brought to light that in some cases, the partnership between the MPSF and CRS has positively influenced program results (example, availability of equipment) whereas in other cases, one director reported that it's had a negative impact because the Ministry doesn't carry out its responsibilities in regards to the departments.

The majority of CRS and FNP Unit personnel judge CRS-Ministry relations to be average. About half stated that relations contributed to achievement of program objectives, while the rest have varying points of view including the following comments :

- *"The ministry should be more involved."*
- *"The partnership falls below expectations."*
- *"Official documents guiding the program are not fully put into application."*
- *"The collaboration between the two institutions should be reviewed/revise."*
- *"Without CRS support, the objectives would be difficult to meet."*

Relations between the FNP Unit and departments was also seen favorably by the departmental directors but those encountered expressed their desire to make more field visits together. These directors also feel that certain incidents such as the "strike" period that the center administrators observed slowed down the program and had a negative influence on program results.

CRS and FNP Unit employees interviewed judged the quality of their relations with the MCH centers to be good and that this contributes to achieving program objectives. Eight out of eleven MCH center administrators remarked that these effective relations contributed positively to achieving program objectives. Their comments are linked to the importance of FNP Unit supervision which enables them to correct errors and is seen more as technical assistance to improve the program than simple end-use checking. Two center administrators expressed their dissatisfaction with their merit prizes.

Relations between centers and communities are also well viewed by the departmental directors but they underlined that the strike by government centers slowed down program activities.

In terms of CRS and the FNP Unit, one person expressed their wish that the MCH center administrators would make a concerted effort to dedicate themselves to assisting the communities. The center administrators also had some comments about their relationship with the communities. One person mentioned having to pressure communities in order to motivate them. Another factor which influences the functioning of the program according to one, is the level of comprehension of the village committee members which varies from one community to the next. One center administrator would like to participate in all the community meetings to contribute to achieving the program objectives.

#### **c. Conclusion and Recommendations**

Analysis of the perceptions of the different program actors in regards to partnership shows that at all levels good relationships contribute to efficient program functioning. As the

executing agency of the program created by mutual contract between MPSF and CRS, the FNP Unit is recognized as the appropriate structure for this type of partnership.

The comments from those interviewed emphasized the importance of diversifying the types of MCH centers. There is unanimity on the need for a greater motivation at the community level, as this is the level of partnership where efficiency will have the most impact on sustainability and program performance.

Analysis of comments leads to the following recommendations regarding partnership :

- ❑ **Encourage meetings between the two key program partners, CRS and MPSF**, and continue to seek the most effective solutions and take administrative decisions which will contribute to a quality program in which all categories of actors feel fully a part of the collaboration.
- ❑ **Continue to support the FNP Unit as the executing agency** while planning for growth in human and material resources according to program expansion needs.
- ❑ **Plan to expand and diversify the type of partners** for the transition to community-based program in the Borgou and the other three regions while responding to requests from private centers.
- ❑ **Define selection criteria for centers** (participation in community based FACS program) to ensure their commitment to quality programming.
- ❑ **Seek closer collaborations with other ministries including Ministry of Health in particular** (local, central and departmental levels) to facilitate vaccination services at the community level and prenatal clinic services for a program targeting pregnant women.
- ❑ Encourage administrators at department, center and village committee levels to make an **inventory of other institutions and NGOs working in the same communities** as the FACS program in the areas of health and community development to coordinate interventions, avoid duplication, promote collaboration and maximize program impact.
- ❑ **Develop training capacities of existing resources in the area of community development** to reinforce relations between the FNP Unit and communities and to intensify the supervision of village committees.
- ❑ **Put into place systems to stimulate the research and execution of community development activities by village committees and communities**, as these represent the grassroots partner on which sustainability and program impact depend.

## 5. Targeting and use of food as incentive

The evaluation team made an analysis of whether the food distribution strategies used have either contributed or hindered the FACS program objectives. Malnourished child recuperation techniques were also looked at in the evaluation.

Finally, considering the future vision of CRS and USAID, the team was asked to comment on the possibility of making a transition from the Food-Assisted Child Survival (FACS) program with food distributed to all participants to an Focused Nutrition Child Survival (FNCS) program with an emphasis on the nutritional impact of targeted food supplements. In the latter, food rations are limited to malnourished children or other specifically targeted population groups. The team was also asked to make comments on the most appropriate

methodology to make this transition in each region and in the FY 2001-2005 DAP, including new target groups and new activities.

As for the other points covered by the evaluation, the following sections are a compilation of comments of the different categories of respondents.

**a. Food rations and program achievements**

Members of the Steering Committee explained that Title II foods constitute an important contribution and form of motivation for the mothers. According to them, food enables the baby weighing sessions to be held, malnourished child recuperation and to support other activities. They also noted that the food created a certain dependence that should be corrected by seeking other forms of incentive. The Departmental Directors, feel that the presence of food increases the program coverage rate, encourages the women to get together and contributes to improving the nutritional status of children.

The same comments were brought up by FNP Unit and CRS staff. The eight people interviews were unanimous that food increases participation of beneficiaries.

The points of view of the center administrators regarding food was more diversified. The majority also perceive food as an incentive for mothers to participate by coming to weighing sessions and learning health education messages. One center administrator sees food as a means of pressure to get mothers to vaccinate their children.

The several negative comments by center administrators regarding food and achievement of objectives are “the food is an aid, but not the main reason for the program,” “the mothers are more interested in the food despite the sensitization and education that is done,” “the WSB could be used to improve the nutritional status of the children.”

All the community animators and village committee members perceived the food as a good thing which attracts mothers to the program. Two of them added that the food balance out the monetary contributions mothers make.

When the questionnaire was being developed to collect data, CRS staff suggested asking various respondents if the food had produced any unexpected effects in the communities. The following table summarizes the compilation of the responses to this question.

Category of respondent	Has the presence of food in the program had unexpected consequences?		
	Positive effects	Negative effects	Other effects
Departmental Directors	<ul style="list-style-type: none"> <li>Increase in number of beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>When there is a food stock shortage, the number of participants goes down despite educational efforts.</li> <li>Mothers not eligible are envious of the food</li> </ul>	<ul style="list-style-type: none"> <li>Rigorous end-use checking of food has disillusioned the villagers because they thought the food would be shared.</li> </ul>
CRS and FNP Unit staff	<ul style="list-style-type: none"> <li>Increase in number of beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>In case of food stock shortage, the number of participants goes down.</li> <li>Has sometimes caused jealousy among households or communities.</li> </ul>	

Center Administrators	<ul style="list-style-type: none"> <li>• Revival of vaccination activities.</li> <li>• Porridge made with WSB enables mothers to feed children with a minimum of resources.</li> <li>• Thanks to the program, a health center which was not well-attended is now popular.</li> </ul>	<ul style="list-style-type: none"> <li>• At times the mothers quarrel when the food is distributed.</li> <li>• Those who manage the food are exposed to many kinds of risks.</li> <li>• In case of food stock shortage, the number of beneficiaries drops.</li> </ul>	<ul style="list-style-type: none"> <li>• If the mother needs money, she sells the vegetable oil.</li> <li>• Some village committees think they should receive food rations as compensation.</li> </ul>
AC and CVDS	<ul style="list-style-type: none"> <li>• Food has improved the nutritional status of children.</li> <li>• Has encouraged adherence to the program.</li> </ul>	<ul style="list-style-type: none"> <li>• Sometimes causes disputes in families.</li> </ul>	
Mothers	<ul style="list-style-type: none"> <li>• Revival of activities such as growth monitoring.</li> <li>• Allows mothers to save and spend less for food.</li> <li>• Solidarity among beneficiaries.</li> </ul>	<ul style="list-style-type: none"> <li>• There are sometimes quarrels between mothers and the people who distribute the food.</li> </ul>	<ul style="list-style-type: none"> <li>• The food is sometimes shared with friends.</li> </ul>

### **b. Malnourished child recuperation**

To provide elements of reflection on future targeting and use of food, the evaluation reviewed different methodologies used for recuperation of malnourished children in the FACS program.

Responses from all categories of respondents were somewhat similar. At the same time, the differences demonstrate that the program has not clearly defined the best strategy to adopt for nutritional recuperation and most of the time, it is left to the individual initiative of the MCH center administrator. In general, the mother of a malnourished child is invited to come back and attend another session during which the mother should bring a monetary contribution and/or ingredients for a cooking demonstration. These demonstrations use local food products and educate mothers about nutritious recipes that will help recuperate children. In many cases, it is difficult for the mother to provide the ingredients necessary for the cooking demonstration and the community animators recognize that they can't recuperate the children properly; in this case the AC refer the child to the nearest health center or CREN (Nutrition education and recuperation center) if there is one nearby.

In the case of severe malnutrition, the child is first referred to a center and then followed-up by the AC in the community. As explained, follow-up is often limited to cooking demonstrations with food contributed by the mothers, intensive education, and home visits. According to one CRS staff person, nutritional recuperation should be an integral part of any nutrition intervention program, and this area is particularly neglected in the current community-based program.

### **c. Possibility of re-targeting food distribution**

To better deal with the difficulties involved should the program decide to re-target food rations, the team used the evaluation to begin a reflection process with the various categories of participants on the eventual possibility of changing the target groups eligible for food rations. The question was asked directly which enable the interviewers to capture the first reaction of respondents on this issue which is somewhat sensitive. After noting their answers to the questions "*What would be your opinion if the program were to provide food only to malnourished children?*" and "*Do you feel this is feasible?*," they were asked "*What difficulties would you face if this strategy was put into place and how can these difficulties be resolved?*"

As a last point of this theme, the respondents made suggestions concerning new target groups and activities that could be taken into consideration in the case of an eventual re-targeting of food.

▪ **Respondents’ perceptions**

The Steering Committee members interviewed recognize that food should be used for cases of malnutrition and this is not the case in the community-based FACS, in part because since the MCH center-based program, women and communities see MCH centers as “food distributors.” They also cautioned that measures should be taken to avoid a drop in program beneficiary numbers and a rise in the number of malnourished children, and to create other incentives to motivate mothers to participate.

For the two departmental directors, this would be good but one should expect participant numbers to drop. CRS and FNP Unit staff members’ opinion on this question are also positive. FNP Unit staff see the change as a worthwhile experience and a positive new direction. At the same time, they foresee negative consequences on the communities that currently participate in the program and who already perceive food as a tool to mobilize women.

Most MCH center administrators do not see re-targeting positively, because this would bring about a drop in the number of participating mothers. The center administrators who spoke positively explained that it would be a good thing to limit food to malnourished children because there would be enough to use in recuperation activities and mothers would attend the sessions for the well-being of their children and not just for food rations. In any case it is important to explain the reasons for changing the program to the beneficiaries.

Diverse perceptions were expressed by the AC, CVDS and mothers. The majority feel that the decision would be accepted but the program should expect to observe many mothers drop out. After analysis of the initial ideas, the team also asked if this approach would be concretely feasible. Answers were divided, as the table below demonstrates:

Category of respondent	Is it possible to distribute food uniquely to malnourished children?		
Departmental Directors (2)	YES = 1	NO = 1	
CRS and FNP Unit staff (8)	YES = 4	NO = 3	with difficulty = 1
Center Administrators (9)	YES = 4	NO = 3	with difficulty = 2
AC and CVDS (11) <sup>12</sup>	YES = 2	NO = 8	with difficulty = 1
Mothers (9 groups)	YES = 4	NO = 5	

One of the groups of mothers stated targeting is feasible due to the spirit of solidarity among women and the desire to help a neighbor to have a healthy child (food sharing). Another group said that re-targeting wouldn’t be possible and emphasized that no discrimination should be made concerning who receives food, and cited the danger of mothers neglecting their children in order to receive food rations.

▪ **Respondents’ suggestions for future implementation**

To go into more depth, the respondents gave their suggestions on the strategy to put in place a program where the food would be targeted for malnourished children. The following

<sup>12</sup> Note that the AC and CVDS and mothers encountered already participate in the FACS program with food distributed to all beneficiaries.

table summarizes the responses of Departmental Directors and the other members of CRS and FNP Unit. The details are found in Appendix VIII in the compiled questionnaires.

Category of respondent	Respondents' suggestions for putting into place a program with food targeted for malnourished children.
Departmental Directors	<ul style="list-style-type: none"> <li>- Put into place where the community-based program hasn't been established yet</li> <li>- Distribute food on different days from when the educational sessions take place</li> <li>- Inform and sensitize all program actors</li> </ul>
CRS and FNP Unit staff	<ul style="list-style-type: none"> <li>• In regions that are already community-based:               <ul style="list-style-type: none"> <li>- Make the transition progressively while substituting food with other motivation strategies</li> <li>- Identify a pilot department for a 3-5 year experimentation phase and then draw conclusions</li> <li>- Select the most mature communities</li> <li>- Educate mothers about income-generating activities</li> <li>- Accompany food distribution with the introduction of other activities (credit, village pharmacies, community development projects...)</li> </ul> </li> <li>• In other regions that are not yet community-based:               <ul style="list-style-type: none"> <li>- Create a system for nutritional recuperation at health or other centers</li> <li>- Plan to introduce essential medicines, credit projects and other activities to motivate mothers</li> <li>- Make a comparison : communities with food for everyone and communities with food only for recuperation</li> </ul> </li> </ul>

Respondents identified the potential difficulties if this strategy was put into place and how they could be dealt with.

The departmental directors foresee the risk that mothers may neglect their child to receive food supplements. This difficulty could be resolved if the education/weighing sessions and the malnourished child food distribution happen on different days. More frequent home visits that include education were also proposed as solutions.

Answers of the CRS and FNP staff members are divided in terms of the community-based program and the center-based program. Regarding the community-based program zones, the personnel in charge of training and supervision predict drop in beneficiary levels, a deterioration in nutritional status of children, and difficulty mobilizing mothers. These difficulties could be dealt with by recruiting agents who will take care of community development activities, in progressively replacing food with other products (de-worming medication, access to essential medicines), and by not distributing food on the same days as the education and weighing sessions, and planning for other activities such as credit projects for mothers. One of the CRS staff members also mentioned that several difficulties could be dealt with by carrying out a pilot experience in one department and comparing the results after several years with the other departments.

In the regions that have not already made the transition, CRS and FNP Unit personnel expect a reduction in project funds coming from mothers' contributions because women link the contribution to food distribution. This would diminish the revenue necessary to cover program management expenses. Again, the idea of a pilot region was proposed. One respondent specified that in the regions that are awaiting the transition to community-based approach, re-targeting of food to malnourished children would not be well received, as they are expecting the FACS program. Solutions proposed include intensified sensitization, a progressive transition, introduction of other activities such as credit for mothers, and recruitment of development agents to reinforce community activities.

The MCH center administrators who have just made the transition to the decentralized program, do not see how communities could go through a transition to re-target food

resources. This would cause discouragement and mothers would not participate in the program any more. They would like to continue the current program. In exploring solutions, the MCH center administrators mentioned the importance of taking time to explain the changes, replacing food with credit programs, using food for recuperation in the centers as opposed to the communities. Another approach suggested is to graduate present communities and begin a new approach with a new round of communities.

It was difficult for the AC and CVDS interviewed to imagine re-targeting of food in their communities where food is currently given to all participating mothers. They predict insults and withdrawal of mothers from the program. One AC mentioned the importance of not asking for monetary contributions if the mothers don't receive food.

#### ▪ **New target groups and proposed activities**

Taking into consideration re-targeting of food, respondents made suggestions for new target populations and types of activities that could be included in the FACS program.

##### □ Target groups:

In addition to malnourished children, pregnant women are a second group proposed. Some specified beginning in the second trimester of pregnancy. Several persons proposed women who are breastfeeding up until six months. For pregnant women, the MCH center administrators added the necessity to collaborate with health centers that would be responsible for medical follow-up while continuing to refer women to MCH centers for food supplements.

In addition to the groups targeted in the health sector, respondents also identified school children (through school feeding), aging persons with no social support, handicapped and orphans as groups which can benefit from food aid.

##### □ Activities :

All respondents recommended that income-generating activities be intensified, especially in a program where only malnourished children are eligible for food distribution. Savings and loan programs such as village banks (VB) are seen as a priority by all program actors. While women should be given priority, some respondents also thought that the AC and CVDS, who are currently volunteers, should participate in IGA.

Support to development projects which should be put into place by CVDS also came out in the discussions. Suggestions for projects include literacy, digging of wells and other water projects, building of latrines, transformation of agricultural products, animal husbandry, and grain storage.

Respondents also made specific suggestions regarding new program activities such as village pharmacy boxes (sale of Orasel and de-worming medicine), vaccination campaigns at the baby-weighing sessions, literacy, education sessions for young girls and boys in the community, and trainings on community development project management. One FNP Unit staff person also proposed training community development agents to supervise CVDS and help initiate projects.

#### **c. Conclusions and recommendations**

Although respondents' comments vary on the subject of re-targeting food, a number of conclusions are important to remember:

- ❑ First, the current system of food distribution to all participants is well known to all communities, even in the departments still carrying out the center-based program. As one of the Steering Committee members put it, the MCH centers are still seen as “food distributors.”
- ❑ The perceptions at all levels regarding improved targeting for malnourished children are diverse and for many it is difficult to understand the applicability and reasoning for such a program change.
- ❑ Third, respondents were unanimous that the current strategy for nutritional recuperation needs to be reinforced.
- ❑ Although the interviews give the impression that re-targeting is not seen positively, respondents contributed to discussions on ways the subsequent difficulties of re-targeting could be resolved. The key propositions are to proceed slowly and progressively, using pilot experiences. Because participants are used to food distribution for all beneficiaries, the program administrators would make a mistake in introducing another transition too quickly.
- ❑ Other target groups that could be included in a new program are pregnant and lactating women. Other groups were identified but are more appropriate populations for other CRS programs such as education (school canteens) and social assistance (handicapped, etc.).
- ❑ Income generating activities for mothers, AC, CVDS and the communities in general were identified as priority. Support for community development projects is also essential to ensuring sustainability of CVDS and the communities taking control of the program.

In addition to comments of those interviewed, the evaluation team proposes the following conclusions:

- ❑ Even though CRS/Benin’s program is national, coverage is low considering that only four or five communities per MCH center are selected to participate.
- ❑ Logistical and supervision needs are increased in a community-based program and regardless of the strategy adopted for targeting of food, factors such as coverage at the community and MCH center levels, availability of personnel and food resources, nutritional status and logistics should be taken into account to make the fairest choice and consider communities’ needs.
- ❑ Reports on nutritional status of children participating in the FACS program in the Oueme and Mono Departments show that 15% of children are moderately or severely malnourished (weight-for-age) and 85% are of normal weight. Anthropometry studies carried out in the program and by other organizations in the Borgou Department show that the nutritional status of children in this department is more severe than in the first two departments.
- ❑ If malnourished children are targeted, the number of children receiving food in a given community will be reduced, leading to diminished community contributions, and thus other alternatives should be planned for remunerating AC and covering other expenses from the community fund.
- ❑ If the transition to a program targeting malnourished children occurs in medium term, a six-month information campaign should be carried out in the identified communities to

avoid launching a program which will change after only one year and will not be understood or accepted by the communities.

As the program administrators and the donor agencies retain decision-making power in program management, the evaluation team developed the following list of recommendations which will hopefully guide them in future planning and management.

▪ **Short-term recommendations**

- ❑ **Reinforce nutritional recuperation strategy** while planning a special ration for malnourished children.
- ❑ **Hold discussions with all program actors** on the different types of FACS and FNCS program interventions and their applicability in Benin.
- ❑ To encourage sustainable development and community-managed activities, **plan for the progressive reduction of the approach in which food is distributed to all beneficiaries regardless of their nutritional status.**
- ❑ If the strategy of food targeting for malnourished children is adopted, **sensitize and inform all program actors regarding this approach.**
- ❑ **Adopt a process of reflection for MCH center administrators and communities** on the methodology of transition from FACS to FNCS **according to length of time they have been enrolled in the program:**

For the first communities which started the program one or two years ago (Mono et Ouémé):

- ❑ **Begin sensitizing community members on their eventual exit from the program** and possible transition towards another phase such as the FNCS program.

*For communities which will begin the FACS program in the coming months (Borgou) :*

- ❑ **Identify communities interested in trying improved targeting approach** and evaluate this pilot experience after two or three years to compare with food distribution to all children.
- ❑ Hold discussions with all program actors from public and private MCH centers to **define a strategy to include pregnant and lactating women in the program**, keeping in mind that nutritional supplementation is only one aspect of pre- and post-natal care.
- ❑ **Closely coordinate the planning of all micro-credit and income-generating activities with CRS' SED Section.**
- ❑ The strategy of **village banks (VB)** having been identified as an important activity, their **introduction** (rhythm, zone, community, criteria) should be closely coordinated with FACS program administrators to take into account other aspects of the program which should be put into place. Coordination is necessary to maximize complementarity. Neither credit or re-targeting will be possible to integrate into all regions at the same time.

▪ **Medium and long-term recommendations**

- ❑ If the strategy to make the **transition to FNCS** is retained in the Mono and Oueme, implement the program in interested communities which would continue to conduct

education and baby-weighing activities with minimal guidance from the MCH center (monthly training of AC) and the FNP Unit (community development projects).

- ❑ In the departments which have not made the transition to the community-based FACS program, **begin information campaigns on the possibility of a direct shift to an improved targeting program** in order to avoid another five-year transition period.
- ❑ Even if a pilot program is designed, program administrators should **make a decision as soon as possible regarding the type of targeting** which will be put into place in the three other departments.
- ❑ **In implementing the program for pregnant and lactating women**, include a plan defining the collaboration with MCH centers and food management and distribution systems for the target groups.
- ❑ **Planning and implementation of VB** and other credit projects in the health program should be **coordinated between the Health and SED Sections of CRS** (and FNP Unit).
- ❑ In addition to the projects for women, **establish IGA for AC and CVDS**, particularly in light of reduced community funds due to re-targeting.
- ❑ **Plan financial and technical assistance to CVDS for development projects identified by the communities.**

## **6. Sustainability**

In terms of sustainability, the issues reviewed during the evaluation include partnership, food targeting, compensation systems and community activities. The sustainability of the partnership and food targeting has already been addressed in the previous sections (4 and 5). This section will focus on sustainability of compensation systems and of the main community activities of the program.

### **a. Compensation systems**

After reviewing the systems<sup>13</sup> for motivating and compensating all levels of program actors, (mothers, AC, CVDS, and the center administrators), the evaluation team analyzed the sustainability of each system. This analysis began with a compilation of the perceptions of the different groups interviewed. The following tables are the compilation of respondents' answers.

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<sup>13</sup> In the context of the community based program, the various incentives and systems for compensation are referred to as "motivation."

## RESPONDENTS' PERCEPTIONS ON THE INCENTIVE SYSTEMS FOR MOTHERS

Category of responders	Motivation systems for mothers	Perception of the system's sustainability		
		Degree of sustainabil.	N°	Comments
CRS and C/PAN (7)	<ul style="list-style-type: none"> <li>- food (7)</li> <li>- IEC in Health-Nutrition (2)</li> <li>- knowledge of their children' nutritional status (1)</li> </ul>	Sustainable	3	<ul style="list-style-type: none"> <li>- as long as food is distributed</li> <li>- education/ teaching is sustainable</li> </ul>
		Partly sustainable		
		Not sustainable	4	<ul style="list-style-type: none"> <li>- depends on the donor</li> <li>- a community cannot remain dependent on outside support</li> </ul>
Departmental directors (2)	<ul style="list-style-type: none"> <li>- food</li> <li>- IEC/weighing</li> <li>- Credit in some centers</li> </ul>	Sustainable	2	<ul style="list-style-type: none"> <li>- on condition that there is food for everybody</li> </ul>
		Partly sustainable		
		Not sustainable		
Center administrators (11)	<ul style="list-style-type: none"> <li>- Food (11)</li> <li>- IEC/ baby weighing session(2)</li> </ul>	Sustainable	4	<ul style="list-style-type: none"> <li>- as long as food is distributed; without food, not sustainable</li> </ul>
		Partly sustainable	5	<ul style="list-style-type: none"> <li>- food will not last forever</li> <li>- sometimes shortage is due to blockages in the port</li> <li>- without food, not sustainable</li> <li>- need to identify other incentives</li> </ul>
		Not sustainable	2	<ul style="list-style-type: none"> <li>- need to prepare centers progressively and search for substitutes</li> <li>- need to develop credit activities</li> </ul>
AC and CVDS (10)	<ul style="list-style-type: none"> <li>- food (10)</li> <li>- weighing sessions/IEC (4)</li> </ul>	Sustainable	5	<ul style="list-style-type: none"> <li>- add credit/saving</li> </ul>
		Partly sustainable	3	<ul style="list-style-type: none"> <li>- plan to reduce enrollment fees</li> <li>- the donor may end financing one day</li> </ul>
		Not sustainable	2	<ul style="list-style-type: none"> <li>- food comes from outside and program has planned an end in order to select other communities</li> <li>- depends on the donor</li> </ul>
Mothers (9 groups)	<ul style="list-style-type: none"> <li>- food (7)</li> <li>- weighing (3)</li> <li>- IEC (5)</li> <li>- Knowledge of child's health (1)</li> </ul>	Sustainable	3	<ul style="list-style-type: none"> <li>- acquired knowledge remains</li> </ul>
		Partly sustainable	5	<ul style="list-style-type: none"> <li>- number of beneficiaries decreases when short or long-term food shortage occurs (2)</li> </ul>
		Non durable	2	<ul style="list-style-type: none"> <li>- dependence on the food rations does not encourage the evolution of the program</li> </ul>

According to the majority of respondents, food is the main motivation of participating mothers. Some people mentioned health and nutrition education and baby weighing sessions as incentives. Aware that the system will last as long as the program distributes food rations, some stakeholders expressed their wish that other substitutes be sought to minimize dependence. Mothers themselves perceive the knowledge they acquire in the program as a sustainable element.

## RESPONDENTS' PERCEPTIONS OF THE MOTIVATION SYSTEMS OF THE COMMUNITY ANIMATORS

Category of respondents	Motivation systems for AC	Perception of the system's sustainability		
		Degree of sustainabil.	N°	Comments
CRS and C/PAN (7)	- 500 Francs CFA every session from the community funds (contributions)	Sustainable	4	- profitable if there are several weighing sessions
		Partly sustainable	2	- ACs payment is linked to mothers' contributions
		Not sustainable	1	
Departmental Directors (2)	- stipend of 500 F every session - training - bicycle	Sustainable	1	- as long as activities exist
		Partly sustainable	1	- ACs complain about insufficient payment - bicycle non adequate for long distances
		Not sustainable		
Center administrators (11)	- 500 CFA every session - training - bicycle	Sustainable	5	- as long as activities exist - the payment amount is insufficient
		Partly sustainable	6	- as long as food exists; without food the number of beneficiaries is reduced and the contributions are not sufficient to pay the AC plan to increase payment without taking it from the mothers' contributions - when beneficiary numbers are increased, AC would like to increase their stipend - plan a credit program.
		Not sustainable		
AC and CVDS (10)	- 500 CFA every session	Sustainable	8	as long as food and contributions exist (2) - as long the program exists (3) - add credit-saving (2)
		Partly sustainable	2	
		Not sustainable		

The community animators receive a payment for each weighing session they supervise. Since the groups of mothers do not exceed 30, an animator may be responsible for up to 10 groups per month. Most respondents felt that this system will last as long as food is distributed and the mothers contribute funds. However, many are sceptical about long-term sustainability of this system.

**RESPONDENTS' PERCEPTIONS OF THE CVDS MOTIVATION SYSTEMS  
(village social development committee)**

Category of respondent	Motivation systems for CVDS	Perception of the system's sustainability		
		Degree of sustainabil.	N°	Comments
CRS and C/PAN (7)	<ul style="list-style-type: none"> <li>- none</li> <li>- volunteerism (willing to help their community)</li> <li>- tee-shirts or calendars once a year</li> </ul>	Sustainable	?	- sustainability of volunteerism is difficult
		Partly sustainable	2	<ul style="list-style-type: none"> <li>- if the community has some functional structures</li> <li>- if they feel the program brings positive changes and they receive assistance for community development projects</li> </ul>
		Not sustainable	4	- credit programs should be offered for them
Departmental directors (10)	<ul style="list-style-type: none"> <li>- volunteerism</li> <li>- training</li> </ul>	Sustainable		
		Partly sustainable	1	
		Not sustainable	1	- plan income generating activities (shops, grain banks) for the committees
Center administrator	<ul style="list-style-type: none"> <li>- nothing (10)</li> <li>- volunteerism (1)</li> </ul>	Sustainable	1	- consider giving stipends to the CVDS who attend and help with the weighing sessions
		Partly sustainable	5	<ul style="list-style-type: none"> <li>- In some locations there is hope</li> <li>- plan refresher training</li> <li>- this demands great love for work</li> </ul>
		Not sustainable	4	<ul style="list-style-type: none"> <li>- lack of motivation creates discouragement</li> <li>- motivation systems need to be identified for the CVDS : credit, micro projects</li> </ul>
AC and CVDS (10)	<ul style="list-style-type: none"> <li>- none (9)</li> <li>- love for neighbour and prestige (1)</li> </ul>	sustainable	2	- would like motivations for the CVDS (2)
		Partly sustainable		
		Not sustainable	3	<ul style="list-style-type: none"> <li>- would like motivations for the CVDS (1)</li> <li>- credits to CVDS</li> </ul>
		Without response	5	- would like motivations for the CVDS (4)

As the above table shows, most of the respondents commented that CVDS do not receive any motivation. Only a few people mentioned the term “volunteerism” as a motivation system of the CVDS. Few believe in the sustainability of the CVDS if they do not receive payment for their work. The credit projects and other income generating activities have been proposed as sustainable incentive systems for the CVDS.

## RESPONDENTS' PERCEPTIONS OF THE CENTER ADMINISTRATORS' MOTIVATION SYSTEMS

Category of respondent	Systems of motivations for the center administrators	Perception of the system's sustainability		
		Degree of sustainabil.	N°	Comments
CRS and C/PAN (7)	<ul style="list-style-type: none"> <li>- stipend payment of 2,500 F per community per month</li> <li>- training</li> <li>- evaluation prizes for the best centers</li> <li>- T-shirt/calendars once a year</li> </ul>	Sustainable	5	<ul style="list-style-type: none"> <li>- in the spirit of transfer of competencies</li> <li>- it's sufficient and sustainable</li> </ul>
		Partly sustainable	1	<ul style="list-style-type: none"> <li>- because payment is related to the mothers' contributions</li> </ul>
		Not sustainable	1	
Departmental Directors (2)	<ul style="list-style-type: none"> <li>- payment for supervision of the communities</li> <li>- motorcycle</li> <li>- training allowance</li> </ul>	Sustainable	2	<ul style="list-style-type: none"> <li>- as long as activities exist</li> </ul>
		Partly sustainable		
		Not sustainable		
Center administrators (10)	<ul style="list-style-type: none"> <li>- supervision payment of 2,500 F CFA per community</li> <li>- evaluation prizes for the best centers</li> <li>- means of transportation provided</li> <li>- FNP Unit supervision</li> </ul>	Sustainable	5	<ul style="list-style-type: none"> <li>- insufficient ; plan additional incentives</li> <li>- as long as the program continues</li> <li>- if communities are motivated, center is motivated</li> </ul>
		Partly sustainable	4	<ul style="list-style-type: none"> <li>- insufficient ; would like support from CRS</li> <li>- even if it is small, the payments come from food; plan credits</li> <li>- plan a yearly evaluation of the centers</li> <li>- resources related to the revenue from sessions</li> </ul>
		Not sustainable	1	<ul style="list-style-type: none"> <li>- insufficient and it comes from the communities</li> </ul>

Like the community animators, the MCH center administrators receive a stipend payment from the beneficiary contributions fund. The revenue linked to activities will last as long the current program exists. As the amount of contributions is related to the existence of food in the program, the sustainability of motivation system for the center administrators is, in fact, conditioned by the presence of food.

The only point raised by the departmental directors concerns the per diem they receive during meetings and training sessions, in regards to which they are awaiting a decision from high-level program administrators.

### b. Community activities

The evaluation also looked at sustainability of the program activities at the community level. All levels of respondents expressed their perception of the degree to which activities can be managed by the communities themselves when formal program support ends. The following table summarizes the results; the detailed questionnaires can be found in the Appendices.

## RESPONDENTS' PERCEPTIONS ON SUSTAINABILITY OF COMMUNITY ACTIVITIES

COMMUNITY ACTIVITIES	CATEGORY OF RESPONDENTS	CAN BE MANAGED BY COMMUNITY			IF NO, OR PARTLY, WHY?
		YES	IN PART	NO	
Baby weighing/IEC /cooking demonstrations	CRS and FNP Unit	8	-	-	- necessary to give technical assistance to communities
	Departmental Directors	2	-	-	
	MCH center administrators	8	1	1	- need to find beneficial activity to regroup women - with support of partners and other support - if transfer of competence occurs - mothers need to bring food for cooking demonstrations
	AC and CVDS	7	2	-	- seek assistance from other partners - possible with continued material assistance - continued supervision of AC, CVDS and community
	Mothers	7	1	1	- with assistance from CRS or another organization to create conditions for sustainability
Food distribution	CRS and FNP Unit	2	-	5	- communities are not sufficiently advanced to find other replacement products - food is an external donation
	Departmental Directors	-	-	2	- insufficient financial resources
	MCH center administrators	2	4	3	- depends on donors - because there wouldn't be food distribution any more - if food was replaced by development or micro-credit activities
	AC and CVDS	4	3	3	- seek assistance from other partners - if mothers don't make contributions - there's no food stock in the community to continue program
	Mothers	3	2	4	- would like to have assistance of CRS or other agencies to ensure sustainability - there's no food stock in the community to continue distribution
Home visits and nutritional recuperation	CRS and FNP Unit	7	2	3	- recuperation is not sustainable if there isn't any food
	Departmental Directors	2	-	-	
		-	2	-	- there are already difficulties in doing recuperation now - lack of competence to do recuperation
	MCH center administrators	5	5	1	- plan on remuneration for AC (2) - if baby weighing continues and CVDS are paid - plan for supplementary rations
	AC and CVDS	9	1		- seek assistance from other partners - give food to malnourished - provide AC/CVDS members with bicycles
	Mothers	4	1	2	- would like to have assistance of CRS or other agencies to ensure sustainability
Monthly training	Departmental Directors	2	-	-	- on condition that they are remunerated
	MCH center administrators	9	1	-	- depends on success of community-based program and existence of MCH center - AC already lose interest with the 500 F they receive
Village meetings	Departmental Directors	2	-	-	- it will be sustainable if it's functional
	MCH center administrators	5	3	2	- need to better sensitize local authorities and the community - concerns especially the leaders and they are not organised

Community development activities	CRS and C/PAN	6	1		- need to keep supporting the communities technically
	Departmental Directors	2	-	-	- it will last if it functions
	MCH center administrators	4	2	4	- people must learn to work together - help communities to be aware of their responsibility in development - if the activities are wanted by the community and not decided at the top - communities should keep on receiving supervision and mobilization from AC and CVDS
	AC and CVDS	7	2	1	- seek support from other partners - continue technical support to communities
	Mothers	4	1	2	- with financing of income generating activities and building of infrastructure with the participation of beneficiaries - with technical and financial support of a partner

The above table shows that the majority of respondents think that the weighing, IEC sessions and cooking demonstration activities can be carried out by the community, and many of them have added that a certain degree of supervision from the AC, CVDS and communities should continue in order to ensure sustainability.

The perceptions on the sustainability of food distribution at the community level are more diversified. The majority do not think that food distribution can be undertaken by the community, given that it depends on donors and that the communities have no means of replacing this. On the other hand, some feel that distribution could continue with the support of other institutional partners.

The CRS and FNP Unit staff and departmental directors feel that home visits made by the AC should continue even if the formal program ends. The center administrators think that home visits will continue if weighing sessions continue and the CVDS are remunerated. The AC and CVDS need to be supported by other partners in order to continue home visits activities.

The monthly training of ACs organised at the MCH centers will continue even if the FACS program ends in a community, on condition that travel stipends are still provided to the ACs. For the village assemblies to be sustainable, they should occur regularly and efficiently. To make them more functional the center administrators propose to better sensitize local authorities about the program and on the importance of the village assemblies for program success.

Sustainability of community development activities depends on the degree to which they are established and function well during the program. Respondents felt that even if the communities are organised, the CVDS are functional and the development activities already in place, when the FACS program pulls out of a community, a minimum of supervision is necessary.

### **c. Conclusions and recommendations**

The analysis of different motivation mechanisms put into place in this program indicates that most of these systems are linked to the presence of food rations: the mother participants receive food rations and the stipends paid to the village animators and center heads are covered by the mothers' contributions. Even if the majority of the stakeholders have a different perception of this contribution, it is necessary to emphasize that this should not be perceived as a contribution for food rations but rather for the package of services provided at the community level. One could conclude that these systems would continue as long as the

food rations continue, but any change in ration targeting should include a reflection on these motivation mechanisms.

On the other hand, the CVDS provide their participation on a voluntary basis at the community level. As with all sustainable development programs, this approach corresponds to the objective of community participation developed by the program to ensure community ownership. According to most of the stakeholders interviewed, this approach is not sustainable and the program should envision a motivation mechanism for these committees, a mechanism that would be sustainable in and of itself, such as income-generating activities.

The program activities that are executed at the community level were examined in terms of sustainability. According to most interviewed, the baby growth monitoring accompanied by health / nutritional education and cooking demonstrations could be continued by the communities at the end of the program, on condition that a sustainable system of motivation for the community animators is in place and that a minimum of support continues to be provided by the center.

The distribution of food rations at the community level is not perceived as an activity that could be continued by the community, given that this depends on external aid.

According to most of the stakeholders, the home visits and the nutritional recuperation are sustainable but, as with the growth monitoring sessions, a sustainable mechanism to motivate the community animators is needed so that they will continue to carry out these activities even if the community-based FACS program exits from the community.

For the activities that depend already on the villages, such as the general assemblies and community development, the communities should without question be capable of taking these in charge. However, it is the successful functioning of these activities during program implementation that will determine their degree of sustainability after the program. Certain center staff proposed that the sensitization of elected local authorities and communities should be intensified at the beginning of the program in order to ensure community ownership of the activities both during and after the program.

The following recommendations are based on opinions expressed by the different stakeholders and on the conclusions mentioned above. It is important to note that the aspect "community approach" aimed at by the program remains the focal point of these recommendations.

▪ **Short term recommendations**

- ❑ If a new ration targeting is developed, **undertake an analysis of and revise the current motivation mechanisms** in order to identify and plan for the consequences and the possible adjustments that would result (any revision should take into account a revision of the contribution levels and of the new groups that would be added).
- ❑ In the revision of the motivation systems, **continue to give priority to community participation and community ownership** in order to ensure program sustainability.
- ❑ **Reinforce the sensitization of elected local authorities and of communities at the beginning of program implementation** in a new community (this will contribute to the application of the first recommendations).
- ❑ **Develop a motivation system for the community animators for the activities of updating data and home visits** with the goal of improving program performance.

- ❑ **Continue to seek collaboration with other local organizations that could provide the means to generate other revenues** for the community animators, the CVDS, and the communities (such as the sale of oral rehydration salts and other basic medicines).
- ❑ **Reinforce the support given to CVDS for organizing village assemblies**, the identification of **community development activities**, fund-raising to carry out these activities if necessary, the implementation and monitoring of these activities (the sustainability of the program depends to a great degree on the successful implementation of these activities).
- ❑ In the goal to replace in the medium- and long-terms the motivation systems linked to the presence of food rations, **coordinate, with CRS/Benin's SED section, the planning of income-generating activities and micro-credit for the mothers, the community animators and the CVDS.**

- **Medium and long term recommendations**

- ❑ **Define a sensitization strategy for the mothers, community animators, and CVDS** to inform them of the new motivation systems that will be put into place as a result of the new ration targeting.
- ❑ In the revision of the motivation systems, **revise the distribution of revenues earned through contributions among the community, the center, and the FNP Unit** with the objective of providing more funds to reinforce community activities
- ❑ **Introduce village banking activities for mothers' groups** as a sustainable alternative to the current system of motivation
- ❑ **Obtain funding for and apply a strategy of small income-generating projects for all of the community animators and the CVDS** (separate from the village banks) as a sustainable alternative to the current motivation system
- ❑ In order to ensure that the community continues the baby weight monitoring sessions after the program has exited, **plan for a period of gradual disengagement during which technical support and the participation of community animators in the monthly sessions would continue**
- ❑ In order to increase the sustainability of program activities at the community level in general, **reinforce the direct support from FNP Unit personnel** (in addition to that of the center heads) **to communities for the organization and implementation of village assemblies and community development activities**

Understanding that the program's sustainability depends on the community, its degree of involvement in the program and its capacity to undertake community development activities, it will be necessary to create a team, even a small one, **at the FNP Unit level that would be specifically in charge of supporting center staff and CVDS in the execution of these community activities.**

## **B. MCH PILOT CREDIT-SAVINGS PROJECT (PPCE)**

### **1. Introduction**

The PPCE is a CRS/Benin project initiated in 1995 as a strategy to support Food-Assisted Child Survival (FACS) activities. The Micro-projects Manager of the FNP Unit has responsibility for overall implementation of the PPCE. Project activities are carried out in the MCH centers and in participating FACS communities. To support the FACS program in its efforts to improve food security, the PPCE's main goal is to provide access to credit to women with low incomes so they can increase and improve their income-generating activities (IGA). The original objectives of the project are:

- **To reach 1,000 women in the FACS program from 20 MCH centers so that they can increase their incomes after participating in the program for 18 months.**
- **1,000 women will have used their supplementary incomes to improve their capacity to meet the needs of themselves and their families so as to increase household food security.**
- **To increase the management capacity of the C/PAN and of the MCH center staff. To achieve this objective, various actions, such as creating and training women's solidarity groups and training them, will be undertaken.**

The project faced several constraints during implementation. A misunderstanding between the Ministry in charge of Social Affairs and CRS/Benin on certain contract terms led to the suspension of the PPCE in November 1996. As a result of this suspension, PPCE activities were implemented only in private centers. Following discussions in 1997, PPCE activities continued as originally planned. The personnel in charge of the project were obliged to revise the objectives and indicators following this delay. Thus, at the end of 1997, the objective of reaching 1,000 women was reduced to 500 as shown in the table on the evolution of PPCE objectives (Appendix VI).

To evaluate the PPCE, the team focused on the following points:

- the level of achievement of project objectives;
- the strategies developed to reach these objectives; and
- the strong and weak points of the project.

Recommendations were made with respect to:

- the applicability of the village banking approach in the local structures of the community-based FACS program.
- the most appropriate strategy to integrate the PPCE project in CRS/Benin's on-going SED (Small Enterprise Development) program.
- planning for the most important activities for the last year of the PPCE, taking into account the evaluation results and the long-term integration of the project into CRS/Benin's SED Department.

To evaluate the PPCE, the team undertook field visits to 5 centers and 5 communities: 3 of these centers implement the center-based FACS program; and 2 participate in the community-based FACS model. The following table summarizes the characteristics of these centers:

## CHARACTERISTICS OF CENTERS VISITED DURING PPCE EVALUATION

#	CENTER	DEPT.	PROG.	TYPE	DATE PPCE STARTED IN CENTER	# BENEF. (PPCE)			
							CENTER HEAD	ANIMATOR	WOMEN
1	BOHICON	ZOU	FACS	CPS	OCT. 98	23	X		X
2	DJEREGBE	OUEME	CB-FACS	PRIV.	JUNE 98	63	X	X	X
3	DANGBO	OUEME	CB-FACS	PRIV.	JULY 97	90		X	X
4	PARTAGO	ATACORA	FACS	PRIV.	JULY 97	32	X		X
5	NATITINGOU	ATACORA	FACS	CPS	OCT. 98	27	X		X

Two questionnaires were used with the center administrators and the women participating in the PPCE. The results of these two questionnaires can be found in the Appendices.

### 2. DAP Objectives and the performance of the PPCE Project

As explained above, the PPCE objectives have been revised since the beginning of the DAP. The table presented in Appendix VI presents the evolution of these objectives during the period 1996-1999. The present evaluation concentrated only on the 1999 objectives.

#### Objective #1

By the end of August 1999, 5,000 women selected in 10 MCH centers and 10 communities will have increased their incomes after having participated in the credit-savings project for 18 months.

#### *Evaluation of achievement of this objective*

With respect to the quantitative target, this objective has been met since the program reached 637 women out of 500 planned, 14 MCH centers out of the 10 originally targeted, and 17 communities out of 10 planned. The visits carried out in the field during the evaluation confirmed that most women were undertaking IGAs. They also confirmed the results of the baseline survey that indicated that 68% of profitable IGAs generate earnings from 500 FCFA to over 2500 FCFA each market day.

### ACHIEVEMENT OF PPCE OBJECTIVES, AS OF 31 SEPTEMBER 1999

INDICATORS	TARGET (for August 1999)	ACHIEVED (September 99)	% ACHIEVED
NUMBER OF MCH CENTERS PARTICIPATING IN PPCE	10	14	140%
NUMBER OF COMMUNITIES	10	17	170%
NUMBER OF PARTICIPANTS	500	637	127%
REIMBURSEMENT RATE	100%	98%	-2%

#### Objective #2

By the end of August 1999, 500 participants will have used their supplementary incomes to improve their capacity to meet their needs and ensure household food security.

#### *Evaluation of the achievement of this objective*

The field results show that the women participating in the contacted centers all benefited from the PPCE funding which enabled them to undertake IGAs. The team remarked that

more than 85% of the activities initiated by the women generated profits (see Appendix VIII B #2). This enabled the women to purchase food for their families, to save at the CLCAM (*Caisse Local de Crédit Agricole et Mutuelle*, the rural credit union), and to continue their activities. Thus, one could conclude that the achievement of this objective contributed to improving the living conditions of participating women.

### Objective #3

By the end of August 1999, the capacity to manage the PPCE by the partners (FNP Unit, MCH center personnel) will have improved.

#### *Evaluation of the achievement of this objective*

The indicators selected for this objective concern the organizational self-sufficiency of the FNP Unit and the MCH Centers. Despite the fact that this information was not specifically available during the evaluation, one could conclude that this objective has mostly been achieved since the first two objectives have been exceeded. However, though training sessions have been held at the FNP Unit level as well as at the MCH center level, these sessions should be consolidated and reinforced.

### **3. Strong and weak points of the PPCE**

In order to determine the lessons learned from this project, the evaluation team identified several strong and weak points in the execution of this project.

**Strong points** include:

- The appropriateness of the PPCE activities for the needs of the women and their communities.
- The importance accorded to non-financial services that support the credit activities, specifically the training provided on IGA and credit management and on monitoring reimbursements.
- The frequency of reimbursements which contribute to the organization of the women and prevent them from falling into debt.
- The organization of women into solidarity groups which guarantee the financial health of the credit portfolio.
- The rules of solidarity and support in the women's groups constitute a positive foundation on which the PPCE can build.
- The positive actions by communities and local authorities to support the project operations.
- The involvement of husbands in the sensitization sessions on the project activities, guaranteeing a better use of the loans.
- The women's previous experience in *tontines* (traditional revolving savings and loan groups) contributes to their understanding of, respect for, and application of the credit rules introduced in the PPCE project.

Individual loans granted to women reinforce their sense of responsibility and give them decision-making power over the use of profits.

- Required savings constitutes a guarantee that the women will become financially self-sufficient.

All of these elements contributed to the success of the program and to the achievement of the PPCE objectives.

The analysis of the comments and responses collected during the evaluation from the beneficiaries, the center heads, and other members of the FNP Unit and of CRS/Benin enabled the team to identify the following as **points in the project that need more attention** :

- The criteria for selection of participating women (mothers of malnourished children) exclude a large number of women and sometimes create jealousy of other community members.
- The low level of stipends for the center heads and the community animators involved in collecting reimbursements seems to be a demotivating factor;
- The short duration of the project does not allow women to mobilize significant savings; it also does not contribute to the sustainability of the actions initiated.
- The monitoring and support of PPCE activities seem to be insufficient, which negatively affects the quality of project implementation.
- Certain performance indicators are not quantitative and thus do not allow for measurable results (increase management capacity of FNP Unit).
- The insufficiency of training/refresher courses, i.e.; for MCH center administrators who would like to be trained in credit management.
- The lack of an MIS system for data from the field.

To address the weak points of the PPCE, the evaluation team made some recommendations concerning the integration of PPCE activities into CRS/Benin's current SED program.

#### **4. Integration of PPCE into SED**

The PPCE is a pilot project scheduled to end in September 2000. To date, the PPCE is presented as a project that carries out activities to support the FACS program. It was developed and implemented with the aim of helping mothers in the FACS program with malnourished children to improve the nutrition of their children and to put into practice the knowledge learned during the FACS educational sessions. However, the funds granted through the PPCE were presented as loans in a more strictly financial sense. The criteria of selection for the project beneficiaries seem to be restrictive and exclusive: only women having malnourished children can access credit and participate in the 18-month program.

Besides the PPCE, there are the NGO partners of CRS/Benin's SED program which operate in the same zones. In fact, the SED program developed and reinforced a partnership between CRS/Benin and NGOs that execute the savings-credit programs. The collaborating NGOs benefit from technical and financial assistance of the SED Program at CRS/Benin. The PPCE does not benefit from these same services, despite the fact that it belongs to the

same institution. As a result, the idea of integrating the PPCE into the SED program is important in order to:

- constitute a single, homogenous team to work with partners and participants.
- harmonize the two different approaches which have been used by the same institution.
- put together a solid and profitable system of funding with a clear vision of the sustainability of project actions.

It is important to note that the evaluation team did not have the time necessary to fully understand the details of CRS/Benin's SED program. In consequence, the sections which follow will be limited to the more general aspects. The details should be finalized by the members of CRS/Benin's SED program in collaboration with the PPCE project manager, the FNP Unit, and the members of CRS/Benin's Health Section.

The points which will be developed on this subject are: the process of transition of the PPCE to the SED program; the applicability of the village banking (VB) strategy in the groups and communities of the community-based FACS program; and the administrative aspects of this transition. Taking into account that the PPCE will end in September 2000 and that the process of integration should begin after this evaluation, the last part of this section proposes a list of activities to execute for the PPCE from now until the end of the present DAP.

**a. Transition process**

As explained above, the persons in charge at CRS/Benin had already identified the necessity to integrate PPCE activities into the SED program. Given that the approaches are somewhat different and that the PPCE already has activities in progress (with weak points as identified above), the process of transition should take into account certain preliminary steps in order to ensure the success of this integration.

The following table describes the principal steps of this transition process:

**STEPS PROPOSED FOR THE INTEGRATION OF THE PPCE PROJECT INTO THE SED PROGRAM**

STEPS	ACTIVITIES TO UNDERTAKE	OBJECTIVES	PERSONS INVOLVED
<b>Planning steps</b>	Reflection sessions between the different groups involved	Reflect on the transition process and establish a work calendar	Head PPCE Representatives FNP Unit Representatives Health/CRS Representatives SED/CRS
	Meetings to define strategies for transition and integration	To finalize transition strategies in the centers with the current PPCE (*) and new strategies for future centers after the integration has already taken place	PPCE Manager Head FNP Unit Representatives Health/CRS Representatives SED/CRS Heads MCH Centers PPCE Communities
		To define the role and responsibilities de each stakeholder in the process of transition	PPCE Manager Representatives FNP Unit Representatives Health/CRS Representatives SED/CRS

STEPS	ACTIVITIES TO UNDERTAKE	OBJECTIVES	PERSONS INVOLVED
<b>Steps of transition of current PPCE activities into the SED program</b>	Meetings with the center heads and women's groups already participating in the PPCE	To inform them of the transition and the implication of this on their current activities	PPCE Manager Representative SED/CRS
	According to the defined strategy, joint monitoring of the on-going PPCE portfolio by the PPCE Manager and the SED Program	To gradually transfer the existing groups into the village banking approach	PPCE Manager Representative FNP Unit Representative SED/CRS
	Identification of an NGO (or several NGOs, given that current PPCE activities are in more than 1 department) for the monitoring of the current PPCE portfolio	To continue the activities that began in the PPCE project, with a new strategy adapted to the village banking principles	PPCE Manager Representative FNP Unit Representative SED/CRS Representative NGO
<b>Future steps (new SED activities for the community-based FACS program)</b>	Identification of an NGO (or of several NGOs since the community-based FACS program is undertaken in several departments) for the monitoring of the portfolio for new SED/FACS activities	To put into place new village banks in the framework of a new strategy defined during the meetings mentioned above	PPCE Manager (**) Representative FNP Unit Representative Health/CRS Representative SED/CRS Representative NGO
	Regular meetings for the management and monitoring of the program	To ensure effective collaboration and integration between the community-based FACS and SED programs	PPCE Manager Representative FNP Unit Representative Health/CRS Representative SED/CRS Representative NGO

(\*) Please note that the PPCE targets mothers of malnourished children while VB principles recommend associating women from one community who have prior commercial experience. For the groups currently involved in the PPCE, it will be necessary to develop a strategy to enlarge these groups and allow other women from the same community to participate regardless of the nutritional status of their children. Another point to consider during the transition of these already-existing groups is the fact that there are groups functioning in the traditional program, which implies that the women in these groups are not necessarily from the same village.

(\*\*) With the integration of the PPCE into SED, the roles and responsibilities of the current PPCE Manager will need to be redefined.

#### **b. Options for transition process**

In addition to the complexity of the integration of PPCE activities into the SED program and the anticipated difficulties in "transforming" current groups participating in the PPCE into village banking groups, certain other constraints exist. The managers of the two programs (SED and community-based FACS) will have to resolve these problems during the transition process and should thus include them as important elements to consider during the reflection process.

CHARACTERISTICS OF COMMUNITY-BASED FACS GROUPS AND COMMUNITIES	QUESTIONS CONCERNING THE VILLAGE BANKING GROUPS
Communities selected for the community-based FACS program are often the poorest and thus without market access	Women in the village banks must have commercial activities and thus the existence of a market is critical
The number of women fulfilling the criteria for participation in the community-based FACS program (those with children from 0-2 years) can vary between 100 and 300	A VB is composed of 30 women; is it possible to have 10 banks in a same community? If not, how will participants be selected? It should be noted that the credit is perceived as an "alternative" to food rations. If there are not possibilities for all of the women, it will be necessary to change this perception and find a different form of motivation for the women to continue participating in community-based FACS activities.
There may be 5 communities surrounding a same center: will all of the women in these communities be able to participate in the VB?	Will demand equal supply (amount of money available in community banks)? Is there a large diversity of commercial activities for this many women? If not, everyone will undertake the same IGAs
The women who participate in the community-based FACS program are mothers of children with 0-2 years	The women who participate in the village banks are those who have prior experience in commercial activities

The points identified above are only some of those which must be taken into consideration in the definition of strategies (one for the current PPCE groups and another for the future groups) for the integration process.

An important aspect to note in the establishment of VB in a health-nutrition program is that the bank activities should not be limited only to women in the nutrition program. There are of course several reasons for this, the most obvious of which is that the program should not increase access to credit only for mothers. In addition, in order to help mothers from the nutrition program, women with more experience in commercial activities should be included. These more experienced women could combine with the less experienced women in the same solidarity groups, to share their experiences and provide support. Similar integrated SED/MCH programs currently in progress in other countries (such as CRS/Haiti) have shown that a combination of 60% women participating in the health-nutrition program and 40% of other women from the community can lead to positive results (for a group from the same community).

### c. Management issues

In the table on the previous page, two points should be emphasized. First, the necessity of undertaking the preliminary steps and ensuring the participation of all of the groups involved in the current programs. A lack of collaboration of the different sections involved (Health/CRS, FNP Unit, and SED/CRS) in the beginning of the process could have a negative impact on the integration process. It is important to note that the "village banking" component in the community-based FACS program should not become an exclusive "SED" activity but rather an integrated activity where the two sectors (Health and SED) undertake joint decisions. In this way, the Health program would undertake the selection of centers, communities, and the planning for start-up of activities, and the SED program would be responsible for the technical, administrative, training, and monitoring aspects. **If this process is not integrated, the village banking component of the community-based FACS program will become a parallel program and not a program integrated into the community-based FACS program. Moreover, this program should have a specific name such as SED/FACS.**

The personnel in charge of the Health program at CRS should continually provide information on the technical and programmatic aspects of the community-based FACS program to the SED Department. The SED Program should also provide technical information about the village banks to the Health program. Such regular discussions and information-sharing will result in a program well adapted to the needs of the women and their communities.

The role of the MCH center administrators and the CVDS should also be defined in this reflection process. An appropriate strategy for the CVDS should be developed to reinforce their execution of the community-based activities and their commitment to continue these activities. One possibility would be to use the internal account of the village bank for the credit activities of the CVDS members. This internal account contains the clients' savings, as well as all fines and penalties that have been collected (for example, when a member is late to a meeting).

Another factor to consider in the reflections upon and implementation of the future strategy is the fact that the community-based FACS program is currently being implemented in several communities of two departments, and that the integration of the VB program in these communities could be associated with the "graduation" of these communities from the current FACS program. Since there will probably not be sufficient resources (financial and other) to establish banks in all FACS communities in the Ouémé, Mono and Borgou departments, staff should develop the integration strategy taking into account the number of banks that could be created. After that, selection criteria should be established. An example of different choices is described in the following table (for future banks only, this does not include current PPCE groups):

### **PLANNING OF THE NUMBER OF BANKS ACCORDING TO THE TYPES OF PROGRAMS AND POSSIBLE STRATEGIES**

Type of program	Region	Centers	Village Banks (VB)		
			Possible Strategy	Priority for VB (*)	# VB/year depending on priority and budget
FACS	4,5,6	Current	Achieve the community-based FACS, no VB	3	None
			Identify pilot communities where the VB start in communities with targeted food distribution	2	#

Type of program	Region	Centers	Communities	Village banks (VB)		
				Possible strategy	Priority for VB (*)	# VB/year depending on priority and budget
Community-based FACS	1,2 (Ouémé and Mono)	Current	Current	VB at time of "graduation" (specifically with respect to rations)	1	#
				VB as new activity with the new approach of FNCS	1	#
		Future	Future	BC as new activity since if future communities in current centers will begin directly with FNCS	1 or 2 depending on the year	#
		Future	Future	Future centers begin directly with FNCS, thus possibilities of VB	1 or 2 depending on the year	#
	3 (Borgou)	Current	Current	VB as a new activity with the new approach "ration targeting" / pilot communities	1	#
				VB at time of "graduation" (specifically with respect to rations) – thus in 3 years	2	#
				VB immediately introduced as a new activity with new FNCS approach	1 or 2 depending on the year	#
		Future	Future	Future centers will begin directly with FNCS, thus possibility for VB	2 (previous centers)	#
	4,5,6	Current (FACS that will become community-based)	Future	VB immediately introduced as a new activity with FNCS	1 or 2 depending on the year	#

(\*) 1= first priority; 2= second priority; 3= third priority

The table above illustrates the complexity of the process of integrating SED in the community-based FACS program. With the future strategy of FNCS, the opening and operation of VB cannot be undertaken independently of this new approach because the banks are considered to be an "alternative" to food rations. Consequently, the SED program is not able to establish independently the number and location of these banks without taking into consideration the community-based FACS planning and the exit strategies for food rations and for communities.

The evaluation team chose not to make final recommendations on the integration process. Rather, the team wanted to warn the personnel in charge of the two programs of the complexity of the process and the risks that would be incurred by a poorly coordinated integration on the success of the community-based FACS program, including that of its survival.

It is only after having clearly defined the process to follow that the SED program will be able to address the administrative aspects of managing the banks that will be opened. Taking into account the above table, one should also consider the number of banks and their location in order to determine the number of NGOs needed for the management of the portfolio. Of course, if the community-based FACS program identifies a dozen or so banks to be put into place in a given department (following the criteria described in the table), and the SED program already has an NGO partner in the same zone, CRS/Benin could without doubt use the same NGO to manage the banks of the community-based FACS program.

As a result, the NGO(s) responsible for managing these banks' portfolio will follow the same principles already established by CRS/Benin's SED program. These NGOs will recruit the necessary personnel and execute the project in conformity with the collaboration contract. The monitoring and evaluation of portfolio quality and program performance would be undertaken by the SED department at CRS/Benin.

#### **d. Proposed activities for FY2000**

Given that the pilot PPCE project will end in September 2000, the evaluation team was requested to make recommendations as to activities that should be undertaken for this last part of the DAP period. These suggestions will of course take into account the elements already cited in preceding sections, including the gradual integration of the PPCE into CRS/Benin's SED program.

### ACTIVITIES PROPOSED FOR THE PPCE (January-September 2000)

	ACTIVITIES	PERSONS RESPONSIBLE	PERIOD
<b>Transition of PPCE into VB</b>	Reflection meetings to establish a work calendar and integration strategies	PPCE Manager FNP Unit Personnel CRS/Health Personnel CRS/SED Personnel	January-March 2000
	Definition of strategies of transition of PPCE groups into VB (very important to take into account points cited in the text of this report)	PPCE Manager FNP Unit Personnel CRS/Health Personnel CRS/SED Personnel	March 2000
	Training of the PPCE Manager in SED strategies and revision of her roles and responsibilities	PPCE Manager SED/CRS Personnel	February – April 2000
<b>Monitoring of current PPCE activities</b>	Finalization of final evaluation report for the PPCE	PPCE Manager FNP Unit Personnel CRS/Health Personnel CRS/SED Personnel	March 2000
	Regular monitoring of activities in progress and the provision of information to MCH center administrators and women's groups about the transition to VB	PPCE Manager CRS/SED Personnel	January- April 2000
	Gradual transition of current PPCE groups to VB (according to the strategy defined with the SED Program): adapt the VB approach if possible, or wait until the transition of the traditional center to the community-based approach if this is not possible	PPCE Manager CRS/SED Personnel	March-September 2000
<b>Integration of the PPCE into SED/CRS</b>	Definition of terms of collaboration between CRS/SED, CRS/Health and the FNP Unit	CRS/SED Personnel (PPCE Manager has been integrated into team) CRS/Health Personnel FNP Unit Personnel	March 2000
	Planning of VB activities for the community-based FACS program (for the long-term, according the previous table) and on a quarterly basis	CRS/SED Personnel Health/CRS Personnel	March-April 2000
	Application of the SED strategy (VB) in the future communities of the FACS program according to an established schedule (selection of NGOs by zone for portfolio management and supervision)	CRS/SED Personnel	According to the program plan and the budget
	Regular coordination between SED and Health for planning and monitoring	CRS/SED Personnel CRS/Health Personnel FNP Unit Personnel	Each quarter according to program plan

## 5. Conclusions and recommendations

The evaluation of the PPCE project within the community-based FACS program determined that the PPCE achieved – and even surpassed – its objectives. As planned in the DAP, this pilot project will end at the end of the DAP and will be integrated into the regular SED program at CRS/Benin.

The integration of the current credit-savings program (PPCE) into the SED program will require a series of reflections because the two approaches are different in terms of methodology and targeting mechanisms. Strategies should be defined for the groups already formed in the traditional MCH center program as well as for those in the community-based FACS program.

The opening of VB in newly selected FACS communities will not be an easy task, since credit is in very high demand by women and at the same time, the new FACS approach may involve a modification of its strategy (re-targeting of food). The Health program perceives the SED program as an alternative to rations and yet the SED program will not be able to reach all of the women who wish to participate in the health program. Coordination between the two programs (Health and SED) will be an essential factor in the success of this integration.

The recommendations that follow are the summary of different points already presented in the sections of this chapter.

### a. Short-term recommendations

- **Put into place a committee** (FNP Unit, Health/CRS and SED/CRS) to define the elements of a **transition for current PPCE groups** toward a village banking strategy that could be managed by CRS/Benin's SED Program.
- **Gradually integrate the PPCE Project Manager into the SED Team at CRS/Benin**, define her new role and responsibilities within this team
- **Apply the transition strategy for each group/center/community in the current PPCE project**, taking into account the specific characteristics of each and adapt the transition with a long-term vision toward the principles of village banking (for example, targeting women from a same community). This should be done in collaboration by the PPCE Manager and the other members of CRS/Benin's SED Team.

### b. Medium and long term recommendations

- **Create a Health/SED coordination committee** which will take responsibility for planning and monitoring of the VB component in the community-based FACS program.
- **Define a strategy to open** (criteria of selection, number and type of communities – see table in the text above) **village banks in the future villages of the community-based FACS program**, taking into account the priorities and the future approach of food targeting. (Opening a bank in a community where the rations are still being distributed to all women may cause confusion and problems for the future activities of the program).
- **Plan for the involvement of CVDS, community animators and MCH center administrators in the credit programs** (strategy to be defined) in terms of participation, monitoring and/or management.

- **Begin application of new strategies in pilot communities** before expanding to several centers and departments (in every new approach, the principle of starting small should be followed).
- **Apply VB administrative principles to the banks opened for the community-based FACS program** (identification of an NGO partner, etc...).
- **The staff of the CRS/SED Program** should continually be reminded that the banks opened for the community-based FACS program must take into account the criteria defined for the MCH program and their constraints.
- **The staff of the CRS/Health Program** should continually be reminded that the VB need to follow strict administrative principles even when they are opened in the framework of a nutritional program.

## **C. GENERAL RELIEF AND CREN CENTERS (Nutritional Education and Recuperation Centers)**

### **1. Introduction**

In order to improve CRS/Benin's work in the area of Social Assistance, the evaluation team reviewed the activities of the General Relief (GR) program and CREN (Centres de récupération et d'éducation nutritionnelles) centers.

In order to address prevailing hunger in Benin, the GR program distributes, through local institutions, Title II food assistance to the country's most disadvantaged populations. The program targets orphans, physically and mentally disabled, elderly, lepers, persons living with HIV, and persons marginalized by Benin's Structural Adjustment Program. In 1997, CRS terminated the GR program in Benin and no activities were undertaken throughout 1998. However, with USAID support, CRS/Benin reinitiated the GR program in FY1999, providing assistance to 2,000 people.

CRS/Benin distributes Title II food rations in 14 CREN centers to recuperate malnourished children. At these centers, CRS/Benin distributed monthly food rations to 1,500 malnourished children and provided nutritional education to their parents. The centers are not integrated specifically in the MCH program and the provision of food is CRS' only role in the CREN centers. Consequently, the evaluation team decided to jointly evaluate the CREN centers and the GR program together.

As described in the evaluation methodology, the team visited 8 GR centers (randomly selected out of 27 total centers), and three CREN centers (of 14 total). The results of the interviews with center directors and beneficiary groups are presented in Appendices VII C#1 and #2. The evaluation took into account comments of all respondents in the report and recommendations presented herein.

### **2. DAP objectives and program performance**

Since the beginning of the DAP, the GR and CREN components did not have well-defined monitoring and evaluation indicators. However, the GR program description enabled the evaluation team to identify the following performance indicators:

- Number of beneficiaries (persons living with HIV/AIDS and disadvantaged persons) each month
- Quantity of food distributed to the above beneficiaries each month
- Number of counseling sessions or referrals provided to the different target groups
- Number of beneficiaries of the regular GR program
- Quantity of food distributed to the beneficiaries of the regular GR program

CREN center performance indicators:

- Number of children receiving food rations each month
- Number of centers registered in the program
- Quantity of food distributed each month in the CREN category.

The following table shows FY1999 performance indicator results for the two program components: GR and CREN centers.

## SUMMARY OF RESULTS OF THE GR PROGRAM AND CREN CENTERS

Program	Details	Number of Beneficiaries			Quantity of Distributed Food (MT)		
		Expected	Achieved	% Achieved	Expected	Achieved	% Achieved
GENERAL RELIEF	Sedekon Project (AIDS Care and Counseling)	200	170	85%	20	18	90%
	Other GR	1,800	1,800	100%	150	121	81%
	Grand total GR	2,000	1,970	99%	170	139	82%
CREN Centers		1,500	1,395	93%	125	88	70%

The table above shows that 85% of the expected number of HIV+ or AIDS patients benefited from the project; the objective was achieved at 90%. Eighty-two percent of the anticipated 170 MT of food was distributed. The remaining tonnage was planned for the 4<sup>th</sup> quarter of FY1999 and expected as a late arrival due November 29, 1999.

At the time of the evaluation, information was unavailable regarding the number of orientations planned in the Sedekon project. In the context of this program, CRS/Benin has placed a significant emphasis on the logistical aspects of food assistance.

Moreover, the 14 CREN centers served 93% of the anticipated number of project beneficiaries.

The table above demonstrates that CRS/Benin attained its objectives in the two programs: General Relief and CREN centers. Although CRS successfully attained its objectives, the evaluation team identified program weaknesses in the absence of a) criteria in choosing the centers and b) pertinent indicators for project impact analysis. The evaluation performed in the field and the analysis of the results led to the evaluation team's discussion on how CRS/Benin can better monitor its programs. The analysis is presented in the following sections of this report.

### 3. Results

#### a. Assessment of food needs

According to the information collected on the centers, it seems that the population's needs are partially met. In addition to the CRS food assistance, the institutions expend an additional 500 FCFA/day/patient to purchase other necessary products to add to the daily food intake of the beneficiaries. The complement is provided by the institution which is subsidized by the State in certain centers and generally, by other partners such as World Food Program (1 out of 11 visited centers), Terre des Hommes (3 out of 11 centers visited) and faith-based groups. In relation to other institutional partners of the centers, CRS' assistance is more significant in covering the food needs in most of the centers. However, while CRS' contribution is higher than that of its fellow organizations, the assistance is insufficient, meeting 20% of expressed need. It is necessary to revise the approach by placing an increased emphasis on the needs of individuals.

An analysis of the types of beneficiaries shows that 20-30% of the program participants include the mentally ill, tuberculosis and leprosy patients, and the elderly (50-75 years old). These participants are twice as vulnerable as others due to their particular medical condition and/or old age. Moreover, the mentally ill receive medical treatment which requires the patient to eat 2-3 times more often than a healthy person of the same age. Patients with tuberculosis and/or HIV, and malnourished children also require increased protein intake.

While the suspension of the GR program in 1997 impacted many groups, those most negatively affected were children, the handicapped and those living with tuberculosis and leprosy. It is essential to specify such target groups in the provision of food assistance in order to ensure the most vulnerable are served. Targeting of the most vulnerable will enable the centers to better meet the program objectives.

#### **b. Selection Criteria for centers and beneficiaries**

The GR program the target groups are described in the project document, and the criteria established are generally respected. However, the evaluation team encountered several problems concerning food management that compel a review of the content of contracts signed by the centers. Specifically, the contracts do not allow for assistance to other categories of people in the centers. For example, individuals (most often women) who have custody of the parent or child staying at the center and sacrifice their time usually spent earning a living through income generating activities. The program should consider the possibility of providing food rations to caretakers.

Out of the three CREN centers visited, only one (Terre des Hommes de Sagon Hospital) carries out child nutritional recuperation activities. The two other centers only receive one or two malnutrition cases per month. Both of these centers cares for orphans (20 orphans in one center, 5 in the second) and provide nutritional education to the mothers of malnourished children. The center administrators note insufficiencies in human resources – both in number and competency of center staff. Hence, it is necessary to review the selection criteria of all centers, in particular the CREN centers. Selection criteria should include staff capacity to undertake appropriate nutritional rehabilitation in addition to the capacity to manage food assistance, write the necessary program reports and achieve partners' objectives.

#### **c. Partnerships**

With respect to partnership, the evaluation looked at the institutional aspect and the logistical aspect.

In terms of the *institutional aspect*, the evaluation team noted the centers' willingness to collaborate with partners, legally manifest in a contract. Out of eight (8) GR centers visited during the evaluation, four (4) identified a lack of flexibility in the contract; one center mentioned that the relationship with CRS was too administrative.

CRS/Benin staff specified that they use a standard contract for the GR/CREN centers, and that this contract is sent to the Center Administrator for comments and signature before being signed by CRS/Benin's Country Director. Two copies of the contract are sent to the Center Administrator with a letter of approval confirming that the center has been registered on the list of beneficiary centers. According to the personnel in charge of this component at CRS/Benin, this procedure shows a certain amount of flexibility on their part.

Discussions with Center Administrators and CRS personnel indicated that the contract is not sufficiently discussed between the two parties before the program is extended to a given center. The lack of knowledge about certain contract clauses by several Center Administrators may explain in part the reasons for which the institutions seem to question certain requirements of CRS such as the types of beneficiaries, and unannounced spot checks. The latter were criticized by one Center Administrator, since unplanned monitoring visits disturb his work schedule (the case of a social service center organizing services within a large hospital setting). The lack of the centers' understanding of their contracts may also explain why the second point in the contract is not always respected by the centers. In fact, in the 8 GR centers and 3 CREN centers visited, the evaluation team met 9 beneficiary

groups (7 GR and 2 CREN), composed of 122 persons. Only one group of 5 persons was able to identify the country of origin of the food rations they received. These examples underline the importance of ensuring that Center staff have a thorough understanding of the contract before it is signed by the two parties.

Another question related to the institutional aspect concerns the agencies in charge of GR and CREN Centers. Some of them operate under the supervision of the Ministry of Social Protection and the Family, others are faith-based.

The information received from the different centers visited by the evaluation team indicated that the local representatives in charge of these ministerial structures did not have any control over the activities undertaken through the partnership with CRS. Although this may have certain advantages, such as ease of procedures, the program will be limited to food assistance without the involvement of administrators at higher levels. Currently, it is not possible to evaluate the assistance provided by CRS/Benin against a national policy concerning these target groups. There also hasn't been a coordination framework at a high level in order to define priority objectives and axes of appropriate intervention, to encourage synergy, and to avoid the concentration of assistance to specific groups to the detriment of others. CRS would benefit from reinforcing the partnership with the central authorities (ministries in charge) in the process of increasing the number of centers and beneficiaries for the GR and CREN components in its future program (2001-2005).

With respect to the *logistical* aspect, the most important concerns of the centers and beneficiaries can be summarized in three points:

- The regularity of food assistance / interruptions in food stocks
- The quality of food stocks
- The possibility of extending assistance to other types of products such as medicines.

Seven centers out of the 11 visited emphasize ruptures in food stocks as a weak point in the collaboration with CRS/Benin. Currently, the rupture concerns semolina flour in the centers. This situation has an important impact on the provision of meals to the beneficiaries, particularly when one considers that the staple in Benin is dough or porridge made from cereal flours.

With respect to the quality of food stocks, the semolina flour is occasionally infested with weevils because of the delays in removing it from the port. The beneficiaries commented that whenever the semolina is infested, the dough made from it has a bad taste and odor. Some beneficiaries – mainly the children – requested that this food be replaced if possible by rice. The evaluation team met a doctor in one of the centers who declared that he often treated gastro-intestinal illnesses in the children due to the poor quality of this food.

Finally, in relation to the third point concerning the request of the centers and beneficiaries to diversify its assistance in food so as to include the provision of medicine and means of transportation to facilitate monitoring in the field, these concerns should be studied on a case-by-case basis.

#### **d. Program performance indicators**

There are insufficient indicators appropriate for measuring the performance of the food assistance provided through the current GR and CREN programs. The evaluation results show that food assistance contributes to meeting the centers' objectives; however, CRS/Benin does not have indicators to measure the impact of its food assistance on the specific activities of each center. The indicators used to date concern the number of

beneficiaries and the quantity of food distributed. It is interesting to note that the center staff make a clear link between the food assistance and its impact on the center and on the beneficiaries. To illustrate this point, we cite a few of the responses to Question 11 of the “interview guide-center personnel”, concerning the contribution of food assistance to achievement of the centers’ objectives:

- “the food aid enables us to keep in contact with HIV-positive persons”
- “the food aid contributes to improving the health status of the beneficiaries”

The lack of other indicators prevents CRS from measuring the impact of the food assistance on the beneficiaries. In this respect, it will be necessary to define additional indicators that complement those already used by CRS. These indicators should be specific for each center’s activities. For example, in a CREN center, the indicators could include the number of malnourished children recorded in a given period, the number of recuperated children, and/or the average duration of the recuperation period. The regularity, the availability, the quality of food could also be performance indicators – as could the rate of coverage of need – since the objective of this food assistance is not just to deliver “X” tons of food, but to provide food assistance in an appropriate and timely manner. As such, it is necessary that the assistance correspond to real need.

#### **e. Program sustainability**

The evaluation mission focused on this aspect because any assistance, regardless of its form, should aim to ensure the sustainability of its impact and its positive effects even if this assistance were to end.

In the difficult socio-economic context of Benin, where the State’s contribution to social sector development and its capacity to protect and provide for marginalized groups are problematic, it would be unrealistic to envision a continuation of the support provided by external aid if sustainability strategies are not put into place. This question has been examined on three levels:

- The level of Center Administrators
- The level of Ministry of Social Protection and the Family (MPSF)
- The level of CRS

From the information received during the evaluation, CRS has no clear strategy for sustainability. At the governmental level, represented by the MPSF, in conformity with the decree outlining the powers, organization, and functions of this Ministry, the State envisions the development of national solidarity mechanisms for marginalized and handicapped groups and other social cases. Translating this political will into action would be a positive step for the adoption of strategies to ensure in part the sustainability of assistance activities for marginalized and poor people. Finally, at the center level, the motivation and will to ensure sustainability exist. Two centers have several hectares of land for agricultural purposes but this sort of activity is still limited, and it would be helpful to support them in this area to reinforce these activities.

Other ideas proposed by the centers focus on developing the spirit of charity, diversifying the centers’ resources, and creating income-generating activities. According to the staff of 3 CREN centers and 4 of the 8 GR centers visited, it is necessary to diversify their funding sources. Given the particularly vulnerable nature of the beneficiary groups and the limited food assistance of CRS, it would be difficult to expect that actions aiming at sustainability will come from these groups. The communities could also contribute to the development of

national solidarity structures; external aid could then reinforce actions undertaken by the Government and wider society.

#### 4. Conclusion and recommendations

An analysis of the evaluation results for the GR and CREN components leads to the conclusion that it is necessary for CRS to improve the activities of these two programs if its objective is to go beyond a simple contribution to centers caring for the vulnerable. In order to do so, the evaluation team proposes the following recommendations:

##### a. CREN (Nutritional Recuperation and Education Centers)

###### ➤ In the short-term (FY2000)

- ❑ **Re-evaluate the types of beneficiaries served in the 14 CREN centers** and make the distinction between those who respond to CREN criteria (i.e., those undertaking nutritional recuperation and education activities) and those that do not (for example, among the centers visited, #103c of Porto-Novo and #201c of Ouidah).
- ❑ **Identify those centers that do effectively undertake nutritional recuperation and education activities** and study the possibility of integrating them into another category such as OCF (Other Child Feeding) or maternal-child health.
- ❑ **Define the type of partnership** that CRS could eventually develop with these centers (adapt the contract to the types of activities undertaken by these centers)

###### ➤ In the medium- and long-term (2001-2005)

- ❑ After the study of these 14 centers, **include those that correspond to the nutritional recuperation and education criteria in an “OCF” category and end the partnership with those that do not correspond to any specific category.** The CREN centers are not directly linked to the MCH program and, considering the future ration targeting for malnourished children envisioned in the MCH program, continuing to use the CREN category could create confusion at the partner level. In the Title II programs, the “OCF” category targets all young children who need special assistance such as orphans, malnourished, etc... In a program such as CRS/Benin's, it would be good to include all of the beneficiary groups (malnourished children, pregnant women, lactating women) of the “nutrition” program of the “MCH” category, and use the “OCF” category for all of the other special centers that do not fulfill the criteria for participation in the community-based FACS program.
- ❑ **Give priority to centers that undertake nutritional education activities in the selection of centers in the OCF category;** the other criteria would include the experience of the center in its given area, the level of competency, the availability of human resources, and the capacity to care for beneficiaries.
- ❑ Whenever one of these OCF (CREN) centers is located in the same area as a center from the community-based FACS program, **encourage the staff from the FACS center to refer severely malnourished children to the OCF center** so that this center can take care of all serious malnutrition cases.
- ❑ **Provide all necessary technical, institutional, and material assistance** to the centers of the OCF category that undertake nutritional recuperation and education activities.

### **b. General Relief Centers**

- **Given the specific needs of the target groups and their degree of vulnerability** - handicapped (mentally, physically, visually or auditory), children needing special protection (orphans, abandoned, street children), the ill (with tuberculosis, leprosy, HIV/AIDS) – it is recommended that **all of the centers effectively caring for these groups should benefit from CRS/Benin’s food assistance. However, if a choice is required due to limited availability of food assistance**, priority given to centers could be determined according to the following criteria:
  - The degree of vulnerability of the target group
  - The degree of marginalization / social exclusion
  - The level of interest of funders for the specific needs of the target group
  - The impact of food assistance on the health or potential for re-entry of the target group into society.

According to these criteria, **the order of priority would be the following:**

- Those ill with tuberculosis or leprosy (high proportion of elderly people)
- The mentally handicapped
- Children needing special protection
- Handicapped (visually, physically, deaf/mute).

### **c. Partnership strategy**

- **Offer the possibility of partnership to the government** (represented by MPSF and MOH) and/or to the **private sector or faith-based organizations** (NGO, faith-based structures), **with specific terms**. There could be contracts to sign at two levels:
  - A contract between the Government and CRS in which each party will have responsibilities (example: provision of assistance by CRS to the center in specified areas; technical assistance and monitoring by the supervising Ministry; actions by the Government to facilitate the prompt removal of the food from the Port; centralizing and making available all useful information for the orientation of the program); and
  - Another contract between CRS and the Center Administrator, similar to what is currently used.
- In whichever case, **it is recommended that the terms of the contract are discussed and agreed upon by the two parties before signing.**

### **d. Performance indicators**

- Among the **additional indicators proposed** for this program, there are:
  - The rate of coverage of needs, as defined at the beginning of the program: the number of centers benefiting from the program in relation to the number of centers needing assistance (as registered in the beginning of the program)
  - The availability of assistance
  - The continuous supply of assistance throughout the duration of the program
  - The quality of the food assistance
  - The number of centers supported by CRS in efforts to develop alternative actions that aim at increasing the sustainability of food assistance to the targeted groups.

#### e. General recommendations

In addition to the recommendations listed above, the evaluation team would like to make the following suggestions to CRS/Benin with respect to its GR program:

- ❑ **Study the possibility of providing assistance in medicine and/or equipment to GR centers, depending on their needs.** The centers in which faith-based groups provide assistance to the ill in need could have a partnership with CRS; this is the case for the group “Faith and Sharing”, for example, that supports those who are ill and impoverished with meals, blood supply, medicine, milk, etc. This group collaborates directly with the social services department of the CNHU (center 207B);
- ❑ **Organize a study on the other needs of GR beneficiary groups** in order to identify other areas in which CRS could support these centers.
- ❑ **Reinforce CRS/Benin’s partnership with the Ministry of Social and Family Protection** that could be a privileged partner in the implementation of this program.
- ❑ **Revise and adapt the food ration of the beneficiaries, taking into account the particular needs** of those with tuberculosis, the mentally ill, and malnourished children.
- ❑ **Consider providing an additional food ration for the family member responsible for caring for the sick patient** in the GR centers where the patients are temporarily hospitalized and receive a ration during their hospitalization.
- ❑ **Reinforce its own internal capacity to ensure adequate monitoring of the GR and CREN (OCF) programs.**
- ❑ **Support and participate in lobbying actions** in order to assist the MCH center staff organizations and the target groups associations (associations for the handicapped, for victims of leprosy, etc.) and **encourage the political will of the Government to take responsibility for the care of socially disadvantaged populations.**

## **V. Summary of lessons learned**

Throughout this evaluation report, the lessons learned have been included in the appropriate sections. This section summarizes these lessons.

### **A. FOOD AND NUTRITION PROGRAM**

#### **➤ Progress of the program and the transition process:**

- ❑ In the first two departments, the transition from the traditional program to the community-based program has been completed very successfully: the communities have taken charge of the program; and the activities have been implemented as planned, with the exception of community development activities which have been slower than planned. These first experiences provide lessons for the implementation of the same process in the other departments; the sensitization of program participants on the community aspects of the program should be intensified.
- ❑ The socio-economic studies and the KPC and anthropometric surveys represent strong points of the transition process, enabling program staff to identify the poorest communities and to evaluate their situation at the beginning of the program.
- ❑ The mothers are very interested in the monthly sessions. Even if there were a rupture in the food rations, they would continue to come for the baby weight-monitoring, the health and nutrition education, and the demonstrations. However, it is difficult for the mothers to understand that they should continue to give the “full amount” of their contribution to participate in the sessions whenever there is a rupture in food stocks.
- ❑ The number of communities participating in the program for each center is limited (4 to 6); the center heads are analyzing the strategy to use to “graduate” these first communities from the program and to begin the program in others (for the same center) that also need the program’s activities. The reports on the nutritional status could be used as criteria for the gradual exit strategy.
- ❑ The motivation and remuneration systems seem to be a continuous concern at several levels. While recognizing that the budget is inflexible and that sustainability is essential, the center heads continue to use all of their patience to explain the norms outlined in this program with respect to the motivation, to ensure that program progress continues as planned.
- ❑ Most of the training sessions for the community animators and the CVDS, their monthly meetings, and their refresher training is executed by the center heads, who have received training from the FNP Unit. Consequently, some of the most important aspects of the program – such as those concerning volunteering, motivation, community development – are left to the center heads to explain to the communities. Direct and frequent contacts between FNP Unit supervisors and the community animators and CVDS would contribute without question to a better understanding of these aspects.
- ❑ Given the level of training and supervision that is necessary for the community-based program and the fact that the program will be executed in the Borgou, the FNP Unit has insufficient personnel to respond to the program’s requirements; the FNP Unit could have a section of Trainers in addition to the Section of Supervisors.

- ❑ The current strategy of nutritional recuperation, as planned in the program, is not totally functional. Even though the number of severe malnutrition cases is not great, the program should develop different strategies, taking into account the centers' possibilities and the communities' needs.
- ❑ The home visits, the monthly meetings, the monthly general assemblies, and the community development activities are difficult for the community animators to organize as planned. The program participants should continue to reflect on this component and on the way in which the AC and CVDS could be encouraged to do these activities.
- ❑ The vaccination of the child is a condition of participation in the program, and this service is no longer available at the community level (after the end of the PEV or Expanded National Program of Vaccination). The mothers are often obligated to travel long distances which are costly for them in order to vaccinate their children and become eligible to participate in the monthly sessions of the community-based FACS program. The program should thus reinforce its relations with the MPSF at the departmental and center levels with the objective of providing these services at the community level.

➤ **Management information system**

- ❑ The management information system is an important and useful component of the program; training and refresher training of personnel at all levels are essential to guarantee the effectiveness of this system.
- ❑ Most of the data is collected by the community; the community is also the group for which this information is the most useful. Short- and long-term interventions could be undertaken to improve the quality of the data and to increase the use of the information by the community itself.

➤ **Partnership**

- ❑ An analysis of the different stakeholders' perceptions of partnership indicates that good relations at all levels contribute to the success of the program.
- ❑ The FNP Unit as the organization of execution is recognized by all as the appropriate structure for this type of partnership between the Ministry and CRS/Benin. However, at the departmental and center levels, the diversification in the type of center, a stronger collaboration with the Ministry of Public Health and other NGOs would contribute to a greater impact and a more assured sustainability of the program.
- ❑ The question of motivation at the community level was raised several times. In a community-based program, the communities are sustainable partners. Selecting and supporting communities in the execution of community development activities should be reinforced to ensure greater sustainability of the program.

➤ **Targeting and use of food rations as motivation**

- ❑ The distribution of food rations to each participant, as is done in the current community-based FACS program, is well known in all of the program communities, even in those regions that still have the traditional program. As one of the members of the Steering Committee reported, the centers are still perceived as distributing points for food rations. All of the program stakeholders should undertake efforts to change this perception.
- ❑ Regardless of the level of stakeholder interviewed (management board, CRS, FNP Unit, department, center, community), the views regarding a possible food targeting for

malnourished children are very diverse. For many, it is difficult to understand both the rationale and the application of such a change.

- ❑ Everyone interviewed during the evaluation agrees that the current strategy of nutritional recuperation in the community-based FACS program should be reinforced.
- ❑ Despite the fact that the interviews left a general impression that food targeting for malnourished children was not viewed positively, the same participants contributed greatly to the discussion on the problems that might occur in the context of such a change and how these could be resolved. Proceeding slowly and gradually, and undertaking a pilot phase first, were the key suggestions made during these discussions. The mentality of “food rations for all” is already well established, and thus the program staff could make a serious error by introducing another change too quickly.
- ❑ In planning for a new targeting of rations to be limited to malnourished children, the participants identified other important target groups such as pregnant and lactating women.
- ❑ Income-generating activities for the mothers, the community animators, the CVDS, and the communities were identified as a priority. Providing support to community development projects is essential if the CVDS is to continue its activities and if the community is to take ownership of the program.
- ❑ Even though the FACS program of CRS/Benin covers all of the country’s departments, the coverage rate is low when one considers that only 4 to 6 communities per center have been selected to participate in the first years of the community-based FACS program.
- ❑ The needs in terms of logistics (food rations and others) and of supervision are increased in a community-based program. Whatever strategy is developed for food ration targeting, it should take into account several factors (coverage at the center and community levels, nutritional status, logistics, availability of personnel, resources, food rations...) in order to make the most equitable choice while considering the communities’ needs.
- ❑ The anthropometry studies undertaken in the program and by other organizations in the Borgou indicate that the nutritional status of children in this department is more serious than in the first two departments.
- ❑ In the event that ration targeting for malnourished children is put into application, the number of children receiving food rations in a given locality will decrease. This will, in turn, decrease the revenues at the community level and thus alternatives should be developed to cover expenses and the remuneration system.
- ❑ If the change to a program targeting malnourished children is planned in the medium term, it would be better to continue sensitization of the communities already identified for an additional six months than to begin a program which would then change within the year and which would be neither understood nor accepted by the communities.

➤ **Sustainability**

- ❑ The analysis of the different forms of motivation used in this program indicates that most of them are linked to the presence of food rations: the mothers receive food rations, and the stipends provided to community animators and center administrators come from mothers’ contributions. Even if the majority of participants have a different perception of

this contribution, it should be underlined that it should not be perceived as a contribution to receive food but rather a contribution to receive the package of health services provided at the community level. The current systems of motivation will last as long as the food rations are distributed, and any change in ration targeting should be based on a reflection on the motivation systems currently in place.

- ❑ On the other hand, the CVDS participate on a voluntary basis at the community level. As with all sustainable development programs, this approach corresponds to the objective of community participation targeted by the program to ensure community ownership. According to the majority of stakeholders interviewed, this approach is not sustainable and the program should develop a form of motivation for these committees, a system that would be sustainable in and of itself such as income-generating activities.
- ❑ The program activities carried out at the community level were examined in terms of sustainability. According to the majority of participants, the baby weight monitoring, health/nutrition education and cooking demonstrations could be continued by the communities after the end of the program, with the condition that a sustainable system of remuneration for the AC is developed and put into place, and that a minimum of support would continue to be provided by the centers.
- ❑ The distribution of food rations at the community level is not perceived as an activity that could be continued by the community, given that this depends on external aid.
- ❑ According to the majority of stakeholders, the home visits and nutritional recuperation are sustainable but, as with the monthly weight monitoring sessions, a motivation mechanism should be put into place for the community animators so that they can continue to undertake these activities even if the program is ended in a given community.
- ❑ For the activities that are already the responsibility of the communities, such as the village assemblies and the community development activities, the communities should be capable of continuing these activities without question. However, it is their successful operation during the program that will determine the degree to which they continue after the program. Certain program staff indicated that there needed to be a greater sensitization of local authorities and of the community at the beginning of the program, in order to ensure ownership of these activities by the communities during as well as after the program.

## **B. PILOT CREDIT-SAVINGS PROJECT (PPCE) AND THE TRANSITION TO SED**

- ❑ The evaluation of the PPCE project within the community-based FACS program indicated that this project had achieved and even exceeded its objectives. As planned in the DAP, this pilot project should end with the end of the DAP and it was decided to integrate it into the regular SED program at CRS/Benin.
- ❑ The integration of the PPCE into the CRS/SED will require a series of reflections because the two approaches are different, both in terms of the methodology and in terms of the target groups. Different strategies will be defined for the groups formed in the context of the traditional centers and for the community groups in the more recent community-based FACS program.
- ❑ The implantation of new village banking activities in the future villages of the community-based FACS program will not be an easy task because credit programs are in high demand by the women and, at the same time, the community-based FACS program envisions a modification of its strategy with respect to ration targeting. The Health

program perceives the SED program as an alternative to the distribution of food rations, yet the SED program cannot reach all of the women who wish to participate in the Health program. Coordination between the two programs (Health and SED) will be essential for the success of this integration.

### **C. SOCIAL ASSISTANCE PROGRAM (General Relief) and CREN (Nutritional Education and Recuperation Centers)**

- ❑ The quantitative objectives defined for these two programs have been reached. However, it is important to note the absence of criteria for center selection and the absence of indicators facilitating impact evaluation.
- ❑ The quantity of food provided in these two programs is equal for all of the centers, regardless of the category of beneficiaries. The food assistance would better enable the centers to achieve their objectives if it reflected the specific needs of each target group.
- ❑ The selection criteria for the CREN centers are not always respected. CRS/Benin should ensure that the centers included in this category do in fact carry out nutritional education and recuperation activities.
- ❑ The national structures responsible for overseeing most of the GR and CREN centers are not involved in the activities undertaken in the context of the partnership between the centers and CRS. The reinforcement of these relationships would contribute to the sustainability of this assistance and to the ownership of it by the appropriate Ministries.

## **VI. Conclusions and recommendations**

This final evaluation covered three aspects of CRS/Benin's DAP (1996-2000): the community-based FACS program; the pilot credit-savings program (PPCE); and the social assistance program (General Relief/GR and CREN).

The results of the evaluation of the community-based FACS program indicate that the program has been implemented as planned and that the transition from the traditional program to the community-based program has been well accepted by all stakeholders. The experience from the transition in the first two departments will provide lessons learned for the transition in the other departments. The strengths include the socio-economic studies and baseline surveys, the training and commitment of the community animators, the great interest of the mothers to participate in the monthly sessions, the management information system, the structure of the partnership at all levels, including the FNP Unit. Weaknesses include: the village assemblies and community development activities which are not always carried out by the CVDS; the strategy of nutritional recuperation that is not truly functional; and the distribution of food rations to all participants as a means of motivation which does not contribute to the sustainability of the program.

The evaluation of the pilot credit-savings project indicated that this project achieved and exceeded its objectives. As planned in the DAP, this pilot project, that should end with the end of the DAP, will be integrated into the regular SED program of CRS/Benin. The integration of the PPCE into CRS/Benin's SED program will require a series of reflections because the two approaches differ in terms of methodology and targeting.

The quantitative objectives defined for the GR and CREN programs were achieved. With the great diversity of the centers and target groups participating in these programs, the impact of the food assistance on these groups is not easily measured. More clearly defined

selection criteria and increased involvement by the appropriate Ministries are the principal aspects needing to be reinforced in these programs.

The complete list of recommendations can be found in Appendix 1. The most important recommendations are the following:

## **A. FOOD AND NUTRITION PROGRAM**

### PROGRAM IMPLEMENTATION

#### ▪ Short-term recommendations

⇒ *At the general program level :*

- ❑ Increase and diversify the FNP Unit personnel.
- ❑ Re-evaluate and improve the nutritional recuperation strategy.
- ❑ Develop a strong collaboration with the health and sanitation structures that provide vaccination services.

⇒ *In the OUEME and MONO Departments (where the transition has already taken place) :*

- ❑ Reinforce the training of center heads on themes such as community development, the role of the CVDS, and data quality control.
- ❑ Reinforce the support provided to the CVDS.

⇒ *In the BORGOU Department (where the transition has just begun):*

- ❑ Continue and intensify the sensitization of leaders and CVDS.
- ❑ Develop a flexible plan for the gradual introduction of activities, based on the degree of motivation of the communities and their CVDS.
- ❑ Apply the lessons learned from the Ouémé and Mono Departments: sensitize the leaders, provide refresher training, increase support to the CVDS....

#### ▪ Medium- and long- term recommendations

⇒ *At the general program level:*

- ❑ Coordinate very closely the collaboration and planning of activities between the SED and Health departments.
- ❑ Develop additional activities such as the distribution of de-worming medicine and vaccination during the monthly sessions in order to increase access to these services and to continue motivating the mothers, especially if food is re-targeted.

⇒ *In the OUEME/MONO/BORGOU (transition already implemented or in progress)*

- ❑ Begin the reflection on the “exit plan” from current communities and on the strategy to introduce new communities.
- ❑ Support the CVDS in their fund-raising efforts and implementation of community development activities.

⇒ *In the OTHER THREE DEPARTMENTS (transition planned for Nov. 2000/Atacora and for Nov. 2001/Zou and Atlantique)*

- Begin immediately to sensitize the program participants that the community-based FACS program in their departments will probably not be the same, and define and apply now a strategy to sensitize the communities.
- Ensure that the choice of community animators and CVDS is made according to the program's needs, and that they understand completely their roles and responsibilities.

#### MANAGEMENT INFORMATION SYSTEM

- Short-term recommendations

- Organize training sessions for the personnel of the FNP Unit and refresher training for the center heads, the community animators, and the CVDS.
- Supervise and control the accuracy of data; render more systematic the methodology used to up-date data at the community level and to correct and verify data at all levels.

- Medium- and long- term recommendations

- Analyse the needs for additional personnel to manage the information at the FNP Unit and the means to coordonnate the different steps of collection, analysis and reporting of data at the FNP Unit.
- Simplify the data collection and reporting tools by combining some of them and by developing simple ways to return information to the the communities.

#### PARTNERSHIP

- Facilitate meetings between the two key partners of the program, the CRS, and the MPSF.
- Continue the execution of the program through the FNP Unit and plan for an increase in human and material resources to reflect the needs of the program's expansion.
- Plan to expand and diversify the type of partners by responding to other requests such as those coming from private centers.
- Develop a stronger collaboration with the other Ministries and with the Ministry of Public Health in particular to facilitate vaccination services at the community level and prenatal services by clinics for a future program targeting pregnant women.
- Put into place systems to stimulate development and execution of community development activities.

#### TARGETING AND USE OF FOOD RATIONS

- Short-term recommendations

- Reinforce the strategy of nutritional recuperation and develop a special ration for malnourished children.
- In a strategy of sustainable development and community ownership, plan on decreasing gradually the program where food rations are distributed to all children (FACS) regardless of their nutritional status.
- In the case where the strategy of ration targeting for malnourished children is planned, elaborate and execute a program of sensitization on this strategy for all stakeholders.

*For the first communities that began the program two and a half years ago (Mono et Ouémé):*

- Begin to sensitize them on their eventual exit from the program and a possible transition towards another phase such as a program with food rations only for malnourished children.

*For the communities that plan to begin the program in the next few months (Borgou):*

- Identify pilot communities interested in participating in the experience of a new targeting of food rations and undertake an evaluation of this experience after two or three years, comparing these communities with others that continued distributing rations to all children.
- Define a strategy to include pregnant women and lactating women in the community-based FACS program.

- Medium- and long- term recommendations

- If it is decided to make the transition from “food rations for all” to “food rations only for malnourished children” with respect to the *first communities of the Mono and Ouémé departments*: develop and execute this plan with interested communities that would continue to undertake baby weight monitoring and education activities with a minimum of support from the center (monthly training of community animators) and from the FNP Unit (community development projects).
- In the departments that have not yet made the transition to the community-based FACS program, begin immediately to sensitize stakeholders on the possibility of a direct transition to a more targeted program so as to avoid a second transition period in the next five years.
- Implement the plan that will be defined to target pregnant and lactating women in the program.
- Implement the plan developed jointly by the SED and Health Sections of CRS/Benin (and the FNP Unit) for the implantation and monitoring of village banks and other credit projects in the community-based FACS program.
- In addition to projects for the women, develop income-generating activities for the community animators (planning for the eventual decrease in revenues caused by a more limited targeting for food rations) and the CVDS, and provide financial and technical support to CVDS for their community development projects.

## *SUSTAINABILITY*

- Short-term recommendations

- With respect to the revision of the motivation systems, continue to give priority to community participation and community ownership, in order to ensure greater sustainability of the program.
- Reinforce the sensitization of local authorities and communities in the beginning of program implementation.
- Develop a system of motivation for the community animators to continue activities such as the up-dating of data and home visits.
- Reinforce the support provided to the CVDS for the execution of village assemblies, the identification of community development activities, and the search for funding to execute these activities.

- Medium and long- term recommendations

- ❑ In revising the motivation systems, re-evaluate the distribution of revenues - earned from participants' contributions – to the communities, centers, and the FNP Unit, with the objective of providing more funds to reinforce community activities.
- ❑ Introduce village banking activities to mothers' groups.
- ❑ Obtain funding and use the strategy of small income-generating projects for all community animators and CVDS (separately from the village banks) as a sustainable alternative to the current system of motivation.
- ❑ In order to ensure that the community continues the baby weight monitoring sessions once the program ends, plan for a period of gradual disengagement during which technical support and the participation of community animators in the monthly sessions would continue.
- ❑ Given that the sustainability of the program depends on the community, its degree of involvement in the program, and its capacity to execute community development activities: create a team, even a small one, at the FNP Unit that would be responsible to support the center heads and the CVDS in the implementation of community activities.

## **B. PILOT CREDIT-SAVINGS PROJECT**

- Short-term recommendations

- ❑ Create a committee to define the process of transition of the current PPCE groups towards a village banking strategy, and implement the transition strategy for each group/center/community in the current PPCE project.
- ❑ Integrate gradually the PPCE Manager into the SED Team at CRS/Benin.

- Medium and long- term recommendations

- ❑ Create a Health/SED coordination committee that will be responsible for planning and monitoring the village banking component of the community-based FACS program.
- ❑ Define the strategy of opening village banks in the future villages of the community-based FACS program, taking into account the priorities and the future approach of ration targeting.
- ❑ Plan for the involvement of the CVDS, community animators and center heads in the credit programs, in terms of participation, monitoring and/or management.
- ❑ Begin to implement the new strategies in pilot communities before expanding them to several centers and departments.
- ❑ Use the administrative principles defined in the regular village banking program for the banks opened in the context of the community-based FACS program.

## **C. SOCIAL ASSISTANCE PROGRAM (GR AND CREN)**

### CREN (Centers for nutritional education and recuperation)

- Short-term recommendations

- ❑ Re-evaluate the types of beneficiaries served in the 14 CREN centers and identify the centers that effectively undertake nutritional education and recuperation activities.
- ❑ Define the type of partnership between CRS and these centers, adapting it to the types of activities undertaken by the centers.

- Medium and long- term recommendations

- After studying the 14 centers, include those that correspond to the criteria of nutritional education and recuperation in a category such as “OCF”, close those that do not correspond to any of these categories, and give priority to the centers that provide nutritional education in the choice of centers for the OCF category.
- Encourage referrals of severely malnourished children identified in the community-based FACS program to those centers that care for severe malnutrition cases.
- Provide technical, institutional, and material support necessary to the centers of the OCF category that implement activities of nutritional education and recuperation.

GR (General Relief) Centers

- Given the specific needs of the target groups and the degree of their vulnerability, it is recommended that all of the centers caring for these groups should benefit from CRS food assistance. However, if a choice must be made due to limited availability of food assistance, priority should be accorded to centers based on the following criteria:
  - The level of vulnerability of the target group
  - The degree of marginalization/social exclusion
  - The level of importance of funders' interest for the specific needs of the target group
  - The impact of food assistance on the health and/or social re-integration of the target group.

Based on these criteria, the order of priority recommended would be the following:

- Those ill with tuberculosis and leprosy (this category includes a relatively high proportion of aged persons)
  - The mentally ill
  - Children needing special protection
  - Handicapped (visually, physically, deaf-mutes).
- Offer the possibility of partnership to the government or private sector or confessional organizations, with contracts at two levels: a contract between the Government and CRS and another contract between CRS and the center administrator, similar to the contract used currently.