



External Evaluation

Nutrition, Advocacy and Food Security Pilot Project Monrovia, Liberia

Funded by ACF

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List of Acronyms and Abbreviations

ACF	Action Contre la Faim (Action Against Hunger)
ANDP	Aid for the Needy Development Project
CHT	County Health Team
DAC	Development Assistance Committee
ECHO	Humanitarian Aid department of European Commission
ENA	Essential Nutrition Action
FS	Food Security
GoL	Government of Liberia
IGA	Income Generating Activities
MoHSW	Ministry of Health and Social Welfare
MoU	Memorandum of Understanding
NGO	Non Government Organisation
OTP	Outpatient Therapeutic Feeding Project
SNU	Special Nutrition Unit
TFC	Therapeutic Feeding Centre
TFP	Therapeutic Feeding Programme
USD	United States of America Dollars
VoA-1	Voice of America District
WASH	Water and Sanitation
WFP	World Food Programme

Acknowledgement

Thank you to the teams from ACF, ANDP and the Ministry of Health for sharing their experiences and providing introductions to staff and beneficiaries across Monrovia. It was a great pleasure to meet those contributing to improving the food security and nutrition of vulnerable communities across Liberia.

EXECUTIVE SUMMARY

Action Contre la Faim's (ACF) pilot project 'Nutrition Advocacy and Food Security' in Monrovia Liberia and peri-urban regions has made a significant contribution and has created a sound foundation for linking improvements in food security to reducing malnutrition amongst children in Liberia.

Established in 2010, this ACF funded (365,000 Euro) pilot project has successfully developed and tested a new integrated approach to tackling food insecurity and child malnutrition. Through the establishment of small gardens and promotion of urban and peri-urban agriculture, delivery of nutrition activities with local partners (ANDP and Ministry of Health and Social Welfare's (MoHSW), the pilot has contributed to improvements in household food security and a reduction in child malnutrition.

The project has also made significant steps in developing a more rigorous national nutrition capacity within the MoHSW. Initiatives to ensure prevention, detection, and treatment of severe acute malnutrition and delivery of Essential Nutrition Action¹ (ENA) are now fundamentally part of the MoHSW system. New nutrition guidelines and policy are beginning to be implemented at county levels and a national strategic plan is starting to take shape.

This evaluation examines the impact of pilot activities and offers recommendations for future projects focussed on strengthening and promoting links between food security and nutrition. The evaluation also examines nutrition advocacy and ACF's role in strengthening the capacity of the MoHSW and local partners.

The evaluation was conducted through a mix of semi-structured interviews, project document review and site visits across Monrovia in Liberia.

The assessment found that ACF's project had a **positive impact on food security** highlighted by high application of home garden techniques and increased ability to provide **more diversified food** for the family. On average over three quarters of households consumed 4-6 vegetable/legume variety on a weekly basis compared to previous consumption of 2-3, mainly comprising of sweet potato and greens, corn and cassava.

Over 90% of households were **satisfied with ACF's food security activities**, which provided seeds, tools, and technical training in sustainable and organic farming. Now, more households are utilising local seeds, new skills in land preparation, organic pesticide and fertiliser production.

There are some opportunities to expand ACF's farming initiatives to **include seed saving and seedling nurseries**, which would increase the success of new seeds. Lead Farmers, which worked well to demonstrate farming techniques could be engaged to lead such activities.

More Income Generating Activities (IGA) may have provided a source of income from home gardens as households make use of surplus vegetables and fruit. Highlighting and supporting links to markets and income can often increase the incentive for maintaining home gardens. Examples of this include the production of shredded and dried bean and seed, which is a highly nutritious food supplement given to infants in Liberia.

¹ ENA is a overall project of nutrition best practice

Knowledge of nutrition amongst the households from Voice of American (VoA-1) district who were involved in home gardens activities was sound, however overall **knowledge of nutrition amongst caretakers at health clinics was poor**. Many mothers/caretakers had limited knowledge of nutrition, the benefits of fruits and vegetables (such as natural antibiotics) and were not aware of the nutritional value of different foods. This represents a significant opportunity for a shift in strategy to **focus more on the caretakers** and less on the farmer. Future food security activities and nutrition education needs to focus on caretakers at health clinics and feeding programmes.

The majority of health facilities displayed effective **information about nutrition**. Also, ACF and its partners ANDP and MoHSw's County Health Teams (CHT) **provided sound counselling** to caretakers and delivered workshops covering child health, nutrition and hygiene. However, **understanding and application of nutrition is evidently weak** in large segments of the community, particularly caretakers visiting health facilities. There is an opportunity to **enhance the methods** of delivering key nutritional and food security messages to include community theatre, short films and active demonstration plots at health clinics; one method which is already planned for the next phase of the project.

The **link between food security and nutrition was not fully understood** amongst caretakers and households, particularly the links between eating a diverse range food and improving a child's health.

Factors contributing to poor food security and nutrition are **social and economical constraints**. Social pressures on mothers not to breast-feed and maintain a more youthful figure have had a negative impact on child nutrition. More education needs to focus on the benefits of breast-feeding and the links between nutrition and food security to help counter these perceptions. **Economic constraints** such as low income and limited land can be mitigated by investing in livelihood activities. These can provide more income and long-term food security to vulnerable households.

Advocacy at the Ministry of Health has produced good results. A new division focussed on nutrition was established in March 2011 and a nutrition policy is now operating. More child nutrition initiatives are being implemented and ongoing work developing human resources is having a positive impact on Ministry of Health staff.

Project **design was overall sound**. Local partners effectively socialised the process and identified vulnerable households, however should have been more effective at building the capacity of staff working at health facilities to address child malnutrition. The **sustainability and commitment of ANDP to food security** was low. This was evidenced by the failed home garden at their compound/Therapeutic Feeding Centre after ACF finished its project activities.

Overall, ACF has developed a **sound model for integrating** nutrition and food security, however for long term success and real behaviour change it needs increased buy in and leadership from MoHSW and local partners and continued focus on the weakest links such as caretakers at OTPs. ACF should continue to develop and lead food security and nutrition activities under one integrated team and implement a **'seeing is believing'** strategy where instruction is supported with practical field sites and recognized local success stories highlighted and replicated.

ACF should also advocate for greater inclusion and planning within any farming/growers association to support food security initiatives. This would increase

economies of scale, create a system of specialisation, improve planning of food production and contribute to a more diversified household diet.

1.0 Background information

1.1 Target Area

ACF selected former IDP camp in Voice of America (VoA-1) district, also containing the headquarters of local partner ANDP. This district represents one of the most vulnerable communities in Greater Monrovia with many households having relocated due to years of conflict. This area also represents urban and peri urban environments with small-scale agriculture, capacity building potential due to existing farming and proximity to ANDP's therapeutic feeding centre (TFC).

Many of the households living in VOA-1 are former refugees and some have resided in the area for several decades. Households survive on basic subsistence farming with the majority of the population living in poverty and struggling to achieve food security. ACF targeted 200 vulnerable households across VoA-1 and provided seeds and tools, established experimental garden plots, trained groups in sustainable farming methods and provided key education on nutrition to households.

For the nutrition component, ACF supported OTPs in ten health facilities across Monrovia to target the prevention, detection and treatment of severe acute malnutrition. Each health facility was selected to cover a broad range of geographical area, capture the most vulnerable cases and to allow training and capability building of MoHSW staff. Skills training and mentoring was provided to the CHT Montserrado team, which have been active and demonstrating positive signs of leading and supporting nutrition work at the health facilities. Further advocacy, support and training are being conducted at the national level through an ACF specialist working within the nutrition division at the MoHSW to also highlight the links between food security and nutrition.

1.2 Main objectives of the project

To reduce the mortality rates related to malnutrition, for children under five in Monrovia, Montserrado County, Liberia.

Objectives

1. To ensure, through support, capacity building and provision of services, that the MoHSW is able to run the prevention, detection and treatment of malnutrition in a sustainable way, for the Monrovia population, through increased involvement and ownership of the MoHSW in the TFP.
2. To prevent acute malnutrition through increase of nutritional knowledge and vegetable production for 200 households of peri-urban Monrovia.

Results Indicators:

ER 1. GoL MoHSW demonstrates increased capacity to monitor and strengthen TFP in Liberia.

ER 2. Treatment of severe acute malnutrition according to national guidelines is available in the Greater Monrovia Area throughout the project period.

ER 3. ACF tested package for community prevention is available for use by stakeholders (including MoHSW/MoA).

ER 4. The pilot community demonstrates an increase and diversity in food production

and availability.

ER 5. The families participating in the pilot project demonstrate an improvement in their knowledge, attitude and practices in regards to the Essential Nutrition Actions (ENA).

1.3 Development of the project²

ACF has been operating in Liberia for over 20 years providing a range of emergency and recovery relief including therapeutic feeding projects (OTP/TFP) and nutrition care and food security.

ACF has been working to reduce Liberia's mortality rates amongst children, which is high amongst developing nations. ACF has been working hard to reduce the levels of chronic and acute malnutrition in children as well as stunting and related nutritional health problems.

To address this ACF has developed a project that addresses the prevention, detection and treatment of acute malnutrition in children in a more comprehensive way through direct access to more diversified food and with improved education on the links between food security and nutrition.

Pilot project activities focuses on;

- At the **national level** the project has supported the MoHSW Nutrition Division to develop nutrition policy, guidelines and planning for the implementation of nutrition initiatives.
- At the **county level** ACF has supported ANDP to provide nutrition training and mentoring in an attempt to develop the capacity of the health facilities so that they can deliver nutrition based initiatives.
- At the **community level**, ACF has supported the implementation of small-scale vegetable gardening in partnership with local partners and caretakers. This site demonstrated ACF's integrated approach in food security, nutrition and hygiene promotion using site regular visits, demonstration plots, training and mentoring by nutrition and food security teams from ACF and ANDP.

² Summarised from Project Logframe, Proposal and Terms of Reference.

2.0 Methodology

2.1 Evaluation Objectives³

The evaluation reviewed the objectives and the impact of the Nutrition Advocacy and Food Security pilot project. The evaluation will examine the following DAC⁴ criteria:

- Impact
- Sustainability
- Coherence
- Coverage
- Relevance/Appropriateness
- Effectiveness
- Efficiency

2.2 Evaluation Tools

This qualitative evaluation was conducted using a mixed method, utilising existing project documentation, key informant interviews and site visits. This provided a thorough examination of project activities within the time frame.

The evaluation reviewed key documents and reports from ACF's project. Interviews were conducted with ACF staff, local partners and beneficiaries to capture a comprehensive analysis of project activities. A full list of key informants interviews and documents reviewed is listed in annex 1 and 2.

Semi-structured interviews were guided by targeted questions. Questions examined the impact of the project and the underlining links between food security and nutrition. A full list of questions is listed in annex 3. Additional site visits across Monrovia provided the opportunity for the evaluation to inspect activities and interview communities.

Following the fieldwork, two short debriefing sessions were conducted in Monrovia to share initial findings with the ACF Liberia team. Another debriefing is planned for ACF Headquarters in Paris, where a presentation will examine in-depth the impacts of the project and recommendations for future projects. Feedback and comments from ACF Headquarter staff will then be incorporated into the final evaluation report.

No major logistical constraints limited the evaluation.

³ Terms of Reference Evaluation May 2011. (Full list of questions in Annex 3)

⁴ Development Assistance Committee Criteria outlined in Annex 4 with best practice for the project.

FINDINGS AND DISCUSSION

3.1 Impact

ACF provided assistance to over 200 households and caretakers in the VoA-1 district in the form of farming inputs such as seeds, tools and training. In addition, ACF supported OTP/TFP at ten health facilities across Monrovia, providing inputs and training (through its partner ANDP) to MoHSW staff. The training focussed on detection, treatment and prevention of child malnutrition. ACF also provided support and advocacy to the MoHSW by supplying a specialist to help develop national guidelines and policy on nutrition.

The evaluation found that ACF's project had a positive impact on the households and caretakers it assisted and formed a solid foundation for future projects. The following analysis examines key questions proposed for the evaluation and listed in full in Annex 3 and provides areas for enhancement.

3.1.1 Nutrition

The impact of nutrition initiatives was positive with households in VoA-1 demonstrating sound understanding of nutrition and the value of links to food security. A large segment of caretakers interviewed at OTPs visited did not fully understand the concept or application of nutrition and the impact on their child. Their knowledge of the links between nutrition and food security was limited. This may be due to the challenging and pressured environment of the OTPs as well as caretakers priority in getting immediate treatment for their child.

Nutrition messages at VoA-1 have been effective when linked with food security activities compared to nutrition messages at OTPs, which were delivered sporadically and in relative isolation. The VoA-1 activities were delivered through workshops and house-to-house mentoring by technical staff and social animators. This is a key opportunity for improving the project, specifically establishing food security activities and a nutrition education campaign at OTP sites for caretakers and expectant mothers.

3.1.1.1 Partnerships

- ANDP provided effective identification and selection of the most vulnerable households, prioritising women-headed households and households with children under five at risk of malnutrition. ANDP worked well to help select lead farmers and the local coordinating management committee (CMC) who assisted in mobilising the community of VoA-1.
- ANDP was not fully effective in building the capacity of health facilities who were responsible for leading the detection, prevention and treatment of malnutrition. ANDP's leadership were perhaps more focussed on continuing its involvement and providing opportunities for its own staff rather than passing on new skills. At the OTP centres, ANDP were actively leading most of the work, including the measuring and recording of children treated for malnutrition. Health facility staff should have led this work. Key areas for improvement should include a more detailed and committed exit strategy to outline the handover of key duties to the MoHSW staff in addition a more structured work plan and monitoring of activities.

- ANDP failed to continue the small garden plot after ACF completed its food security activities in March 2011. A combination of previous dependency on aid funding to continue projects and a lack of commitment were key reasons for this failure. It would have been a small investment of time and resources and good sign of sustainability and commitment had ANDP continued this activity. It would have also reinforced their believe in the approach and its role in improving knowledge, understanding and practice.
- There was evidence that ANDP had benefited from ACF's experience and were demonstrating best practice in treatment and detection of malnutrition at their treatment centre. ANDP were utilising technical specialists to assist the treatment of malnourished children at their centre for acutely malnourished children.
- ANDP was also active in VoA-1, identifying cases of child malnutrition and bringing them to the TFC/OTP. ANDP has the technical and logistical capacity to continue the identification and treatment of acute malnutrition at their health centre at their headquarters. However, ANDP's challenge is maintaining its impact on reducing malnutrition. ANDP and its activities are largely dependent on donors and agencies such as ACF. Some administrative or strategic funding capacity building could benefit ANDP in securing a sustainable funding stream.
- The CHT led by Dr Camara have demonstrated some increased involvement in the leadership of planning and implementation of nutrition and health activities. The CHT have been encouraged and successfully consulted by the ACF team on a range of initiatives and are taking positive steps through training and leadership of activities to ensure the sustainability and improvement in services delivered through the local health facilities. This process is the start of longer story that ACF have provided a sound grounding for leadership, improved knowledge and greater standards delivered through the health facilities.

3.1.1.2 Health Facility capacity

- The partnership between ACF and ANDP had a positive impact on the capacity of the health facilities (both inpatient and outpatient components), however missed the opportunity for local health staff to lead on a range of functions. Training opportunities such as workshops worked well to deliver messages, however local health staff were clearly not leading on activities. More one-on-one mentoring and on-the-job training should take a priority and may result in greater ownership by the health facility staff.
- Staff of the health facilities have benefited from ACF and ANDP's experience, however the full extent of what has changed will only be apparent once they starting leading activities. The next six months will be key as ANDP transition the management of child malnutrition to the health facilities team. A clear plan developed by the MoHSW and ACF needs to outline roles and responsibilities, monitoring and supervision of staff and allocation of available resources.
- It is difficult to say whether beneficiary's confidence in the health system has changed or whether they recognise any changes in the capacity of the health facilities. However, people *do* regularly utilise the health system and receive

care at one of the many operating health facilities. Measuring the success of health facilities and its ability to reduce the number of malnourished children can only be measured over the long-term with more detailed analysis of admission and nutrition data. A key inclusion into the next phase of the project should include assisting MoHSW setup a comprehensive monitoring data and management system.

- The program linked with UNICEF who provided some coordination in delivery of training, however any real deep links was simply not part of the project. Future activities with UNICEF could benefit ACF if they optimised some of UNICEF's links to schools and child based partners. This could help with identification and planning of targeted interventions at particular regions.

3.1.1.3 Nutrition Advocacy

- ACF has been instrumental in establishing nutrition as a part of the national health agenda and MoHSW nutrition policy. In the first quarter of 2011, ACF played a key role in MoHSW establishing a new nutrition division and is now working to implement an integrated strategy on nutrition (CMAM⁵) across Liberia.
- ACF has made good progress, as the MoHSW rolls out national operating guidelines that direct and support the work of CHTs in delivering nutrition programmes across Liberia. ACF can increase the impact of its work by continuing to educate and advocate MoHSW on the principles of nutrition and links to food security and agricultural practice. Key activities may include workshops and materials that demonstrate the links between food diversity and nutrition and how this can improve current care practices.

3.1.2 Food Security & Livelihood

The impact of food security activities amongst 200 households at VoA-1 was positive with over 90% of participants demonstrating correct use of seeds, tools and application of agricultural practice.

According to post harvest data⁶ and interviews with beneficiaries, households are now growing and consuming a greater variety of vegetables per week (4-6) compared to before the project (2-3). New strategies on food diversity and the links to nutrition were evident in household food preparation and nutritional intake.

The demonstration plot at the ANDP's Headquarters at VoA-1 had a positive impact on the community. Several things happened; 1) caretakers who either lived in VoA-1 or outside of the area began vegetable gardens, 2) staff at ANDP also commenced small gardens at their homes and 3) surrounding community (not involved in the project) have started to cultivate land and commence small gardens. So, despite the small plot at ANDP's Head Quarters not being currently active, it has made an impact and encouraged people to establish small gardens.

3.1.2.1 Targeting

⁵ Community-based Management of Acute Malnutrition

⁶ ACF Post Harvest and distribution report 2011

- The food security activities targeted the right area to test a pilot. The area had vulnerable communities, existing farming and capacity to utilise new agricultural inputs. The area was also close to ANDP's TFC/OTP.
- It is important for the next phase of the project to focus on current OTPs as these centres represent the most challenging cases of child malnutrition from vulnerable households and an opportunity to demonstrate the links between food security and nutrition in urban and rural settings.

3.1.2.2 Consumption, Production and Income

- Overall, households are demonstrating a greater diversity of food production and consumption. From data collected in post harvest reports and interviews from the evaluation, over 75% of households are consuming on average 4-6 different foods per week compared to 2-3, which mainly consisted of cassava, sweet potato, corn and potato greens. Now more households are consuming a greater number of vegetables.
- From interviews and post harvest data over 80% of households in VoA-1 demonstrated healthy crops on land sometimes limited in quality due to sandy soils present in VoA-1. The average size of VoA-1 plots was less than 400m². Despite this, households have been able to utilize organic fertilizers and produce a range of diverse vegetables.
- Some households with larger plots showed evidence of selling a small proportion on their crops, however many still only managed to grow enough for their family. Those that did sell excess did so in the VoA-1 community either near their home or at a small market in the centre of town. For most of the households, vegetable production for a viable business is not possible due to small plots they own.
- For those with larger plots or the capacity to extend onto other land there is some opportunity for small Income Generating Activities (IGA), however these would need to overcome constraints such as marketability and transportation.

3.1.2.3 Seeds, Tools and training

- Distribution of inputs was overall positive with over 95% households satisfied, however there were some small quality issues with the seeds. Households were provided with a good choice of seeds focussed on diversifying their diet and is shown in the table below.

No	Seed Variety	Unit	No. Of Ben.
1	Sweet Potato	Bundle	175
2	Cowpea	gram	183
3	Sweet Corn	gram	185
4	Hot pepper	gram	64
5	Okra (Clem Spineless)	gram	128
6	Cabbage (KK-Cross)	gram	13
7	Pumpkins	gram	1
8	Watermelon (sugar baby)	gram	35
9	Cucumber	gram	7
10	Groundnut (shinny red)	gram	72
11	Plato	gram	58

Table 1: Seeds/Cutting Distributed

- Households demonstrated sound use and maintenance of tools, however the replacement of cheaper models that often break is a sustainability issue that needs to be considered for future agricultural inputs.
- The project started in May half way through the cropping season, which did have a negative impact on the project and meant other activities lagged behind. Lessons learnt for next time: plan according to the cropping season.
- Food security and home-garden training sessions were well received and households are actively demonstrating use of new skills in land preparation, fertilising and pesticide control. The demonstration plot has encouraged active participation from a range of households, including ANDP staff and those not directly involved in the project. As a result many small household garden plots have appeared across VoA-1.
- Training messages delivered through workshops and mentoring had a positive impact on peoples understanding of ENA and links to improved food diversity. Practical demonstration and active gardens has positively reinforced key messages. Households have demonstrated good knowledge of these key concepts and the application through growing different foods in their gardens.
- Household visits also had a positive impact. From interviews and progress reporting data, the majority of households indicated that community animators and facilitators who visited the home made a positive impact on helping them understand concepts in nutrition and food security. This compares to those at OTPs who had no exposure to social animators and had poor understanding of concepts
- Events like the Farmers Exchange Field Visit and Farmers Field Day were well received with over 300 people attending. The project helped to raise awareness and highlight the positive benefits of improving food security and its impact on reducing malnutrition.

3.1.2.4 Beneficiaries

- From a beneficiary perspective, the pilot was successful in introducing new inputs and techniques to improve the productivity and diversity of existing garden plots. It also provided key information relating to nutrition, food security and improving the health of a child.
- The Management Committee of VoA-1 requested ACF stay on to train more people and provide more inputs such as transporting compost. This is an opportunity for ACF to pressure the GoL to continue to support VoA-1's expansion of new agricultural techniques and encourage them to drive their own initiatives.

3.1.2.5 Sustainability

- Household garden plots will continue for the short and medium term and while people still reside in VoA-1. The adoption rate of seeds and training was over 90% as many of the households had the advantage of previously managing agricultural land. ACF selected the most appropriate households that would continue the garden activities.

- The sustainability of the garden plot at ANDP is questionable without the support and lead of ACF. The plot lay empty for several months after ACF's support was complete. Perhaps some conditional funding or extra encouragement would help ANDP re-establish the garden plot. Lessons from this experience should be that there needs to be motivation and reward for them to do it. It has to be bigger than 'we were contracted to do this'. Involvement and training to longer-term staff and TFC staff would of also contributed to a more successful plot past the life of the pilot.
- The availability of locally produced vegetables at the household and community level is limited and consistent across Monrovia and Liberia. The supply of quality affordable vegetables is severely limited and significantly impacts on sustainability of long-term vegetable grow. For households with limited land and resources the issue is magnified.
- ACF has provided a range of vegetable seeds, but communities need to fully understand how to grow them and importantly cook and eat them. This needs to be included in future plans.
- Perhaps outside the scope of the evaluation, however still important is the need for advocacy to improve investment in large-scale agriculture. This issue is critical to Liberia's long-term ability to feed its population. With fertile soil and an available workforce, there seems ample opportunity to activate an agricultural revolution.

3.1.2 Combined Food Security / Livelihood and Nutrition

This new approach has provided some positive results evident by household's gradual change in dietary behaviour, application of new agricultural practice and infant/child feeding and care practices.

3.1.2.1 VOA-1 District

- Qualitative analysis and site visits indicate positive changes by beneficiaries located at VoA-1 involved in the home gardens activities. Households have adopted farming techniques and diversified their diet by growing a greater number of vegetables using sustainable organic methods. A number of other techniques for future projects may include seed saving, open pollinated seeds with beehives, nursery beds, and more organic pesticides made from the pests. These activities need to be more combined and delivered with livelihood activities (such as new small business) and nutrition messages.
- Evaluations, interviews and progress reporting showed awareness and application of ENA, more exclusive breast-feeding, hygiene and links to improved food diversity evident in the VoA-1 community. More mothers were recognising the importance of exclusively breast-feeding for the first six months and more households demonstrated positive hygiene behaviour. More hygiene should also be included in current practices as poor hygiene can adversely impact on nutrition through dysentery, diarrhoea and worms.

3.1.2.2 OTPs

- Caretakers at OTPs represent opportunities to be involved in improving

knowledge and practical skills in nutrition and food security. ACF and its partners should target caretakers at OTPs by providing a practical skill set such as ENA plus food security messages *and* actively engage them in home garden demonstrations by offering training and vegetables from the garden.

- The method of delivering key messages needs to be more dynamic to include a variety of media such as community theatre and documentary film. Using more participatory techniques will help caretakers make the connections between food security, nutrition and well being of your child.

3.1.2.3 Malnutrition targeting

- Only 6 of 201 households selected for home gardens in VoA-1 had previously attended OTPs for acute malnutrition. The remaining consisted of 45 farmers from a farming association and 150 households from VoA-1. Over 75% selected were women headed households.
- The evaluation interviewed female-headed households and families that had visited the OTP with their child. These vulnerable groups benefited more from the project as inputs made a significant contribution to their small households income.
- The small group that had previously visited the OTP to treat their child for malnutrition were more likely to change behaviour as they now had the means to support a more diverse diet for their child.
- Household visits from ANDP and ACF particularly helped these groups with mentoring and counselling on best practice in nutrition, food security and hygiene. This component of the project worked well as people typically learn more effectively from people from their own community. Training and using previous beneficiaries would add value to the next phase of the project.

3.1.3 Project goal, specific objectives, and indicators

The following examines pilot project objectives and result indicators. Overall the project has made positive contributions to reducing child malnutrition in the communities in Monrovia.

General Objective	Progress
<p>To reduce the mortality rates related to malnutrition for children under five years old in Monrovia, Montserrado county, Liberia.</p>	<p>Project has provided:</p> <ul style="list-style-type: none"> • Improved nutritional conditions for children under five • Improved access to information and best practice on food security and nutrition including ENA • Increased capacity of MoHSW to plan and implement nutrition projects • Improved food production/diversity of vegetables • Increased household consumption of more nutritious vegetables • Improved conditions for increased household income through farming and IGAs.

Specific Objectives/Results

- To ensure, through support, capacity building and provision of services, that the MoHSW is able to run the prevention, detection and treatment of malnutrition in a sustainable way for the Monrovia population through increased involvement and ownership of the MoHSW in the TFP.
- To prevent acute malnutrition through increase of nutritional knowledge and vegetable production for 200 households of peri-urban Monrovia.

Progress below is colour coded (green= for success, orange= part completion, red=failure)

Results	Progress
<p>ER1: GoL MoHSW demonstrates increased capacity to monitor and strengthen TFP in Liberia.</p>	<p>Health facilities in the process of being handed over the management of several OTP/TFP under the stewardship of ACF/ANDP.</p> <p>ACF's ongoing work at the MoHSW over the next 12 months will be to develop their capacity of their reporting and national monitoring systems.</p> <p>MoHSW and CHT are actively involved in TFP and nutrition initiatives with ACF.</p>
<p>ER2: Treatment of severe acute malnutrition according to national guidelines is available in the Greater Monrovia Area throughout the project period</p>	<p>OTPs have been increasingly active in providing treatment to cases of acutely malnourished children.</p> <p>Adoption of best practice is taking place at OTP with the support of ACF and ANDP.</p>

ER3: ER 3. ACF tested package for community prevention is available for use by stakeholders (including MoHSW/MoA).

ACF has successfully tested the integrated food security and nutrition package in VoA and promoted the links between food security and nutrition.

Ongoing work by ACF will ensure ENA messages are targeted to caretakers at OTPs and advocacy is continued at the MoHSW and MoA.

ER 4. The pilot community demonstrates an increase and diversity in food production and availability.

Over 90% of households are producing and consuming more diverse range of vegetables. Expectant mothers are now consuming three meals per day compared to two before the project⁷.

Households are applying new agricultural techniques and growing better harvests.

Increased diversity of vegetables and adoption of new techniques amongst existing VoA farmers.

ER 5. The families participating in the pilot project demonstrate an improvement in the knowledge, attitude and practices in regards to the Essential Nutrition Actions (ENA).

Households demonstrated sound improvement in knowledge and practice of ENA and links between food security and nutrition.

92% adopted early initiation of breast-feeding and 50% exclusively breast-fed for the first six months⁸.

Summary of Key Results

- Over 90% of households are adopting new methods and increasing production and consumption of vegetables. A handful of households with larger plots have been selling surplus for additional income.
- Seeds, tool and trainings have been well received and utilised by VoA-1 community. The project started half way through cropping season leading to some lagging of activities, however food security activities adopted by the community.
- Information on food security and nutrition delivered through leaflets, newsletters and workshops were effectively developed and delivered to beneficiaries. Households at VoA-1 remembered and adopted these new ideas through improved ENA and agricultural practices.
- Local partner ANDP worked well with ACF to select and identify vulnerable households for the food security project.
- Nutrition initiatives at the OTPs are delivering significant benefit to caretakers through treatment and detection of malnutrition in children, however qualitative interviews and reporting indicate knowledge and practice of ENA by caretakers was low.

⁷ FSL final report 2011

⁸ FSL Progress Reporting 2011

- Links between food security and nutrition was sound at VoA district due to strong community mentoring and investment in training and demonstration plots. Caretakers at OTPs have limited knowledge of the same principles, indicating an opportunity for future ACF project.
- Nutrition advocacy at the MoHSW has contributed to establishing a nutrition division and improving the institutional capacity to deliver nutritional health at the county levels.
- CHT team of Dr Camara and Helena are showing positive results as they begin to lead and implement enhanced nutrition initiatives and demonstrate leadership in the delivery of improved services. ACF's capacity building work is showing dividends illustrated by CHT's utilising new skills and engaging with the network of nutrition practitioners such as ACF, UNICEF, ANDP and the local health facilities.

3.1.4 Positive and negative, including unexpected, impacts

Positive Impact

- Sustainable and best practice agriculture has been implemented by over 90% of households in VoA-1 district.
- Households have diversified their diet and increased their ability to sell surplus vegetables. Households are aware of the value of good nutrition and how it positively impacts on the health of their family.
- New varieties of vegetables have been introduced and successfully grown and consumed by households.
- Organic farming has increased. More farmers now produce and use organic fertiliser and natural pesticide control. Less income is spent on chemicals and non-hybrid seeds and is better for the environment.
- MoHSW is actively involved in the development of nutrition initiatives and developing plans to reduce the malnutrition in children across Liberia.

Negative Impact / Areas for Improvements

- Interviews, qualitative assessment and reporting indicate caretakers at OTPs not fully appreciating the concepts and application of nutrition impacts on the health of their children in addition to the links with food security.
- Methods of the delivering messages could have more participatory to include community theatre and film.
- Sustainability of garden activities is at risk due to limited and relatively expensive seeds. There is an opportunity for ACF to promote seed saving and use of seed bags⁹ in the next phase of the project at OTP sites.
- More open pollinated seeds and promotion of beehives could be introduced to reduce the need for inputs (new seeds).

⁹ small portable bag that can grow vegetables especially in urban settings.

- Education on nutrition and hygiene should also include risks of diarrhoea, dysentery and worms (in addition to potential new de-worming programmes), common amongst young children in Liberia. These can exacerbate the impact of child malnutrition.

3.2 Coverage

ACF provided effective coverage of food security activities across the VoA-1 community with a mix of targeting farmers and caretaker/mothers. Targeting of farmers is a good idea in principle as food security knowledge can be shared and applied, however in practice some farmers didn't fully share ideas and resources. More focus on caretakers and mothers at VoA-1 and OTPs would have increased community knowledge and practice in home gardening, food diversity and nutrition.

- The VoA-1 area selected for the demonstration plot was sometimes challenging, as the population was transient and often absent due other outside work commitments as well as some who were only receiving short-term treatment at ANDP's OTP/TFP. ACF staff indicated that a better selection may have examined a more stable area and settled population to introduce a new integrated approach. Despite this weakness, the project must be commended for selecting a vulnerable area such as VoA.
- Food security and livelihood activities need more rigorous assessment of local markets and institutional capacity. This would provide the project with a robust understanding of the supply chain of agricultural goods and its supporting agencies. Increased knowledge of markets including demand and price points are key components that need to be assessed when introducing commodity interventions.
- The selection of ten health facilities sites to support OTPs provided effective geographical coverage across Monrovia and targeted a range of vulnerable beneficiaries. Aligning OTPs to existing health facilities has provided effective links to health facilities and access to MoHSW staff who will eventually lead OTP activities.
- ACF was able to monitor selected areas, however evidence suggests ACF should have addressed earlier the issue of ANDP leading on nutrition activities and provided a more structured handover plan for MoHSW's health staff.

Overall the coverage area was effective and ACF was able to reach the most vulnerable.

3.3 Coherence

ACF developed a number of coherent initiatives, which promoted integration of food security and nutrition, namely linking a more diverse diet to improved nutrition.

- ACF's project was coherent with the principles of addressing child malnutrition and developed activities that linked fundamental principles of nutrition and food security. In addition the project developed clear coherent principles that has delivered a number of benefits.
 - ACF has helped influence the national nutrition agenda with its solid reputation, coherent strategy and embedded staff working side by side with the Nutrition division.

- ACF's project is consistent with MoHSW's national policy on nutrition, which outlines initiatives across Liberia at the county level. ACF has effectively articulated and advocated for a clear evidence based policy on tackling child malnutrition.
- Local government also supports the work of ACF at the community level, with inclusion of local government representatives at the VoA-1 coordination management committee (CMC) and representation of the MoA at the farmer field day. The CMC and government praised the integrated approach and recognised improvements across the targeted home gardens in VoA.
- ACF has been a leading agency operating in VoA-1. It has been effective in leading initiatives within urban and peri-urban agriculture working groups, providing a clear and coherent vision for tackling malnutrition and food insecurity.

3.4 Relevance / appropriateness

ACF's pilot project has been highly relevant considering Liberia's high child malnutrition (acute and chronic) and food insecurity. The areas and beneficiaries selected were appropriate and represent vulnerable groups living in densely populated urban and peri-urban environments.

3.4.1 Food security and livelihoods

- In planning food security and livelihoods interventions, ACF has the opportunity to be scientific and strategic. In doing so, ACF could provide a more rigorous assessment and look at the supply chain of commodities (in this case vegetables). By examining the linkages (and weaknesses) in the supply chain, ACF (with the community) can;
 - Target and support more efficient livelihood interventions,
 - Plan agricultural production,
 - Encourage the supply and consumption of vegetables, and
 - Create a profitable community business model.
- Food security and livelihoods training methodologies (a mix of workshop, mentoring and demonstration plots) were appropriate and utilised local skills in the form of lead farmers and locally sourced inputs such as seeds and organic fertilisers. More sustainable methods and less outside inputs such as chemicals are being used.
- Home visits by local social animators/facilitators were effective in reinforcing training messages on food security and ENA. There are additional opportunities to promote nutrition using food diaries and surveys to measure and promote household diets and nutritional intake.
- There is an opportunity to encourage more community participation in the food security activities. Home visits were effective, however people from the VoA-1 community could have led this activity. People usually respond better to new initiatives instructed by people who live in the same area. It also provides some income and skill opportunities for local communities.

- Farmer groups in VoA-1 seem to work well to build their farms, share ideas, pool resources and trade excess crops. The farming association worked well to benefit their members, however little benefits were shared with individual farmers outside the association. ACF should advocate for greater inclusion and planning within a farming/growers association. This would increase economies of scale, promote a system of specialisation, improve planning of food production and diversify the household diet.
- Using leading/key farmers was sound and provided experienced farmers to assist and lead new and inexperienced farmers. In practice though, the lead farmers only managed and looked after their own crops after the final inputs were delivered. ACF should consider some shared plots where the lead farmers have increased buy in and more likely to continue instructing.

3.4.2 Nutrition

- Management of malnourished children cases seemed to be sound with treatments defined and plans evident in the OTPs visited.
- At the OTPs, national nutrition protocols appeared to be adhered to in principle, however systems led by MoHSW health staff would improve quality and best practice in delivery of nutrition activities.

3.4.3 Partnerships

- Partners ANDP and CHT responded well to live demonstration and mentoring that help build systems and human capacity. Local partners often demonstrated good practice in nutrition activities and health staff were active in assisting the process of detection and treatment of malnutrition.
- Dr Camara and his staff from the CHT thought more hygiene links were needed to be included in ACF integrated project. This is particularly important in food preparation for caretakers/mothers who often stop breast feeding early and do not adequately wash or clean when preparing food for their child.

3.5 Effectiveness

The pilot was effective at delivering a new concept in food security and nutrition and was successful at changing behaviour, attitudes and practices.

3.5.1 Health system

- At the national level ACF and its staff are recognised by MoHSW and leading aid agencies as being effective in establishing the nutrition division and developing national guidelines on the treatment, detection and prevention of child malnutrition.
- Further development should also include the provision of a comprehensive monitoring system that would measure malnutrition and help plan initiatives. A vulnerability / nutrition index could be developed with household food diaries and surveys which would capture data on food intake. This would add depth to any quantitative analysis by helping to identify vulnerable households and

measure critical changes. A simple survey and index is included in Annex 5¹⁰. Other tools can be sourced from United Nations Food and Agriculture website¹¹

- The local health system is managing acute malnutrition in Greater Monrovia as could be expected in challenging conditions. Continued high caseloads from high levels of child malnutrition have put pressure on the system as well as coping with a limited staff capacity. ACF should continue to develop initiatives with a focus on developing the skills and best practice of MoHSW staff.

3.5.2 Beneficiaries

- Caretakers/mothers of beneficiaries accept that the health system and its services are limited and often challenging. Long waits and poor health infrastructure are common in OTPs. Mothers however were overall satisfied with the extra attention and care they received at OTP/TFPs.
- Throughout the evaluation, caretakers/mothers were receptive to new ideas about food security and livelihoods, however often did not have the means to start new gardens. This is a good opportunity for ACF to expand their food security education and demonstrations. Also, low cost local solutions such as seed bags (a small 20kg bag with seeds), small enterprises or (IGA) and shared community gardening can be methods to overcome these constraints.

3.5.3 Enhancements

- According to MoHSW, the project needs to increase hygiene education in the ENA to include some messages on diarrhoea, worms and dysentery. These are serious concerns for households and can have a significant impact on the health of a child.
- A more effective food security and livelihood component may include; land terracing, irrigation channels and water storage, which would provide protection from erosion and a system for capturing water. These would compliment food security activities and especially assist in providing adequate water in the dry season.
- Improving links between food security and nutrition could include participatory activities such as cooking classes. These would help demonstrate the nutrition value of new crops and provide lessons to households on various ways to make more nutritious local meals.

3.6 Efficiency

The project has the opportunity to reach out to more beneficiaries, get a better result and at a lower cost.

- The selection process should examine methods for the community to reach out for themselves. Provide the community an opportunity to propose small

¹⁰ <http://www.fao.org/> plus an example from Tanzania illustrating household vulnerability

¹¹ <ftp://ftp.fao.org/docrep/fao/009/ah466e/ah466e00.pdf>

enterprise and gardening projects with small capital investment required. This may result in a more varied mix of projects, reduce the input costs (through economies of scale¹²) and increase community participation.

- The nutrition and food security teams attempted to work closely together. Working under one team (with one project manager) in the next phase will improve coordination and planning of joint activities.
- The number of staff and local facilitators was appropriate, however perhaps could have benefited from more locally trained social animators.
- Logistical and financial functions operated well and ensured best value for money materials were provided. Communities were satisfied with inputs such as seeds, tools and therapeutic feeding.

3.7 Sustainability

The sustainability of the project is positive, however is dependent upon a sound handover to MoHSW, CHTs and health facilities. The health facilities' staff must demonstrate their ability to lead on delivering nutrition initiatives in addition to engaging in garden plots that will be introduced at OTPs in the next phase.

- ACF has engaged local partners and government who are supportive of the new integrated approach. They have been active in developing policy at the national level and assisting in the delivery of community level projects.
- ACF provided sound training to health facilities, CHT and ANDP and will continue to train CHT and health staff in the next transition phase of the project. The best way to build capacity of local partners and local stakeholders is to provide a balanced mix of practical field experience and understanding and development of policy.

3.7.1 Potential strategies for reinforcing capacity building of local stakeholders:

- Engage at the design phase of the project to provide understanding on the principles and objectives of the project.
- Provide links to industry leaders and associations that support agriculture industries in Liberia; so to strengthen local skills and opportunities for trade.
- Provide examples of best practice from other regions of Liberia or similar projects from other countries; so to provide ideas, guidance and inspiration to community projects.
- Involve local partners and local authorities in monitoring and evaluation; so to provide understanding of project outcomes and impacts on the community.

¹² EoS – a larger number of farmers would reduce the overall unit cost of inputs by sharing the larger fixed costs such as transport and machinery.

- Mentoring and coaching to local partners (ANDP and CHT) in technical skills and project management to improve ability to lead and implement projects.
- Field based practical training to local partners and beneficiaries to demonstrate the implementation of sustainable farming methods.
- Conduct early labour-market assessment to identify successful local private and public enterprises. These entities could then be expanded or duplicated and help address the challenge of scaling up of agricultural output and identifying new market opportunities.
- Attract and establish private-public investment opportunities so investment can be made in business and public infrastructure. This will have a positive effect on local stakeholders, as they must be competitive and therefore improve their own capacity.

3.8 Monitoring

- Sound activity-level indicator data was collected across food security activities using regularly community monitoring and reporting on seed distribution and harvests. This enabled good data to be used for the pilot.
- Indicators relating to the principal objective need to be better defined and developed at the beginning of the project, specifically examining what improvements in quantity, diversity and quality actually equate to.
- For future projects, more specific food vulnerability indicators need to be developed to include periodic nutrition intake and availability and diversity of food. This can be used to monitor households using food diaries and sample surveys across Monrovia. A household vulnerability index, which includes food security and nutrition, can calculate a measurable unit for each household. This can be used for comparative analysis and examined against other vulnerable areas.

3.8 Gender

- Female participation was high with over 75% of female-headed households selected in the VoA-1 area for home gardens. Gender issues were explored in the initial assessment with identification and selection focussed on female-headed households and the most vulnerable to malnutrition. In addition, nearly all caretakers seeking treatment of their children at OTP/TFP were female.
- ACF considered gender a significant part of this project. It is always important to include women in food security and nutrition activities, as they are usually the ones who work the gardens, manage the kitchen and prepare meals.

4.0 CONCLUSIONS AND RECOMMENDATIONS

Overall, ACF implemented a sound pilot project across Greater Monrovia integrating activities addressing malnutrition and food insecurity. The following outlines conclusions and key recommendations for future projects.

Assessment and Selection

- **Ensure effective targeting of pilot population.** Establishing a demonstration at VoA-1 was sound, however the local partner showed limited commitment to maintaining the garden plot. Also, a lot of caretakers were short-term visitors only and invested less time in the project. The demonstration plot would have been more meaningful to examine if people were actively supported and encouraged by the local partner.
- **Continue to provide effective assessment and monitoring of vulnerable households.** An initial assessment should include development of a transparent household vulnerability index (shown in Annex 5) to measure nutrition and food security. This would;
 - Objectively identify vulnerable households,
 - Measure real changes in household nutrition and food security,
 - Enable an evaluation of the principal objective of the project,
 - Be a standard for measuring and comparing different regions, and
 - Contribute to planning future initiatives in any region.
- **Expand the selection criteria for livelihoods and IGAs.** Allow households to propose livelihoods activities with a small investment required. This will increase the diversity of projects and lead to a greater level of contribution and commitment from households.

Local Partners

- **Local partner ANDP was sometimes problematic** in providing training to health facility staff and managing some stock at the OTPs. An audit found irregularities in the stock and evidence from the community suggest ANDP did not always deliver the supplies they said they delivered. ANDP did not fully build the capacity of MoHSW staff in time and was found to be delivering the services instead of supporting and training MoHSW. Closer monitoring/audit and performance-based payments could mitigate this in future projects while concurrently building the capacity of local civil society.

Nutrition

- Utilise position at MoHSW to **advocate and promote local ownership of nutrition activities** across Liberia. ACF has worked well to advocate for nutrition policy including establishment of a dedicated nutrition division within the MoHSW. ACF should continue to advocate MoHSW to build its own capacity and develop a human resources policy so GoL can lead nutrition and health initiatives. It should focus on a self-funding model so it can lead a sustainable health system in the future.

- **Focus on the most vulnerable (in terms of nutrition) to deliver nutrition messages.** Caretakers at OTPs across Monrovia demonstrated poor knowledge and practice of nutrition and food security. ACF has the opportunity to deliver initiatives to these vulnerable groups and provide real change through food security initiatives in the form of seed bags or seed distribution and active participation in OTP demonstration plots.
- **Continue to include hygiene messages in ENA** including food preparation hygiene. This is particularly relevant for babies whose mothers have not breast fed them and replaced with food that is not prepared in clean and safe conditions.
- **Ensure health facility staff are fully trained and able to lead nutrition initiatives.** The staff of the health facilities are not yet leading detection, treatment and prevention of nutrition and is still currently led by ANDP and ACF supporting. The next transition phase will handover all activities to the health facilities and ensures sustainability of nutrition initiatives across Monrovia.

Food security / Integration

- **Find the right mix of local seeds, tools and training.** ACF provided effective support to home gardens. ACF must continue to find the best combination of inputs, however also encourage buy in from communities. This will reduce dependency on aid and encourage more self-sustaining practices.
- **Improvement in nutrition knowledge and practice were most effective when coupled with practical home garden demonstration.** Continue to develop activities that engage people to be active in garden plots and learn about food diversity and nutrition. This enabled beneficiaries to see, smell and touch the results and highlight links to nutrition. This compares to nutrition messages that are delivered in isolation at OTPs, which had a reduced impact on caretaker/mothers.
- **Analyse markets and institutional capacity.** In developing food security and livelihoods interventions there should be more understanding of market dynamics. By understanding the supply chain of commodities, access to markets and supporting agencies and suppliers, households will be better equipped to plan production and build a profitable business.
- **Develop incentives that link between food security and nutrition.** By creating an environment and promoting links between more diverse food crops and income, households may be encouraged to grow more vegetables. Diversifying crops and identifying those in short supply can provide households with a greater flexibility to earn income by supplying these markets.
- **Ensure food security initiatives are locally sourced.** The project should examine the inclusion of seed saving and seedling nursery beds. It should also ensure open pollinated non-hybrid seeds are planted with the option of beehives (also a source of livelihood). These methods will help increase the yield of harvest, reduce the costs of inputs and make home gardens or farms more productive.

- **Engage local facilitators.** Communities respond well when they see people from their own community demonstrating new techniques. ACF should continue to engage people from the target communities to lead and demonstrate new practices in food security and nutrition.
- **Promote IGAs to produce food supplements.** Currently WFP supplies food supplements (which are not sustainable as food imported is reduced and donor fatigue develops). An alternative is for local communities to produce complimentary foods for children 6-24 months – namely a bean and peanut paste that is highly nutritious for babies and children under five. The locally produced bean and peanut is ground into a paste by and then dried. To aid this process, a grinder speeds the process and is more hygienic. These are potential IGAs that could be supported in Monrovia. Other IGAs may include fertiliser businesses, seed cleaning and tool maintenance.

Project Management

- **Food Security and Nutrition activities not always integrated.** Pilot activities often had different timing, were managed by different project managers and were not always visiting project areas together. Activities must be planned and managed by one leader and be seen by beneficiaries as one project.

Education

- **Ensure education messages are participatory.** The most effective communication method to promote behaviour change is participatory learning. Utilising active demonstrations, community theatre and documentary film are effective methods to deliver local messages and encourage change in practice and behaviour. These compliment other media such as posters, booklets and newsletter.
- **Promote school based home gardens.** There is an opportunity to have school garden plots to encourage children's learning about food diversity and nutrition. Schools located across Monrovia could establish garden plots and incorporate into lessons. Such ideas are easy to replicate and have been successful in others regions experiencing food insecurity. It can be dynamic and fun for the children and has the effect of educating children, who in turn can educate their family. The added bonus, being children can provide a small amount of food for their family.

Monitoring

- ACF should continue to **support learning initiatives**, especially educating local partners and donors on best practice *and* the benefits of linking food security and nutrition. ACF should develop and publish case studies and present to donors as evidence of successful projects.
- **Showcase a success story.** People are more likely to replicate new behaviours that provide results. Produce a video or simple documentary showing local caretakers growing and consuming a variety of new vegetables, after which show the positive impact on a child's nutrition. This could be displayed at OTPs during weighing and appetite tests or presented at small events.

Sustainability

- Provide opportunities for **local partner staff to work inside ACF's** project office. This mentoring tool is dynamic and increases the experience and skills of locally engaged practitioners. These opportunities will help build the confidence and ability of local staff to lead future projects.
- **Advocate to MoHSW, MoA, civil societies and industry for private-public partnerships and develop an integrated advocacy.** Developing public and business links as well as infrastructure will improve agricultural enterprise and support a shift from subsistence farming to commercial agriculture and more secure form of income. There is abundant fertile soil and available labour across Liberia; good conditions for an agricultural revolution.

In conclusion, ACF has built a solid foundation to address a dynamic problem of malnutrition and food insecurity. ACF has developed a sound approach and tested its processes and systems integrating nutrition and food security.

ACF Liberia has good skills in both food security and nutrition and has built a reputation for delivering meaningful results on national nutrition policy and advocacy.

For nutrition, interventions must provide a participatory learning experience highlighting key concepts in nutrition and its links to food diversity.

For food security and livelihood interventions, ACF must continue to rigorously assess each context for vulnerability and market conditions, so that interventions can be truly integrated and have a lasting impact on reducing child malnutrition.

ANNEXES

Annex 1: Key Informant Interviews

Annex 2: Documents reviewed

Annex 3: Questions / Discussion points

Annex 4: DAC / Best Practice

Annex 5: Food Vulnerability assessment tool (Survey and Index)

Annex 1 – Key Informant Interviews

Key informants

No.	Name	Position	Organisation
1	Claire Berthomieu	Project Officer- West Africa	ACF - Paris
2	Kelvin Nyanfor	Programme Manager Food Security	ACF – Liberia
3	Kentan Teh	Supervisor Food Security	ACF – Liberia
4	Hilary Flumo	Programme Manager Nutrition (in-coming)	ACF – Liberia
5	Lawubah Y. Gubely	Programme Manager Nutrition (outgoing)	ACF – Liberia
6	Massimo Stella	Head of Mission	ACF – Liberia
7	Andi Kendle	Programme Coordinator – Food Security and Nutrition	ACF – Liberia
8	Dr Ansumana Camera	County Health Officer	County Health Team Ministry of Health (MoHSW) - Monrovia
9	Helena	County Health Team Member – Nutrition Focal Point	County Health Team (MoHSW) – Monrovia
10	Borma Johnston	Supervisor TFC	ANDP
11	Olando Massauor	Accountant	ANDP
12	Abu Camera	Beneficiary of Food Security project	Resident VOA
13	Mama Camera	Beneficiary of Food Security project	Resident VOA
14	Bakisa Bailey	Chairperson Community Management Committee (CMC)	Resident VOA
15	William Dakel	Executive Director	ANDP
16	Power Konah	Team Leader OTP Voice of America District (VoA)	ANDP
17	Dixon Boakai	OTP Team Member	ANDP
18	Betty Kainessie	Mother with Child Slipway OTP	Beneficiary
19	Sarah Soko	Mother with Child Slipway OTP	Beneficiary
20	Mercy Johnson	Grandmother with Child Slipway OTP	Beneficiary
21	Arvin Samuka	Team Leader OTP	ANDP
22	Teresa E.Fumbah	Officer in Charge OTP Slipway	MoHSW
23	Caroline Davies	Mother with Child OTP Ferguson Chicken Soup Factory	Beneficiary
24	Patience Taiyon	Mother with Child OTP Ferguson Chicken Soup Factory	Beneficiary
25	Patience Jackson	Mother with Child OTP Ferguson Chicken Soup Factory	Beneficiary
26	Sawo Rahubulleh	Mother with Child OTP Ferguson Chicken Soup Factory	Beneficiary
27	Felicia A.Tulay	Officer in Charge Ferguson Health Clinic / Physicians Assistant	MoHSW
28	Clara Krile	Mother with Child OTP Redemption	Beneficiary

29	Hawa Mhuyong	Mother with Child OTP Redemption	Beneficiary
30	Albertina Tugbeh	Mother with Child OTP Redemption	Beneficiary
31	Emmanuel	Officer in Charge OTP Redemption	MoHSW
32	Marvina	Nurse OTP Redemption	MoHSW
33	Louisa	Nurse OTP Redemption	MoHSW
34	Gertrude Valhmu	Officer in Charge OTP Rehab	MoHSW
35	Serena Wesseh	Mother with Child OTP Rehab	Beneficiary
36	Linda Lawrence	Mother with Child OTP Rehab	Beneficiary
37	Yea Saye	Mother with Child OTP Rehab	Beneficiary
38	Abdul K.Sesay	Co-Chair Coordinating Management Committee (CMC) VoA	CMC VoA
39	Mohammed Fahmbulleh	CMC Member VoA	CMC VoA
40	Mr Freeman	CMC Secretary VoA	CMC VoA
41	Mr Jallah	Government Representative Refugees Council	Government Representative / CMC VoA
42	Kou T.Baawo	Director Nutrition Division	MoHSW
43	Jestina Johnston	Coordinator Nutrition Division	MoHSW
44	Stella Subeh	USAID representative (and former UNICEF Staff for Nutrition)	USAID
45	Dr. Baawo	Director Family Health Division	MoHSW

Annex 2 – Documents reviewed

No.	Document Name
1	Project Proposal -Nutrition Advocacy & Food Security pilot project, Monrovia - Liberia
2	Evaluation Terms of Reference
3	Budget for Pilot - Food Security for Vulnerable Households Montserrado County.
4	Final Report - Institutional Advocacy Consultancy Liberia by Kim Clausen
5	ACF Food Security and Livelihood Assessment in Montserrado- Dec 2010
6	Hand-over report on ACF partnership – Martin Rosselot
7	MoU between the Montserrado County Health Team (CHT) and Action Contre La Faim - Liberia (ACF-Liberia) – September 2010
8	FS & Nut Integrated Pilot Project Highlights
9	Preliminary Evaluation of the FS & Nut Pilot Project
10	FICHE - PROJET FONDS PROPRES – NARRATIF-Final Report
11	Food Security + Nutrition Monthly Activity reports
12	Food Security Technical Leaflets – Land preparation, Composting, Pesticides
13	PDM and PHM Reports
14	FSL Newsletters
15	OTP Capacity Assessment Report

Annex 3 – Questions / discussion points

3.1.1. Enabling Factors & Environment

- What influence did ACF-Liberia have on the nutrition agenda at a national level?
- What activities were most important in determining the influence of ACF-Liberia?
- What were some of the key missed opportunities in terms of national level nutrition policy?
- How did the organization of the local health system impact on the management of acute malnutrition in Greater Monrovia?
- What perception do caregivers/mothers of beneficiaries have of the health systems and the services provided under the Therapeutic Feeding Program and the OTPs in particular?
- How receptive were beneficiaries to adapting new FS&L ideas, techniques and methods?

3.1.2. Systems & Processes

- Were national nutrition protocols, including classification of defaulting and non-responders, adhered to? If not, which aspects were commonly neglected and why?
- How effective was the management of enrolled cases in the nutrition project?
- What were the most effective methods used in building the capacity of the nutrition partner? What were the least effective methods used in building the capacity of the nutrition partner?
- How effective and appropriate were the FS&L training methodologies and/or approach?
- What lessons can be learnt from the collaboration with farmer groups vis-à-vis individual households?
- In a view of cost-benefit/cost-effectiveness, would there be a better way to reach out to more beneficiaries? Is the number of home and garden visits necessary to reach the same impact? Could they be lowered in frequency without compromising impact?
- What was the added value of the leading/key farmers?
- How effective was the home and garden visitation approaches? What impact did these visits have on knowledge, practices on ENA and/or home gardening?
- What is the beneficiary perspective on the home visiting approach, and its contribution for ENA and home gardening?
- How appropriate were the pedagogical tools developed for the project (e.g. technical leaflets, etc)?

3.1.3. Project Impact

Nutrition

- What were pros and cons of the partnership between ACF-Liberia and ANDP?
- What was the impact of the partnership on the quality of services provided in the TFP (both inpatient and outpatient components)?
- What impact (if any) had the project on beneficiaries/caretaker's confidence in the health system?
- Is there evidence of ownership amongst Health Facilities over the nutrition project?
- Is there evidence of an increased capacity amongst Health Centre staff to treat acute malnutrition as a result of the project?
- Is there evidence of increased capacity by the partner to manage the treatment of acute malnutrition (including financial and human resources, technical and

logistical expertise, etc) If not, what were the challenges to increasing their capacity?

- How much has the Count Health Team's (CHT) capacity changed over the project period for the supervision, monitoring and support to the management of acute malnutrition?

Food Security & Livelihood

- Was the geographical targeting of the project the most relevant in terms of vulnerability?
- To what extent have the vegetables been sold vis-à-vis consumed? If a significant part was sold, is vegetable production a viable business/income sources vis-à-vis other potential IGAs?
- What was the impact of the training sessions (including ENA & agricultural techniques/demo plot)?
- Is there evidence of changes in household food consumption (e.g. increase in dietary diversity) as a result of the project?
- Is there evidence of changes in household 3 production (quantity, quality and/or diversity) as a result of the project?
- What was the impact of the distribution of seeds/seedlings/cuttings and tool kits?
- From a beneficiary perspective, what were the most and the least successful components of the project
- Is there evidence that households will continue to garden this year? What was the adoption rate?
- What is the availability of locally produced vegetables at household and community level?

Combined FS&L and Nutrition

- Is there evidence of behaviour change (e.g. dietary diversity, agricultural practices, infant & young child feeding and/or care practices) amongst beneficiaries of the FS&L pilot project?
- What proportion of the beneficiaries of the FS&L project included families with child/children at risk of malnutrition? Did these families have any difference in behaviour change than other beneficiaries? How?

Annex 4 – DAC / Best Practice

DAC Criteria

Criteria	Rating (1 low, 5 high)					Summary Rational
	1	2	3	4	5	
Impact				X		Over 75% of 200 Households increased food diversity by 100% and provided long-term links to nutrition.
Sustainability			X			<p>Provided skills and new behaviors to caretakers of mothers.</p> <p>Health facilities are able to operate and provide nutrition initiatives.</p> <p>Local Partner needs more effective management of capacity building activities.</p>
Coherence			X			Fundamental activities of the program aligned to objective of reducing long-term child malnutrition
Coverage			X			Project covered a wide range of area and population ensuring greater numbers exposed and benefit from food security and nutrition activities.
Relevance/Appropriateness				X		Given Liberia's current malnutrition and food security problems the project tackles a very current and dynamic problem.
Effectiveness			X			Project used available resources and worked effectively with existing communities, partners and communities in need.
Efficiency			X			ACF were relatively efficient in delivering inputs and getting good results. Some timing and targeting of inputs reduced some harvests.

Best Practice Reporting Table

Title of Best Practice	<p>'Locally led education messages highlighting the links between food security and nutrition'.</p>
Innovative Features & Key Characteristics	<p>The pilot project demonstrated a sound local approach to delivering education on food security and nutrition, particularly in the VoA area at home garden sites and households involved in project.</p> <p>The practice was different to some projects, as it empowered local actors to lead and demonstrate on key activities such as preparation of land and management of vegetable crops. Using lead farmers was effective at teaching households the basics of farming and the conditions for better vegetable yields and the links to nutrition.</p> <p>The use of local farmers as leaders made it easier for households to understand and made them more confident when it came to replicating skills such as planting new vegetable crops or using organic non-hybrid seeds.</p> <p>Supporting this approach was the effective use of local social animators and facilitators working for ACF and local partner ANDP. Using local staff was effective at delivering a range of messages aimed at improving practice and behavior in areas of food diversity, nutrition and hygiene. Households listened and respected their local members and showed some positive behavior changes in hygiene, nutrition and care practices.</p> <p>Furthermore, use of a local management committee helped to mobilize and motivate the households as well as disseminate skills and training delivered by both ACF and lead farmers.</p> <p>A right mix of workshops and one-on-one mentoring was delivered at VoA and overall was well supported by the community.</p>
Practical/Specific Recommendations for Roll Out	<ol style="list-style-type: none"> 1. To compliment the existing local approach in linking food security and nutrition, project media communication should be more dynamic. Education must ensure people see, hear and feel the experience through innovative, fun and interesting techniques. Specifically, the messages could be delivered through community theatre, live events or a short video that show local people adopting best practice and showing direct positive outcomes, such as a healthier and happier child. 2. ACF should identify and encourage local leaders and promote the lead farmer model which is effective at demonstrating to the community the benefits of diversified diets and improved nutrition practices.

Annex 5 – Food Vulnerability assessment tool (Survey and Index)

HOUSEHOLD VULNERABILITY FORM

1 – HOUSEHOLD COMPOSITION / DEMOGRAPHICS								
	Name: [First Name, Middle Name, Surname]	Gender: [Codes: 1 = Male, 2 = Female]	Relationship to HH: [Codes: 1 = Head, 2 = Spouse, 3 = Child, 4 = Parent, 5 = Sibling, 6 = Grandchild, 7 = Grandparent, 8 = Orphan, 9 = Relative, 10 = No relation]	Age (in years):	Marital Status: [Codes: 1 = Married, 2 = Cohabiting (not married), 3 = Divorced, 4 = Living apart, not divorced, 5 = Widow or widower, 6 = Not married]	Current Level of Education [Codes: 1 = No schooling, 2 = Some primary 3 = Completed primary, 4 =Some secondary, 5 = Completed secondary, 6 = Vocational, 7 = Some university, 8 =Completed university, 9 = N/A]	Schooling status of children 6-14yr [Codes: 1 = Attends primary 2 = Attends secondary 3 = Not attending school]	Special Characteristics of HH: [Codes: 1=pregnant/lactating, 2=physically disabled, 3=mentally disabled, 4=chronically ill, 5=elderly]
A		[]	[]	[]	[]	[]	[]	[]
B		[]	[]	[]	[]	[]	[]	[]
C		[]	[]	[]	[]	[]	[]	[]
D		[]	[]	[]	[]	[]	[]	[]

2 – DEMOGRAPHICS		
2.1	Location	District: _____ Village _____

3 – ASSETS							
Which of the following productive assets does your household own?							
	Asset	Number owned 1 year ago	Number owned currently	If the number has reduced, reason for loss	If number has increased, method of acquisition	Livestock/ animals only Breed type 0=Improved, 1=Local	Livestock/ animals only Method of rearing
3.1	Cattle						
	Goats						
	Sheep						
	Pigs						
	Turkeys						
	Chicken						
	Ducks						

Pigeons						
Donkeys						
Camels						
Ox-Plough						
Weaving tools						
Panga/Axe						
Hand-grinding mill						
Cart						
Hand tractor						
Bicycle						
Motorbike						

Reason for increase in number: 1 = purchased, 2 = received as donation/gift, 3 = born (livestock only)

Reason for reduction in number: 1 = stolen, 2 = disease (livestock only), 3 = given away for free, 4 = eaten/consumed (livestock only), 5 = sold

Method of rearing (livestock only): 1 = open grazing/free range, 2 = tethering/zero grazing, 3 = indoor/pen feeding, 4 = paddocks/open enclosure

3.2	<p>Which of the following assets does your household own?</p> <p>[TO THE RIGHT OF EACH TICKED BOX INDICATE THE NUMBER UNDER THE COLUMN "NUMBER"]</p>	ASSET	NUMBER	ASSET	NUMBER
		<input type="checkbox"/> Tin-roof house		<input type="checkbox"/> Generator	
		<input type="checkbox"/> Stove		<input type="checkbox"/> Mattress	
		<input type="checkbox"/> Table		<input type="checkbox"/> Radio	
		<input type="checkbox"/> Television		<input type="checkbox"/> Mobile Phone	
		<input type="checkbox"/> Mosquito Net		<input type="checkbox"/> Book	

4 – WATER & SANITATION

4.1	<p>Where do you get your clear water from at this time of the year? [Circle main source only]</p>	1	Borehole	8	Rainwater
		2	Protected spring/well	9	Lake
		3	Gravity flow scheme	10	River
		4	Piped water outside compound	11	Stream
		5	Piped water within compound	12	Pond
		6	Piped water inside dwelling	13	Dam
		7	Un-protected spring/well	14	Other (Specify)
4.2	<p>How long does it take you to fetch water from the principal/normal water source? [Circle one answer only]</p>	1	0 to Less than 30 minutes	2	30 minutes to less than 1 hour
		3	1 hour to less than 2 hours	4	2 hours to less than half a day
		5	More than half a day		
4.3	<p>What does your household normally do to ensure that your water intake is safe? [Circle one answer only]</p>	1	Boil and filter	2	Boil Only
		3	Filter Only	4	Add Water Quard (Chlorine etc)
		5	Nothing		
4.4	<p>How many jerry cans of water do you utilize per day in your household? (Jerry can refers to the 20 litre standard jerrycan)</p>	<p>_____ Jerrycan(s)</p> <p>[WRITE THE NUMBER OF JERRYCANS]</p>			
4.5	<p>Where do members of your household normally go to the toilet?</p>	<input type="checkbox"/> Toilet with water		<input type="checkbox"/> Traditional pit latrine (no	
		<input type="checkbox"/> (Partly) open pit (no roof/ no wall)		<input type="checkbox"/> None/bush (go into bush)	

5 – FOOD CONSUMPTION

5.1	Yesterday, how many meals were eaten in this house?	Adults (18+ yrs) : []	Children (6–17 yrs): []	Children (0–5 yrs): []
5.2	Food Item	# of days eaten in last 7 days	Food Source: 1 = Crop production, 2 = Livestock keeping, 3 = Hunting/Gathering, 4 = Borrowed, 5 = Purchased from market(s), 6 = Exchanged labour for food, 7 = Exchanged items for food, 8 = Donation/Gift, 9 = Food aid (NGOs, etc.)	
	Maize	[]	[]	[]
	Cassava	[]	[]	[]
	Rice	[]	[]	[]
	Roots and tubers (potatoes, yam)	[]	[]	[]
	Pulses/lentils	[]	[]	[]
	Fish	[]	[]	[]
	Chicken	[]	[]	[]
	Pork	[]	[]	[]
	Goat, sheep	[]	[]	[]
	Beef	[]	[]	[]
	Eggs	[]	[]	[]
	Milk/curd/other dairy products	[]	[]	[]
	Fresh vegetables	[]	[]	[]
	Fresh fruits	[]	[]	[]
	Oil/fats/ghee/butter	[]	[]	[]
	Sugar/sweets	[]	[]	[]
Salt/spices	[]	[]	[]	

6– INCOME

6.1	What are the most important household income generating activities? List up to four in order from most to least important.	[INCOME ACTIVITY CODES]	
		1 = Agriculture and sales of crops 2 = Livestock and sales of animals 3 = Brewing 4 = Fishing 5 = Unskilled wage labour 6 = Skilled labour 7 = Handicrafts/cottage industry 8 = Use of natural resources (firewood, charcoal, bricks, grass, wild foods, honey, etc.)	9 = Petty trading 10 = Seller, commercial activity 11 = Salaries, wages (employees) 12 = Begging 13 = Others (Specify)
		WHAT IS THE CONTRIBUTION TO YOUR INCOME OF EACH OF THESE INCOME GENERATING ACTIVITIES? [USE PROPORTIONAL PILING]	
		Main:	[]%
		Secondary:	[]%
Third:	[]%		
Forth:	[]%		
6.2	What is the estimated share of the total expenditures by the household during PAST 30 DAYS (PAST MONTH) for the following items?	% of total expenditures for past 30 days [USE PROPORTIONAL PILING]	
	Food expenditures (WRITE 0 IF THERE IS NO EXPENDITURE)	[]%	
	Health expenditures (WRITE 0 IF THERE IS NO EXPENDITURE)	[]%	
	Education expenditures (WRITE 0 IF THERE IS NO EXPENDITURE)	[]%	
	All other expenditures (WRITE 0 IF THERE IS NO EXPENDITURE)	[]%	

6.3	In the past 30 days (ONE MONTH) how much money have you spent to acquire each of the following food items for your household consumption? <i>[IF NOT BOUGHT, WRITE 0]</i>	Total expense in XXXXX <i>[ROUND UP TO NEAREST XXXXXX]</i>
	Cereals	[] [] [] [] [] [] [] []
	Cooking oil	[] [] [] [] [] [] [] []
	Meat/eggs/fish	[] [] [] [] [] [] [] []
	Beans/pulses	[] [] [] [] [] [] [] []
	Sugar	[] [] [] [] [] [] [] []
	Milk/yoghurt/cheese	[] [] [] [] [] [] [] []
	Fruit and vegetables (dry or fresh)	[] [] [] [] [] [] [] []
	Cooked/processed food	[] [] [] [] [] [] [] []
	Drinking water	[] [] [] [] [] [] [] []
Other foods (bread, coffee, tea, pasta etc.)	[] [] [] [] [] [] [] []	

7 – SHOCKS

7.1	In the last 12 months have you experienced any shocks that have made it difficult to obtain sufficient means of livelihoods?	1 = Regular floods	Did [shock] decrease your household's ability to produce or purchase food?			
		2 = Drought/irregular rains				
		3 = Flash floods				
		4 = Landslides, erosion				
		5 = Severely high level of crop pests and disease				
		6 = Severely high level of livestock diseases	13 = Serious illness or accident of household member			
		7 = Lack or loss of employment	14 = Death of a working household member			
		8 = Unusually high level of human disease	15 = Death of other household member			
		9 = Fire	16 = Theft of money/valuables			
		10 = High costs of agricultural inputs (seed, fertilizer, etc.)	17 = Low livestock/animal prices			
		11 = High food prices	18 = Other (Specify)			
		12 = Reduced income of a household member				
	Main	[]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	
	Second	[]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	
	Third	[]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	
	Fourth	[]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	

8 – COPING STRATEGIES

8.1	<i>During the last 7 days, how many days have you had to:</i>	<i>Number of days in which you had to use this way of coping</i>
	Rely on less preferred and less expensive foods	[]
	Consume less variety of food	[]
	Borrow food from a friend or relative	[]
	Purchase food on credit	[]
	Depend on aid from outside the household	[]
	Use part of savings to buy food	[]
	Reduce health or education expenditure to buy food	[]
	Skip a loan payment	[]
	Gather wild food, hunt, or harvest immature crops	[]
	Consume seed stock held for next season	[]
	Send children to eat with neighbours	[]
Send household members to beg	[]	

Limit portion size at mealtimes	[]
Restrict consumption by adults in order for small children to eat	[]
Feed working members of HH at the expense of non-working members	[]
Ration the money you have and buy prepared food	[]
Reduce number of meals eaten in a day	[]
Skip entire days without eating	[]