Consortium for Rehabilitation and Development (CORAD)

Final Evaluation of the Livelihood Expansion and Asset Development Program

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LIVELIHOOD ENHANCEMENT AND ASSET DEVELOPMENT (LEAD) PROGRAMME

Final Evaluation

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LIST OF ACRONYMS

ANC	Ante Natal Care
ARI	Acute Respiratory Tract Infection
CHC	Community Health Club
CHO	Community Health Officer
CI	Confidence Interval
CORAD	Consortium for Rehabilitation and Development
CRS	Catholic Relief Services
DDS	Dietary Diversity Score
EBF	Exclusive Breast Feeding
EMY	Economically Marginalised Youth
FAO	Food and Agriculture Organization of the United Nations
FFA	Food For Assets
FFP	Food For Peace
FFS	Farmers Field School
GG	Good Governance
GMP	Growth Monitoring Programme
GoSL	Government of Sierra Leone
H5N1	Bird Flu Virus
HDDS	Household Dietary Diversity Score
IEE	Initial Environmental Examination
IMR	Infant Mortality Rate
INGO	International Non-Governmental Organization
IVS	Inland Valley Swamp
LEAD	Livelihood Enhancement and Asset Development Programme
M&E	Monitoring and Evaluation
MAFFS	Ministry of Agriculture, Forestry and Food Security
MCH	Maternal and Child Health
MDG	Millennium Development Goal
ME	Margin of Error
MED	Micro Enterprise Development
MIHFP	Months of Inadequate Household Food Provision
MTASP	Medium Term Agricultural Strategic Plan
MYAP	Multi Year Assistance Programme
NGO	Non-Governmental Organization
ORS	Oral Rehydration Salts
PHU	Peripheral Health Unit
PITT	Performance Indicator Tracking Table
PVO	Private Voluntary Organization
SLIHS	Sierra Leone Integrated Household Survey
SSL	Statistics Sierra Leone
SUG	Start Up Grant
TBA	Traditional Birth Attendants
TOR	Terms of Reference
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAM	Vulnerability Analysis and Mapping
VDC	Village Development Club
VGF	Vulnerable Group Feeding
VHC	Village Health Club

LIST OF ACRONYMS

VS&L	Village Savings and Loan
VWC	Village Welfare Committee
WATSAN	Water and Sanitation
WFP	World Food Programme
WHO	World Health Organization
WVSL	World Vision Sierra Leone

EXECUTIVE SUMMARY

Objectives

The Livelihood Enhancement and Asset Development (LEAD) programme is a three year USAID/FFP-funded initiative that is implemented by the Consortium for Rehabilitation and Development (CORAD).[1] The goal is to reduce food insecurity among vulnerable populations in 32 chiefdoms (including five major towns) in six Districts in Sierra Leone. The programme began in March 2007, and the baseline study was conducted in April-June 2007.

The purpose of the final evaluation is to provide information to the CORAD partners, USAID/FFP, GoSL, and other stakeholders to encourage learning regarding the programme's achievements and to provide lessons learnt or learned for replication of similar economic development and agricultural productivity projects.

Enterprise Development Services (EDS) conducted the Final Evaluation in May – July, 2009 employing both quantitative and qualitative methods to:

1. generate selected information and compare final programme results against the established targets to determine the impact of the LEAD programme;
2. ascertain any additional impacts that the LEAD project has had on communities served;
3. determine the relevance of activities implemented by each partner;
4. identify best practices that have contributed to the overall impact of the LEAD programme (implementation strategies, interventions, etc.);
5. determine whether CORAD partners' business practices were well-received by the communities that were supported and if they were conducive to promoting community ownership; and
6. ascertain any gaps that still exist in communities that were targeted that should be addressed through other programming.

Main Findings

Agriculture

One of the goals of the Farmers Field Schools (FFS) implemented by the LEAD programme was to train farmers in the use of new agricultural techniques that can help them to improve upon their farming performance. The baseline survey showed that only 13 % of the total household heads interviewed were members of a FFS. This proportion increased to over 80%, among LEAD beneficiary households with about 60% of households participating in Inland valley swamp (IVS) development and community seed multiplication activities, and a much lower proportion (about 22%) participating in tree crop improvement activities. The evaluation survey found that use of improved practices increased significantly among LEAD beneficiary households compared to the situation among households in the community

[1] CARE (prime), World Vision, Catholic Relief Services, Africare

during the baseline survey e.g households using improved varieties rose from 18% to 80%, bunding of IVS from 8% to 60%, and use of crop rotations from 6% to 48%.

Under LEAD, the average percentage post harvest loss declined for all crops with the most significant declines for rice (from 15% to 9%) and for cassava (from 9% to 5%). This is due to the fact that the proportion of farmers adopting loss prevention measures has increased. While about 57 % of farmers reported undertaking no loss prevention method during the Baseline Survey, the proportion who adopted no measure was much lower among the beneficiary farmers ranging from a low of 8 % for upland rice to 48 % for sweet potatoes. Post harvest pesticides are not used much in Sierra Leone with over 80 % of farmers not using any and the small proportion of beneficiary farmers who used pesticides have reduced their usage over the three years of the LEAD programme.

One of the main objectives of the LEAD programme was to increase household farm production. The evaluation survey results indicated that crop production and productivity increased significantly among the LEAD beneficiaries. The biggest increases in average household production were for cassava (77%), lowland rice (66%0 and vegetables (65%), Since output increases were always greater than acreage increases, except in the case of groundnuts, it is evident that the gains in productivity far outstrip any gains from acreage expansion. In fact crop area declined for many crops (Figure 4.6). Only for groundnuts does it appear that expansion of area and price increases are the main factors causing the increase in value of production.

An important source of income for farmers, often the only source, is the sale of their farm produce. The results of the evaluation survey indicate that more of the beneficiary households made sales in 2008 than in 2006 although it was only for groundnuts and vegetables that the increase was substantial and that average quantities of food crops sold per household increased by a low of 27% for groundnuts to a high of about 75% for cassava, lowland rice and vegetables, the principal food crops targeted by LEAD.

Food Security

With regards to food security, the evaluation results are that LEAD has had little effect on the pattern of food provisioning which was for the 12 months preceding the baseline survey (2006-2007) the same as in the 12 months preceding the population based survey (2008-2009). Shortages still generally occurred in the period June to October (the well known "hungry period"), with the month of August being the time of greatest food insecurity, while families had the greatest access to food from November to March.

However, overall the households in the population survey in 2009 had more diversified diets than those in the baseline survey in 2007. The Household Dietary Diversity Score (HDDS) value for the entire baseline sample was 6.7, while it was 8.3 for the target communities in 2009, indicating that households in the baseline sample, on average, consumed food from approximately 7 food groups while the households in the target communities on the average consumed from 8 food groups. Furthermore, the percentage of households consuming meats, eggs, fish and beans, i.e. proteins, is substantially higher in the 2009 survey households than the 2007 baseline households.

Good Governance

Over 63 % of respondents in the beneficiary survey reported that they obtained training in Good Governance under LEAD. Respondents in the beneficiary survey had a good understanding of the basic elements of good governance as demonstrated by the fact that almost 90 % selected consultation, accountability and transparency as elements of good governance from a list of 6 choices.

Less than 49 % of respondents had any contact with any local authority member, which meant that there was limited opportunity for the communities to use this strengthened capacity in negotiating community concerns with local authorities. However knowledge of the principles learnt would have positive influence on governance in the beneficiary communities.

Youth Empowerment

The evaluation survey revealed that the LEAD programme had minimal effect on job creation for the youth. Although 82 % of youths interviewed during the beneficiary survey considered themselves gainfully employed, with 68 % working for themselves and the rest working for someone else, over 67%, reported that LEAD programme did not help them in securing their present occupation.

The evaluation also revealed that the LEAD programme did not prioritize vocational training for youths. Just over 42% of youths in the beneficiary survey reported that they received training in business with the vast majority (89%) trained in business management, 91% in the Village Savings and Loan scheme and only 12.5 % in vocational skills.

With regards to participation in livelihood activities, youths in the LEAD programme areas were most active in farmers' group activities (83%), with much lower participation rates in other important activities for economically marginalised youths such as marketing associations (29%) and the workshop on development of input supply and market plans (22%)

Nutrition and Health

The survey revealed that the nutritional status of children in the LEAD survey has improved generally. Global malnutrition (<-2SD) dropped from 19.4% in the baseline to 14.2% in the evaluation. However, severe underweight has worsened slightly during the LEAD implementation period. This could be a result of the high morbidity observed during t he evaluation survey.

Male children are more underweight than female children in both the baseline and the evaluation surveys. Twice as many underweight children are found in the under twos (6 – 23 months) than in the 24 – 59 months group. The critical period of brain growth and development is during foetal life and up to the third year of life. The findings of this survey imply that up to 14% of children in the survey under five years could have abnormal brain

growth and development. This will have adverse effects on the future social and economic development in the project area and nationally. However it is encouraging to note that the LEAD project activities have actually reduced the prevalence of underweight children in the target communities.

Since the baseline survey was conducted, there has been an increase in the percentage of women reporting they received antenatal care during their last pregnancy. Many more women now deliver their babies in a health facility such as a hospital or PHU or clinic and are assisted by health care workers than during the baseline survey. Delivery at home has markedly declined since the baseline survey was conducted. This is an improvement in maternal care practices and should help to reduce the maternal mortality rate in the LEAD project districts.

Early initiation of breastfeeding has increased since the baseline survey was conducted (45% versus 37%). Among the 44 children under six months 13.6 % were given a liquid drink besides breast milk during the first three days after delivery. Water is given very early to infants with 48% of mothers responding that they gave their baby water to drink the previous day. However, since this leaves over 50% who did not receive water, it is likely that the percentage of mothers practicing exclusive breast feeding has risen markedly, compared to the baseline figure of 8.5%.

The complementary foods most commonly given to babies were reported by 72% of the mothers to be cereals, with only 19% of mothers reporting that they gave foods in the animal protein group such as meat. However 64% of the mothers reported giving fish to their children. The fact that over 66% of children were given palm oil and pepper suggests that the family meal is the most commonly given complementary food to breast milk. Although better than the baseline, the complementary diet is inadequate in iron content. Iron is important for blood formation and the newborn infant has a store of iron that becomes depleted at six months. From six months an adequate source of iron must therefore be provided in the infant's diet. Porridge introduced at this stage must contain a good amount of iron.

Morbidity in the children is very high. The infectious diseases of diarrhoea, ARI and fever (most likely malaria) had a high prevalence among these children in the previous two weeks before the survey and their prevalence was even higher than during the baseline survey. Fever (most likely malaria) was the most common childhood illness reported. These diseases are usually an outcome of poor environmental sanitation and poor water supply. The evaluation also found that there was little or no WATSAN intervention in most LEAD communities.

Surprisingly, a rather high percentage of the mothers in the survey did not seek treatment anywhere for diarrhoea (61.9%) and for ARI (45.7%) even though this survey found that they were aware of the serious consequences of acute diarrhoea and ARI through the LEAD project sensitization and community health interventions.

Impact of LEAD Programme and achievement of Objectives

Generally, respondents confirmed that the process for the selection of interventions that LEAD supported in their communities was participatory. Furthermore, the evaluation confirmed that the interventions addressed critical development issues in the national poverty reduction strategy, including improvement in farmers' productivity for national food security and poverty reduction, and achievement of MDG targets for reduced maternal and infant mortality by 2015.

In every community in which Focus Group Interviews were conducted the health and sanitation intervention ("Well body programmes") were identified as the LEAD activity that brought the most significant change to their communities by both male and female participants.

The survey revealed that most nursing mothers had become aware of the benefits of Exclusive Breast Feeding as recommended by LEAD and were making effort to comply with the practice, although as shown by the quantitative analysis over half had not succeeded and were offering their babies supplementary feeding against the recommendations.

Another LEAD activity communities reported as having brought significant change to community life was the VS&L programme. This activity was particularly appreciated by women and youths.

The other activities in the LEAD programme have had varying degrees of impact on beneficiary communities. The FGIs confirmed that farm production technologies introduced in the Farmers Field School have changed agricultural practices in the communities. Most communities ranked the Food for Assets component highly, especially in terms of support for community road maintenance and income generating assets such as fish ponds.

The Safety Net or Vulnerable Group Feeding (VGF) programme encouraged communities to take collective responsibility for their old and vulnerable members. The village welfare committees formed in the communities, plan yearly safety net projects to support the vulnerable in their villages. However, there are serious questions relating to the sustainability of the VGF intervention.

The intervention which was most severely criticised during the FGI, because it was clearly not implemented according to the regular model is the Start-Up Grants (SUG) programme. Almost universally it emerged during the FGIs that selection of beneficiaries was not transparent and the business records of SUG beneficiaries were poorly kept. An added failure by CARE was the non disbursement of the second tranche of the grant to recipients as the programme ran out of funds which might have severely eroded the climate of trust between farmers and small businesses on the one hand and development partners on the other.

Programme sustainability

By and large, communities were sufficiently sensitised on all programme interventions and had, to a large extent, assumed ownership of programme activities. This prerequisite for sustainability was therefore substantially met.

The evaluation found that the following LEAD interventions are likely to be sustainable:

1. FFS techniques except propagated shift from upland to IVS farming
2. The road maintenance intervention using FFA which did not introduce a new community activity or output but merely represented a reward for something the communities had always done and are likely to continue.
3. Fish ponds constructed with FFA as they are an income generating activity
4. The training of community health volunteers and TBAs who are held in a high esteem in their villages and are likely to continue serving their communities.
5. The Growth Monitoring and Promotion programmes initiated by LEAD could be sustained if they are taken over by Community Health Volunteers in the communities as has already happened in some communities.
6. Many of the Good Governance (GG) trainees were youths, who were hitherto marginalized but are now in the mainstream of decision making in their communities and are likely to be sustainable.
7. Some of the Health and sanitation practices propagated by LEAD, such as use of plate racks and cloth lines etc are very likely to be sustained and become permanent features in the communities.
8. The VS&L system as implemented under LEAD was cyclical and renewable and as such not structurally permanent. Because of the benefits perceived and recognised by participants this is proving to be a very sustainable LEAD activity.

Interventions that are not likely to be sustainable include:

1. The Women's garden (Baby Friendly Garden) without continued donor support by way of tools, inputs or Food-For-Work.
2. The VGF and Village Welfare Committees and safety net programmes which are dependent on donor food aid support and are consequently, inherently, unsustainable as donor support is not permanent.
3. The business training, which precedes the award of SUGs is the most important element of the intervention. However, most beneficiaries lacked the background to benefit from the concepts taught and to acquire the skills intended to be transferred by the training.
4. The award of SUGs which was problematic and poorly implemented, especially in CARE areas.
5. The WATSAN component of LEAD which was fraught with challenges the two most important of which were: 1) the poor engineering in the sinking of wells to shallow depths which resulted in most wells being dry during most months of the year and 2) inadequate arrangement for the proper maintenance of wells and latrines to keep them serviceable.

Gaps to be addressed in future programming

The Evaluation identified gaps in programming that need to be addressed through other programmes:

1. WATSAN was not prioritized in the LEAD programme in spite of the desperate situation in most programme operational areas. The unavailability of potable water in some communities undermined the health and sanitation interventions which were the most highly appreciated components of LEAD.
2. The programme's support for the training of Traditional Birth Attendants (TBAs) was complimentary to the TBA training programme of the Ministry of Health but there is room for better coordination between the two programmes.
3. The success of the agricultural production technologies introduced through the Farmers Field Schools created a demand for agro-processing equipment for processing the increased output of community farms. This demand was greatest for processing machinery for the increased output of cassava, which could not be sold as fresh tuber, and to a lesser extent for small rice mills. Because this demand is not being met through LEAD programme activities, the growth of cassava production is constrained.

Table: Summary of Key LEAD Programme Indicators in the Baseline and Evaluation Surveys

Indicator		Baseline Survey Findings	Evaluation Survey Findings	
		2006	2006 recall	2008 recall
Months of Inadequate Household Food Provisioning (MIHFP)		4.6 months		4.4 months
Household Dietary Diversity Score (HDDS)		6.7 food groups		8.3 food groups
Average value of household production of selected crops/livestock (Leones)		390,509.88		
	Upland Rice	238,780	544,338	927,585
	IVS Rice	177,195	408,778	702,548
	Cassava	220,885	86,309	155,591
	Cocoa	664,778	142,989	224,540
	Sweet Potatoes		23,878	35,277
	Coffee	323,294	145,193	259,220
	Oil Palm	1,084,348	97,077	167,345
	Groundnuts	412,882	121,293	256,190

Indicator		Baseline Survey Findings	Evaluation Survey Findings	
		2006	2006 recall	2008 recall
	Vegetables	1,913	38,063	117,048
Percent of children under 5 years who are underweight (percentage of children under five years of age with weight-for-age of less than 2SD)		19.4		14.2
Percent of farmers using sustainable agricultural technologies similar to those to be introduced through LEAD				
	Improved varieties	18		81
	IVS bunds	9		61
	Contour farming	2		21
	Mulching	0		67
	Crop rotations	8		49
Average of farm production of targeted crops per household (in kg)		895.23		
	Upland Rice	551.00	892.18	1389.74
	IVS Rice	1,047.00	871.11	1446.08
	Cassava	2,840.00	309.24	548.69
	Cocoa	357	121.06	139.07
	Sweet Potatoes		66.78	92.88
	Coffee	199.50	65.48	87.43
	Oil Palm	49.96	57.74	82.46
	Groundnuts	204.00	602.21	656.50
	Vegetables	1,913.00	83.42	137.87
Average gross sales per household of targeted crops (in Leones)		400,468.97		
	Upland Rice	238,780	126,182	179,359
	IVS Rice	177,199	105,737	188,157
	Cassava	220,885	58,130	98,617
	Cocoa	664,778	148,306	221,744
	Sweet Potatoes		17,588	27,357

Indicator		Baseline Survey Findings	Evaluation Survey Findings	
		2006	2006 recall	2008 recall
	Coffee	323,294	144,460	256,873
	Oil Palm	1,084,348	74,487	134,031
	Groundnuts	412,882	62,808	153,223
	Vegetables	81,585.75	32,902	110,773
Percent of births attended by trained TBA or other skilled personnel				
	Health worker	20		53
	Trained TBA	47		37
Percent of households reporting morbidity for children in the past two weeks.				
	Malaria	50		86
	ARI	20		75
	Diarrhoea	34		69
Percentage of households that sought care from a health facility for ill child (Clinic/Hospital)				
	Malaria	56		45
	ARI	63		33
	Diarrhoea	53		23
% of infants under 6 months who are exclusively breastfed		8.5%		50%

FINAL EVALUATION FOR THE LIVELIHOOD ENHANCEMENT AND ASSET DEVELOPMENT (LEAD) PROGRAMME

CHAPTER 1. INTRODUCTION

1.1: Programme Objectives

The Livelihood Enhancement and Asset Development (LEAD) programme is a three year USAID/FFP-funded initiative that is implemented by the Consortium for Rehabilitation and Development (CORAD).[2] The programme began in March 2007, and a baseline study was conducted in April-June 2007.

The LEAD programme has the goal of reducing food insecurity among vulnerable populations in 32 chiefdoms (including five major towns) in six districts. LEAD has the following four major objectives:

1. Human capabilities of farmers in 16,000 poor farm households, 3,400 economically marginalized youth, and pregnant and lactating women/children in 16,000 poor farm households protected and enhanced.
2. Livelihood capacities of 16,000 poor farm households and 3,400 economically marginalized youth protected and enhanced.
3. Three hundred and seventy-five (375) rural communities have improved community infrastructure and stronger linkages to service providers.
4. Nine hundred and ninety (990) community-based organizations in both rural and urban areas are able to practice and demand the basic principles of good governance, i.e., transparency, accountability and representation.

1.2 Programme Location and Activities

The LEAD programme is operational in the following areas:

District	Chiefdoms	CORAD Member
Koinadugu	Wara Wara Yagala, Sengbe & Kabala Town	CARE
	Diang, Neini, Mongo, Sulima	CRS
Kono	Sandor, Gbane Kandor, Lei, Soa, Gbense, Gbane, Mafindor, Fiama, Tankoro & Koidu Town	World Vision
Kailahun	Upper Bambara, Peje West, Peje Bongre, Yawei, Penguia	CRS

[2] CARE (prime), World Vision, Catholic Relief Services, Africare

District	Chiefdoms	CORAD Member
	Jawie, Mandu, Njalahun, Malema, Dia & Kailahun Town	Africare
Tonkolili	Gbonkolenken, Tane, Kholifa Rowalla, Magburaka Town	CARE
Kenema	Kenema Town	CRS
Bombali	Makeni Town	CARE

Activities for the programme were initially scheduled to start on October 1, 2006 and run for a period of three years. However, the partners only received formal notification to begin in March/April 2007 (a delay of approximately 7 months). Although it was expected that the LEAD programme will continue until April 2010, an extension had not yet been approved by Food for Peace by March 2009[3]. Consequently, it was decided that the final evaluation would be conducted in the second and third quarters of 2009, to maintain the seasonality of the Baseline Survey that was conducted in 2007.

Programme interventions include:

- In the area of strengthening human capabilities:
  - Building the capacities of poor farmers to be able to innovate;
  - Building the capacities of youth to manage micro-enterprises or income-generating activities;
  - Expanding the health and nutrition knowledge and skills of rural women;
- Related to strengthening livelihoods:
  - Improving agriculture -based livelihoods for poor farmers through increased productivity and more effective agricultural marketing;
  - Facilitating livelihoods opportunities for unemployed or underemployed youth;
- To expand resiliency to shocks at the community-level:
  - Strengthening linkages between communities and health services;
  - Improving community-based and household-based environmental health;
  - Restoring agricultural infrastructure;
  - Facilitating the re-establishment of community-managed safety nets;
- To empower communities to affect decisions related to food security:
  - Building capacities of various types of community-based groups to practice good governance;
  - Cultivating linkages between community-based groups and chiefdom, district and town governments.

[3] Apparently the USAID Cognizant Technical Officer has now indicated that the official extension date is through May 2010, though the programme is scheduled to close out as of April 2010

1.3 Evaluation Objectives:

The purpose of the final evaluation is to provide information to the CORAD partners, USAID/FFP, GoSL, and other stakeholders to encourage learning regarding the programme's achievements and to provide lessons learnt or learned for replication of similar economic development and agricultural productivity projects.

The primary objectives of the evaluation include:

1. To generate selected information and compare final programme results against the established targets to determine the impact of the LEAD programme. .
2. To ascertain any additional impacts that the LEAD project has had on communities served.
3. To determine the relevance of activities implemented by each partner.
4. To identify best practices that have contributed to the overall impact of the LEAD programme (implementation strategies, interventions, etc.)
5. To determine whether CORAD partners' business practices were well-received by the communities that were supported and if they were conducive to promoting community ownership; and
6. To ascertain any gaps that still exist in communities that were targeted that should be addressed through other programming.

The TOR (see Annex 1) spelled out the indicators to be measured and data collection methods to be used.

CHAPTER 2. STUDY APPROACH AND METHODOLOGY

In conducting the final evaluation, Enterprise Development Services (EDS) used quantitative and qualitative methods to generate data that sheds light on the results obtained by the programme.

Population-based Household Survey:

Respondents were selected at random from the population in the communities/towns served by the LEAD programme. A questionnaire was designed and used to collect information on the population- based indicators, including anthropometric measurements, for comparison with data collected in the baseline survey (see Annex 2). The questionnaire was a simplified version of that used in the baseline survey. With an estimated total population size of 325,160 in LEAD programme communities, over 422 questionnaires were administered (95% CI and 5% ME), including 10% allowance for non response.

Survey of Beneficiaries:

A random sample of beneficiaries of the programme was selected and interviewed using a questionnaire that had different sections to collect data on different programme activities

(see Annex 2). LEAD beneficiaries participate in multiple activities, e.g. Farmer Field School (FFS) members may also be members of Village and Savings (VS&L) groups or Micro Enterprise Development (MED) groups and may or may not benefit from Start-up Grants, etc. Consequently, by using the population of beneficiaries available in the LEAD database to determine the sample size each individual in each activity has an equal chance of getting into the sample, implying that an individual may be selected more than once. The estimated sample size for a total beneficiary population of 82,476 activity/beneficiaries is 420 (95% CI and 5% ME) allowing for 10 % non response.

Focus Group & Key Informant Survey:

To collect data such as the appreciation of community members of LEAD programme interventions, communities with safety nets in place, IEE compliance, etc., key informants selected by the EDS team in consultation with LEAD programme staff were interviewed individually and in groups using appropriate check lists developed for specific interventions.

Data collection:

Enumerators and Supervisors provided by CORAD partners interviewed the selected farmers. They were assigned to work outside the locations served by their employer to reduce the risk of enumerator bias. EDS designed the two questionnaires and provided the sampling procedure for selecting respondents. EDS staff also conducted re-interviews of a small sample of respondents and measured crop areas using GPS equipment, to verify interview data accuracy. Focus Group and Key Informant interviews were conducted directly by EDS staff. Questionnaires were entered into an Excel database designed by EDS, by a team of data entry staff provided by the WVSL.

Data Analysis:

Means, standard deviations, frequencies and frequency distributions were calculated as necessary for questionnaire data using Excel. Comparisons were made with the findings of the baseline survey. Qualitative information from Focus Group interviews was distilled from consensus arrived at during the interviews.

CHAPTER 3. ASSET OWNERSHIP

As stated in the Baseline survey report, asset ownership is an important indicator of wealth and is a useful proxy for characterizing livelihood security of households. In Sierra Leone, the value of assets owned by rural households has been shown to correlate highly with other livelihood indicators, and to closely mimic qualitative wealth rankings.[4] Because of the reduced scope of the final evaluation compared to the baseline survey, the quality of housing materials is the only asset indicator measured. Because of ethnic, cultural and environmental differences in use of housing construction materials the indicator is best

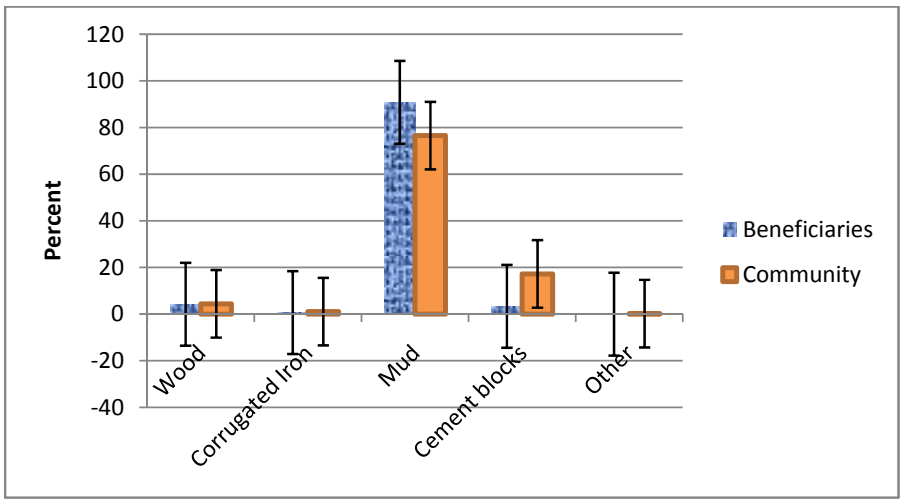
[4] Statistics Sierra Leone: Sierra Leone Integrated Household Survey 2004

used for comparisons between persons living in the same or environmentally similar locations.

3.1 Make of Dwellings

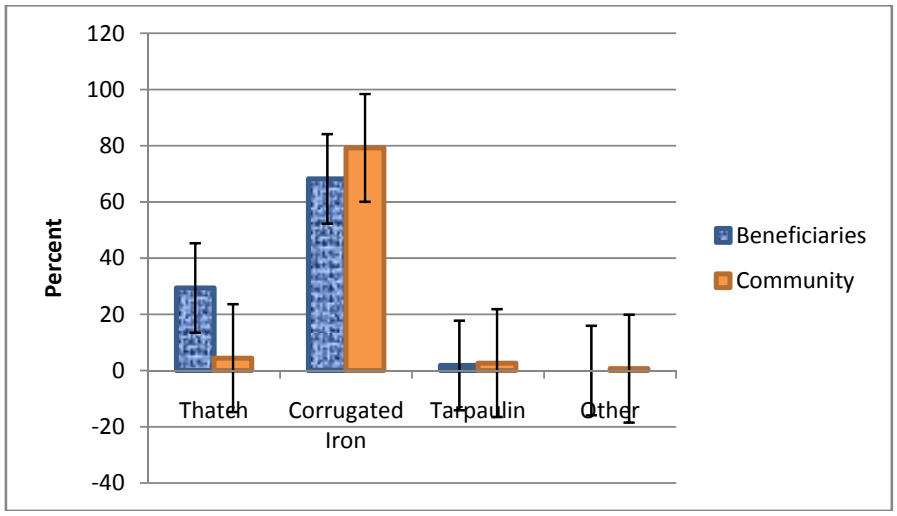
Figure 3.1 shows that mud walls are the most common form of walls of the dwellings of households in the target communities of LEAD as well as among beneficiary households drawn from the target communities. Corrugated iron sheets are the most common form of roofing material (Figure 3.2). The fact that the percentage of households with cement-block walls and corrugated iron sheet roofs is higher among the target population than among the beneficiary households indicate that the LEAD programme did succeed in targeting the less wealthy in the communities – one of its programme objectives.

Figure 3.1: Make of walls of dwellings of households



Note: Bars show standard errors

Figure 3.2: Make of roofs of dwellings

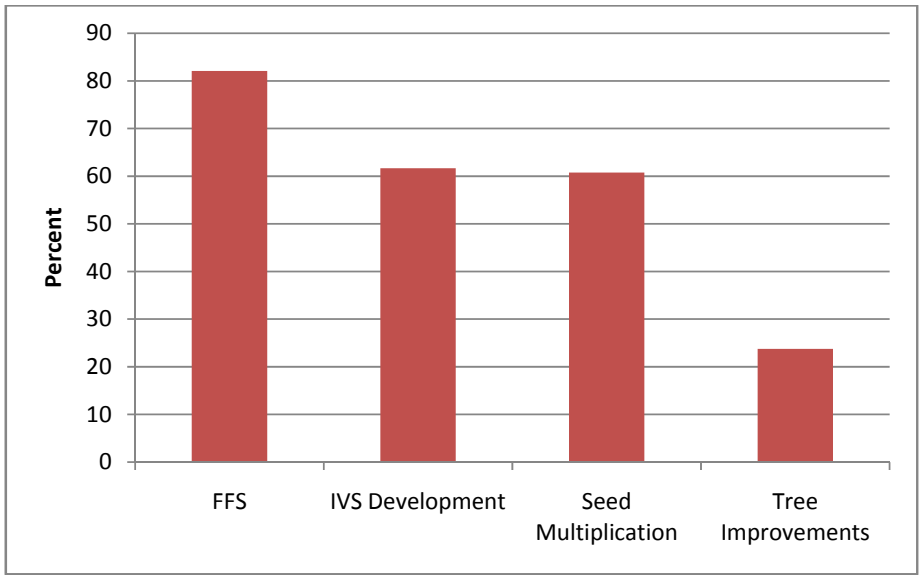


CHAPTER 4. AGRICULTURE

4.1 Farmers Field Schools and Use of Improved Production Practices

One of the goals of the Farmers Field Schools (FFS) implemented by the LEAD programme was to train farmers in the use of new agricultural techniques that can help them to improve upon their farming performance. The baseline survey showed that only 13 % of the total household heads interviewed were members of a FFS - a finding not regarded as surprising, as the Chiefdoms of LEAD were selected in part because of the lack of agricultural extension services. As expected, Figure 4.1 shows that participation rate is much higher – over 80%, among LEAD beneficiary households. About 60% of households also participated in Inland valley swamp (IVS) development and community seed multiplication activities, with a much lower proportion (about 22%) participating in tree crop improvement activities.

Figure 4.1: Participation of LEAD farmers in Agricultural improvement Activities



Of much more importance than participation of agricultural improvement activities is the proportion of farmers who actually adopt improved practices taught to them in FFS etc. Figure 4.2 shows that <u>use of improved practices increased significantly among LEAD beneficiary households compared to the situation among households in the community during the baseline survey</u>. Figure 4.3 confirms that the improved practices were learned mainly from LEAD, as only about 18 % were practicing soil conservation techniques (contour farming, mulching, crop rotations and manuring before the onset of the LEAD programme.

Figure 4.2: Use of Improved Farming Practices by Beneficiary households compared to households in the baseline survey

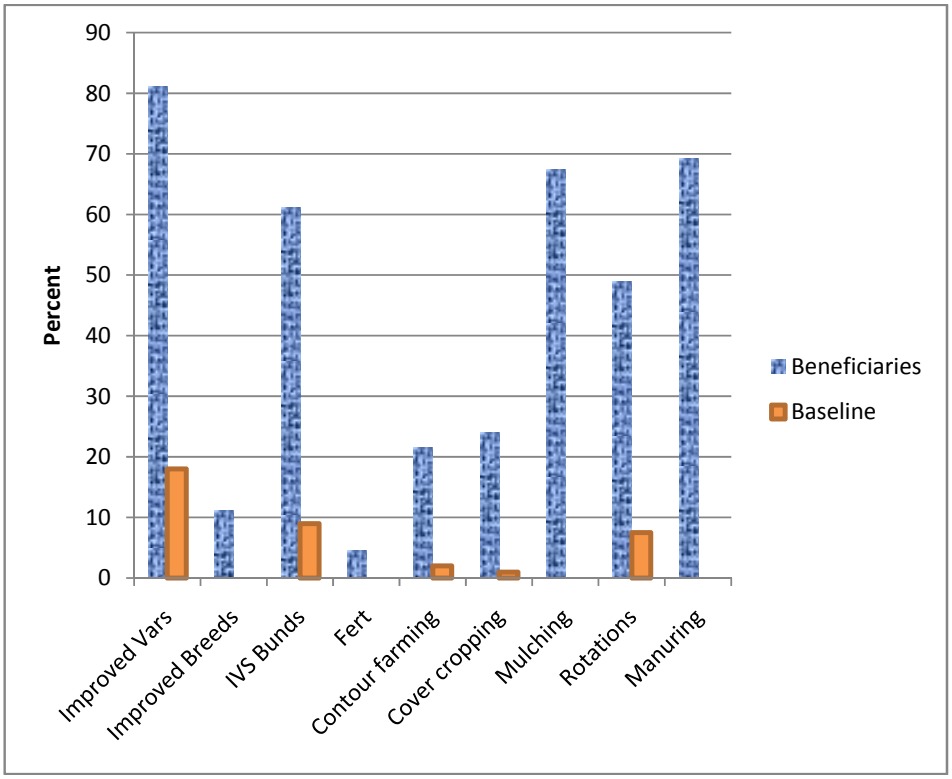
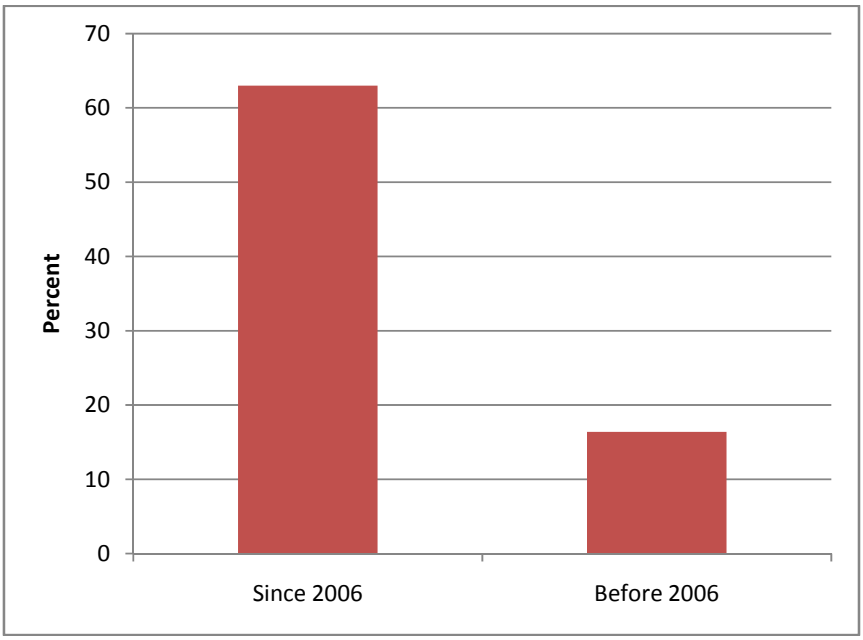


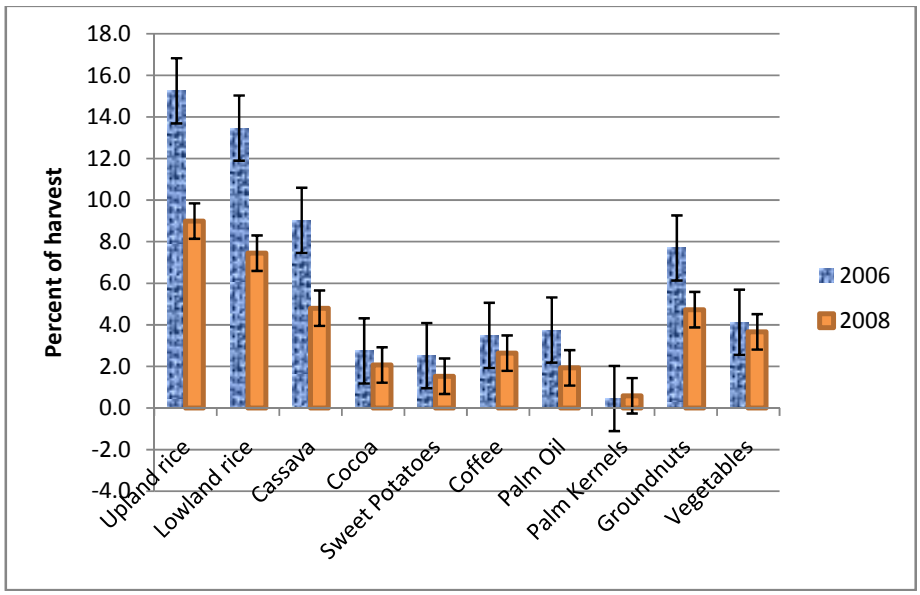
Figure 4.3: Length of time farmers have been practicing soil conservation techniques



4.2 Post Harvest Losses

One of the interventions of the LEAD agriculture programme was to help farmers reduce their post harvest losses. Figure 4.4 shows that the average percentage post harvest loss declined for all crops over the period of LEAD. The most significant declines were for rice and cassava. This is due to the fact that the proportion of farmers adopting loss prevention measures has increased. While about 57 % of farmers reported undertaking no loss prevention method during the Baseline Survey, the proportion who adopted no measure was much lower among the beneficiary farmers (Table 4.1) ranging from a low of 8 % for upland rice to 48 % for sweet potatoes.

Figure 4.4: Percentage post harvest crop losses reported by LEAD beneficiaries

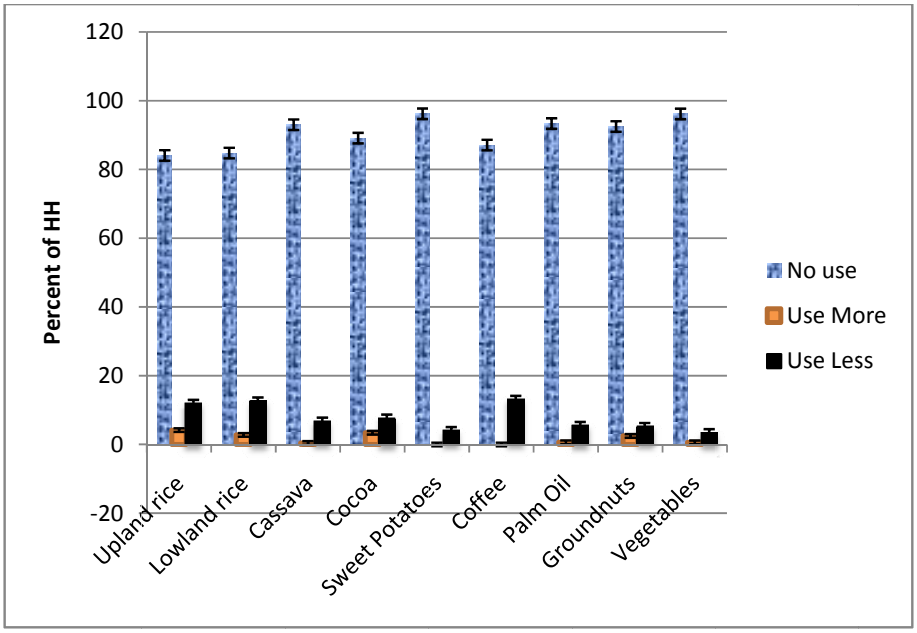


Note: Bars show standard errors

Table 4-1: Most Important Measure Adopted by LEAD Farmers to Reduce Post Harvest Losses in 2008 compared to farmers in the baseline survey

Crop	% of farmers adopting a particular measure					
	None	Drying Floor	Drying Mat	Improved Store	Wooden Boxes	Other
Upland rice	8	43	33	6	2	8
Lowland rice	9	39	38	7	1	7
Cassava	36	12	13	5	9	25
Cocoa	38	34	22	3	0	3
Sweet Potatoes	48	18	12	2	2	19
Coffee	36	38	19	2	1	3
Palm Oil	44	n.a.	n.a.	10	n.a.	39
Groundnuts	14	44	29	2	3	8
Vegetables	34	26	21	2	1	16
Baseline (all crops)	57	5	7	10	5	16

Figure 4.5: Farmers Use of post harvest pesticides in 2008 compared to 2006



4.3 Crop Production[5]

One of the main objectives of the LEAD programme was to increase household farm production. Table 4.2 shows that the proportion of beneficiary households cultivating both food and tree crops have increased during LEAD. Table 4.3 and Figure 4.6 show that crop production and productivity increased significantly among the LEAD beneficiaries. The biggest increases were for vegetables. Since output increases were always greater than acreage increases, except in the case of groundnuts, it is evident that the gains in productivity far outstrip gains from acreage expansion. In fact crop area declined for many crops (Figure 4.6). Only for groundnuts does it appear that expansion of area and price increases are the main factors causing the increase in value of production. The increases in crop productivity were obviously due to the adoption of improved techniques by farmers as shown earlier in Figure 4.2.

Table 4.3 presents a comparison between the average values of crops produced (Leones) by beneficiary households and households in the target communities indicating that community households on the average produced more cash crops than beneficiary households which conversely produced more food crops. This corroborates the data on households assets in Figures 3.1 and 3.2 that LEAD beneficiary households were the poorer and more vulnerable households in the target communities.

[5] Methodology Note: Because of lack of information on conversion factors used in converting local units of measure recorded during the Baseline, direct comparisons between Kg of output reported in the Baseline and those in this report should be treated with extreme caution. However, since the same conversion factors are used internally in this evaluation report comparisons between 2006 and 2008 figures are valid. Because of price changes, the values for production and sales in the two years need to be deflated by a price index to get a true picture of real changes in the value of farm production during the period of LEAD activity.

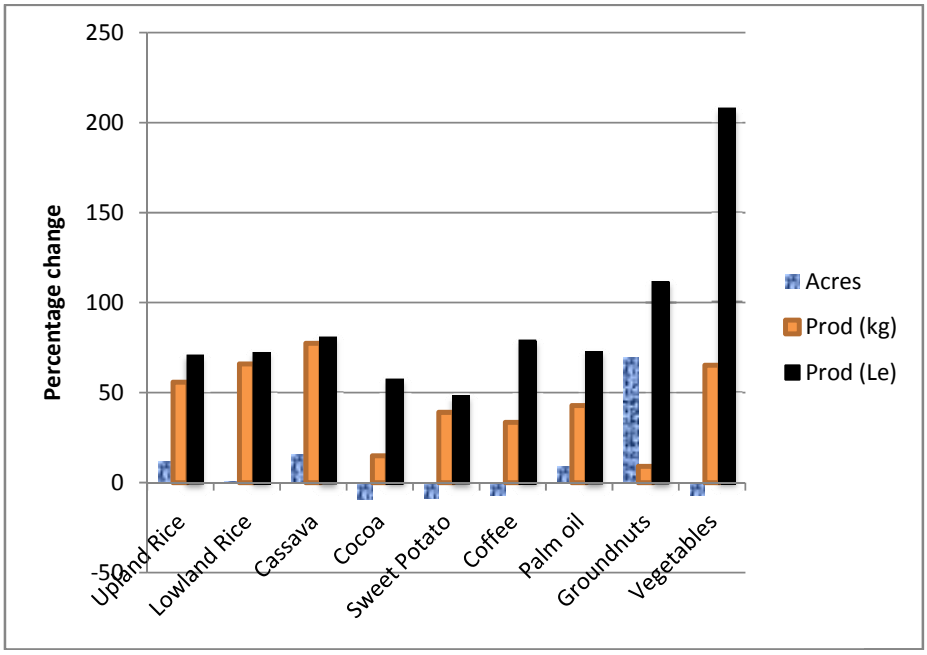
Table 4-2: Percentage of Beneficiary Households Cultivating Main Food and Tree Crops

Crop	% of households cultivating crop	
	2006	2008
Upland Rice	67.3	77.6
Lowland Rice	64.3	69.1
Cassava	38.3	48.2
Cocoa	26.7	30.0
Sweet Potato	13.5	18.6
Coffee	31.4	35.4
Palm oil	24.7	30.0
Groundnuts	30.9	46.0
Vegetables	24.4	32.7

Table 4-3: Acreage and production of main food and tree crops by beneficiary households and by households in target communities

	Beneficiary Households						Community Households
	2006			2008			2008
Crop	Acres	Prod (kg)	Prod (Leones)	Acres	Prod (kg)	Prod (Leones)	**Prod (Leones)**
Upland Rice	2.70	892.18	544,338	3.01	1389.74	927,585	705,112
Lowland Rice	2.13	871.11	408,778	2.15	1446.08	702,548	644,664
Cassava	1.06	309.24	86,309	1.23	548.69	155,591	636,914
Cocoa	1.82	121.06	142,989	1.65	139.07	224,540	652,011
Sweet Potato	0.27	66.78	23,878	0.25	92.88	35,277	458,364
Coffee	2.17	65.48	145,193	2.02	87.43	259,220	322,045
Palm oil	1.41	57.74	97,077	1.54	82.46	167,345	120,364
Groundnuts	0.67	602.21	121,293	1.14	656.50	256,190	301,187
Vegetables	0.44	83.42	38,063	0.41	137.87	117,048	336,075

Figure 4.6: Changes in crop production and productivity between 2006 and 2008 among LEAD beneficiaries



4.4 Sale of Farm Produce

An important source of income for farmers, often the only source, is the sale of their farm produce. Table 4.4 shows that more of the beneficiary households made sales in 2008 than in 2006 although it was only for cassava, groundnuts and vegetables that the increase was substantial. Also, the proportion of the crop produced that was sold increased except in the case of upland rice and cassava. But the increases were small except in the case of sweet potatoes.

Table 4-4: Percentage of beneficiary households making sales of food and tree crop products in 2006 compared to 2008

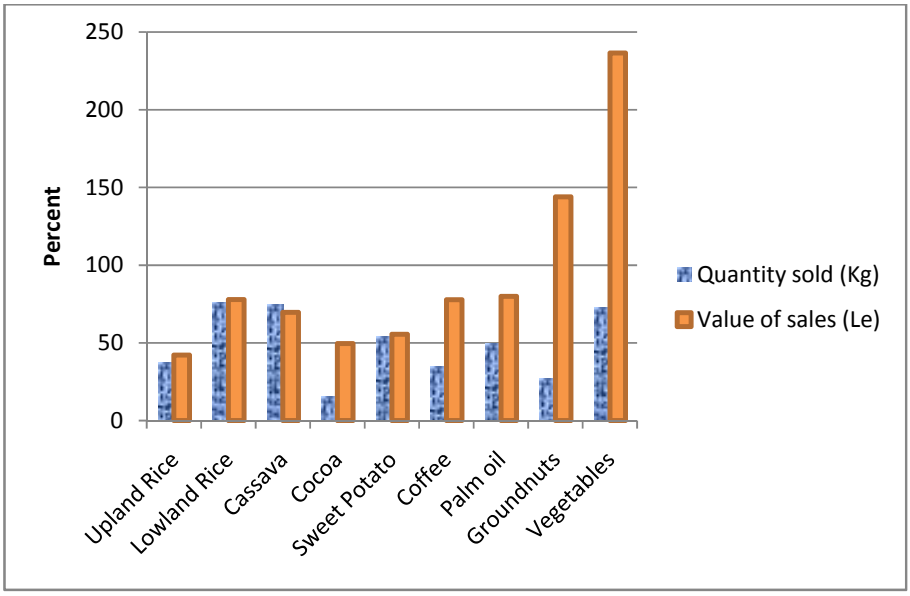
Crop	% households making sales		Average % of household production sold	
	2006	2008	2006	2008
Upland Rice	39	41	31	27
Lowland Rice	37	40	35	38
Cassava	32	41	69	68
Cocoa	26	30	99	99
Sweet Potato	11	15	65	73
Coffee	31	35	99	100
Palm oil	23	28	77	81
Groundnuts	27	37	42	49
Vegetables	23	32	80	84

Although the changes in households making sales, and the proportion of production sold was small, Table 4.5 and Figure 4.7 show that the average quantities of food crops sold per household increased by a low of 27 % for groundnuts to a high of about 75 % for cassava, lowland rice and vegetable (the principal food crops targeted by LEAD), reflecting the fact that production increases (Kg) were substantial as already shown in Table 4.3. Figure 4.7 also illustrates the fact that there were additional gains from price increases for vegetables and groundnuts over the three year period resulting in much higher percentage increases in the value of sales compared to increases in quantities produced.

Table 4-5: Sales of food and tree crops by beneficiary households

Crop	2006		2008	
	Sales (kg)	Sales (Le)	Sales (kg)	Sales (Le)
Upland Rice	274.97	126,182	378.15	179,359
Lowland Rice	308.05	105,737	543.16	188,157
Cassava	212.91	58,130	371.88	98,617
Cocoa	119.52	148,306	137.76	221,744
Sweet Potato	43.72	17,588	67.51	27,357
Coffee	64.53	144,460	86.99	256,873
Palm oil	44.36	74,487	66.38	134,031
Groundnuts	254.34	62,808	323.41	153,223
Vegetables	66.94	32,902	115.56	110,773

Figure 4.7: Percentage change in quantities of food crops sold and the value of sales

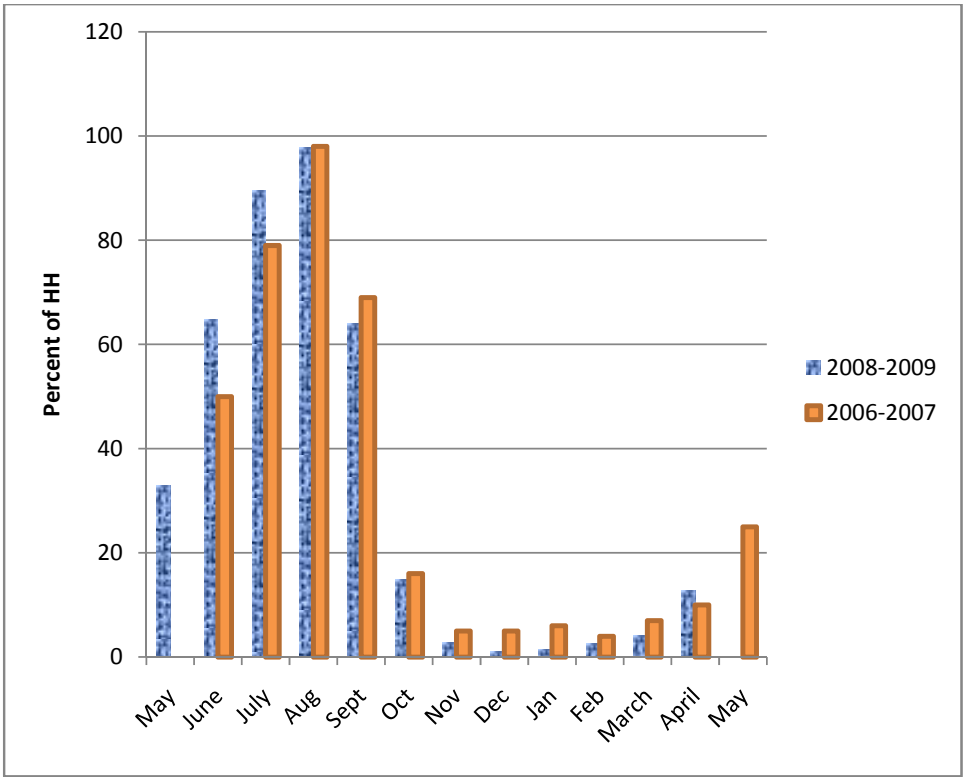


4.5: Food Security

As in the baseline survey, respondents in the communities, i.e. those in the population based survey, were asked about the food security situation in their households. A first set of questions asked whether there were months in which the household did not have enough food to meet the needs of its members during the 12 months prior to the survey, and on a month-by-month basis.

The data presented in Figure 4.8 show that the pattern of food provisioning is the same as recorded for the 12 months preceding the baseline survey (2006-2007) as in the 12 months preceding the population based survey (2008-2009) with non statistically significant differences in percentage of households with inadequate food provisioning in the different months of the year. Shortages generally occurred in the period June to October (the well known "hungry period", with the month of August being the time of greatest food insecurity, while families had the greatest access to food from November to March.

Figure 4.8: Months of inadequate household provision recorded in baseline (2006-2007) and the population survey (2008-2009)

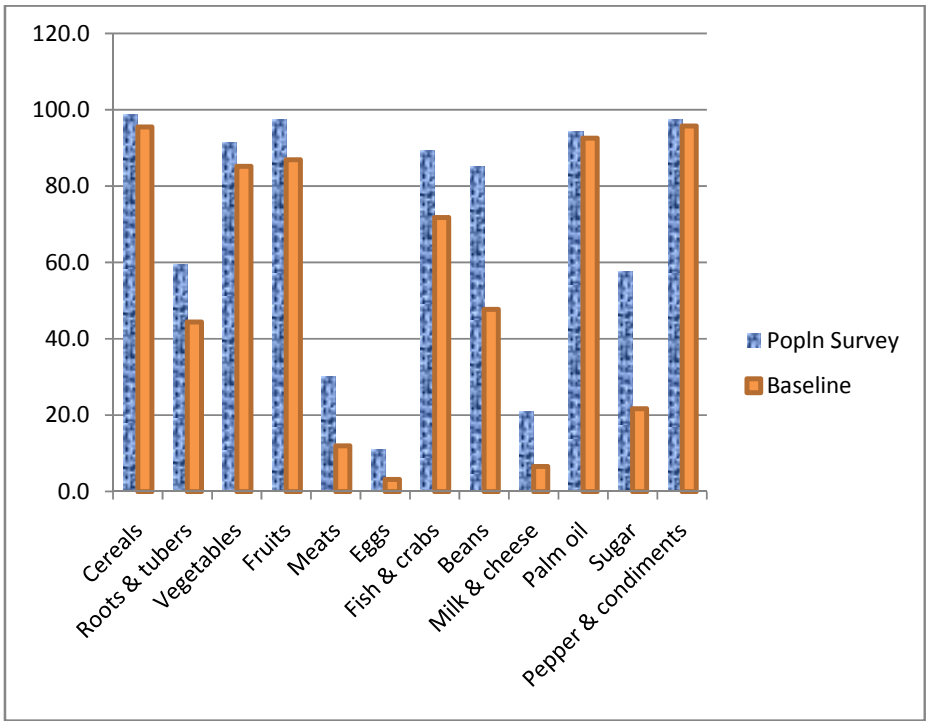


Overall, households in the population survey in 2009 had more diversified diets than those in the baseline survey in 2007. The Household Dietary Diversity Score (HDDS) value for the entire baseline sample was 6.7, while it is 8.3 for the target communities in 2008, indicating

that households in the baseline sample, on average, consumed food from approximately 7 food groups while the households in the target communities on the average consumed from 8 food groups.

Figure 4.9 presents the percentage of households that consumed food from each of the specified groups in the previous 24 hours in both survey periods. It is interesting to observe that the percentage of households consuming meats, eggs, fish and beans, i.e, proteins is substantially higher in the 2009 survey households than the 2007 baseline households. Unfortunately, it is not possible to say whether this change is as a result of LEAD activities spilling over into the target population since equivalent data was not collected specifically from beneficiary households.

Figure 4.9: Categories of food consumed by households 24 hours prior to baseline and population surveys



CHAPTER 5. GOOD GOVERNANCE

5.1 Training

Figure 5.1 shows that over 63 % of respondents in the beneficiary survey reported that they obtained training in Good Governance under LEAD. The training introduced principles of community and group governance to participants. In all communities visited by the evaluators the participants reported that they have held community workshops in which

they introduced the principles of good governance, principally transparency, accountability and democratisation, to other community members. This was a good way of creating awareness in good community membership and leadership and in democratizing the conduct of community affairs.

Figure 5.1: Group involvement in good governance training and contact with local authorities

5.2: Contacts with Local Authorities

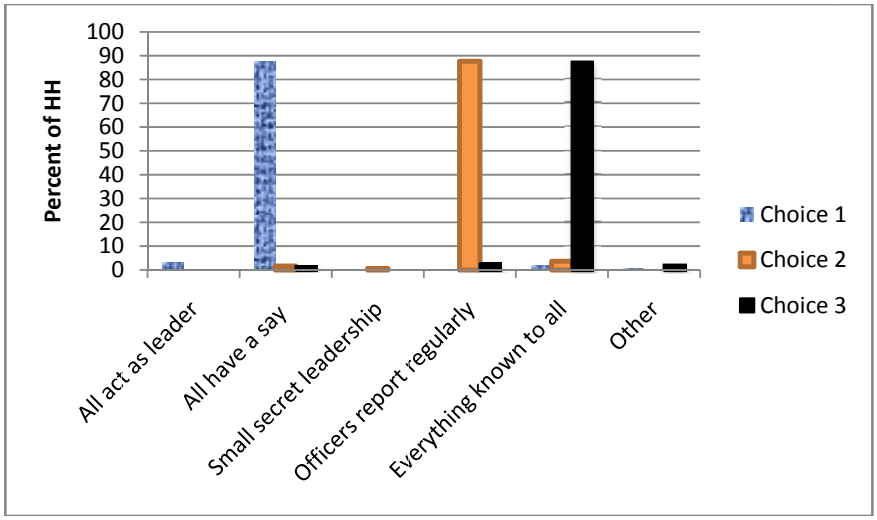
Figure 5.1 also shows that less than 49 % of respondents in the beneficiary survey had had any contact with any local authority member, which meant that there was limited opportunity for the communities to use this strengthened capacity in negotiating community concerns with local authorities.

Nonetheless training in good governance will have a significant effect on the way community affairs are organized and managed if the principles learnt in the training are applied in the management of the communities.

5.3 Understanding of Good Governance

Figure 5.2 shows that the respondents in the beneficiary survey had a good understanding of the basic elements of good governance as demonstrated by the fact that almost 90 % selected consultation, accountability and transparency as elements of good governance from a list of 6 choices. They also gave good examples of the application of the principles in the management of their homes and the administration of their villages.

Figure 5.2: Beneficiary's description of the elements of good governance

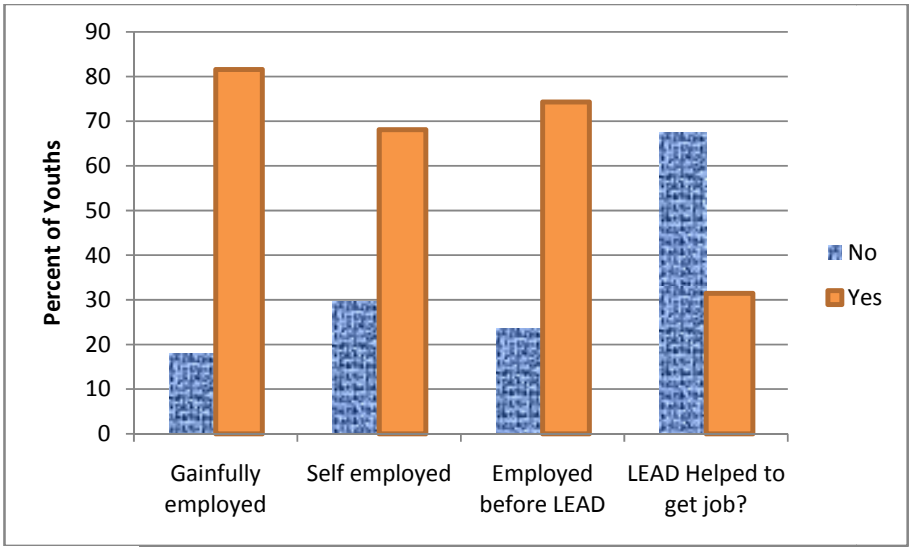


CHAPTER 6. YOUTH EMPOWERMENT

6.1: Job Creation

Almost 82 % of youths interviewed during the beneficiary survey considered themselves gainfully employed, with 68 % working for themselves and the rest working for someone else (Figure 6.1). However, over 74 % of youths reported that they were employed doing something else before embarking on their present occupation and the majority (67 %), reported that the LEAD programme did not help them in securing their present occupation. It is evident that the LEAD programme had minimal effect on job creation for the youth.

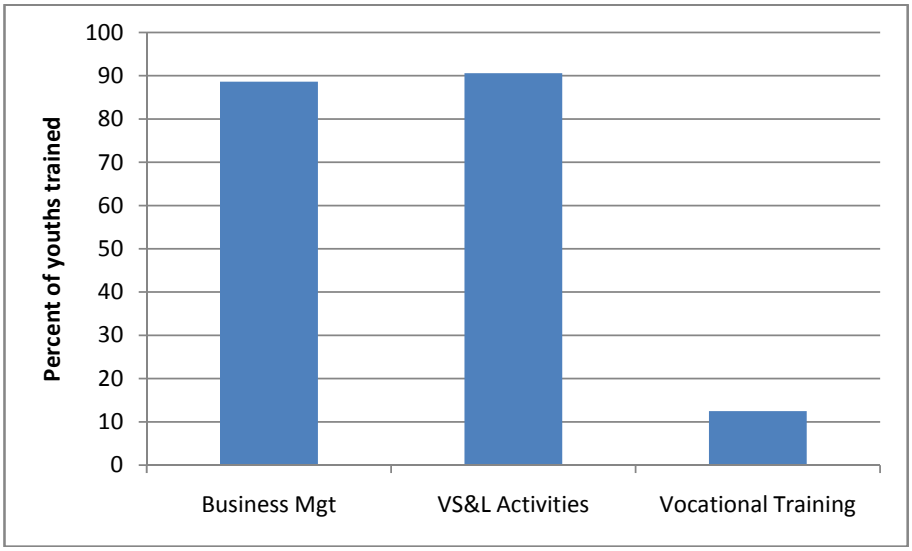
Figure 6.1: Role of LEAD in Job Creation



6.2: Business Management and Vocational Training

Just over 42 % of youths in the beneficiary survey reported that they received training in business management or vocational training. Of these, about 89 % were trained in business management, 91 % in the Village Savings and Loan scheme and 12.5 % in vocational skills (Figure 6.2). The figures indicate that the LEAD programme did not prioritize vocational training.

Figure 6.2: Training received by youths



The business management training offered by LEAD was very comprehensive with eight topics covered. As shown in Figure 6.3 just over 85 % of the beneficiaries were able to recall all the topics taught. It appears that the greatest interest of the beneficiaries was in costing and pricing as 100 % of them recalled that the topics were covered during the training. Market information, record keeping and financial planning were the three least recalled topics. These, especially financial planning and record keeping are the more technical topics requiring greater literacy and numeracy skills to adopt. The weak educational background of the trainees may explain why some respondents did not recall that they received training in them.

The youths that reported participation in vocational training indicated that they participated in training in only three trades - carpentry, tailoring and embroidery/dressmaking out of a list of nine trades apparently offered by the LEAD programme and listed in the beneficiary survey questionnaire (including hairdressing construction, auto-mechanic, information technology, metal work and electrical/electronic engineering). As shown in Figure 6.4 approximately nine percent of youths were trained in carpentry and dressmaking and about 4.5% in tailoring. Either the other training courses were not actually offered in the LEAD

programme or the beneficiaries were so few that they did not fall into the random sample of beneficiaries interviewed in the survey of beneficiaries.

Figure 6.3: Participants' recollection of topics covered in business management training

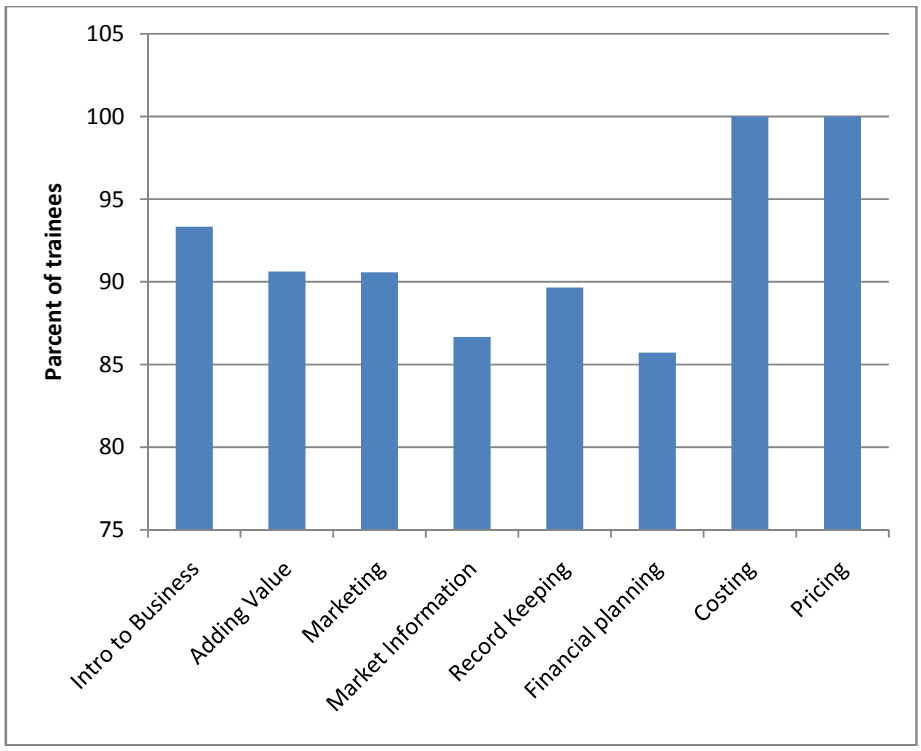
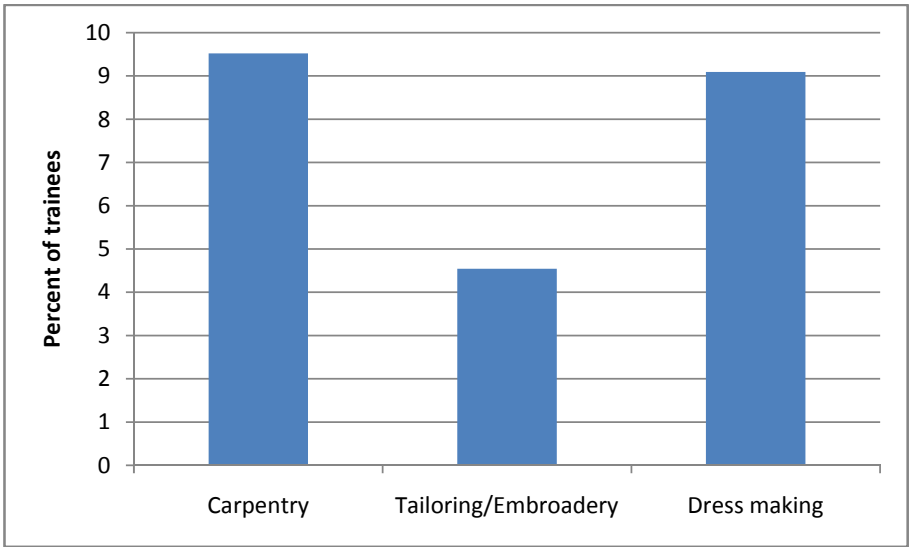


Figure 6.4: Proportion of youths that reported receiving training in different vocations



6.3: Youth Participation in Livelihood Activities:

As shown in Figure 6.5 youths in the LEAD programme areas were most active in farmers' group activities. Eighty-three percent of youths in the programme belonged to farmers groups. Youth participation in other livelihood activities like marketing associations was much less at 29%, with participation in the workshop on development of input supply and market plans even less at 22 %. These youth participation rates were low considering the importance attached by LEAD to the empowerment of economically marginalized youths. As can be seen in Figure 6.6 the training workshop on input supply and market plans dealt with very important topics that are beneficial in youth agribusiness development. Of the five topics taught about 70 % of participants recalled all the subjects covered.

Figure 6.5: Participation of youths in LEAD livelihood activities

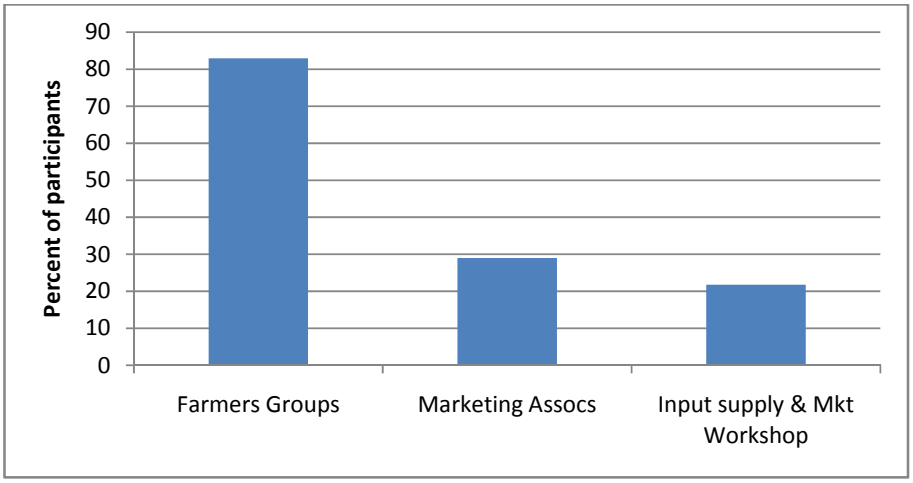
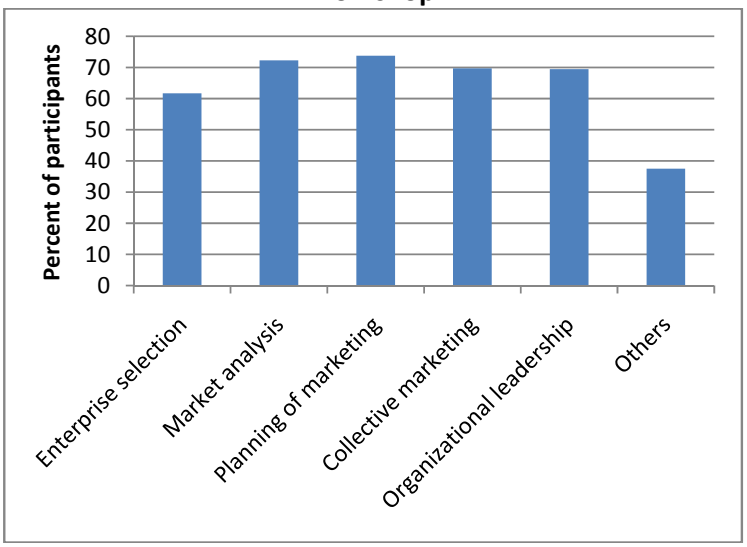
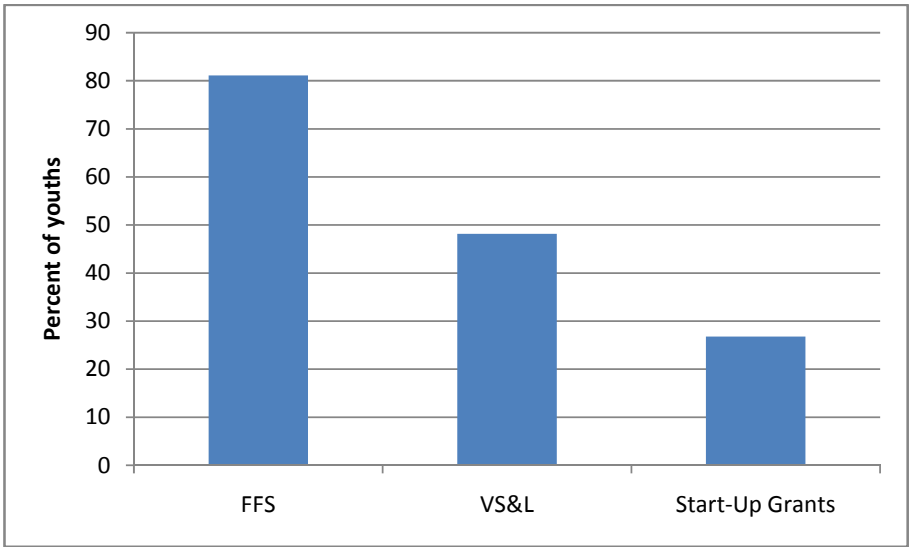


Figure 6.6: Participants' recollection of topics covered in the input supply/marketing workshop



The LEAD programme provided opportunities for youths to access viable economic activities in rural areas. Figure 6.7 shows the degree to which youths participated in different LEAD economic activities.

Figure 6.7: Access of youths to LEAD economic activities



Farmers Field Schools (FFS) were the most popular economic activity with around 80 % of the youths participating in them. The training offered in the schools was designed to improve farming techniques resulting in higher crop yields and increased farm incomes. Forty-eight % of the youths joined Village Savings and Loan (VS&L) groups in which they made weekly savings and had access to loans given by the groups from accumulated savings of members – 30 % obtained short term operational loans from the VS&L associations and 22 % obtained longer term capital loans. About 17 % of youths reported that they invested capital loans from the VS&L in farming while about 18 % invested in micro-enterprises. Twenty-six % of the youths got Start-up Grants from the project (independent of VS&L loans from group savings) that enabled them to start businesses in their communities. Problems with these Start-Up Grants are discussed in Section 8 of this report on results obtained from Focus Group Interviews.

CHAPTER 7. HEALTH AND NUTRITION

This section is particularly related to the health and nutrition situation in the project areas. It looks at maternal and newborn care practices, prevalence of underweight children, infant feeding practices, disease prevalence among children under five years and the health care seeking habits by mothers for their children under five years. The information is from the population based survey and refers to the LEAD target communities in comparison with the situation found during the baseline survey.

7.1: Maternal and Newborn Care Practices

Sierra Leone still has a high maternal mortality rate. The quality of antenatal care received by a woman influences greatly the outcome of her pregnancy. In this survey the mother of the youngest child in the household was asked questions about her antenatal history, particularly related to the place where she delivered her last child. The results show that antenatal care was received by 98.1% of the mothers during their last pregnancy (Figure 7.1). This is an improvement of 5.14% since the baseline survey was conducted. However, only 51.9% of the mothers produced a maternal health card (Figure 7.2).

Mothers were asked where they delivered their youngest child. The results in Figure 7.3 show that the Peripheral Health Unit (PHU) clinic was the place most commonly used for delivery by the mothers with 27.8% of them reporting they had delivered in a PHU hut. The next most common place of delivery was in another person's home followed by the mother's own home with 21.5% and 20% respectively. Delivery in a hospital was also common with 16.7% of the mothers reporting their youngest child was delivered in a hospital.

Figure 7.1: Proportion of women that received antenatal care (ANC)

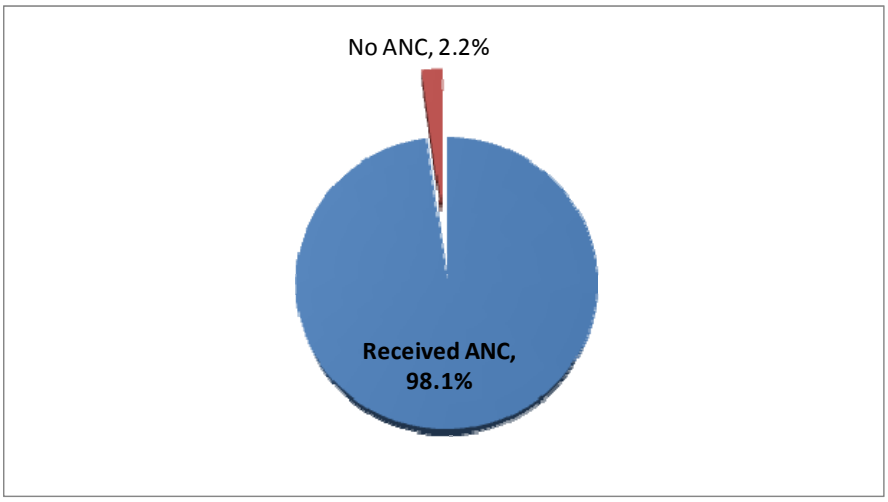


Figure 7.2: Possession of maternal health card by mothers

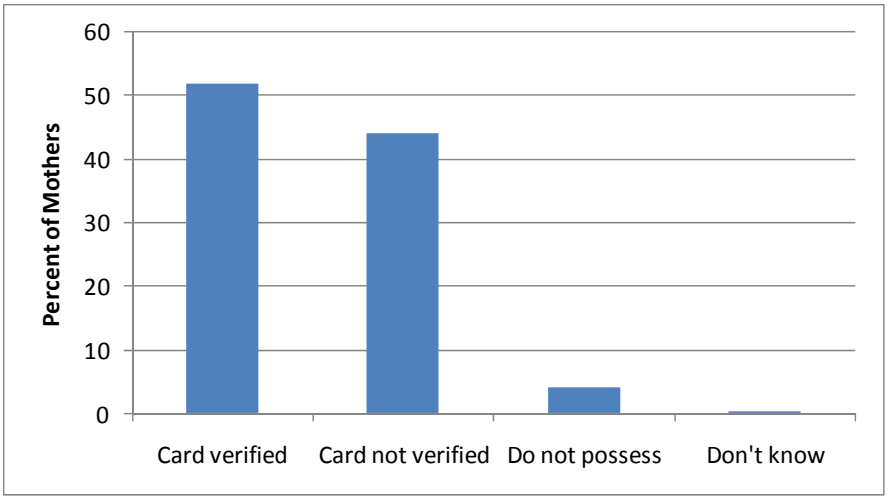
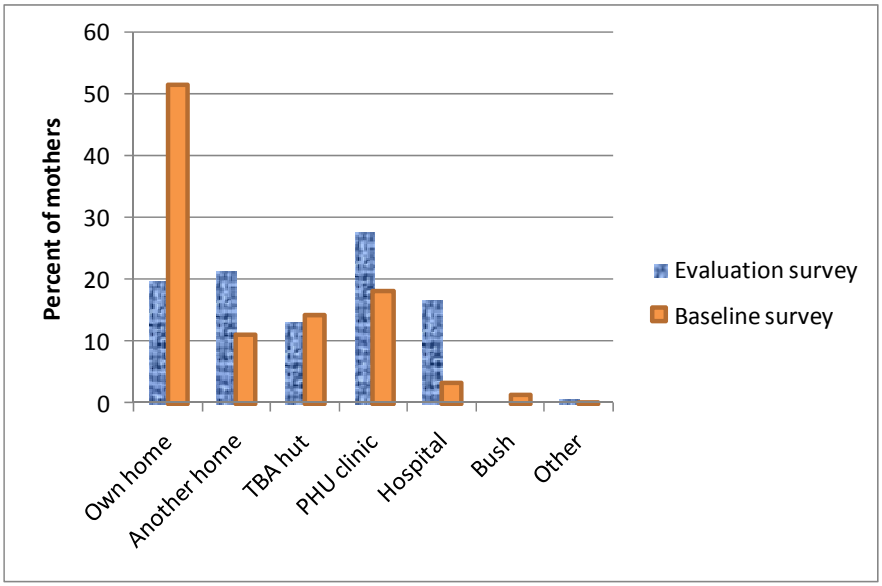


Figure 7.3: Place of delivery by mothers

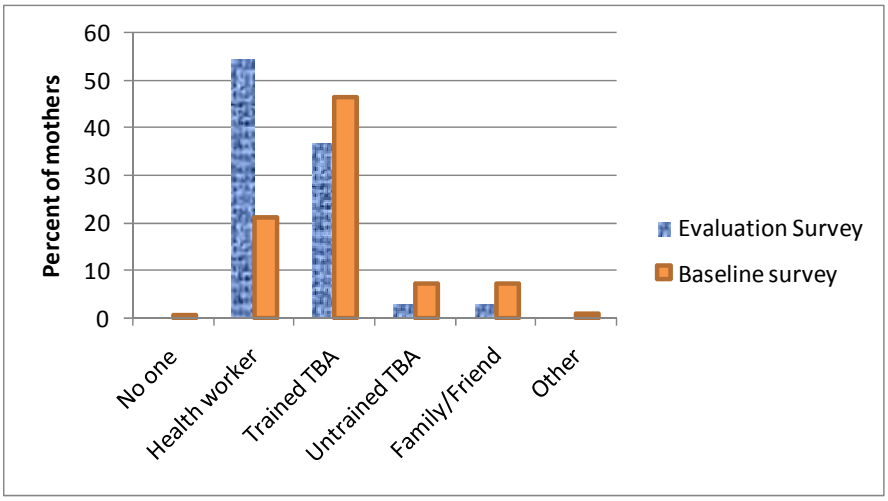


Delivery at home (20%) seems to have dropped when compared with the situation at the time of the baseline survey when it was the most common place in which mothers delivered their babies with 51.4% of the mothers giving this as the place where the youngest child was delivered. Also in this survey, a much higher percentage of mothers (21.5%) delivered in another home than during the baseline when only 11.2% did so. Delivery in a TBA hut dropped by 1 percentage point from the baseline survey and is now 13.3% compared with 14.2% in the baseline survey. In contrast to the baseline survey when only 3.3% of the mothers reported delivering in a hospital, in this survey 16.7% of mothers reported

delivering their youngest child in a hospital. This is a great improvement in the utilisation of hospitals for maternity purposes.

Another area of improvement is in the quality of assistance provided during delivery (Figure 7.4). Unlike the baseline survey when only 21% of the deliveries were assisted by trained health workers, in this survey the highest percentage of deliveries (54.6%) were assisted by a health worker (Doctor, Midwife, CHO or MCH aide).

Figure 7.4: Providers of birth assistance



Trained TBAs assisted 37.2% of the mothers during delivery. Here there was a reduction from the baseline survey in which they assisted 46.3%. In contrast to the baseline in which nearly one tenth of the respondents did not receive assistance from anyone during delivery, in this evaluation survey only two women (0.5%) out of 414 women responded that they received no assistance during delivery.

There has definitely been an improvement in maternal care practices during the period of the LEAD programme. There is a shift towards seeking care from hospitals and health centres as well as from the TBA to health workers. This is an area of success for LEAD.

7.2: Prevalence of Underweight Children

Table 7.1 shows the distribution of children less than five years by age group in the survey sample, indicating that there were only 44 children under six months among the youngest children in the households.

Table 7-1: Distribution of children under five years by age group in evaluation survey

Age Group In Months	Frequency	percentage
0 – 5	44	11.7
6 – 11	60	16
12 – 23	102	27.2
24 – 59	169	45
0 – 59	375	100

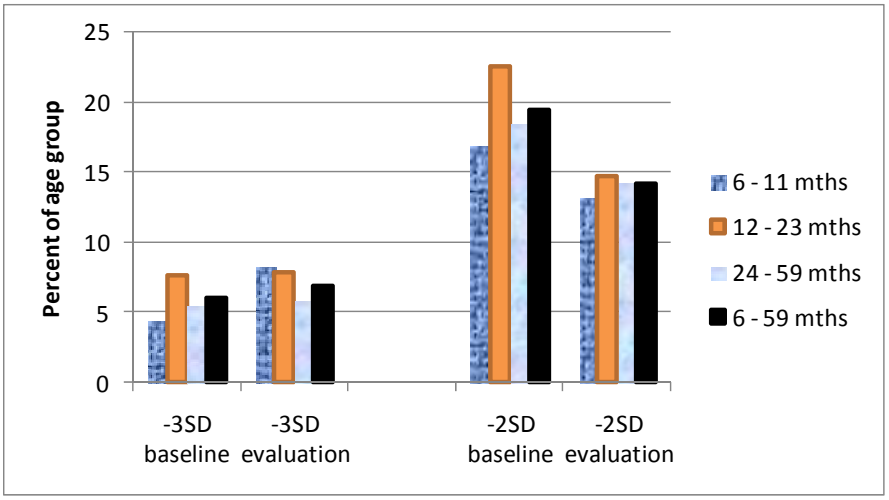
The percentage of underweight children is a measure of both acute and chronic malnutrition. This survey revealed that one-seventh of the children were underweight (CDC/WHO 1978 reference). This is much lower than what was found in the National Demographic Health Survey of 2008 which found that almost one –fifth of children less than five years in Sierra Leone were underweight. Table 7.2 gives the prevalence of both global underweight and severe underweight in the LEAD communities during the evaluation survey.

Table 7-2: Prevalence of moderate and severe underweight among the youngest children in the Evaluation Survey

Age group in months	Frequency	Prevalence of Underweight Children (%)	
		Global underweight (<-2SD)	Severe Underweight (<-3SD)
6 – 11	60	13.1	8.3
12 – 23	102	14.7	7.8
24 -59	169	14.2	5.9
6 – 59	331	14.2	6.9

On the whole, the nutritional status among the children under five years in the LEAD operational areas was much better than that in the national population. As can be seen in the Table global underweight (<-2SD) among these children was 14.2%, an improvement on the baseline survey results (Figure 7.5) which was 19.4%. But in the case of severe underweight the situation seems to have worsened slightly as a higher prevalence of severe underweight was found during the evaluation survey (6.9%) compared to the baseline survey (6%).

Figure 7.5: Proportion of Underweight children in baseline and evaluation surveys



As shown Table 7.2 global malnutrition (<-2SD) is highest among the 12 – 23 months age group in the evaluation survey and lowest among the 6 – 11 months age group. This is a similar trend as that in the baseline survey when underweight prevalence was 20% in the 6 – 11 months age group, 39% in the 12 – 23 months age group and 41 % in the 24 – 59 months age group.

Severe underweight is highest among the age group 6 – 11 months (8.3%) followed by the age group 12 – 23 months (7.8%). It is lowest among the 24 – 59 months age group. This finding is opposite of what was found in the baseline when 4.4% of the children 6 – 11 months were severely underweight, 7.6% and 5.6% of the 12 – 23 months and 24 – 59 months age groups respectively were severely underweight (Figure 7.5).

The evaluation survey found that there was greater malnutrition prevalence among the males than females (Table 7.3). The global underweight prevalence among males was 17% while among females it was 11.3%.This was the same trend observed in the baseline survey. Among the males the 24 – 59 months age group had the highest prevalence of moderate underweight while among females the highest prevalence of of moderate underweight was in the 12 – 23 months age group. Also there is more severe malnutrition (<-3SD) among the males (10.5% than among the females (6,9 %).

Table 7-3: Prevalence of underweight children by gender

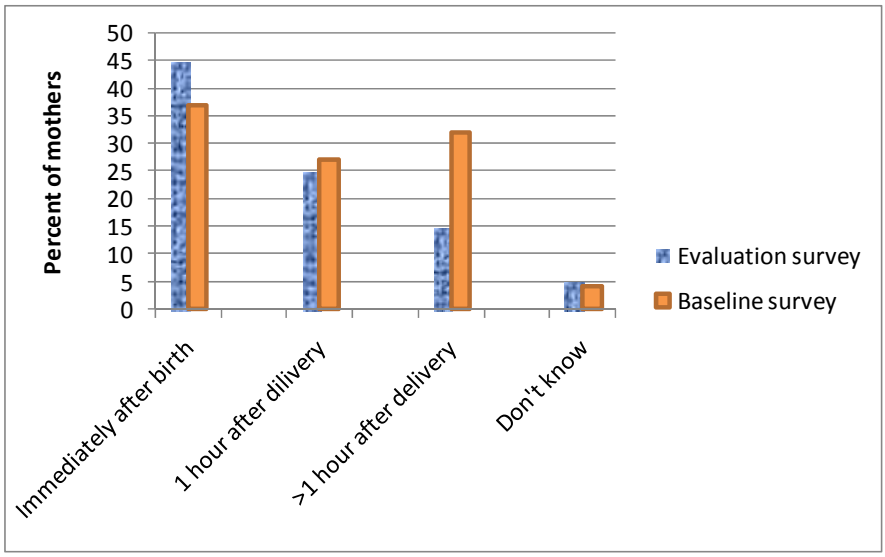
Age group in months	<-2SD		<-3SD	
	Males	Females	Males	Females
6 – 11 mths	17.2	9.7	10.3	8.3
12 – 23 mths	13.7	15.7	13.7	7.8
24 – 59 mths	18.7	9.9	8.8	5.9
6 – 59 mths	17.0	11.3	10.5	6.9

7.3: Breast Feeding Practices

The World Health Organisation Infant and Young Child Feeding recommendation is that children should start breast feeding within the first hour after delivery. This practice sets the stage for a successful period of breastfeeding and ensures that the child receives colostrum which is the first milk secreted by the mother during the first few days after delivery and is rich in antibodies, minerals and vitamins.

To determine the rate of immediate breastfeeding, mothers/caregivers of the youngest child in the household were asked how long after delivery the child was first breastfed. From the results, 45% of the mothers initiated breast feeding within one hour after delivery. Comparing this with the baseline survey reveals an improvement on the baseline survey when it was 37 % (Figure 7.6). During the evaluation survey 45% of the mothers reported they were still breast feeding the youngest child less than five years of age.

Figure 7.6: Early initiation of breastfeeding



7.4: Infant Feeding Practices

Water is given very early to infants by some of the mothers with 13.5% of the mothers reporting that they gave their children under 6 months something to drink during the first three days after delivery**.**

In fact water is the most commonly given drink to the youngest child with 48% of mothers reporting that they gave their children water the day before the survey (Table

7.4). As this was a qualitative survey and not a quantitative one no attempt was made to determine the quantity of water given. Milk formula (32%) and porridge with about (27.3%) are the next most important liquids given to infants.

Table 7-4: Types of liquids given to children under 6 months old

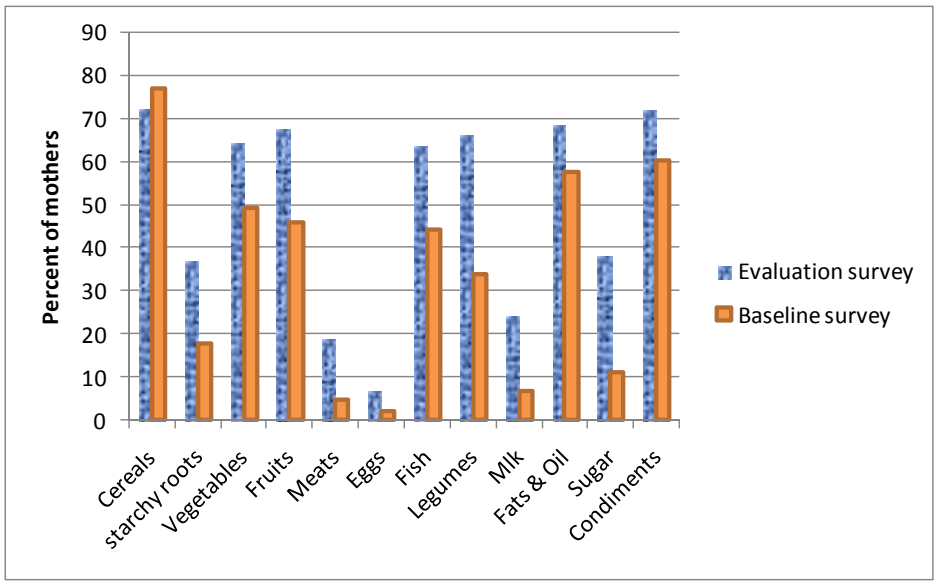
Type of liquid drink given yesterday	Frequency	Percentage
Water	21	47.7
Milk formula, Powdered milk	14	31.8
Orange juice	1	2.3
Coconut water	1	2.3
Sugar water, carbonated beverage, soup	4	9.1
Palm wine	0	0.0
Porridge/pap (rice, bulgur, blended)	12	27.3
Cerelac or commercial baby food	1	2.3
Other	9	20.5

In the baseline survey water was also found to be the most common drink given to children not being exclusively breastfed with 64.3% of the respondents reporting so. Thus, at the time of the evaluation survey a lower percentage of children were found to have been given water. That means that the situation has improved with regards to introduction of water to children not being exclusively breastfed.

7.5: Complementary Feeding

Breast milk is the ideal food for babies and is sufficient to meet the child's nutritional status up to the age of six months after which time it must be complemented with appropriate foods. As shown in Figure 7.7 the most commonly given foods to the youngest child were the cereals (72 %). Starches were not so commonly given to children (37%). Vegetables were also commonly given (64%). Meats (beef, pork, lamb, chicken snails etc) are not commonly given to young children as only 19% of the mothers mentioned that these foods were given. But fish or crab was given to the youngest child by 64% of the mothers the previous day. Legumes are another protein rich food commonly given by mothers to young children with 66% of the mothers reporting that this was given to the youngest child in the household the previous day. Palm oil and pepper were also given by about 66% of the mothers. The foods given as indicated above reflect the local dietary pattern and supports the generally known fact that many children under one year are fed normal family diet of rice and palava sauce. Compared to the situation during the baseline survey children received better and more nutritious complementary foods.

Figure 7.7: Foods given to children the previous day



But, meat and eggs are low in the diets of the youngest child. Breast milk cannot provide sufficient iron to meet the dietary needs of a child after six months and so iron rich foods need to be present in their diet. The only animal protein food reported by a good number of the respondents was fish which does not provide appreciable amounts of iron. The children are therefore at a risk of anaemia.

7.6: Prevalence of Illness and Health Care Seeking Behaviour

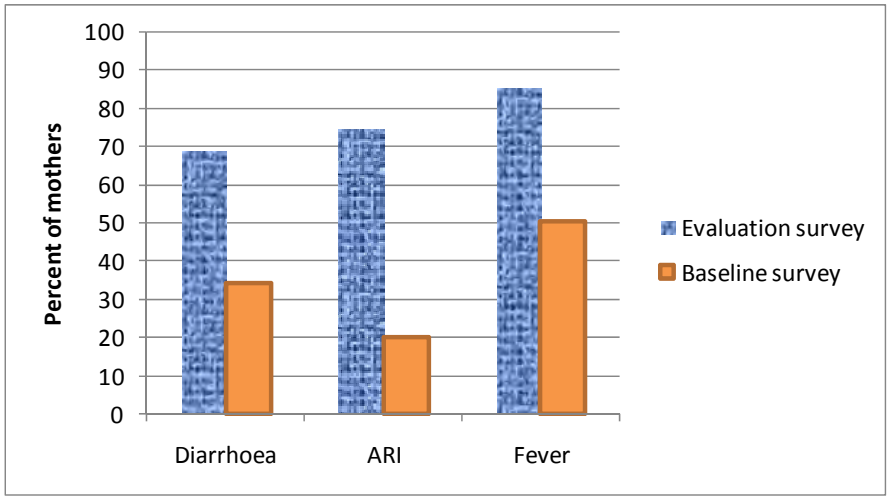
A child's nutritional status is affected by any type of illness. When a child is sick he/she has no appetite and also the absorption and utilization of any food eaten is markedly reduced. This leads to malnutrition. Malnourished children have lowered immunity and are more prone to infections leading to a worsening of the malnutrition.

In this survey, data was collected on the prevalence of illness and the health care seeking practices of the mothers for these children. Mothers of the children or caretakers were asked about the morbidity history of the youngest child in the household over the two weeks period prior to the survey. From the results, the most common illness reported among the children over the period was fever - reported in 85.8% of the children (Figure 7.8).

Compared to the situation during the baseline survey diarrhoea was more frequent in the children in the two weeks prior to the evaluation survey. There were even higher frequencies of Acute Respiratory Tract Infection (Cough) and Fever reported in the evaluation than the baseline survey. The evaluation survey thus shows that many more children were reported ill over the preceding two weekscompared to the situation during

the baseline survey. This finding is unexplained given the improved nutritional status of children found during the evaluation compared to the baseline survey periods.

Figure 7.8: Illness of children in preceding two weeks



Regarding where they obtain treatment when the child is ill, the responses varied according to the type of illness (Table 7.5). The PHU clinic was the most common place from which mothers obtained treatment for their children when they got ill – for fever 45.4%, for diarrhoea 32.7% and for ARI 22.8%. TBAs were not consulted when children were ill. However, a very high percentage of the mothers indicated that they do not seek treatment anywhere for diarrhoea (61.9%) and for ARI (45.65) which is of concern. The PHU clinic, District Hospital and Drugstore) were the main places mothers obtained treatment for their children when they were ill. But the evaluation survey revealed less use of these facilities in compared to the baseline survey period.

Table 7-5: Comparison of the treatment seeking behaviour of mothers during the baseline and the evaluation survey (% utilising different service providers)

Service Provider	Type of Illness					
	Diarrhoea		ARI		Fever	
	Baseline	Evaluation	Baseline	Evaluation	Baseline	Evaluation
No where	-	61.9	-	45.6	-	19.4
District Hospital	14.7	8.5	16.8	12.1	14.0	17.4
PHU clinic	53.0	22.8	63.38	32.7	56.4	45.4
Drugstore/pharmacy	2.1	5.7	3.6	8.6	3.6	11.4
TBA	7.5	0	1.9	0	3.5	0
Traditional Healer	3.3	0	1.8	0	2.6	0
Blue flag volunteer	1.2	0.7	0.4	0	2.7	0.3
Drug peddler	17.2	0.4	11.1	0.7	14.2	4.0
Other	1.0	0	1.0	0.7	2.8	2.0

CHAPTER 8. FINDINGS OF FOCUS GROUP AND KEY INFORMANT INTERVIEWS

Focus Interviews and Key Informant Interviews were conducted to seek answers from individual beneficiaries and beneficiary communities to questions posed in the TORs (Annex ----), which were grouped under a number of headings as follows:

1. Impact:
   - What do community members think has been the most significant change in their communities as a result of LEAD?
   - What is the level of satisfaction of community members in participating communities (both those directly benefitted and those not directly involved in LEAD) with regard to CORAD's way of working with them (communication/ information sharing, level of involvement of community stakeholders, gender considerations, and others the consultant may identify)?
   - Were the activities implemented under LEAD relevant to the challenges the communities were facing?
   - How did the quality of CORAD's interventions contribute positively or negatively to the impacts noted?
   - For those activities in which CORAD was implementing activities according to a particular model (FFS, VS&L, PD/Hearth), how well did partners follow the model?
   - What changes in attitudes and behaviours do community members (both men and women) articulate with regard to the feeding practices for children under five?
   - Number of communities in which safety nets are in place

2. Sustainability:
   - Is there evidence that CORAD has successfully ensured the sustainability of the LEAD programme? (Not only of physical changes such as the assets created through Food for Assets, but also of any behavioural changes around health/hygiene, good governance, saving money, and/or farming practices.)

3. Governance:
   - Number of communities demonstrated strengthened capacity in areas such as governance, participation, and M&E
   - percentage of targeted community based organizations (village development committees, farmer groups, community health clubs, village development health committees, youth groups, and welfare committees) practicing transparent and democratic governance
   - Number of groups effectively engaged with district councils, town councils or chiefdom authorities around issues of community development and social services.

4. IEE Compliance:
    - There is a record of random spot reviews by MYAP management staff of MYAP adherence to IEE-related policies, procedures, and guidelines.
    - A participatory, micro-watershed community-based long-rate vision and map(s) are prominently displayed in each MYAP community.
    - There is an approved mini-IEE on file at the sub-district, chiefdom, community, and/or CORAD programme level, as appropriate, that has been properly prepared and signed/dated by the stakeholder representatives involved—for each proposed MYAP community-level activity.

5. Bird Flu:
    - Each LEAD community cluster involved in FFA has a brief, expert-facilitated, participatory plan for reducing its exposure to H5N1 and for its response if/when H5N1 manifests itself

6. Gaps:
    - What best practices (if any) can the consultants identify from LEAD that should be documented and shared with other development stakeholders (if not already done)?

A detailed analysis of the interventions and their impact on beneficiary communities is presented in an assessment matrix in Annex 3. In the rest of this section the highlights of the impacts are briefly discussed

8.1 Impact of LEAD Programme and achievement of Objectives

"Africare has civilized us"
"We were blind, but Africare has opened our eyes"

These are quotes of appreciation expressed by FGI interviewees, in Kangama, Dea Chiefdom, and Komboima, Malema Chiefdom respectively, both in the Kailahun District, when asked whether the LEAD programme had brought any changes to their communities. Similar sentiments were expressed in other LEAD operational areas.

Generally, respondents confirmed that the process for the selection of interventions that LEAD supported in their communities was participatory. The communities were either parties in the selection of interventions or approved the implementation of the selected interventions based on their community needs.

The interventions also addressed critical development issues in the national poverty reduction strategy, including improvement in farmers' productivity for national food security and poverty reduction, and achievement of MDG targets for reduced maternal and infant mortality by 2015.

In every community in which FGIs were conducted the health and sanitation intervention ("Well body programmes") were identified as the LEAD activity that brought the most significant change to their communities by both male and female participants. Health and sanitation practices such as regular hand washings, use of plate racks and cloth lines, introduced through community health clubs as well as, growth monitoring sessions and trainings on health and sanitation, were proclaimed activities that have had significant impact on the beneficiary communities. The impact of these health and sanitation interventions was enhanced by the training given to community health volunteers who were reported to be constantly monitoring activities in their communities thereby ensuring compliance with the introduced practices.

It appeared that most nursing mothers had become aware of the benefits of Exclusive Breast Feeding as recommended by LEAD and were making effort to comply with the practice. However, the quantitative analysis in Section VII above revealed that most had not succeeded and were offering their babies supplementary feeding against the recommendations. During the FGIs, adults in the communities were able to describe the causes of diarrhoea and malaria and methods of their prevention. They were also aware of the benefits of keeping their communities clean and free from human waste and standing water. Due to greater health and sanitation awareness and knowledge, communities that were not supported with water wells and latrines prioritized Water and Sanitation (WATSAN) as a highly desired community need. Similarly, the communities have recognized the usefulness of community TBA huts and some that have not been supported with this asset are building their own and requesting assistance with TBA kits from LEAD and other NGOs.

Another LEAD activity communities reported as having brought significant change to community life was the VS&L programme. This activity was particularly appreciated by women and youths. Some of the VS&L groups supported by LEAD had previous bad experiences with traditional savings associations ("Osusus") and cooperative associations . The innovation of the strong box with three keys, and the engendering of the savings ethics especially for the youths was a very successful intervention. All but one supported youth groups have continued their VS&L operations after the initial LEAD support, and the one case of partial failure was linked to the SUG programme discussed below.

The other activities in the LEAD programme have had varying degrees of impact on beneficiary communities. The FGIs confirmed that farm production technologies introduced in the Farmers Field School have changed agricultural practices in the communities. Higher farm productivity has resulted from the new farming methods taught in the field schools. Farmers reported that production of some crops like cassava, sweet potatoes and groundnuts have increased as a direct result of new planting methods taught at the field schools. Non FFS members in the community have also adopted the new farming techniques, in some instances, with the help of their taught neighbours. However in many instances the FFS model was not efficiently implemented by the CORAD partners. In Bombali and Koinadugu Districts planting materials and inputs were almost, in all cases, supplied late. Poor quality seeds with poor germination were supplied, and experimental

protocols were poorly executed so that trainees often did not realise the benefits of the improved technologies being propagated.

Most communities ranked the Food for Assets component highly, especially in terms of support for community road maintenance and income generating assets such as fish ponds. The Safety Net or Vulnerable Group Feeding (VGF) programme, encouraged communities to take collective responsibility for their old and vulnerable members. The village welfare committees, formed in the communities, plan yearly safety net projects to support the vulnerable in their villages. However, there are serious questions relating to the sustainability of the VGF intervention as discussed later.

The intervention which was most severely criticised during the FGI, because it was clearly not implemented according to the regular model is the Start-Up Grants (SUG) programme. SUGs are awards of cash given to selected individuals who are usually members of VS&L or micro enterprise development (MED) groups. Almost universally it emerged during the FGIs that selection of beneficiaries was not transparent. Non recipients were not satisfied with the process but kept quiet for some time in anticipation that they themselves would receive the "goodies" later. Among all the partners, records of SUG beneficiaries were poorly kept and many examined by the Consultants were incomprehensible. An added failure by CARE was the non disbursement of the second tranche of the grant to recipients as the programme ran out of funds. Claims by CARE of fraudulent activities by the agents of it's implementing partner and beneficiaries notwithstanding, there is little justification for not fulfilling promises made to beneficiaries which they regarded as binding contracts. Beneficiaries who applied the grants to genuine business activities were penalised as they were unable to make all the investments foreseen in their business plans and the climate of trust between farmers and small businesses on the one hand and development partners on the other has been severely eroded.

8.2 Programme Sustainability

From the FGIs it was clear that by and large, communities were sufficiently sensitised on all programme interventions and had, to a large extent, assumed ownership of programme activities. This prerequisite for sustainability was therefore substantially met. Village committees established as vehicles for the implementation of programme activities also served as organs for monitoring and hopefully sustaining those activities. Grassroots initiatives had also begun to evolve in some communities. For example, in addition to project supported annual community farm, the Komboima community in Malema Chiefdom developed other longer term safety net projects such as a community welfare fund and a community oil palm estate, on their own initiative; arising from the VS&L activities (Go-Be-Fo) the Polio Persons Development Association (POPDA) in Makeni has commenced investment in a housing project.

The evaluation found that:

1. Farmers trained in LEAD FFS are unlikely to abandon the new high yielding techniques and revert to the lower yielding traditional methods. The facilitators, who are also leading community farmers are more likely than not to promote the new

methods to points where the old would be forgotten. Because many communities are gradually adopting the new methods it is likely that they would become widespread. However, the shift from upland to IVS farming propagated by most FFS, although a good idea, has not been fully adopted by the intended beneficiaries. Much more training and capital input in the development of swamps and other incentives would be needed to move farmers from the uplands into swamp farming on a permanent basis.

2. The road maintenance intervention using FFA does not introduce a new community activity or output but merely represents reward for something the communities had always done and are likely to continue. FFA has usually only provided an additional stimulus for the activity, reinforcing the sustainability of the intervention.
3. Fish ponds constructed with FFA are very sustainable as they are an income generating activity and FGIs revealed that beneficiary communities have put community management systems in place to maintain the ponds and equitable distribute the proceeds
4. The Women's garden (Baby Friendly Garden) was a traditional women's activity, which would continue with or without the LEAD intervention. However without continued donor support by way of tools, inputs or Food-For-Work, the impression obtained by the Consultants is that the women are likely to revert to the more traditional cultivation of individual gardens rather than the group farm approach propagated by LEAD. The crops that are grown in the Baby Friendly Gardens are currently either grown in pure stands or intercropped with rice. This makes the idea of special farms burdensome and not likely to be prioritized and unsustainable with the withdrawal of donor support.
5. The trained community health volunteers and TBAs were held in a high esteem in their villages. As long as limited access to public health personnel and facilities, within easy reach of the communities persists, they would be willing to continue serving in those capacities and would be appreciated in the communities. However in the absence of arrangements to institutionalizing their positions within the National Health Service their services might become redundant as Ministry of Health (MOH) community health facilities develop and become available to the communities.
6. The VGF and Village Welfare Committees are dependent on donor food aid support and are consequently, inherently, unsustainable as donor support is not permanent. The community safety net farms whose outputs are to replace donor food supplies are themselves contingent on Food-For-Work and therefore also unsustainable. The FGIs did not reveal any instances where additional vulnerable people not registered under the LEAD VGF programme had been co-opted into the programme or where safrty net farms had been expanded beyond that supported by Food-for-Work. Observations from CRS operational areas revealed that when food for work was unavailable community welfare committees stopped work on the safety net farms. This is clearly not a sustainable LEAD activity.
7. The Growth Monitoring and Promotion programmes initiated by LEAD could be sustained if they are taken over by Community Health Volunteers in the communities. The prospects of this happening would be enhanced if the volunteers were supported with scales, weighing sacks, record cards and appropriate incentives. During the FGIs it emerged that such support had in fact been provided in some

communities but not in others. In general the GMP is a service that should devolve to public and private health clinics with time. Collaboration with MOH services would permit for smooth transition of this activity into the public health service and ensure the sustainability of the LEAD intervention.

8. Some of the Health and sanitation practices propagated by LEAD, such as use of plate racks and cloth lines etc are very likely to be sustained and become permanent features in the communities. Issues of personal hygiene for prevention of diarrhoea would require more time and sensitization to take hold. Community-wide issues like environmental sanitation for malaria prevention would depend on enforcement and community sanctions against noncompliance to community health and sanitation rules. There are indications that many of the LEAD communities are already moving in that direction.
9. Many of the Good Governance (GG) trainees were youths, who were hitherto marginalized but are now in the mainstream of decision making in their communities. Maintenance of their new status would depend on the general recognition of the principles of good governance. They were therefore likely to insist on the observance of those principles by the leadership of their communities. With the level of knowledge and awareness gained from the training the communities were very likely to observe the new democratic principles learnt in the GG training. The Consultants believe that the GG interventions are sustainable.
10. The business training, which precedes the award of SUGs is the most important element of the intervention. However, most beneficiaries lacked the background to benefit from the concepts taught and to acquire the skills intended to be transferred by the training. There was little evidence that the training was generally well understood by beneficiaries of the training. Although admitting to having taken the business training, youths groups especially those surveyed in Kailahun and Kono could not demonstrate knowledge of basic business concepts or adequately adopt practices in record keeping. However, basic market survey and issues to be investigated before starting a business was reasonably well understood. Thus, although many rated the training as very beneficial, many others were not sufficiently equipped to succeed in business from the training. The intervention as implemented in LEAD was clearly not sustainable.
11. As discussed earlier, the award of SUGs was problematic, especially in CARE areas. Apart from prior participation in the basic business management training, the criteria for awarding start up grants to selected trainees and capital grants to communities were unclear to the communities. In focus group discussions, there was a perception of arbitrariness in the selection of award recipients among non recipients. The need for more sensitization on the selection of grant beneficiaries especially on the objectivity, and transparency of the criteria is advisable. The SUG programme as implemented under LEAD is not sustainable.
12. The VS&L system as implemented under LEAD was cyclical and renewable and as such not structurally permanent. However the groups themselves are able to alter the rules to allow for longer savings cycles as well as gradually introduce an institutional structure to their scheme. As observed earlier, most of the groups sponsored under LEAD have continued to exist after direct LEAD intervention. Because of the benefits perceived and recognised by participants this is proving to be a very sustainable LEAD activity

13. During FGIs it emerged that the WATSAN component of LEAD was fraught with challenges the two most important of which were: 1) the poor engineering in the sinking of wells to shallow depths which resulted in most wells being dry during most months of the year and 2) inadequate arrangement for the proper maintenance of wells and latrines to keep them serviceable. This was not a sustainable LEAD intervention.

8.3 Governance - Engagement with Local Government Authorities:

Although there was evidence that relationship between the decentralized government bodies and community groups such as the Village Development Committees was discussed in the LEAD Good Governance training given to community representatives, there is still very little appreciation of this relationship as a channel for addressing community development and social issues. In most cases LEAD community group leaders have not engaged local councils in addressing their development and social issues. In one case, community leaders claim that this was to avoid the demands of rent seeking local government officials. But in the majority of cases this lack of interaction seems to be due to lack of awareness of how the system works and an indication that more training on this aspect of governance is required.

8.4 Initial Environmental Examination (IEE) Compliance

IEE compliance by the Multi Year Assistance Programme (MYAP) communities was monitored and reported on by project management staff in Forms D1 and D2. The Consultants verified that the forms were completed for the community asset creation activities – farm to market roads, fish ponds, drying floors etc and that the assessments was done by CORAD staff and community members.

With regards to the requirement that there is an approved mini-IEE on file at the sub-district, chiefdom, community, and/or CORAD programme level, as appropriate, the Evaluation team found that the reports were only available at partner regional offices but not in the communities.

8.5 Bird Flu:

The LEAD programme design required that each LEAD community cluster involved in FFA has a brief, expert-facilitated, participatory plan for reducing its exposure to H5N1 and for its response if/when H5N1 manifests itself.

The Evaluation revealed that no CORAD partner surveyed developed, caused to be developed, or seemed aware of any expert facilitated brief on exposure and response to H5N1. Nor did any LEAD community have any brief for reducing exposure to H5N1 and for responding to the virus if it manifests itself in the communities. This component of the LEAD programme was not implemented.

8.6: Best Practices Employed and Gaps to be Addressed

Needs Assessment

All communities in LEAD operational areas confirmed that they were consulted on the selection of interventions based on their expressed needs. Following selection of the needed support and submission of formal requests, the communities were informed of the interventions that were approved for implementation. This approach, which reflects the communities' felt needs results in their active participation in project implementation, ownership and enhance sustainability of project interventions. For example, the rehabilitation of feeder roads is highly prioritized by the communities to enhance access to markets for their produce and to procure inputs and other requirements. As a result, the FFA component of LEAD was very highly appreciated and supported by community members.

Design and Implementation Strategies

The involvement of community members in specialized committees such as the village Development Committees (VDC) and the Village Health Committees (VHC) for the implementation of the programme at the community level is a good design that promotes local ownership of the interventions and sustainability of the programme. The process encourages learning and, enhances local initiative and self confidence in community development activities. The practice of wide local consultations involving all segments of the communities, men, women and youths ensures equality, mutual respect and social cohesiveness and the active participation in programme activities.

The training of contact farmers or Facilitators in FFS and as Community Health Volunteers (CHV) and support for the training of Traditional Birth Attendants (TBAs) were good sustainability strategies that are well demonstrated in the beneficiary communities. Members trained in these activities acquire leadership status in their communities, which help to promote the sustainability of the activities they supervise. For example, contact farmers acquire advisory roles, which promote continued improvement in farming techniques and sustainability of the farmer field school training in the communities.

However, a down side of otherwise successful programme planning in LEAD was the inconsistency among partners in the implementation of Community Vision Mapping, which was only consistently implemented in Tonkolili District. Little attention was paid to this important visual community development planning tool in the other project areas.

Monitoring

Self monitoring of LEAD activities was performed by the VDCs and CHVs supervised by programme monitoring and evaluation officers and field supervisors. LEAD field staff also performed effective monitoring and had strong working relationships with community leaders. The presence of these volunteers in the project communities make for effective and continuous monitoring of project activities. For example the Community Health Volunteers ensure compliance with recommended sanitation practices regarding waste disposal, malaria prevention, use of clothes lines etc.

Promotion of Community Ownership

The design of the LEAD programme encouraged community ownership of the programme and its sustainability. The following design features strongly promote community ownership of programme activities:

- Consultations with the communities in the identification of interventions that addressed their felt needs as a community.
- The involvement of all segments of the community, men, women and youths ensuring community participation and ownership.
- An inclusive project process, which ensured that no community group was marginalised and all groups participate or were aware of programme activities in their community.
- The formation of local implementing and monitoring committees, VDC, VWC and VHDC in which all community groups were represented enhanced community ownership.

The Evaluation identified gaps in programming that need to be addressed through other programmes:

1. WATSAN was not prioritized in the LEAD programme in spite of the desperate situation in most programme operational areas. Tonkolili was the worst affected district in this regard with over 60% of communities visited having no source of clean water. In Kailahun District most areas reported 7-9 months without adequate potable water. The unavailability of potable water in these communities undermined the health and sanitation interventions which were the most highly appreciated components of LEAD. For example, although the Evaluators were informed in FGIs that LEAD beneficiaries had been trained and understood how to prevent and treat diarrhoea, the results of the quantitative survey in Section 7 show that the incidence of diarrhoea was higher during the final evaluation than during the baseline survey. This finding can be attributed to the worsening quality of available portable water and a resultant increase in infection rate recorded in the quantitative survey.
2. The programme's support for the training of Traditional Birth Attendants (TBAs) was complimentary to the TBA training programme of the Ministry of Health but there is room for better coordination between the two programmes. For example, many TBAs trained under LEAD have not been issued with certificate or TBA kits by the MOH. Furthermore, it is not clear whether the LEAD supported TBA huts complemented the Birth Waiting Home of the MOH. Furthermore, the LEAD partners did not implement this component with consistency.
3. The success of the agricultural production technologies introduced through the Farmers Field Schools created a demand for agro-processing equipment for processing the increased output of community farms. This demand was greatest for processing machinery for the increased output of cassava, which could not be sold as fresh tuber, and to a lesser extent for small rice mills. Because this demand is not being met through LEAD programme activities, the growth of cassava production is constrained.

ANNEX 1: TERMS OF REFERENCE – INDICATORS TO BE MEASURED (Reduced Survey[6])

Indicator	Data Source[7]
PROGRAM GOAL-LEVEL	
% of children under 5 years who are underweight (percentage of children under five years of age with weight-for-age of less than 2SD)	P
Months of Inadequate Household Food Provisioning (MIHFP)	P
Household Dietary Diversity Score (HDDS)	P
Average value of household production of selected crops/livestock	P
Jobs created for youth (including self employment)	B
# of recipients of community-managed safety nets	B
IEE Compliance: There is a record of random spot reviews by MYAP management staff of MYAP adherence to IEE-related policies, procedures, and guidelines.	F
PROGRAM OBJECTIVE ONE	
% of eligible children under 5 years participating in growth promotion programs	P
# of children 0-59 months in the target population	P
% of program beneficiaries adopting at least 5 sustainable agricultural technologies introduced through the program	B
% of communities in which at least five new agricultural practices or technologies have been adopted.	B
% of infants under 6 months who are exclusively breastfed	P
% of women to report practicing EBF with their under 6 months old infants	P
# of children 0-59 months in the target population	P
Number of economically marginalized youth who have acquired basic business management and/or vocational skills	B
Farmers report that their post-harvest losses and their use of pesticides are decreasing from season to season (verified when possible with physical inspections)	B
% of children who maintain or improve their nutritional status after having graduated from a PD/HEARTH session	B
PROGRAM OBJECTIVE TWO	
Average increase of farm production of targeted crops per household	B
Average increase in gross sales per household of targeted crops	B
Number of economically marginalized youth who undertake new or expanded livelihood activities in rural areas	B
Number of economically marginalized youth who undertake new or expanded livelihood activities in major towns	B
% of individuals who received loans from village savings and lending groups who used that loan to undertake new or expanded livelihood activities (disaggregated by type of activity, gender, and age)	B
LEAD participants engaged in agro-processing activities are able to explain why and how to prevent negative environmental and/or health impacts	B
Total agro-processing activities in village or village cluster resulting in pollution, contamination, or other negative environmental or health effects divided by total agro-processing activities in village or village cluster (with brief qualitative explanation of findings)	B; P
Youths trained by LEAD in basic value chain analysis for potential economic opportunities are able to explain potential basic costs and benefits of a variety of possible economic activities, including social, economic, and environmental 'costs' and	B

[6] Aspects of Contractor's Final Evaluation TOR requiring technical (engineering) expertise not covered
[7] P = Population based survey; B = Beneficiary survey; F = Focus Group and Key Informant Interviews

Indicator	Data Source[7]
'benefits'	
Youths trained by LEAD in basic value chain analysis are able to describe how they would prevent, reduce, or mitigate potential negative environmental and/or health effects from the economic activity they are most interested in pursuing	B
Each youth or youth association that is pursuing an economic activity is consistently checking—and making management decisions based on—several easy-to-measure and analyze financial as well as environmental and/or health impact indicators related to the activity	B
PROGRAM OBJECTIVE THREE	
% of births attended by trained TBA or other skilled personnel in the past six months	P
Of households reporting morbidity from malaria, ARI, or diarrhea in the past two weeks, percentage that sought care from a health facility	P
Percentage of children under one year fully immunized	P
Average percentage increase in purchases of input supply goods (seeds, tools) by participating farmer groups	B
Percentage of program-supported individuals (e.g. VGF beneficiaries) whose food needs are supported/replaced by household- or community-mobilized food through social safety nets	B
Number of groups effectively engaged with district councils, town councils or chiefdom authorities around issues of community development and social services.	F
IEE Compliance: A participatory, micro-watershed community-based long-rate vision and map(s) are prominently displayed in each MYAP community.	F
IEE Compliance: There is an approved mini-IEE on file at the sub-district, chiefdom, community, and/or CORAD program level, as appropriate, that has been properly prepared and signed/dated by the stakeholder representatives involved—for each proposed MYAP community-level activity.	F
# and % of program participants involved in IVS cultivation, disaggregated by gender, who per quiz successfully completed orientation in schistosomiasis and malaria prevention	B
# and % of LEAD plant and livestock agricultural activities that correctly apply sustainable/soil & water conserving farm techniques (e.g. contour plowing)	B; F
Each LEAD community cluster involved in FFA has a brief, expert-facilitated, participatory plan for reducing its exposure to H5N1 and for its response if/when H5N1 manifests itself	F
Each mini-IEA includes a checklist or similar mechanism to ensure adequate drainage at rehabilitation/construction sites; appropriate post-harvest management, and specific agro-processing activities	
No depressions or other negative drainage conditions are evident at any LEAD-related construction sites	
Target community members state that they are able to meet their basic domestic potable water needs, for X months per year, from the wells/boreholes provided through LEAD	B; F
Water quantities per capital are adequate throughout the year per community monitoring and inspections by LEAD project team members during the rainy and dry seasons	
Water quality meets minimum WHO standards for arsenic, coliform, nitrates, and or nitrites—per standard tests conducted by trained LEAD staff with local GoSL (MAFS) experts, when feasible	
Proper well/borehole construction procedures are being followed. Checks were conducted by LEAD project staff and GoSL Health Ministry senior engineers.	
Included in the water project EIA is a brief section on the potential environmental and health hazards—as well as benefits—of Greywater	
The community as a whole and households in particular are making appropriate use of Greywater (e.g. to water trees, etc.)	B; F

Indicator	Data Source[7]
Each VIP latrine is properly located and constructed to encourage use while eliminating/substantially reducing environmental and health risk factors	
Road rehabilitation work is conducted per established norms for earthen roads, and with expert technical oversight	
There is no significant situation, ponding, or other potential problem upon site inspection of road	
A road rehabilitation plan is in place	
# of communities in which safety nets are in place	F
PROGRAM OBJECTIVE FOUR	
# of communities demonstrated strengthened capacity in areas such as governance, participation, and M&E	F
Percentage of targeted community based organizations (village development committees, farmer groups, community health clubs, village development health committees, youth groups, and welfare committees) practicing transparent and democratic governance	F

Qualitative Data

Program Objective	Questions	Data Source
Overall Program Level	♦ What do community members think has been the most significant change in their communities as a result of LEAD?	F; B
	♦ What is the level of satisfaction of community members in participating communities (both those directly benefitted and those not directly involved in LEAD) with regard to CORAD's way of working with them (communication/information sharing, level of involvement of community stakeholders, gender considerations, and others the consultant may identify)?	F; B
	♦ Were the activities implemented under LEAD relevant to the challenges the communities were facing?	F; B
	♦ Is there evidence that CORAD has successfully ensured the sustainability of the LEAD program? (Not only of physical changes such as the assets created through Food for Assets, but also of any behavioral changes around health/hygiene, good governance, saving money, and/or farming practices.) CORAD wishes to see information regarding sustainability from those areas in which it has only worked since the start of LEAD, as well as communities with which the consortium worked under the prior DRP project.	F; B
	♦ How did the quality of CORAD's interventions contribute positively or negatively to the impacts noted? For those activities in which CORAD was implementing activities according to a particular model (FFS, VSLA, PD/Hearth), how well did partners follow the model?	F; B
	♦ What impact (if any) have the fluctuations of the market price of basic food commodities (most notably rice) had on the overall goal of reducing food insecurity?	F; B
	♦ What best practices (if any) can the consultants identify from LEAD that should be documented and shared with other development stakeholders (if not already done)?	F
Program Objective 1	♦ What changes in attitudes and behaviors do community members (both men and women) articulate with regard to the feeding practices for children under five?	F; B

ANNEX 2: QUESTIONNAIRES

ENTERPRISE DEVELOPMENT SERVICES LTD (EDS)

LEAD FINAL EVALUATION- POPULATION SURVEY QUESTIONNAIRE

SECTION 1: Identification

Date _____ **Questionnaire N°** |__|__|__|

Name and Signature of Enumerator: _____

Name and Signature of Supervisor: _____

Name and Signature of EDS Supervisor (Where applicable) _____

	VARIABLES	RESPONSE OPTIONS	CODE
	District	1=Kailahun; 2=Kono; 3=Koinadugu; 4=Bombali; 5=Tonkolili	|__|
	Chiefdom	Name Chiefdom_____	|__|__|
	Community	Name Village/Site: _____	|__|__|
	Respondent	Name of Respondent_____	
G4	**Dwelling walls**	1=wood; 2=corrugated iron; 3=mud; 4= cement blocks; 5=other	|__|
G5	**Dwelling roof**	1=thatch; 2=corrugated iron; 3=tarpaulin; 4=other	|__|

SECTION 2: Household Demographics

							G1	G1	G3	G4
First Name	**Sex**	**Age**		**Marital Status**	**Family status**	**Education**	**In growth promo-tion?**	**In PD/ HEARTH**	**Immuniz ation?**	**Skilled birth attendance?**
	1=Male 2=Female	Yrs	Mths	1 = Married 2 = Single 3= Divorced 4= Widowed 4=Separated	1= HH head 2=spouse 3=son/daughter 4=Father/Mother 5=Sister/brother 6=extended fam 7=no family ties	Years in formal schooling	For Under 5 yrs 1=Yes 2=No	For Under 5 yrs 1=Yes 2=No	For Under 1 yr 1=Full 2=Partial 3=No	For Under 6 mths 1=Yes 2=No
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										

							G1	G1	G3	G4
First Name	**Sex**	**Age**		**Marital Status**	**Family status**	**Education**	**In growth promo-tion?**	**In PD/ HEARTH**	**Immuniz ation?**	**Skilled birth attendance?**
	1=Male 2=Female	Yrs	Mths	1 = Married 2 = Single 3= Divorced 4= Widowed 4=Separated	1= HH head 2=spouse 3=son/daughter 4=Father/Mother 5=Sister/brother 6=extended fam 7=no family ties	Years in formal schooling	For Under 5 yrs 1=Yes 2=No	For Under 5 yrs 1=Yes 2=No	For Under 1 yr 1=Full 2=Partial 3=No	For Under 6 mths 1=Yes 2=No
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										

Section 3: VALUE OF PRODUCTION:
How much of the following crops did you produce last year (2008)?

Output:	***Units (Code)***	***Quantity***	***Price per unit (Leones)***
Upland rice			
Lowland rice			
Cassava			
Cocoa			
Coffee			
Palm oil			
Palm Kernels			
Groundnuts			
Vegetables			

Units:

1. Butter/Flower Cup; 2. Jute Bag; 3. Basket; 4. Bata
5. Drum; 6. Pile 7. Banga Bag 8. PK Bag
9. Onion Bag 10. Elephant bag 11. 50 kg rice bag 12. Bulgur Bag
13. Bundle 14. Tie 15.Bushel 16. Three pence Pan (TP)
17. Box 18. Bowl pan 19. Gallon 20. Tomato tin
2. Salmon cup 22. Other (Specify) _____23. Other (Specify) _____

(G19)

Section 4: HOUSEHOLD DIETARY DIVERSITY SCORE (HDDS)

QUESTIONS: Yesterday or last night - did anyone in HH eat?	1=Someone ate (yes) 0=No one ate (No)
Any rice, bulgur, bread, wheat, flour, noodles, sorghum, maize, millet?	|__|
Any potatoes, yams, bush yams, cassava, or any other food made from roots or tubers?	|__|
Any vegetables including cassava leaves, potato leaves, wild mushrooms, edible leaves and bush plants, wild herbs, pumpkin?	|__|
Any fruits including oranges, lemons, banana, mango, paw-paw, or other fruits?	|__|
Any meat such as beef, pork, lamb, goat, chicken, duck, rabbit, entrails (kidneys, liver, intestines), insects (such as termites, maggots or grubs, snails), wild game (including bush chickens, weaver birds, other wild birds, monkey, bats, bush rats, frogs, lizards, snakes)?	|__|
Any eggs?	|__|
Any fish or crab?	|__|

Section 4: HOUSEHOLD DIETARY DIVERSITY SCORE (HDDS)	
QUESTIONS: Yesterday or last night - did anyone in HH eat?	1=Someone ate (yes) 0=No one ate (No)
Any food made from beans, benniseeds, peas, lentils, groundnuts, or other nuts?	|__|
Any cheese, milk, or milk products?	|__|
Any food made with palm oil, other oil, fat, or butter?	|__|
Any sugar or honey?	|__|
Any foods with pepper sauce, salt, or other condiments, or drinks like coffee, palm wine, or tea?	|__|

(G18)

Section 5: MONTHS OF INADEQUATE HOUSEHOLD FOOD PROVISION (MIHFP)	
QUESTION: In the past 12 months, were there months in which you did not have enough food to meet your family's needs?	**CODE FOR EACH MONTH:** 1= Enough 0=Not enough
May 2009	|__|
April 2009	|__|
March 2009	|__|
February 2009	|__|
January 2009	|__|
December 2008	|__|
November 2008	|__|
October 2008	|__|
September 2008	|__|
August 2008	|__|
July 2008	|__|
June 2008	|__|
May 2008	|__|

	Section 6: MATERNAL AND NEWBORN CARE PRACTICES (Address questions to mother or Child minder of youngest child)	
	QUESTIONS	**CODE**
G6	Did mother receive antenatal care while pregnant? 0=No; 1=Yes;	|__|
G7	Does mother have a maternal health card? (If yes, ask to see the card) 0=No; 1= Yes (card verified); 2 = Yes (card not verified); 3= Don't know	|__|
G8	Where did mother give birth? 1= Own home; 2= Another home, 3=TBA Hut; 4= Clinic/PHU; 5= Hospital; 6= Bush; 7. Other (specify) _____	|__|
G9	Who assisted with delivery? 0= No one; 1= Health worker (doctor, midwife, CHO, MCH Aide); 2= Trained TBA; 3= Untrained TBA; 4= Family member or friend 5= Other (specify) _____	|__|

	Section 7: IMMEDIATE AND EXCLUSIVE BREASTFEEDING (Address questions to mother or Child minder of youngest child)	
	QUESTIONS	**CODE**
G10	Have you (or "has anyone") ever breastfed the child 0= No; 1= Yes	|__|
G11	How long after birth did you (or "someone") start breastfeeding the child 1= Immediately after birth; 2= After one hour 3= More than one hour 4= Do not remember	|__|
G12	Did you or anyone give the child anything else to drink in the first 3 days after birth besides breast milk? 0= No; 1= Yes; 2= Don't remember	|__|
G13	Is child being breastfed at the present time? 0= No; 1= Yes	|__|

	Section 7: IMMEDIATE AND EXCLUSIVE BREASTFEEDING (Address questions to mother or Child minder of youngest child)	
	QUESTIONS	**CODE**
G13	Was the child breastfed yesterday? 0= No 1= Yes	|__|
G14	Did the child drink any of the following liquids yesterday? 1= Water 2= Milk formula, or powdered milk 3= Orange juice 4= Coconut water 5= Sugar water, carbonated beverage, soup 6= Palm Wine 7= Porridge or pap (rice, bulgur, blended) 8= Cerelac or other commercially available infant and young child food 9. Other (specify) _____	|__|__|__| |__|__|__| |__|__|__|
G15	**Did the child eat the following foods yesterday? 0= No; 1= Yes**	
	1. Any rice, bulgur, bread, wheat, noodles, sorghum, maize, millet?	|__|
	2. Any potatoes, yams, bush yams, cassava, or any other food made from roots or tubers?	|__|
	3. Any vegetables including cassava leaves, potato leaves, wild mushrooms, edible leaves and bush plants, wild herbs, pumpkin?	|__|
	4. Any fruits including banana, mango, paw-paw?	|__|
	5. Any meat such as beef, pork, lamb, goat, chicken, duck, rabbit, insects (such as termites, maggots or grubs, snails), wild game (including bush chickens, weaver birds, other wild birds, monkey, bats, bush rats, frogs, lizards, snakes)?	|__|
	6. Any eggs?	|__|
	7. Any fish or crab?	|__|
	8. Any food made from beans, benni seeds, peas, lentils, groundnuts, or other nuts?	|__|
	9. Any cheese, milk, or milk products?	|__|
	10. Any food made with palm oil, fat, or butter?	|__|
	11. Any sugar or honey?	|__|
	12. Any foods with pepper sauce, salt, and other condiments?	|__|

	Section 8: PREVALENCE OF ILLNESS (Address questions to mother or Child minder of youngest child)			
	QUESTIONS	**CODE**		
		Diarrhea	**ARI** (Cough with difficult breathing)	**Fever** (Malaria)
G16	Has the child had the illness in the past two weeks? 0= No; 1= Yes	|__|	|__|	|__|
G17	Where did you <u>first go for treatment</u> for the child's illness? 0= No where 1= District hospital 2= Clinic/PHU 3= Drug Store or Pharmacy 4= TBA 5= Traditional Healer 6- Blue Flag volunteer 7= Drug peddler 8= Other (specify) _____	|__|	|__|	|__|

Section 9: WEIGHT FOR AGE					
Weigh the youngest child between 6 months and 5 years old (Refer to instructions sheet)					
First Name	Date of Birth	Age (Months)	Sex 1-Male 2=Female	**Under-5 card?** 0=No 1=Yes	**Weight (Kg)**
					__ __ . __

ENTERPRISE DEVELOPMENT SERVICES LTD (EDS) LEAD FINAL EVALUATION- BENEFICIARY SURVEY QUESTIONNAIRE

SECTION 1: Identification

Date _____ **Questionnaire N°** |__|__|__|

Name and Signature of Enumerator: _____

Name and Signature of LEAD Supervisor: _____

Name and Signature of EDS Supervisor (Where applicable): _____

VARIABLES	RESPONSE OPTIONS	CODE
District	1=Kailahun; 2=Kono; 3=Koinadugu; 4=Bombali; 5=Tonkolili	|__|
Chiefdom	Name Chiefdom_____	|__|__|
Community	Name Village/Site: _____	|__|__|
Respondent	Name of Respondent _____	
	Sex: 1= Female 2= Male	|__|
Dwelling walls	1=wood; 2=corrugated iron; 3=mud; 4= cement blocks; 5=other	|__|
Dwelling roof	1=thatch; 2=corrugated iron; 3=tarpaulin; 4=other	|__|
Programme Participation	**Did you participate in the following LEAD programme activities? 0= No 1 = Yes**	
	Farmer Field Schools/ Farmers Associations	|__|
	Inland valley Swamp Development	|__|
	Community Seed Multiplication	|__|
	Tree Crops Improvement	|__|
	Food For Assets (Roads Rehabilitation, Drying floors, Grain stores)	|__|
	Business Training & Start-up Grants	|__|
	Village Savings & Loan Association	|__|
	Exclusive Breast feeding Programme	|__|
	Vulnerable Group Feeding (VGF)	|__|
	Growth Monitoring Programme	|__|
	PD/HEARTH Programme	
	Community Health Clubs/VDHC	|__|
	Economically Marginalized Youth (EMY) Programme	
	Good Governance	|__|

Section 2: VALUE OF PRODUCTION: How much of the following crops did you produce -										***GPS 2008 Crop Area (Acres)***
Output:	***Units (Code)***	***2008 Crop Year***				***2006 Crop Year (Before you joined LEAD)***				
		Crop Area (Acres)	***Quantity Produced***	***Quantity Sold***	***Price per unit (Leones)***	***Crop Area (Acres)***	***Quantity Produced***	***Quantity Sold***	***Price per unit (Leones)***	
Upland rice										
Lowland rice										
Cassava										
Cocoa										
Sweet Potato										
Coffee										
Palm oil										
Palm Kernels										
Groundnuts										
Vegetables (Specify _____										

Units:

1. Butter/Flower Cup; 2. Jute Bag; 3. Basket; 4. Bata
5. Drum; 6. Pile 7. Banga Bag 8. PK Bag
9. Onion Bag 10. Elephant bag 11. Tie 12. Three Pence Pan (TP)
13. Bundle 14. Bushel/50 kg rice bag 15. Bulgur bag 16. Box
17. Bowl pan 18. Gallon 19. Tomato tin 20. Salmon cup
21. Other (Specify) _____ 22.Other (Specify) _____

Section 3: SOIL CONSERVATION			
Did you practice any soil conservation techniques in the last season? (choose more than one option if relevant)		**1 = Yes** **0 = No (Skip to Section 4)**	
Contour farming	|__|	Cover cropping	|__|
Mulching	|__|	Crop rotation	|__|
Manure application	|__|	Other (specify) _____	|__|
From whom did you learn about these techniques?	1 = LEAD staff 2 = MAFFS technicians 3 = other farmers/friends 4 = other Specify)____		|__| |__| |__|
How much of your farm do you put under soil conservation?	1 = all 2 = half or more than half 3 = less than half		|__|
For how long have you been doing these techniques?	1 = since 2006 2 = before 2006		|__|
Will you keep on practicing these techniques?	1 = yes 0 = No 3 = Don't know		|__|

Section 4: USE OF IMPROVED TECHNOLOGIES		
	0 = No 1 = Yes	**CODE**
Which new techniques have you learned to use during the last 3 years (since start of LEAD)? **(choose more than one option if relevant)**	Improved varieties (seeds/planting materials)	|__|
	Improved livestock breeds	|__|
	Bunding of IVS	|__|
	Use of fertilizers/chemicals	|__|
	New food processing techniques	|__|
	New livestock feeds, vaccinations and drugs	|__|
	New fishing techniques	|__|
	Livestock fattening	|__|
	Use of concrete drying floor	|__|
	Use of improved store	|__|
	Prevention of Schistosomiasis (Bilharzia)	|__|
	Prevention of malaria	|__|
	Prevention of ARI (Cough with difficult breathing)	|__|
	Prevention of Diarrhoea	|__|
	Other (specify) _____	|__|

Section 5: POST HARVEST ACTIVITIES					
Crop/Livestock	**Post Harvest Loss (Proportion of 10)**		**Two most important post harvest loss reduction measures (see Code)**		**Use of post harvest pesticides compared to 2006 0= No use 1=Use more 2=Use less**
	2006	**2008**	**2008**		**2008**
			First Measure	**Second Measure**	
Upland rice					
Lowland rice					
Cassava					
Cocoa					
Sweet Potato					
Coffee					
Palm oil					
Palm Kernels					
Groundnuts					
Vegetables (Specify _____)					

Loss reduction measure Code:

0= None 1= Use drying floor 2= Use drying mat 3= Use improved storage facility
4= Use wooden boxes 5= Other (specify) _____ 6= Other (specify) _____
7= Other (specify) _____ 8= Other (specify) _____

Please explain what actions (if any) you take to prevent negative environmental or health impact of your post harvest activities	

Section 6: GOOD GOVERNANCE	
Questions	**Code**
Has your group been involved in training on good governance 0 = No; 1 = Yes	|__|
Does your group have any meetings or contacts with District and Chiefdom leaders? 0 = No; 1 = Yes	|__|
What do you understand by good governance? Let respondent select three items from list that best describe good governance: 1. Every member should try to act like s/he is the leader 2. the leader gives every member a chance to express their views 3. the leader has a small group that he works with and they do everything secretly for the group 4. the leader and office bearers all report regularly to the whole group 5. Everything that the group does should be known by all the members all the time. 6. Other (Specify) _____	|__||__||__|

Section 7: WEIGHT FOR AGE

Weigh one child under 5 years old who has graduated from the PD/Hearth Programme (Refer to instructions sheet)

First Name	Date of Birth	Age (months)	Sex	Under-5 card?	Last Weight		Current Weight (Kg)
			1=Male 2=Female	0=No 1=Yes	Date	Weight(Kg)	

THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY BENEFICIARIES BELOW THE AGE OF 35 YEARS

Section 8: JOBS CREATED	
Questions	**Code**
Are you presently gainfully employed? 0= No; 1= Yes	|__|
If you are gainfully employed, do you work for someone else or for yourself? 1. Work for someone else 2. Work for myself	|__|
What did you do before you got the job that you now do? 1. Did nothing 2. Did something else	|__|
Did the LEAD programme help you to get this job? 0 = No; 1 = Yes	|__|

Section 9. BUSINESS MANAGEMENT AND/OR VOCATIONAL TRAINING	
Have you received any Business Management or Vocational Training from LEAD? 1= Yes (Continue) 2= No (Skip to Section 10)	|__|
Questions	**Code (Enter all that apply)**
Which of the following training have you received in the LEAD Programme? 1. Business management training 2. Participation in Village Savings and Loans activities 3. Vocational training	|__||__||__|
If you received business management training, which of these topics did your training cover? 1. Business introduction 2. Adding value 3. Marketing 4. Market information 5. Record keeping 6. Financial planning 7. Costing 8. Pricing	|__||__||__| |__||__||__|
If you received vocational training, in which trade were you trained? 1. Carpentry 2. Tailoring/Embroidery 3. Dressmaking 4. Hairdressing 5. Construction 6. Auto-mechanic 7. Information Technology (IT) 8. Metal work 9. Electrical and electronic engineering 10. Gara & Tie Dying	|__||__||__| |__||__||__|

Section 10: NEW OR EXPANDED LIVELIHOOD ACTIVITIES IN RURAL AREAS AND TOWNS	
Questions	**Code (Enter selected codes)**
Do you belong to a Farmers Group? 0 = No; 1 = Yes	|__|
Do you belong to a Marketing Association? 0 = No; 1 = Yes	|__|
Did you participate in training workshop on development of input supply and market plans? (Prompt respondent) 0 = No; 1 = Yes	|__|
If you attended the workshop, which of the following topics did the workshop cover? 1. Enterprise selection 2. market analysis 3. Producing marketing plans 4. collective marketing 5. organizational leadership 6. Others specify	|__||__||__| |__||__||__|

Section 11: ACCESS TO VIABLE ECONOMIC ACTIVITIES	
Questions	**Code**
Did you participate in a FFS? 0 = No; 1 = Yes	|__|
Did you participate in a village savings and loan activity? 0 = No; 1 = Yes	|__|
Did you obtain a loan from the village savings and loan group? 0 = No; 1 = Yes	|__|
Did you get a start up capital (loan) from your village savings and loan group? 0 = No; 1 = Yes	|__|
What kind of business did you use the money to start? (Select one) 1. Farming 2. Micro-enterprise	|__|
Did you get a start up grant to start your business 0 = No; 1 = Yes	|__|

ANNEX 3: DETAILED ASSESSMENT OF PROGRAMME ACTIVITIES

Intervention	Description of Intervention	Beneficiaries Perception of benefits of intervention	Consultant's Impact Assessment	Sustainability Assessment	Issues of Concern/Next Steps
Farmers Field Schools	Introduction of new farming systems and techniques to farmers groups, in four month learning sessions, through experimentation on community demonstration farms employing the services of trained facilitators selected from among the communities' farmers themselves.	This is a highly appreciated intervention on account of the higher yields realized from the introduced techniques compared to traditional methods and their effects on farm productivity and incomes.	The FFS have had positive impact on group farmers' productivity, including men, women and youths. Non FFS group members are also adopting the new techniques resulting in community-wide impact on farmers' productivity and incomes.	Farmers are unlikely to abandon the new high yielding techniques and revert to the lower yielding traditional methods. The facilitators, who are also leading community farmers are more likely than not to promote the new methods to points where the old would be forgotten. Entire communities are gradually adopting the new methods which would soon become widespread.	At this stage group activities are working well but more progressive farmers will sooner or later wish to act more on personal initiatives and ambitions leading to group breakups. With improved yields especially of cassava and IVS rice, follow-up support with mechanized processing becomes essential to avoid large post harvest losses and sustain increased production. In some areas the non-compliance with the model is of concern

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					and has resulted in failures – such as delivery of inputs late and supply of poor quality seeds.
Food For Assets	Provision of food support to communities for work in developing or maintaining assets, mainly roads in some functional condition..	This is a very highly appreciated intervention by communities on account of the incentive provided.	The quality of the labour intensive work carried out using, in most cases, farm tools with no technical supervision, is poor and often makeshift.	In terms of road maintenance this intervention does not introduce a new community activity or output but merely represent reward for something the communities have always done but so poorly, that it is normally an annual event.	A note of caution must be taken about such potentially counterproductive support as providing incentives when they are not necessary. This may exacerbate dependency, which such development programmes should eschew.
Drying Floors	Provision of a community drying floors to some communities with FFS groups that are producing rice and do not have one.	Due to the high post harvest losses suffered by farmers as a result of inadequate drying facilities, this is a well appreciated support. It consistently ranks among the five priorities of	Proper drying is an important post harvest activity in the rice value chain with a significant effect on product recovery and quality. The provision of drying floors to rice growing communities impacts	This intervention is a good support for the sustainability of the new farming techniques introduced in the FFSs.	Post harvest processing of crops from high yielding farms of FFS graduates is a logical next step to the interventions that have been delivered, that could affect the longer term success of LEAD.

Intervention	Description of Intervention	Beneficiaries Perception of benefits of intervention	Consultant's Impact Assessment	Sustainability Assessment	Issues of Concern/Next Steps
		communities that do not already have one.	greatly on farmers' outputs and incomes.		
Women's Groups	Seeds and tools are given to women to develop groundnut and vegetable farms	This intervention ranks low in the priority ranking obtained during focus group interviews. That is because it is not innovative as women traditionally do vegetable gardening and they are members of FFS groups anyway. This activity is additional to their roles in the FFS and other health and social activities.	The impact of this intervention with respect to its innovativeness, women's empowerment and income effect is very limited compared to the FFS and non farm SUG activities.	This is a traditional women's activity, which is likely to continue with or without the LEAD intervention.	A note of caution: do not offer such potentially counterproductive support as providing incentives when they are not necessary.
Vulnerable Group feeding/ Village Welfare	The identification of vulnerable members of communities, who cannot produce or afford their food	The older members of villages, who are the beneficiaries, welcome this intervention more as manifestation of	The VGF really makes little impact on the intended beneficiaries as without the donated food they would survive	This intervention is dependent on donor food aid and is consequently, per se, unsustainable. The	This intervention is prone to abuse as the intended beneficiaries share the food with other able-bodied

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committees	needs, for the supply of food aid.	class recognition than deliverance from continuing or imminent starvation. The younger members view it as a gift to their community, notwithstanding the efforts of donors to see that only the needy benefit from the donated food items.	the same way they have always survived with the communal support of traditional society. The VGF is something new that lacks coherence with the prevailing norms of the host society and is therefore of little relevance.	community safety net farms whose outputs are to replace donor food supplies are themselves contingent on food for work and therefore also unsustainable. Lessons from CRS operational area reveal that when food for work is unavailable community welfare committees stop work on community safety net farms	family members. The traditional safety net, which does not require any input from the vulnerables, is put in jeopardy by this initiative.
Growth Monitoring Programme	Taking monthly weight and height measurements of children up to the age of 5 years to ascertain normal growth during this critical period of a child's life.	Very highly appreciated by parents as monitoring indicator of the state of health of children.	Has made a good impact in child health care. The parents now use the monthly weight and height tracking information of children as indicator of their state of health.	Community Health Volunteers can sustain this activity in their communities if supported with scales, weighing sacks, record cards and appropriate incentives.	The national health service should undertake this children's health check activity
Community Health Volunteers/	Community members who volunteer and are trained to coordinate	These volunteers are highly respected for their knowledge and	These volunteers are effective agent for health information	These health volunteers enjoy the elevated status in	Caution must be taken to ensure that volunteers do not

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Traditional Birth Attendants	and promote the adoption of good health and sanitation practices/Trained traditional birth attendants	enjoy recognition in their communities which is status enhancing. Being community members they are effective in the dissemination of health information and are appreciated on account of their availability with advice and services when required.	dissemination and change in community health awareness and practices.	which they are held in their villages and as long as the current limited access to public health personnel and facilities continue, they will be willing to serve in these capacities. However there dose not seem to be any arrangement in place for institutionalizing the position of CHV within the national health service in the same way as the TBAs. This will be essential for sustaining the service of these volunteers.	dispense advice and services beyond those for which they are specifically trained and authorized. Refresher trainings and some form of certification for CHVs might be appropriate recognition and safeguard against impostors.
TBA-Huts	The provision of labour huts in communities for the safe delivery of babies.	This intervention is very highly appreciated by communities in which the labour huts have been provided and is high in the list of priorities of	The labour huts are essential facilities given the impracticability for most pregnant village residents to have their babies in hospitals. The facilities have made a big	Given the state of maternal health care in the country, a large number of babies will still be delivered in dwelling huts for a long time to come.	Some donated TBA huts are not provided with kitchen and/or toilet facilities. These are essential for maintaining the high level of hygiene

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		communities with TBAs that do not yet have one.	difference in environment in which women deliver babies in the communities with labour huts. The huts compliment the services of TBAs.	Hopefully, with the support of the national health service with training and kits, villages will build their own TBA huts, as some have already started to do for safe deliveries. However this will not a sustainable development and should not be promoted as such. All deliveris are best done in hospitals.	necessary to keep these multi-user community facilities in clean and sterile condition in communities where they are the needed.
Exclusive Breast Feeding	Nursing mothers feed their new born babies exclusively on breast milk from birth to six months old	This intervention is viewed as a very efficient child rearing practice, which has proven to be very beneficial to the babies and their families. The practice is being adopted by some nursing mothers.	Based on the testimonies of nursing mothers, EBF has had a significant beneficial effect on the health and growth of the babies. However there is evidence from the quantitative survey that many mother's claims to adherence to EBF practice are not true as most give water and	Long term adherence to the practice will be predicated on a number of factors including the health and nutritional status of the lactating mothers themselves..	Some non-adherents of EBF give hunger as their main reason for non-compliance. This factor needs to be examined as there is no doubt that the health of the mother will have an effect on milk production and her ability to breast feed.

Intervention	Description of Intervention	Beneficiaries Perception of benefits of intervention	Consultant's Impact Assessment	Sustainability Assessment	Issues of Concern/Next Steps
			other fluids to babies under sx months old.		
Community Health Clubs	Formation of a club or committee of community members who are trained in personal and community health and sanitation issues, to disseminate health and sanitation information to their communities and monitor compliance with best practices.	Beneficiaries find this activity very useful in creating awareness to health and sanitation issues and introduction of practices, which have brought changes to the way they live as individuals and as communities.	The CHCs rank very high, within the first 5 activities, in the communities list of priority interventions. Adoption of introduced health and sanitation practices is widespread and highly appreciated.	Some of the new practices, such as use of plate racks and cloth lines, are likely to become permanent features in the communities. Issues of personal hygiene for prevention of diarrhoea will require more time and sensitization to take hold. Community-wide issues like environmental sanitation for malaria prevention will depend on the enforcement of community sanctions against noncompliance to health and sanitation rules.	The health clubs depend on the services of nominated volunteers who are not compensated but offer voluntary service to their communities. Withdrawal of their services is unlikely but should that occur, it could place this activity in peril
Baby Friendly Farms	Development of farms for the production of crops, such a	This activity has no special significance to farmers and families.	BFF was never mentioned in discussion of activities of	These crops are currently either grown in pure stands or	This intervention may be disruptive of the farming systems and

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	beneseed, groundnuts and vegetables for use in the preparation of formula food for malnourished children	The recommended crops are already being grown by farmers.	significance that have impacted communities	intercropped with rice. This makes the idea of special farms burdensome and without relevance.	consequently unlikely to be sustained..
Good Governance	Training of selected community members on the decentralized governance structure, leadership and democratic conduct of the affairs of communities.	The trainees demonstrated a sense of pride in this newly acquired knowledge and an eagerness to educate their compatriots on the principles of good governance.	The good governance training was rated highly in the respondents' ranking of usefulness of LEAD interventions. The consultant was impressed with the community folks articulation of leadership qualities and issues of transparency, accountability and participation in decision making.	Many of the trainees were youths, who were hitherto marginalized but are now in the mainstream of decision making in the communities. Maintenance of their new status depends on the general recognition of the principles of good governance and are likely to champion the observance of those principles by the leadership of their communities.	Refresher trainings would be helpful as some trained community members could not readily recall the topics taught. Literacy training would help in the assimilation of concepts and principles such as those taught in the GG training.
Inland Valley Swamps	Development of IVSs for continuous multiple	Most beneficiaries prefer upland farming	The programmes IVS intervention has not had	The shift from upland to IVS farming is still	Strong policy initiatives are required to

Intervention	Description of Intervention	Beneficiaries Perception of benefits of intervention	Consultant's Impact Assessment	Sustainability Assessment	Issues of Concern/Next Steps
Development	annual cropping with rice and vegetables	for health and traditional reasons and would need to be enticed with strong incentives to shift to the much more productive swamp cultivation system.	any significant impact on communities' farming systems.	just a good idea that has not been fully bought by the intended beneficiaries.	discourage upland rice farming and promote inland valley swamp rice farming.
Start Up Grants	The award of cash grants to selected beneficiaries and groups as business start up capital.	The communities see winners of the grants as simply lucky to get a windfall.	The grants are not likely to have long term significant impact on the individuals or their communities as start up loans from VS&L would have. The businesses started with the grants have no records to assess them by. Records of SUG beneficiaries examined in Kailahun were poorly kept and incomprehensible.	The business training, which precedes the grants should be the more important component of the intervention but most beneficiaries lack the background to benefit from the concepts taught and to acquire the skills intended to be transferred by the training. They are therefore not sufficiently equipped to succeed in business on account of the training.	The resources given to ill-equipped beneficiaries as SUGs would be better used to increase the number of capital grants to communities for agro processing equipment to sustain post-FFS training farm outputs.

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Village Savings and Loan	Formation of village savings and loans groups, which accumulate their own savings, lend the funds to themselves and eventually realizing their savings and interest incomes earned among themselves.	Beneficiaries testimonies indicates a deep appreciation of the methodology as a means of accumulation wealth using their own resources and meeting their personal and business financing needs from their own collective resources.	This activity has created a great impact on the groups financial opportunities, enabling them to actively save and secure business or personal loans, whenever needed.	The system is cyclical and renewable and as such not structurally permanent. However the groups themselves can alter the rules to allow for longer savings cycles as well as gradually introduce an institutional structure to their scheme.	To be useful the system should be able to meet the growing sizes of loans members will demand. In the long term, the system must improve in sophistication to meet the variety of financial services needs of its members. With a weak institutional framework this is a challenge.
Water and Sanitation	Development of water and sanitation facilities such as water wells and VIP latrines in communities that do not have these facilities and have to use contaminated water from streams and use surrounding bushes as toilets.	These are sorely needed facilities in almost all LEAD communities but the intervention is surprisingly very inadequately catered for in all programme areas. The health and sanitation interventions are severely undermined	The inadequate attention to WATSAN in the LEAD programme components selection is a missed opportunity to make a significant impact on the health and sanitation status of beneficiary communities	This component is fraught with challenges the two most important of which are: 1) the poor engineering in the sinking of wells to shallow depths which results in most wells being dry during most months of the year and 2) inadequate	The streams from which communities without wells collect water are losing water volume and becoming more contaminated, with deforestation. Future programmes should take into account the expressed needs of the

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		by the lack of watsan to complement them in the communities.		arrangement for the proper maintenance of wells and latrines to keep them serviceable.	communities, which at present prioritize watsan.
PD/Hearth	A methodology for rehabilitation of malnourished children by promoting improved health-seeking, feeding, caring and hygiene practices at the individual, household and community levels	Communities have found the programme to be effective in saving the lives of children in poor nutritional state.	The programme has had a good impact in the communities that have participated.	Parents in beneficiary communities can now prepare the diets from locally available items and feed their malnourished children. Sustainability of the outcome of this intervention would be achieved by promoting the recovery diet for infant feeding in the communities.	Promote the baby friendly diet as regular diet for infants.