

Final Evaluation

I-LIFE Malawi Development Assistance Program

Improving Livelihoods through Increasing Food Security

A USAID-funded PL480 Title II Program

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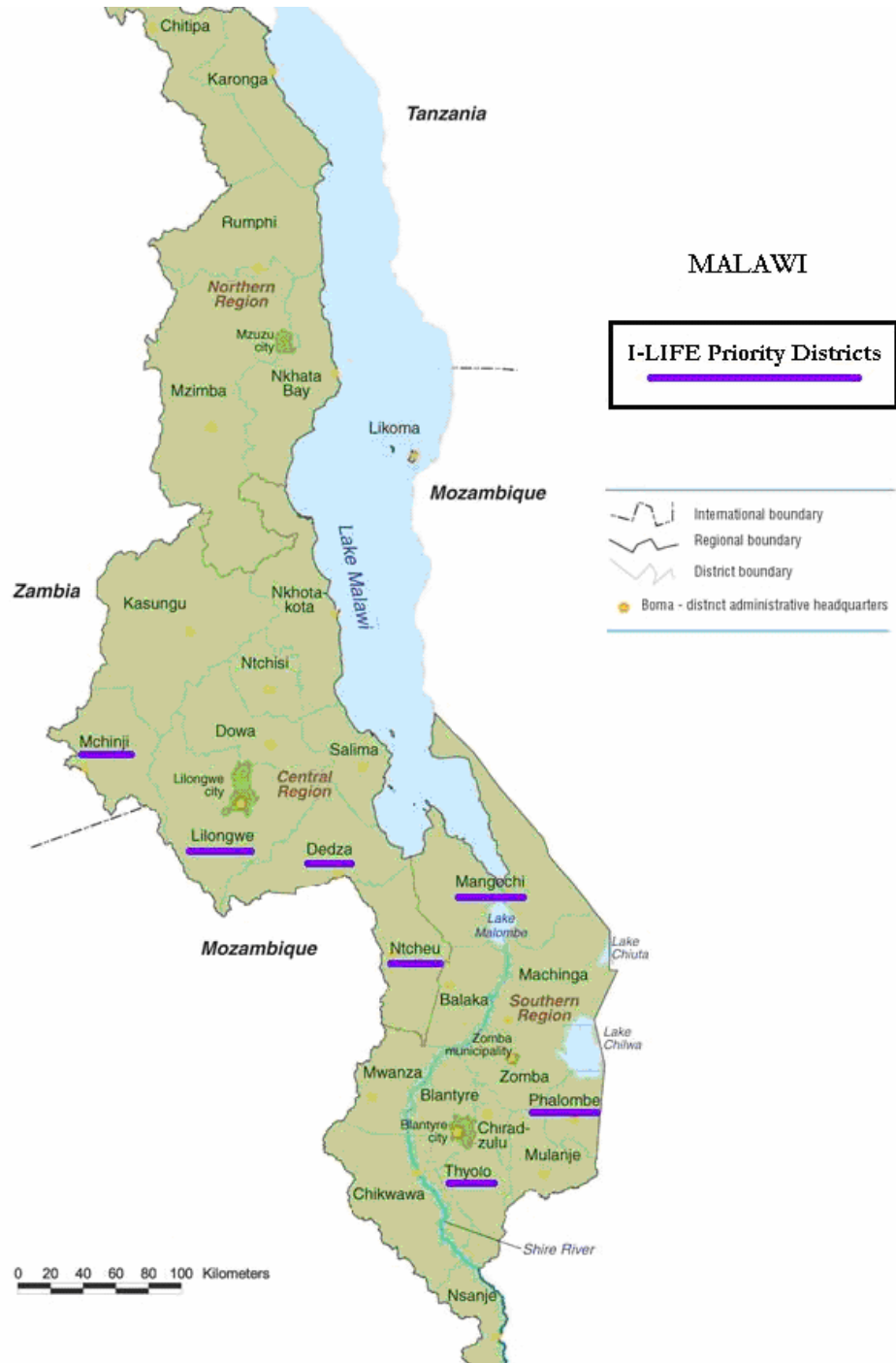
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List of Acronyms

ADC	Area Development Committee
ADMARC	Agricultural Development and Marketing Corporation
AEC	Area Executive Committee
AEDO	Agricultural Extension Development Officer
AEO	Agriculture Extension Officer
AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral Drugs
BMI	Body Mass Index
BP	Business Plan
CA	Community Agent
CADECOM	Catholic Development Commission of Malawi
CARD	Churches Alliance in Relief and Development
CARE	Cooperative for Assistance and Relief Everywhere
CBO	Community Based Organization
CG	Care Groups
CHBC	Community Home Based Care
CI	Chronically Ill
CIAT	International Center for Tropical Agriculture
C-IMCI	Community based Integrated Management of Childhood Illness
CRS	Catholic Relief Services
C-SAFE	Consortium for Southern Africa Food Security Emergency
CSI	Civil Society Index
DA	District Assembly
DAP	Development Assistance Program
DEC	District Executive Committee
DIP	Detailed Implementation Plan
DHBC	District Home Based Care Supervisor
DHS	Demographic and Health Survey
DMCHO	District Maternal and Child Health Officers
DNO	District Nutrition Officer
DOT	Directly Observed Therapy
EASPM	Economic Activity Selection, Planning and Management
EBF	Exclusive Breastfeeding
EI	Emmanuel International
ENA	Essential Nutrition Actions
EU	European Union
FANTA	Food and Nutrition Technical Assistance
FAO	Food and Agriculture Organization
FFP	Office of Food for Peace
FFS	Farmer Field School
FFW	Food for Work
FSCCI	Food Security Community Capacity Index
FY	Financial Year
GDA	Global Development Alliance
GM	Growth Monitoring
GMP	Growth Monitoring and Promotion
GOM	Government of Malawi

GVH	Group Village Headman
ha	hectare
HAZ	Height for age Z-score
HBC	Home Based Care
HCT	HIV Counseling and Testing
HH	Household
HIV	Human Immuno-deficiency Virus
HoH	Head of Household
HP	Health Promoter
HAS	Health Surveillance Assistant
ICRISAT	International Crops Research Institute for Semi-Arid Tropics
IGA	Income Generating Activity
I-LIFE	Improving Livelihoods Through Increasing Food Security
IMCI	Integrated Management of Childhood Illness
IMF	International Monetary Fund
IMR	Infant Mortality Rate
IPTT	Indicator Performance Tracking Table
IR	Intermediate Result
ITT	Indicator Tracking Table
ITN	Insecticide Treated Net
kg	Kilogram
KPC	Knowledge, Practices and Coverage
LOP	Life of Project
LQAS	Lot Quality Assurance Sampling
M&E	Monitoring and Evaluation
MASAF	Malawi Social Action Fund
MCH	Maternal and Child Health
MDHS	Malawi Demographic and Health Survey
MICS	Multiple Indicator Cluster Survey
MIS	Management Information System
MK	Malawi Kwacha
MoA	Ministry of Agriculture
MoE	Ministry of Education
MoH	Ministry of Health
MoU	Memorandum of Understanding
MPRSP	Malawi Poverty Reduction Strategy Paper
MRDF	Malawi Rural Development Fund
MRFC	Malawi Rural Microfinance Corporation
MSF	Médicins Sans Frontier
MT	Metric Tons
MTE	Mid-term Evaluation
MYAP	Multi-Year Assistance Program
NAC	National Aquaculture Centre
NAC	National Aids Commission
NAPHAM	National Association of People Living with HIV/AIDS in Malawi
NASFAM	National Smallholder Farmers' Association of Malawi
NGO	Non Governmental Organization
NICE	National Initiative on Civic Education
NRU	Nutrition Rehabilitation Unit
OFDA	Office of United States Foreign Disaster Assistance

OP	Operational Plan
OPC	Office of the President and Cabinet
OVC	Orphans and Vulnerable Children
PD/Hearth	Positive Deviance Hearth
PDI/Hearth	Positive Deviance Inquiry Hearth
PEPFAR	President's Emergency Plan for AIDS Relief
PLA	Participatory Learning and Action
PLWHIV	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PMU	Program Management Unit
PPM&E	Participatory Planning, Monitoring and Evaluation
PRA	Participatory Rural Appraisal
PVO	Private Voluntary Organization
RIPE	Rehabilitation through Irrigation and Production Extension
RRA	Rapid Rural Appraisal
SAPQ	Standardized Annual Performance Questionnaire
SCUS	Save the Children Fund United States
SO	Strategic Objective
SSS	Sentinel Site Study
TA	Traditional Authority
TB	Tuberculosis
TBA	Traditional Birth Attendants
TL	Technical Lead
TSA	The Salvation Army
TWG	Technical Working Group
UCBO	Umbrella Community Based Organization
UNDP	United Nations Development Program
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
USD	United States Dollar
USG	United States Government
VCT	Voluntary Counseling and Testing
VDC	Village Development Committee
VH	Village Headman
VHC	Village Health Committee
VSL	Village Savings and Loan
VUC	Village Umbrella Committee
WAZ	Weight for age z-score
WB	World Bank
WFP	World Food Program
WHO	World health Organization
WHZ	Weight for height z-score
WUC	Water Users' Committee
WVI	World Vision International

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Executive Summary

Over the last four years a consortium of Private Voluntary Organizations: Africare, CARE International, the Catholic Development Commission of Malawi (CADECOM)¹, Emmanuel International (EI), Save the Children, US (SCUS), The Salvation Army (TSA), and World Vision International (WVI) has been implementing a large scale food security initiative in seven districts of Malawi under the leadership of CARE and Catholic Relief Services (CRS). The Improved Livelihoods through Increasing Food Security Program, (I-LIFE) provided continuity following a multi-year relief response carried out by the same partners. A development program, it reduced food insecurity among vulnerable groups through interventions to improve livelihood capacities, improve health and nutrition, strengthen community based organizations and provide direct support to vulnerable households. Key strategies included activities to increase agricultural production, household income and community assets under Strategic Objective (SO) 1; to improve the health and nutritional status of children under five, pregnant woman and other vulnerable groups and to support people living with HIV under Strategic Objective 2; and to strengthen civil society – the community institutions through which these activities are being implemented – under Strategic Objective 3.

The final evaluation was carried out 17 months after a comprehensive Mid-Term Evaluation (MTE), which had set new directions for program development. Between October 21 and November 23, 2008 a two-person team, composed of an expert in agricultural development and marketing and a team leader with expertise in maternal and child health and HIV/AIDS, carried out field work in Malawi. The team visited all seven districts of I-LIFE's operations, meeting with staff of implementing PVOs and with a wide range of community groups and local partners. Further time was spent at the Program Management Unit in Lilongwe and in meetings with national level partners and collaborators. Feedback was received on preliminary findings and recommendations through a series of Power Point presentations made in Lilongwe. Preliminary results of a large scale household survey, undertaken in a sample of over 1200 households in program target areas, including both program participants and non-participants, provided quantitative evidence on program impacts, and allowed for useful comparisons between these two groups. This report focuses on program changes made since the MTE, but it also seeks to cast fresh light on the impact of the first four years of I-LIFE with a view to providing insights useful to the finalization of the design of a follow on MYAP, under development during the evaluation process. Detailed recommendations are found at the end of each section. Based on I-LIFE SOs, these are aimed at informing future programming. Major findings, relating to the entire program, are summarized below. Cross cutting recommendations are included in the final section of this report.

1. The I-LIFE program reached 65% of households (out of an estimated 120,500 households in the target areas) between 2005 and 2008. I-LIFE households were larger in size, and somewhat more likely to be hosting orphans or caring for the chronically ill than those outside the program, indicating that targeting was generally effective.
2. Survey results on key indicators of impact - rates of stunting and months of household food security - exceeded targets originally set, and improved significantly over baseline, but showed no significant progress in comparison with non I-LIFE households. Intervening factors including climate, agricultural

¹ CADECOM is a sub-grantee to Catholic Relief Services.

- policies, culture and late start up of activities have affected achievement of changes in these areas.
3. A more comprehensive approach to targeting, with inclusion of key socio-economic categories of vulnerability as well as the demographically defined groups affected by chronic illness and orphanhood, might have enabled I-LIFE to demonstrate greater differential impacts on program participants.
 4. I-LIFE responded to the recommendations of the Mid-Term Evaluation, making major adjustments in program strategies and in the organization of the Program Management Unit, increasing the effectiveness of management and technical support to partners, and enhancing program impacts.
 5. Re-organization of the Project Management Unit strengthened technical leadership and provided targeted, consistent technical and management and financial assistance to partners. A major exception was the failure of the PMU to recruit and retain a senior level agriculturist to provide technical and strategic leadership to agricultural production activities under SO1.
 6. The consortium experience strengthened core capacities of partners, providing technical and material resources allowing for expansion of their programs.
 7. Program monitoring was done comprehensively, especially following the MTE, and feedback loops to technical and management staff were maintained and strengthened. The practice and utilization of survey-based measurement of impacts were less consistent, due to a lack of strong technical leadership of monitoring and evaluation activities prior to FY08.
 8. I-LIFE has created an organizational culture of knowledge sharing, and a development programming culture supporting program integration. The full potential of integration in SO1 may not have been realized due to lack of technical leadership.
 9. I-LIFE has used complementary funding effectively in support of small-scale irrigation (OFDA) and HIV/AIDS prevention activities (PEPFAR).
 10. Late funding and irregular commitment and disbursement of funds have affected planning and implementation, especially for smaller partners.
 11. The effectiveness and efficiency of I-LIFE implementation may have been affected by an operating environment which included far-reaching changes in Government agricultural policies during the life of the program.
 12. I-LIFE has done comprehensive planning of exit strategies; all communities visited were aware of plans for phasing out; and most expressed a strong commitment to continuing on a voluntary basis. The viability of self supporting 'market-based' activities, particularly Village Savings and Loan groups, will be important to the maintenance of progress made under I-LIFE.
 13. Long term sustainability of key program interventions may be threatened by lack of time for consolidation under the current I-LIFE program; business development, irrigation and changes in health behaviors will require continued support beyond the life of the program.

Implementing agencies have gained valuable experience through their participation in I-LIFE. Development of a follow on food security initiative will benefit from the lessons learned in this program.

1.0 Introduction

1.1 Objectives of the Scope of Work

The Scope of Work for the final evaluation of I-LIFE, a five year Title II Development Assistance Program implemented in seven districts of Malawi, was far-reaching and comprehensive.² The primary objective was to assess the impact of program strategies and interventions in relation to the strategic objectives and intermediate results identified in the proposal and Indicator Performance Tracking Table (IPTT). This would be done through several sub-objectives. Results of the baseline and final evaluation surveys were to be compared, and most effective strategies identified. The study was to examine I-LIFE approaches in relation to the USAID Malawi Food Security Strategy, to assess the effectiveness of managerial and technical approaches at the consortium (central) and PVO (partner) levels, to assess progress in responding to the recommendations of the mid-term evaluation, to assess sustainability and to make specific recommendations on strategies and interventions for future programming. A comprehensive Mid-Term Evaluation of this program was carried out in April and May of 2007; the Final Evaluation focused on the period since the Mid-Term.

1.2 Brief Description of the Program:

The Improved Livelihoods through Increasing Food Security (I-LIFE) Program is a five-year \$70 million, USAID funded Development Assistance Program (DAP), which commenced on October 1, 2004. I-LIFE is implemented by a consortium of seven Private Voluntary Organizations (PVO): Africare, CARE, the Catholic Development Commission of Malawi (CADECOM), Emmanuel International (EI), Save the Children, US (SCUS), The Salvation Army (TSA), and World Vision International (WVI). The consortium is co-led by Catholic Relief Services (CRS), as grant holder, and CARE International. The co-leads established an independently housed Program Management Unit (PMU), with a Program Director for overall program coordination.

The goal of the I-LIFE program is to reduce food insecurity among vulnerable households and communities in rural Malawi. To attain this goal it seeks to foster both increased and diversified agricultural production and a steady and sustained move of farmers from subsistence toward commercial agricultural production. This focus is combined with actions to improve farming households' nutritional and health practices to reinforce their better food security status. Good governance practices to ensure the sustainability of development efforts are fostered through local institutional strengthening initiatives. Targeting of households focused on those with children under five, on households caring for the chronically ill (CI) and orphans and vulnerable children (OVC), as well as those with resources enabling them to benefit from improved farming and participation in economic activities. In practice, many I-LIFE activities were open to both the vulnerable and the more able.

Each of the seven PVOs works in two or more Traditional Authorities of particularly vulnerable districts of Malawi, by adopting three interconnected strategic objectives (SO):

Strategic Objective 1: Livelihood capacities of vulnerable groups are protected and enhanced.

Strategic Objective 2: Nutritional status of vulnerable groups is protected and enhanced.

Strategic Objective 3: Community and district capacity to protect and enhance food security is improved.

² The full Scope of Work is attached in Annex 1.

1.3 Methodology of the Evaluation:

1.3.1 Preparation: Desk Work and Interviews

This evaluation was carried out in October and November 2008, approximately 17 months after the Mid-Term Evaluation (MTE) of May 2007. Preliminary desk work followed the procedures recommended for evaluation preparation, including review of key documents: the DAP proposal; reports of the Baseline and Sentinel Site surveys and the Mid-Term Evaluation (MTE); and Annual Results and Semi-Annual monitoring reports.³ Web searches were carried out for relevant background materials on food security and vulnerability, HIV/AIDS and child nutrition in Malawi. Questions and issues relating to the work plan and program documents were discussed by phone prior to travel to the field; major reliance, however, was placed on e-mail, as international phone lines were not reliable.

After arrival in Malawi, interviews were held with key staff of the Project Management Unit and additional documents were reviewed, in a process that continued throughout the evaluation. Interviews with key partner agencies and individuals – identified through discussion with field managers and PMU staff - took place during and following the fieldwork.⁴ The Team Leader was able to sit in on the FY08 annual internal review workshop with Project Managers and Technical Leads (TL), at which final survey results and exit strategies were major topics of discussion.

1.3.2 Field Work:

Before initiating field work, the evaluators sat with each of the PVO Program Managers to review the tentative schedule of visits and meetings, placing particular emphasis on allowing time for briefing by the PVO personnel before leaving for the field in each district, and time for clarification and debriefing after each visit. A total of 16 days were spent in the field visiting each partner PVO, with an allocation of approximately 1.5 -2 days for each district. In each district programs were prepared for SO1, SO2 and SO3 activities. During the visits, in which the evaluators were accompanied in most cases by at least one member of the PMU, there was the opportunity to meet with the following groups and individuals:⁵

³ A full list of sources consulted is included in Annex 3.

⁴ For a complete list of persons interviewed, see Annex 4.

⁵ The complete list of meetings held in each district is provided in Annex 2. Following the field work, additional meetings were held in Lilongwe with selected stakeholders. See Annex 4.

SO1	SO2	SO3
<ul style="list-style-type: none"> • Water User Committees • Village Savings and Loans groups • Community agents • Members of poultry and fish farming enterprises • Community facilitators • Market groups • Market cluster committees • A major Malawian trader • District Agricultural and Irrigation Officers • Agricultural Extension Development Officers 	<ul style="list-style-type: none"> • Care Groups • PD/Hearth groups • Health Promoters • Health Surveillance Agents • Community Home Based Care groups • Support Groups for People Living with HIV/AIDS • District Health Officers • District Community Home Based Care • Coordinators • District MCH Coordinators • Village Health Committees • Médecins sans Frontiers 	<ul style="list-style-type: none"> • Village Umbrella Committees • Village Development Committees • Representatives of functional committees • Chiefs and headmen

1.3.3 Household surveys:

Given the significance attached by FFP/USAID to quantitative household level data to measure changes during the life of Title II programs, all surveys were reviewed. These are briefly discussed below.

The baseline, carried out in June 2005 during the post harvest season, collected data among a sample of 1251 households in 15 clusters in each of the 7 program districts (105 in total); quantitative household level data was supplemented by village socio-economic and demographic profiles of 104 villages⁶. While focused primarily on the indicators specified in the Indicator Performance Tracking Table (IPTT), the baseline included a large amount of additional socio-economic data on program communities. Several limitations of the baseline were identified during the evaluation. Some IPTT indicators could not be measured, due to problems with data quality and the final report omitted direct measurements of at least two key indicators: percentage of children exclusively breastfed up to six months, and dietary diversity among children under 24 months.

A Sentinel Site Study (SSS), carried out in six districts⁷ in August 2006, utilized Lot Quality Assurance Sampling (LQAS), a modified sampling methodology designed to measure the adequacy of coverage using samples of 19 households in each of at least five supervision areas. This survey was based on a questionnaire focused on the program, and measured 7 key indicators found on the IPTT. Good progress was shown on 5 of these; the average number of months of food security was below the expected level and value of agricultural production was not measurable. While data derived from LQAS is not usually employed for direct comparisons with large sample surveys, this survey was used as a reference point for the Mid-Term Evaluation.

The household survey carried out in August of 2007 followed a modified three-stage sampling methodology, selecting and interviewing only households identified by community development agents as being direct participants in the I-LIFE program. This survey utilized the same questionnaire used in the SSS and in the 2008 final survey. Results, cited in

⁶ One cluster profile was incomplete.

⁷ Due to difficulties in obtaining the sampling frame, Mchinji was not included. According to the consultant this did not affect the results.

discussions of program progress in this evaluation, were presented in a brief report prepared in July 2007.

The sample survey carried out in August of 2008 was the fourth household survey implemented under I-LIFE. It followed a ‘state of the art’ methodology ensuring - to the degree possible in this operating environment - appropriate randomization of the sample. Supervision by field staff with survey experience, deployed in different districts to those in which they work in order to minimize bias, was close. The sample size was 1208 households, randomly selected from among *all* households in target villages. This resulted in a sample composed of roughly 65% I-LIFE participants⁸ with 35% non-participants (“non I-LIFE”).⁹ Data collection included anthropometric measurements of a sample of 1972 children 6 – 59 months old selected from sampled and adjacent households. Partial results of this survey were available at the time of this evaluation. The most relevant are summarized below and in annexes to the discussion of program Strategic Objectives. Analysis of the questionnaire, based on the IPTT, did not include some variables of interest to the evaluation team’s understanding of I-LIFE.

⁸ Defined as households who stated that they participated in at least one named I-LIFE activity.

⁹ Sampling distribution among partners and basic demographic data on these two populations are shown in Annex 5. These proportions are very similar to the actual numbers identified in preparation of the sampling frames.

2.0: SO1. Protecting and enhancing the livelihood capacities of vulnerable people.

The I-LIFE program has sought to protect and enhance the livelihood capacities of vulnerable rural households in Malawi by achieving three intermediate results:

IR 1.1 Increased agricultural production

IR 1.2 Increased rural household incomes, and

IR 1.3 Improved community assets

2.1 IR 1.1 Increased agricultural production

The I-LIFE strategies that have been used to achieve increased agricultural production were two-fold:

1. **Seed systems and agronomic practices:** Distribution of seeds and adoption by farmers of proven crop production, soil fertility management and soil and water conservation practices and technologies that increase yields of traditional and introduced crops, and
2. **Small-scale irrigation:** Promotion of small-scale irrigation schemes that allow farmers to extend cropping through the dry, winter months and diversify the crops they grow, complemented by the use of appropriate soil and water conservation techniques.

2.1.1 Seed systems and agronomic practices

Brief description of interventions¹⁰

The seed systems and agronomic practices component of SO1 was executed through:

1. The strengthening of seed systems through provision of improved seeds of different crops to I-LIFE communities, with the establishment of community seed banks and farmer multipliers as a means of maintaining stocks and distributing these seeds to many beneficiaries. Seed distribution was ceased and the promotion of seed banks curtailed following recommendations of the MTE conducted in FY07.
2. The introduction of a set of good production, soil fertility management and soil and water conservation practices. Farmer Field Schools (FFS) were to provide the vehicle by which these practices would be tested and adopted by farmers. The FFS were replaced by demonstration plots on the recommendation of the MTE.

Implementation progress and achievements

Large volumes of seeds were distributed to a high proportion of I-LIFE's target population, and significant numbers of farmers were trained (Table 1). Over 60% of I-LIFE targeted farm households were involved in these activities during the most recent year for which data is available.

Performance of the community seed banks in terms of re-distributing seed to farmers was not analyzed across all PVOs. Results from CADECOM over three years of operation show that a total of 64.1 MT of seed were distributed to farmers in seasons 2004-05 and 2005-06. In the two seasons (2005-06 and 2006-07) that the seed banks in the CADECOM area of influence redistributed seed, quantities of seed and number of farmers who received seed rose by 36 and 37% respectively. However, the results of the FY08 household survey convey a less favorable picture with respect to where households source their seed, with none reporting use

¹⁰ An extended discussion of each strategy under SO1 is found in Annex B.

of seed banks for maize and only 1% for groundnuts. (See Table A1 in Annex A). It would therefore appear that seed banks have not established themselves as an alternative source of quality seed for farmers.

Table 1: Seed distribution and training in crop production, soil fertility and soil and water conservation. 2004-2007.

	Season 2004-05	Season 2005-06	Season 2006-07
Volume of seed distributed, MT	7,936	431	8,340
Volume of cassava stakes and sweet potato vines, MT	30,980	n/a	n/a
No. of farmers benefited from seed	n/a	37,934	41,532
No. of farmers trained in agronomic practices	13,271	34,702	52,161

Source: Annual Reports to USAID

With respect to agronomic practices, there were successive increases in the numbers of farmers trained (Table 1) reaching over 52,000 in season 2006-07. The I-LIFE target for measuring progress was set at 80% of households adopting 3 or more improved practices (Table 2). The target has been surpassed by both I-LIFE and non I-LIFE households, as shown below. This suggests that there may have been a spill-over effect of the demonstration of the practices. The government policy of providing coupons for subsidized fertilizer and improved seed for the last three years will also have had an effect, together with the fact that government extension services also recommend the practices selected by I-LIFE.

Table 2: Households that have adopted 3 or more improved practices, %

FY05	FY08		FY09
Baseline	I-LIFE	Non I-LIFE	Target
57	94	84	80

In the FY08 household survey over 50% of I-LIFE households report the adoption of the following practices: crop diversification, chemical fertilizer, high yielding and/or early varieties, maize-legume intercrops/rotations, contour ridges/box ridges/bunds and compost manure (Table A2 in Annex A). This order is paralleled by non I-LIFE households, but levels of adoption are lower by between 3 and 27%. The practices which show the greatest proportional difference in level of adoption are compost manure, high yielding and/or early varieties and the Sasakawa planting method.

Technical issues related to seed systems and agronomic practices

Mid-term findings and recommendations. MTE recommendations included the termination of free seed distribution and the discontinuation of the promotion of seed banks. It was also recommended that the FFS approach be replaced by demonstration plots using Lead Farmers, since the FFS approach had not been fully adopted. These recommendations were taken up.

The most important of their recommendations, however, the engagement of an ‘experienced regional agricultural advisor’ proved to be difficult. A locally hired Technical Lead was

engaged in FY07 but resigned after a short period and a further attempt to fill the position following the MTE was unsuccessful. The absence of continuity in technical leadership in this area (a number of persons took the role over the life of the program, see Annex 8) has restricted progress. For example, the realization of seed fairs was contemplated in the I-LIFE proposal and suggested by the MTE. An attempt to conduct seed fairs was initiated in FY06 but abandoned because of logistical difficulties.

Sustainability. This component of I-LIFE's livelihood strategy sought to establish community seed banks and FFS as new local 'institutions' to provide products and services to farmers. Both were abandoned following the recommendations of the MTE and it was difficult to observe during the field visits the intended lasting 'structure' around which farmers will access seed inputs and new knowledge and technology once the program has terminated. The community facilitator and the lead farmers are two figures upon which responsibility for continuity and links with public and private service providers will depend, but both are volunteers whose continued contribution to improving crop production practices depends on their motivation to support the development of their communities.



Sasakawa Planting Method

Production competitiveness. The motivation of I-LIFE communities to maintain and improve their commercial production will come from the stimulus of achieving lasting links with traders who remunerate them with attractive prices. However, their continued competitiveness in the market will depend on a constant process of innovation that leads to reduced costs, higher yields and better quality products. In this sense, the dropping of the FFS process represents a lost opportunity to develop innovation skills within farmers' groups. The 'demonstration plot' approach was appropriate for making a large number of farmers aware of good practices. The targeted use of the FFS process to support a selected number of farmers organized into marketing groups and with links to traders would have been appropriate to resolve specific production constraints that affect their competitiveness, while at the same time developing farmers' capacity to innovate.

Strategies. This SO1 component was initiated with a clear strategy of supporting the most vulnerable households whose immediate need was to increase household food production, through making available improved seed and knowledge about the use of good agricultural

practices. However, the strategy for farmers able to produce surplus for sale who have organized themselves into groups and clusters (see below), and have built their capacity to engage with private sector input and output traders, was not clearly articulated. These farmers need to conduct a close analysis of their production system and its cost structure to determine where opportunities lie for reducing costs and increasing output. A set of priorities per commodity or livestock product will emerge. Some of these constraints became apparent during the field visits; examples include the bottleneck and cost of manual shelling of maize and groundnuts, the difficulty and cost of transporting produce from farm to warehouse, yield loss through some important insect pests and diseases, rejection of produce on grounds of poor quality, etc. This systematic analysis of production constraints, for the major marketable crops (e.g. maize, groundnuts, pigeon pea, beans, etc.), and an associated plan of action to resolve the most important bottlenecks has not been undertaken.

The end-of-program desired situation should be one in which a proportion of target farmer groups, with their associated cluster committees, have developed the capacity to identify their most significant constraints and bottlenecks and have learnt how and where to access the knowledge and technology to resolve them. The guidance of a Technical Lead would have helped achieve this desired situation by providing focused attention to the highest priority areas and the establishment of appropriate links with national and international research expertise.

Specific strengths of the seed systems and agronomic practices component

- Intensive and focused attention to a set of tested agronomic practices appears to have been effective in increasing yields (see IR 1.1 Results below).
- Provision of seed, particularly of vegetables, has led to diversification of cropping systems.
- The presence of I-LIFE in some areas complemented the government extension services; in other areas it provided services that were largely absent prior to the initiation of the program.

Specific challenges of the seed systems and agronomic practices component

- On conclusion of I-LIFE, some areas will fall back to a situation of scarcity of extension services because of government resource constraints in achieving coverage of these areas.
 - The connection between community facilitators and District extension services requires formalizing as a means of ensuring continued upgrading of skills and knowledge on the part of the community facilitators, and as a means of addressing the point above.
 - The approach used to improving seed systems was not successful; future efforts should be based on careful assessment of the seed situation; subsequent interventions should strengthen/integrate the components of the existing seed system and be based on the requirements of identified markets for each crop.

2.1.2 Small-scale irrigation schemes

Brief description of interventions

In the first two years of I-LIFE, activities were focused on providing support to those I-LIFE beneficiaries that had access to *dambos* (wetlands), by giving out free seeds, watering cans and in some cases treadle pumps. From May 2006, 'Rehabilitation through Irrigation and Production Extension (RIPE)', a project funded by USAID's Office of Foreign Disaster

Assistance¹¹, has provided resources and technical know-how for the establishment of two types of irrigation scheme:

1. River or shallow well with treadle pump distribution of irrigation water through canals
2. River diversion with gravity distribution.

External technical expertise in irrigation was provided by the consulting firm, Agricane. For further detail on the content and evolution of the irrigation component see Annex B.



Stream diversion for irrigation

Implementation progress and achievements of results

118 irrigation schemes have been established under RIPE with the formation of an equal number of Water Users' Committees. These schemes benefit 6,108 households, representing 8% of the 78,317 households that are targeted by I-LIFE. Women predominate in membership, making up 55%. The total irrigated area is 563 ha, of which 75% corresponds to schemes using river diversion with gravity distribution and 25% to shallow well/river with treadle pump distribution. The cost per hectare for establishing stream diversion with gravity distribution is US\$ 613, lower by 24% compared to shallow well/river using treadle pumps that cost US\$ 808. This is perhaps surprising, given the seemingly higher infrastructure costs for the former. The average area available per water user is considerably higher in the gravity fed systems at 0.13 ha compared to 0.05 ha for treadle pump systems (Table 3).

Several irrigation structures were constructed developed using Food for Work. However, this was the case in only 5 of the 118 OFDA schemes. It is the opinion of the majority of those involved with the development of irrigation schemes that Food for Work has a negative effect on the development of the project in that it lowers the sense of ownership by the water users involved and creates an expectation of compensation in other developing schemes nearby. We were shown with considerable pride the work that had been carried out to overcome obstacles in the terrain in order to channel water to irrigable land. That said, there are cases

¹¹ Rehabilitation through Irrigation and Production Extension is a project established following the poor season of 2005; funding and programming were complementary to I-LIFE

where Food for Work has been used to develop parts of the scheme, particularly night storage reservoirs, with evident success¹².

Table 3: I-LIFE - OFDA irrigation schemes

Type of scheme	Number	Members			Area irrigated		US\$/ha	ha/ water user
		Total	Male	Female	ha	%		
Stream diversion - gravity distribution	45	3,327	1,558	1,769	421	75	613	0.13
Shallow well/river - treadle pump	73	2,781	1,165	1,616	142	25	808	0.05
Total	118	6,108	2,723	3,385	563	100	662	0.09

Source: Juma Masumba

Management and maintenance of irrigation schemes is essential for their continued efficient use over many years. It is too early to say whether I-LIFE/RIPE schemes will continue to function satisfactorily over a long period. However, a real effort has been made to raise the awareness within WUCs that maintenance has to be carried out. Contributions are being made by members for maintenance of the schemes' infrastructure, and a percentage of the proceeds of other economic activities, such as the sale of fish and poultry, will also be put aside for maintenance purposes, according to members.

The relationship with Agricare, a Lilongwe-based consultancy contracted by I-LIFE to provide technical support and training to members involved in irrigation development, instilled a measure of private sector discipline and efficiency into the site development process. However, bureaucratic procurement processes and a lack of urgency within some PVOs did lead to delays and missing of deadlines. On-site supervision has built competence and capacity of PVO, local government District irrigation staff and of the farmers themselves. Over the following months, two irrigation 'technicians' from each scheme will be trained in maintenance and management in an effort to ensure reliable servicing of the infrastructure following I-LIFE phase-out¹³.

Discussion of technical SOW issues related to small-scale irrigation

Mid-term findings and recommendations. The MTE considered the small-scale irrigation component of I-LIFE fundamental in providing a '*cushion against the effects of recurring drought*' and praised the '*consistently produced, informative and detailed progress reports under the RIPE project which provides a model of reporting for other program components*'. At the time of the MTE in May 2007 the RIPE project had just completed one year and many of the sites visited were recently established and experiencing some the start-up 'problems' referred to above. The majority of the recommendations therefore focused on how best to overcome the obstacles encountered, such as land tenure and water disputes, and how to consolidate the existing schemes and ensure their sustainability once the project terminated. The recommendation to focus on producing crops with the greatest market potential and crops needed to supplement household food needs have been heeded by farmers. The predominant crop grown under irrigation continues to be maize for harvest green or dry, but examples of farmers producing vegetables (onions, tomatoes, cabbages, pumpkin leaves,

¹² FFW was used to execute some irrigation structures, and to complement OFDA irrigation schemes with, for example, night storage reservoirs.

¹³ While the major structures of each scheme have been completed (weirs and main canals), there has been a tendency to put less attention to the feeder canals, despite the farmers having the tools and technical know-how to complete these.

etc.), beans and other high value crops are evident. We also witnessed that WUCs are assigning land to the chronically ill and other less advantaged persons, as the examples above illustrate.

Specific strengths of the irrigation component

- It clearly meets the needs of the I-LIFE target population for increased off-season production.
- Well qualified technical support was made available from a private sector service provider that guaranteed the quality and appropriateness of the structures.
- Continuity in mentoring and monitoring was provided by an appropriately qualified Technical Lead. Close liaison with the District Irrigation Officers benefitted PVOs, farmers and the irrigation officers themselves.
- An implementation process that was participatory achieved a high level of ownership among program beneficiaries and overcame potential land tenure obstacles; the use of handouts was avoided.
- There was complementarity between VSL and irrigation; VSL groups made it possible for farmers to purchase inputs once the irrigation scheme was completed.

Specific challenges of the irrigation component:

- There is a high and unfilled demand by I-LIFE program beneficiaries for access to irrigable land.
- There is a need for continued attention and forward thinking of the most appropriate means of handling land tenure issues and avoiding a potential obstacle to sustainability of schemes.
- There has been limited success in promoting soil and water management practices, especially agro-forestry and forestation.
- There is a need to take a more holistic and area-based approach to natural resources management, at the watershed or catchment level, as a means of ensuring the long-term viability and sustainability of the irrigation schemes.

IR 1.1: Results: Increased agricultural production

Data on farmer-estimated crop yields was collected through household surveys in FY07 and FY08. This data needs to be interpreted with extreme care. While farmers can recall with some accuracy the quantity of product that they harvest, their estimate of the area over which that quantity was produced is known to be unreliable. While the absolute figures need to be treated with caution, the information does permit a comparison between I-LIFE and non I-LIFE farmers and irrigated versus rainfed agriculture. The information in Table 4 suggests that yields achieved by I-LIFE households are greater than non I-LIFE households for groundnuts and sugar beans and for maize cultivated on irrigated land.

While the yields recorded for maize on irrigated land seem high, farmers visited during the evaluation claimed that they could produce up to 100-120 bags (5-6,000kg) on 1 hectare of irrigated land using improved varieties, fertilizer and the Sasakawa planting method. At all sites visited farmers said that their yields had increased as a result of I-LIFE's interventions. The fact that non I-LIFE farmers report higher rainfed yields of maize may be a reflection of a) a large margin of error in the figures and b) the fact that both I-LIFE and non I-LIFE farmers can access subsidized seeds and fertilizers through the GoM coupon scheme.

Activities to improve the quality of crop yield data had not yet produced reliable data at the time of the final evaluation. Future programs should continue with this activity, measuring

yields over a small sample of farmers, especially if yield is an indicator used as a measure of the program's achievement in increasing production.

Table 4: Comparative yields of maize, groundnut and sugar beans. FY05 and FY08 studies

Crop	Baseline FY05	Yield, kg/ha					
		Rainfed, 2007-08			Irrigated, 2007		
		I-LIFE	Non I-LIFE	% difference	I-LIFE	Non I-LIFE	% difference
Maize	687	1,706	2,129	-20	4,584	3,864	+19
Groundnut	1,001	1,341	822	+63	n/a	n/a	n/a
Sugar beans	274	675	536	+26	2,943	1,538	+91

Source: FY05 baseline study and FY08 household study; n/a not applicable.

2.2 Increased rural household incomes

The I-LIFE strategies that have been used to increase household incomes were two-fold:

1. **Village savings & loan groups:** Formation of groups composed of self-selecting village members who, through a process of savings and loans among members, increase their access to financial services, allowing them to create individual and/or group enterprises, and
2. **Organization of market groups and clusters:** organization of market groups and clusters that strengthen farmers' ability to identify appropriate market opportunities and select crop alternatives, diversify production and negotiate successfully with traders for higher prices through bulk or collective sales.

2.2.1 Village Savings and Loan (VSL) groups

Brief description of interventions

VSL groups are made up of self-selecting rural women and men who build self-generated capital funds through a process of continued savings contributions. The funds that accumulate are loaned to members, earn interest and grow.

VSL members use the loans to satisfy immediate household needs, purchase domestic and productive assets and livestock and to finance individual small businesses. As a VSL group matures members are encouraged to initiate group enterprises, such as poultry and fish farming. Training, mentoring and monitoring services for VSL are provided by voluntary Community Agents (CA) selected by the VSL members themselves. Further detailed information on the evolution of the VSL component is provided in Annex B.

Implementation progress and achievement of results

At the time of this report a total of 1,026 VSL groups had been formed with an average of 14 members per group. Total membership is 14,324 of which 81% are women. Assuming that each VSL member represents one household¹⁴ then 18 percent of the total I-LIFE target population of 78,317 households is involved in VSL activities. Two hundred and twenty four community agents have been trained and are providing their services voluntarily to 'clusters'

¹⁴ Although it is conceivable that there are cases where more than one family member is a member of a VSL.

of between 4 and 5 VSL groups (see Table 5). During the field visit, one CA reported looking after 11 VSL groups and he said that this was 'too many'.

Table 5: Description of VSL groups, November 2008

	Number	Members			Members per group	% women members	% of target HH	No. of Community Agents	No. Community Agents per VSL
		Total	Male	Female					
VSL groups	1,026	14,324	2,759	11,565	14	81	12	224	4.6

Source: PVO Program managers and VSL coordinators

Reported total savings by all VSL groups in FY08 was US\$ 269,900¹⁵. This represents an average of US\$ 263 per VSL group or approximately US\$ 20 per VSL member per year. This figure corresponds to a saving of about 50 MK per week per member. During our field visits to VSL groups share values of between 20 and 100 MK were reported. Members can buy more than one share up to a stipulated maximum limit set by the group itself. Rates of interest vary from group to group and are in the range 20-35% per month with loans repayable within one month. According to the VSL MIS the percentage of the portfolio at risk due to unpaid loans is 6.4% (data as of June 2008 for 5 PVOs).

Information retrieved through the FY08 household survey reveals that 34% of I-LIFE households that are members of VSL groups reported using loans or their savings to purchase agricultural inputs and 58% to establish enterprises¹⁶. On several occasions, we were told that the introduction of VSL was a revelation for communities as it had never occurred to them that they could access financial resources other than through local lenders or going to a commercial bank, neither of which alternative has been attractive to them. In fact, the VSL groups were commonly referred to as 'our bank'¹⁷.

An inventory of the group enterprises that have either already been formed or are in the process of creation show a total of 76 across all PVOs (see Table A3 in Annex A.) The promotion of small group enterprises is a relatively recent activity in I-LIFE and the popularity of the schemes suggest that expansion is likely as the confidence of VSL groups grows and they are able to observe the success of their neighbors. I-LIFE is providing targeted support to poultry and fish farming enterprises. This includes putting members in contact with suppliers of inputs (chicks and fingerlings), provision of technical assistance and training for poultry production by the contracting of a poultry production specialist, Dr. Habibur Rahman, and the training of paravets, farmers selected from the local community and trained in basic veterinary practices who provide fee-based services. To date 7 paravets have been formed with a target of 20 by the time the time I-LIFE finishes in June 2009. In the case of fish farming the National Aquaculture Centre (NAC) in Zomba has been contracted to provide technical assistance and training.

Technical issues related to Village Savings and Loans groups

Mid-term findings and recommendations. The MTE recognized the formation of VSL groups *'as one of the most important activities within I-LIFE to energize local communities to*

¹⁵ I-LIFE Annual Results Report FY08. November 2008. This figure does not include interest earned on loans.

¹⁶ See Survey Questions 241 and 243.

¹⁷ In one village a lady recounted her experience with a loan that she and four others had taken from a commercial bank to support their vegetable and tomato trading business. The opening of the account took her three 1-hour trips to the District capital and a further four visits to repay the loan. Although interest was lower and the repayment period longer, she said that she was *'not very happy with the experience and had no idea that the process was so complicated'*.

all kinds of different and new economic opportunities'. The evaluation team was impressed by the dynamism, cohesion and solidarity that characterize this mechanism of collective action for building poor people's assets and generating additional household income. Significant advances have been made over the past 18 months to consolidate the implementation of this model across all PVOs.

MTE recommendations pertaining to strengthening the VSL groups and their enterprises - a full-time Technical Lead, the use of the community agents for replication and support in business plan preparation - have been adopted. However, not all of the recommendations have been implemented, especially those that were oriented to taking strong VSL groups to a different level of economic activity and exposure to risk. For example, there has been no movement toward changing the practice of yearly payout. The recommendation not to liquidate funds and instead use them for more long-term projects has not been heeded, although some VSL are already using funds for investing in group enterprises that need start up capital. VSL groups under CARE and Africare have taken loans with the Malawi Rural Development Fund, but in general little attempt has been made to establish relations between strong VSL and private commercial institutional lenders¹⁸. The present evaluation team considers that while this evolution may be necessary, it will be more successful if it comes as a direct and felt need of the fledgling group enterprises as they grow. It is as yet unknown whether these enterprises will flourish as collective endeavors or whether, once experience and know-how have been achieved, they will break up into enterprises run by individuals or by smaller groups of associates.

It has been correct to place emphasis on widening the participation of I-LIFE beneficiaries through intentional involvement of other functional groups such as CCHBC, CARE groups and PLHIV in new VSL, rather than innovating in favor of more advanced or 'mature' VSL. The strategy of the program over the last year has been one of strengthening the gains made and ensuring that high quality support to VSL is achieved by all PVOs through strong and well-trained CAs. With this emphasis on quality, it has been decided as part of the exit strategy not to introduce new groups, but rather to ensure that CAs have the required skills and knowledge to increase the probability of group sustainability once the project closes.

VSL good practice. No systematic assessment of the observance of good practice by VSL groups was undertaken, since only one evaluation visit occurred during a regular VSL group session where savings were being collected and loans made. But some anomalies were noted. Several VSL groups loan money to non-members, charging higher rates of interest (30-50%). This practice is discouraged because of the higher risk of non repayment of the loan; isolated examples of default and of lenders 'disappearing' were reported. The periodicity of saving also varied among groups, from once a week to once a fortnight and in some instances once a month. The standard of bookkeeping varied; many of the groups visited kept immaculate records but a few appeared to be decidedly less than organized in their bookkeeping, and this will require attention over the next months. Some VSL keep quite large sums of money in the savings box, especially as share out approaches. Since each VSL has the responsibility of buying its own cash box, these are locally made of wood and are small. The normal sized bookkeeping ledgers do not fit into the box and so the record of transactions has to be kept separately from the funds. Worries about security were mentioned, although there were no reports of theft; damage to wooden boxes by termites was a worry in one village. Efforts to promote local design and manufacture of appropriately sized and economic metal boxes should be prioritized, and VSL encouraged to purchase one when they are available.

¹⁸ CARE in a separate project has initiated a pilot project with Opportunity International Bank for VSLs that have wanted to invest greater amounts of money.



VSL group with savings box

Sustainability of VSL. The measures taken in 2005-2006 for providing improved mentoring, monitoring and quality control in each of the technical areas have meant that I-LIFE is now in a position to close out the program with a high level of confidence that the VSL process will be sustainable. CARE and other agencies' experience indicate that it is likely that further growth in the numbers of VSL groups will occur following termination of I-LIFE¹⁹. This is made possible by the presence of the community agents, who are likely to be approached to help others form VSL groups.

Specific strengths of the VSL mechanism:

- The organization and consolidation of VSL groups has proved to be the bedrock on which other I-LIFE economic interventions have been built. CARE's experience, coupled with a clear roll out strategy and well developed training materials, have led to a very satisfactory level of implementation of the VSL process across the consortium.
- VSL provide the opportunity of meeting immediate household needs, through periodic loans and annual payout. VSL provide access to loans to strengthen existing individual micro-enterprises and start new ones.
- VSL members have opportunities to develop financial management skills basic for all their productive activities, which empowers them and increases their self confidence.
- The self-forming nature and small size of groups, with clear and transparent management and governance procedures create a climate of ownership by all members.
- Low barriers to entry make it possible for the poor to participate.
- The dedication and commitment of voluntary community agents strengthens VSL management.
- The clustering of VSL groups to facilitate the provision of training, mentoring and monitoring of existing and new groups by the community agents is cost effective.

¹⁹ See, for example: CRS. 2008. Evaluation of chickpea marketing using SILC farmers' groups in Lake Zone, Tanzania. SILC (Savings and Internal Lending Communities) are the CRS equivalent of VSL. Also, Cecily Bryant, private communication.

- VSL MIS makes it possible to detect strengths and weaknesses of VSLs and take corrective measures where necessary and to communicate their successes with clarity in quantitative terms.

Specific challenges of the VSL mechanism:

- The VSL method will need to be safeguarded from deviation by continued strengthening of community agents' competence to deliver quality service.
- The absence of a Malawian institution that can provide retraining and skills enhancement for community agents once I-LIFE has terminated, not only in VSL techniques and procedures but also in areas such as small business management will challenge sustainability.
- The potential difficulty for small enterprise groups of accessing knowledge and technology for new and less conventional enterprise activities, such as beekeeping and mushroom production, will limit the potential for small enterprise development once I-LIFE phases out.
- Maintaining the motivation of the voluntary CAs to continue providing support to existing VSL groups and the establishment of new ones will be difficult.
- The sensitization of VSL groups to the value of receiving high quality technical and management services and the need to pay for these after I-LIFE phases out will be ongoing challenges to sustainability.

2.2.2 Market groups and clusters

Brief description of interventions in market groups and clusters

The organization and consolidation of market groups or clubs has been the basis for increasing farmers' commercial orientation and for establishing links with traders. At the GVH and occasionally at the TA level, clusters of market groups have been established to help identify market opportunities and make contacts with traders, and to negotiate on behalf of market groups. Collective and bulk sales of groundnuts, pigeon pea, beans and soya have been achieved. Further details on the evolution of the market component are provided in Annex B.

Implementation progress and achievement of results

I-LIFE consortium members have established 323 market groups (called clubs by some PVOs) and 42 clusters of market groups. It is understood that the majority of marketing groups are affiliated to a cluster. Market clusters are also referred to as 'market associations', particularly when related to irrigation schemes. A total of 12,018 households are involved in market and enterprise related activities, which represents 15% of the total I-LIFE target household population (Table 6). About 18% (76) of all market groups and small group enterprises (323 market groups and 76 small group enterprises) are recorded as having business plans, although we were informed that irrigation schemes also have 'business plans' that are a result of learning from the experience with market groups.

The volume and value of group sales through the marketing groups and clusters were lower in FY08 than FY07 (Table 7). Farmers interviewed reported good agricultural conditions (rainfall) for the rainfed season 2006-07²⁰. However, in the 2007-08 season rains terminated

²⁰ In Annex A, see Tables A4 and A5. Maize production and maize yields in Malawi are shown for the period 2001/02 to 2006/07. The response to the GoM's subsidy of fertilizer and seed in production and yield are clearly evident in seasons 2005/06 and 2006/07 (data for 2007/08 is not yet available). Table A6 shows variation in rainfall for Dedza and Lilongwe (Kia), two of the 7 I-LIFE districts. There is little conclusive that one can say about the total amount (Table A6) or distribution of rainfall (Tables A7 and A8) in these two districts during the execution of I-LIFE.

early and this affected production and farmers attributed this to lower group sales. The higher per ton value of the products sold in FY08 is a reflection of the overall higher prices of agricultural commodities in 2008.

Table 6: Market groups, clusters, enterprises and households involved in market activities, FY08

Market groups/clubs	Market clusters/ associations	Small group enterprises	Groups with business plans	Households involved	% of total I-LIFE HHs
323	42	76	73	12,018	15

Source: Information provided by PVO staff and the IPTT.

Table 7: Total volumes and value of products sold by I-LIFE households through their market groups and clusters

	FY07	FY08
Volume, MT	1,582	973
Value, US\$	675,000	589,815
Average US\$/t	427	607

Source: FY07 and FY08 Annual Reports to USAID

The volume and value of group sales achieved in FY08 can provide a very rough idea of the type of impact group marketing is having at this early stage. Over the 12,018 households engaged in marketing and enterprise groups, the average volume and value of the produce sold per household is 81kg and US\$49 respectively. The potential for increasing the volume of produce sold through groups will depend on the area and quality of the land available to each household. Farmers estimated that to meet their yearly household maize requirements requires between 0.24 and 0.57ha depending on rainfall²¹. So households with access to over 0.6ha of rainfed land (and less if the farmer has access to irrigated land through the winter season) are likely to be in a position to produce marketable surpluses over and above the 81 kg average at present sold through groups. The FY05 baseline study showed average cultivated land in I-LIFE areas to be 0.83 ha (0.89 among male headed HH; 0.68 among female headed HH)²².

Technical issues related to market groups and clusters

Mid-term findings and recommendations. The MTE in May 2007 noted the dynamism that had been created in this component by the arrival of the Technical Lead, particularly as opportunities to sell larger volumes at higher prices became a possibility for farmer groups/clusters. The MTE cautioned however about an over-involvement of PVO staff in identifying and negotiating links with traders, and the need for putting into place early an exit strategy that will leave the market cluster committees capable of taking on this role independently. The MTE also observed a weakness in business and market planning. This recommendation has been attended to and a number of groups visited during this evaluation

²¹ For example, I-LIFE farmers reported that 1 ha will produce on average 50 bags of maize (50kg of shelled maize each) under good rainfall conditions and 35 bags under poor conditions. It was estimated that a family of 5 requires between 12 and 20 bags of shelled maize to see them through the year, which is therefore equivalent to 0.24 to 0.40 ha in a good year or 0.34 to 0.57 ha in a poor rainfall year.

²² A World Food Program study conducted in October 2007 comparing food aid beneficiaries and other HH showed that just over 50% of sampled HH (random, national) farmed < 0.5 ha.

had been taught how to prepare a business plan; groups that had gone through this process were able to produce one on request. Finally, the MTE suggested that I-LIFE limit the range of commodities worked with, given the complexity of working over a wide range of crops in different districts, all with differing markets, purchase conditions and technical constraints. It is not clear that this suggestion has been adopted by I-LIFE formally, but within each PVO area of influence different crop options are apparent and markets are being identified for them.

Strategy. The first two years of I-LIFE the implementation of the marketing component of the I-LIFE program lacked continuity in technical leadership and the absence of a well-articulated market and agroenterprise strategy. The investment in the selection of priority commodities and the strengthening of institutional capacity were both necessary actions but appear not to have been anchored in a clear strategy for linking I-LIFE's beneficiary farmers to markets. The arrival of the Technical Lead in this area after 2 years was instrumental in accelerating progress. A dual and complementary approach was adopted at this time²³:

1. A short- to medium-term strategy that builds directly on the strength of the VSL mechanism to transition VSL and irrigation scheme farmers toward small group enterprises that generate income through production of relatively small volumes of higher value products – principally poultry, fish, and vegetables that have a ready local market and where the barriers to entry are not initially too demanding. This strategy is particularly appropriate for farmers that have small landholdings and need to intensify their use of this resource.
2. A medium- to long-term strategy that seeks to consolidate farmers linkage with more profitable markets for their field crops such as maize, groundnut, pigeon pea, beans, sunflower seeds, etc. Success in this endeavor lies in marketing higher volumes of produce that meet the quality and other standards expected by the traders, some of which can be quite exacting, especially if the product is destined for export (e.g. groundnuts). The experience of I-LIFE illustrates well the difficulty in establishing long-term relationships with traders – success in one year does not automatically lead to success in another. This strategy is more appropriate for farmers with larger land holdings that are in a position to produce marketable surpluses of maize, groundnuts, pigeon pea, beans, etc.

Both the above strategies depend on the presence of what are termed 'business development services', including technical assistance and training, information on traders wanting to buy and prices, support in managing and administering a business, and finance, among others. I-LIFE is making attempts to create a market for some of these services, with the formation of the fee-for-service paravets, the strengthening of the market cluster committees that have the function of identifying potential markets and negotiating with traders (members of market groups are making cash contributions for these services), and the empowerment of the voluntary community facilitators and community agents through capacity building in key technical and business skills. In terms of finance, the VSL groups have been shown to be a good source of finance for small group enterprises. However, the marketing of large volumes of cereals and pulses would require volumes of credit that go beyond the capacity of the VSL. Here, operating capital is required to purchase products from marketing group members and non-members, and to cover storage costs when price fluctuations merit holding stocks until prices rise.

²³ Christian Portal, personal communication.

I-LIFE has a collection of small and medium ‘success stories’ where farmers have successfully linked themselves to markets. There is a lot that can still be learnt from these experiences about what works and what does not work. However, it would be premature to say that the results have already achieved widespread impact or that they provide a basis for continued growth without further program interventions. This component would require a further two years of clearly focused activity to consolidate those business development services that are critical to the sustainability and growth of the fledgling enterprises created through I-LIFE.

When I-LIFE completes 5 years in 2009, perhaps the most significant result will be the enhanced competence of the partner PVOs to engage in market-oriented development. Moving now from fairly isolated instances of success in linking smallholder farmers to markets to a wider impact over a large number of households will require learning from others – from within and beyond the program - about best approaches and the new skills required both of facilitators and farmers.

Specific strengths of market groups:

- The consolidation of farmers into groups, and clusters of market groups, has been a mechanism for achieving economies of scale.
- The participatory means by which groups and clusters have been established that has ensured ownership of the organizations by their members.
- Market and enterprise training of PVO staff, repeated in response to staff turnover, has been thorough.
- The establishment of the paravets as a private service provider will increase the probability of economically successful poultry and other livestock enterprises.
- Close technical assistance and supervision provided for incipient poultry and fish enterprises will improve chances for success.

Specific challenges to market groups:

- Clear guidance by the Technical Lead to PVOs on different market and enterprise strategies for different target households, and prioritization of activities within these strategies will increase the probability of small enterprise and market group consolidation once I-LIFE terminates.
- PVOs will need to acquire resources to continue the strengthening of the voluntary and private providers of services to small enterprises and market groups and clusters after the closure of I-LIFE. This includes additional training, and mentoring and monitoring of the quality of the services provided before the end of I-LIFE.
- Paravets will need to acquire the basic equipment to perform their job.
- An MIS for farmer groups and clusters similar to that in place for VSL to identify strengths and weaknesses of small group enterprises and market groups will need to be established.
- More opportunities for learning and analyzing successes in marketing and enterprise development from outside the I-LIFE program, both from within Malawi and other adjacent countries need to be provided.

IR 1.2: Results: increased rural household income

A proxy for household income, for comparison purposes, is the value of agricultural production. The FY08 household data on estimated value of production shows that I-LIFE exceeded its FY09 target and that the value of I-LIFE households’ agricultural production was 22% greater than that of non I-LIFE households. Annual fluctuations in the value of agricultural production caused by climatic conditions, changes in commodity prices and

government interventions are evident with the value in FY07 (termed ‘the bumper year’ for crop production in Malawi)²⁴ being double that of FY06 and 60% higher than FY08.

Table 8: Value of agricultural production. 2004-2008. US\$ (excluding tobacco)

FY05	FY06	FY07	FY08		FY09
Baseline	IPTT	IPTT	I-LIFE	Non I-LIFE	Target
214	203	403	248	204	239

Sources: FY05 baseline, IPTT for FY06 and FY07, FY08 household survey

2.3 Improved community assets through Food for Work

Brief description of interventions

Improvement of community assets in the form of roads, irrigation and market infrastructure, and investment in forestation and agroforestry has been undertaken through projects that have used Food for Work (FFW)²⁵ as an incentive and through other program interventions. In non-Food for Work projects, I-LIFE has provided materials and in some cases know-how, and communities involved have contributed labor and resources and materials that are available locally. The use of FFW was terminated following the recommendation of the MTE in FY07.

Table 9 shows infrastructure improved using Food for Work²⁶. The most important investments in infrastructure outside the Food for Work mechanism have been the development of the irrigation schemes, where only 5 of the 118 schemes employed Food for Work.²⁷ The information provided in Table 9 confirms the observation made by many PVO staff that those assets that provide immediate and tangible benefits to the community are more likely to be maintained (e.g. irrigation structures) while for those assets that provide less immediate benefit and are shared over many villages (e.g. roads), the enthusiasm for maintenance is reduced. PMU staff reported that forestation and agroforestry interventions using Food for Work have been the most affected with little to no subsequent effort to maintain the investment made²⁸.

Table 9: Assets constructed using Food for Work. FY 2005-2008

Asset	Rehabilitated or constructed, km		Maintained ≥ one year, %	
	Actual	Target	Actual	Target
Roads	1,031	300	42	60
	No. constructed		Maintained ≥ one year, %	
	Actual	Target	Actual	Target
Irrigation structures	160	70	75	60

Source: FY08 IPTT.

²⁴ See Annex A, Tables A4 and A5

²⁵ CADECOM has also used FFW for building warehouses for market clusters to store produce for bulk or collective sale.

²⁶ The table does not include forestry and agroforestry projects that used FFW.

²⁷ In Table 9 the total of 160 constructions/rehabilitations under irrigation refers to structures of which an irrigation scheme might have several.

²⁸ Bena Musembi, personal communication

Despite these negative aspects, participants in the construction of a road reported, “normally when we are hungry we have to go to another village to find work or food. With FFW we had both work and food, and could also tend our fields”. The construction or rehabilitation of roads not only provide improved access for marketing crops²⁹ but are also appreciated by the population because of the access they provide for ambulances to take people to hospital.

2.4 Program Impacts. SO1: Livelihood capacities of vulnerable groups are protected and enhanced

Two indicators have been used to track the enhanced livelihood capabilities of I-LIFE beneficiaries: the average number of months of full food security - understood as food produced and food bought using income earned from agricultural and non-agricultural activities – and the value of household assets.

The data collected in the FY08 household survey shows the number of food secure months increasing from 6.8 at baseline in FY05 to 9.9 for I-LIFE households by FY08; the I-LIFE program target for this indicator to be achieved in 2009 is 10 months. Non I-LIFE households have reached a similar level of food security, at 10 months. A number of factors may explain the lack of a clear advantage for program HHs:

- Favorable climatic conditions for agricultural production have a greater influence on agricultural outcomes than program interventions.
- The GoM’s interventions in subsidizing fertilizer and seeds have been shown to increase production levels and have had an effect across all households, not only those in I-LIFE.
- Households may have associated the availability of maize from home production with the term ‘food security’, thereby ignoring other crops such as cassava or sweet potato or the ability to buy maize.
- I-LIFE participant households are selected as more vulnerable and are expected to have a lower productive capacity³⁰.

While I-LIFE HHs may not have claim to a measurable advantage in food security in FY08 over non-participants, the increase from baseline is significant. Asset accumulation *has* occurred over the life of the program (Table 10). I-LIFE has exceeded its end-of-program target, and in FY08 the value of I-LIFE households’ assets was 18% greater than those of non I-LIFE households. Of particular significance, is the increase in livestock assets (Table 11). It is well known that livestock are an important capital asset used in times of stress and crisis. With this in mind, future programs may wish to pay greater attention to livestock production opportunities, especially for those farmers that have to depend on rainfed agriculture.

Table 10: Value of production, domestic and livestock assets, US\$

FY05	FY08		FY09
Baseline	I-LIFE	Non I-LIFE	Target
143	302	257	200

Sources: FY05 baseline, IPTT for FY06 and FY07, FY08 household survey

²⁹ The mean distance of common market centers from community villages has been reduced from 1.8 hr (FY05 baseline study) to 1.2 hr (FY08 household study). The I-LIFE target is 1.5 hr.

³⁰ Secondary analysis of survey data may show differences in land holdings or availability of labor among non I-LIFE households.

Table 11: Asset accumulation in I-LIFE and non I-LIFE households

Household	Production assets	Livestock assets	Domestic assets
I-LIFE, US\$	33	127	142
Non I-LIFE, US\$	31	93	133
% increase	7	37	7

Source: FY08 household survey. Production assets do not include land or labor.

SO1 Recommendations³¹:

1. Program implementation strategies must be developed to ensure the rapid creation and consolidation of VSL groups and explicit links established between VSL groups and the production and marketing components.
2. The functions of the VSL clusters could be expanded to take on collective or bulk marketing of VSL members' agricultural and livestock products.
3. Market-oriented development programs should differentiate market strategies for different categories of target beneficiary (as evolved in I-LIFE) based on farmers' resources and ability to take on risk.
4. PVOs should independently or together look for resources to strengthen or create those business development services that are critical to the sustainability and growth of the fledgling enterprises initiated through I-LIFE.
5. Provision must be made in program design for establishing relationships with local or national institutions that can provide service providers the means to upgrade their skills and monitor the quality of the service they provide.
6. In future programs a greater investment in developing irrigation schemes should be made in order to increase the access to irrigated land by target beneficiaries.
7. The adoption of a catchment approach to the development and use of water resources would provide the opportunity to involve a greater proportion of target beneficiaries in irrigation activities and diminish potential threats to sustainability of irrigation schemes.
8. Greater use needs to be made of market chain analysis as the basis on which to prioritize key production interventions that will contribute to achieving greater competitiveness.
9. In future programs a more even balance should be achieved between crops and livestock, with particular emphasis on opportunities for livestock development in the rainfed areas.
10. The use of Food for Work (and handouts in general) in market-oriented agricultural development programs should be used with extreme care as they can create dependency, and in turn dampen entrepreneurial spirit and innovative flare.

³¹ These recommendations are presented here in abbreviated form. The full text, with rationales for each recommendation, is included in Annex C.

3.0 SO 2: Nutrition status of vulnerable groups is protected and enhanced

This SO was based on two intermediate results, measured through a range of indicators.

IR 2.1 Improved food utilization of vulnerable groups is protected and enhanced.

IR 2.2 Increased adoption of improved nutritional and complementary health behavior practices by vulnerable groups.

These intermediate results were to be achieved through an inter-related set of interventions targeted at vulnerable groups, with the major focus of IR 2.1 on vulnerable adults - including those affected by HIV/AIDS and pregnant and lactating women - and the focus of IR 2.2 on children under five.

Community groups and households caring for vulnerable individuals, many of whom are affected by HIV/AIDS, and for orphans and vulnerable children (OVC), were targeted for a wide range of activities and interventions. Three key strategies were elaborated to improve the health and nutritional status of vulnerable groups: households of children under three - considered the critical window for prevention of stunting - were targeted for improved child nutritional and health practices; those hosting CI or OVC were to be provided with social support and education in improved health and nutrition, and safety net rations were to be provided to them.

3.1 IR2.2: Increased adoption of improved nutrition and complementary health behavior practices

3.1.2 Child health and nutrition

Brief description of interventions

Universal participation in community based growth monitoring, with access to nutritional recuperation and maternal education through the Positive Deviance Inquiry (PDI/Hearth or PD/Hearth) method, was used in the first two years of I-LIFE to address child malnutrition. These initiatives were to be strengthened by training of district health staff, strengthened referral systems, capacity building of village health committees (VHC), and reinforced technical support via the Health/Nutrition Technical Working Group (TWG). The design of all of these activities would be based on data collected through community level enquiries into practices and beliefs in nutrition, health and sanitation.

Implementation progress and achievement of results

Achievement of the child health and nutrition elements of SO2 proceeded in two phases: until late in FY06, I-LIFE focused on promotion of universal growth monitoring for detection of malnourished children with response through establishment of 'classic' Positive Deviance Inquiry Hearth nutritional activities. This was accompanied by teaching on child health, hygiene and sanitation, and support to Village Health Committees. Growth monitoring volunteers were recruited and trained, and community members were trained on the PD/Hearth methodology and held Hearth sessions. Results were measured in the numbers of individuals trained, sessions held, children reporting for growth monitoring and participating in PD/Hearth. Some evidence of changed practices was shown through reported increases in dietary diversity, with the percent of children 6-24 months fed appropriate foods, up to 39% from 20% at baseline. Levels of underweight were reduced, down to 18.3% in FY07 from 20.4% at baseline. Inconsistencies in definitions of indicators and in sampling methodologies among household surveys carried out in FY05, FY06 and FY07 made it difficult however, to assess whether statistically significant improvements had occurred.

The uptake of growth monitoring was slow, with monitoring data showing 18% coverage in 2006, while inaccurate plotting of measurements was common. Despite I-LIFE's active collaboration, the quality of the service was not improving. The complementary activity to growth monitoring, nutritional recuperation through PD Hearth, was also experiencing difficulties. The classic PD Hearth method, successfully implemented elsewhere in Africa by Africare - a consortium partner and the technical lead - proved difficult to implement effectively during the first two years of I-LIFE. In particular, the inquiry phase of the process, critical to identification of poor practices and of 'positive deviant' mothers able to provide locally appropriate alternative food combinations, was proving very difficult for community health workers and other volunteers. The appropriateness of the PD Hearth methodology in an area with 20% underweight, rather than the recommended 30%, was also questioned in the MTE. A lack of synergy between activities under SO2 and those promoted under SO1 to increase access to food was also noted at mid-term and it was suggested that the budgetary allocation for SO2 - only 15 – 20 % of total resources during FY05-06 – was a factor in slow progress.³²

Work had been somewhat more successful in promotion of 'healthy practices', in family dietary practices, child health care, hygiene and sanitation. Uptake in the area of hygiene and sanitation, where the program used demonstrations and teaching during activities such as PD/Hearth sessions, was reported to be better, increasing from a mean of 5 healthy practices at baseline to 5.3 [out of 9] in FY07. The Sentinel Site Survey undertaken in FY06 reported 89% adoption of some household hygiene/sanitation structures. Variations in the definition of 'healthy practices' used in household surveys made it difficult to quantify levels of increased uptake.

Discussion of technical issues in child health and nutrition:

Mid-Term findings and recommendations: The MTE identified these problems and made a number of recommendations related to the strategies employed to implement SO2. Some of these, including the adoption of the Care Group model, and the adaptation of PD/Hearth, were fast-tracked. Following the Mid-Term Evaluation (MTE), the Care Group model, a community based behavior change methodology featuring mother-to-mother training, based on a fixed syllabus, was introduced to encourage more rapid change in I-LIFE communities. Following the principal that the benefits of exposure to nutrition and care information should be accessible to all mothers,³³ Care Groups expanded rapidly throughout the program area. At the time of their initial formation, Health Promoters, a newly created cadre of paid staff, worked with chiefs to generate lists of all eligible households in a village, organizing them into groups of 10 –15. These groups then selected a 'Lead Parent'- mother or father - from their number, who became a voluntary health educator, receiving training and disseminating key health lessons. Featuring mother-to-mother communication and teaching on key areas of child health, Care Groups have proven highly effective in other African communities.

At the same time, PD Hearth was significantly modified with the elimination of the in-depth dietary inquiry³⁴ and of the identification and recruitment of exemplary mothers as teachers. By retaining the elements favoring group cohesion, collective development of nutritious recipes, cooking and feeding of young children, PD Hearth has become a health education

³² As budgets are not broken down by SO, it was not possible to compare the current funding status with these estimates, but there is general agreement that spending on SO2 has increased significantly since the MTE. The current TL noted that obtaining resources for a significant expansion of health/ nutrition activities has not been a problem.

³³ In some areas this has been extended to all women of child bearing age, including those without children under 5.

³⁴ This was simplified to focus on typical dry season and rainy season diets.

activity accessible to all mothers in the community. The recruitment of 80 'Health Promoters' was essential to the rapid expansion of Care Groups and PD/Hearth. The decision to use promoters, recruited in many cases from among community growth monitoring volunteers or community facilitators, was taken before the mid-term, and began late in FY07. Tensions have been reported within I-LIFE around the decision to provide payment to Health Promoters while community volunteers in agriculture, VSL and marketing serve without compensation; issues of sustainability remain. A public health physician with considerable experience of community-based nutritional programs was recruited as health Technical Lead just before the MTE to lead these initiatives. He has been supported by two experienced Health Program Officers and a third expert in PD/Hearth



PD/Hearth group preparing food

Health Promoters work closely with Health Surveillance Assistants (HSA) and this relationship is critical to the effective implementation of the Care Group model. HSAs are Ministry of Health staff, many newly recruited under the Essential Health Package, a donor funded initiative to expand access to health services. They are trained for six to nine months. With a target of one HSA serving a population of 1000 [200 households], and bicycles provided for transport, they are able to deliver essential additional services. With their larger numbers – almost 500 in I-LIFE's program area, as compared with 80 Health Promoters – and greater mobility, their potential for increasing and intensifying coverage in health teaching and access to services is high. HSAs in I-LIFE program areas are trained on key Care Group messages and are familiar with strategies, as are district level officials, including the District Maternal and Child Health Officers who oversee their work. Health Surveillance Assistants (HSAs) participate in training and support Lead Parents and Health Promoters by carrying out growth monitoring, providing Vitamin A and albendazole (for de-worming) at PD/Hearth sessions and facilitating referrals of severely malnourished children

All Care Groups had received training in the first module, on exclusive breastfeeding, by the time of the final evaluation. Most had completed parts of a second module on complementary feeding and all were expected to complete this, together with a third module on hygiene and sanitation, before the end of program activities in June 2009. Lead mothers have been provided with large illustrated 'flip chart' style booklets in Chichewa. Periodic shortages of materials have recently been experienced, due to technical printing issues, and

this has slowed down the roll out of training, as sessions undertaken without adequate materials require follow up assessment.

PD Hearth was retained, and modified through the simplification of the inquiry and recipe development phases. Guidelines prepared by the TL for Health and Nutrition describe a process following the traditional 12 days of coordinated cooking and child feeding in groups of 8 – 10 mothers, using simple locally available foods, including newly introduced high value foods such as orange fleshed sweet potatoes. Health messages are prepared for each day's session and follow up, of absent children and those who fail to gain weight, is carried out by Lead Parents. Screening for severely malnourished children and their referral to Nutrition Rehabilitation Units (NRU), as well as receipt of children discharged from intensive care, are important components. HSAs are instrumental in maintaining these referrals to ensure that mothers of children treated for severe malnutrition are linked to PD/Hearth activities.

Participating parents donate foodstuffs and cash where possible. Lead parents implementing PD/Hearth groups frequently make weekly contributions to the cost of purchased food items. The utilization of locally available foods reduces the cost of food preparation, but meeting the cost of foods that are not available remains a challenge. This need has given a strong impetus to kitchen gardens and use of *dambo* land for off-season cultivation of vegetables as well as new crops like sweet potatoes and soya. Solar drying of nutritious foods for storage and off-season use, an old technology now improved, is taught, and a small number of mothers have now acquired solar dryers. Cost per child for a full 12 sessions was estimated in one location at 54 MK [\$0.32].³⁵ Lead Parents and participants also meet the cost of food requirements through small scale economic activities, facilitated by membership in VSL, to which most Lead Parents belong.

Field discussions during PD/Hearth showed that criteria for acceptance of children and care takers into sessions vary widely in practice, ranging from evidence of persistent underweight, short-term underweight [for example, following an illness], general need by the caretaker, as with grandmothers caring for young children and infants, to simple interest in acquiring new information and skills.

A major achievement of the program has been the linkage of Care Groups with the formal health services delivery system through the participation of HSAs and other cadres of health staff in I-LIFE activities. The CG syllabus is consistent with both Community Based Integrated Management of Childhood Illness (C-IMCI) - with an estimated overlap of content of 60-70% -and with the core teachings in the Essential Nutrition Actions (ENA) program adopted by the MoH to promote maternal and child nutrition.³⁶ Additionally, the adapted PD/Hearth model is being considered for adoption at national level by the Nutrition, HIV & AIDS Program in the Office of the President and Cabinet and I-LIFE has been collaborating with two other agencies implementing PD/Hearth in the identification of the best model for implementation in Malawi.³⁷

³⁵ See Annex D for a cost breakdown of one session.

³⁶ On ENA see Karabi Acharya, Tina Sanghvi, Serigne Diene Vandana Stapleton, Eleonore Seumo, Sridhar Srikantiah, Francis Aminu, Coudy Ly, and Victor Dossou. BASICS II. 2004. *Using 'Essential Nutrition Actions' to Accelerate Coverage with Nutrition Interventions in High Mortality Settings*. Published by the Basic Support for Institutionalizing Child Survival Project (BASICS II) for the United States Agency for International Development. Arlington, Virginia, 2004.

³⁷ The adoption of the modified PD/Hearth methodology as part of the national nutrition strategy will depend on operational research studies that show the effectiveness of a uniform methodology. Interview with Catherine Mkangama, Director of Nutrition, HIV & AIDS Programmes, Office of the President and Cabinet, 18 October 2008.

Meeting targets:

Success in meeting targets has been measured in two ways: through summative data based on monitoring indicators and through periodic beneficiary or population-based household surveys utilizing ‘KPC’³⁸ type questions.

At the time of the final evaluation, I-LIFE had documented 662 operational Care Groups, with almost 7000 Lead Parents and outreach to over 67,000 children. With an estimated 97,547 children 0-59 months in I-LIFE’s program area, this represents 69% coverage. By FY07, almost 6000 children had participated in PD/Hearth sessions. An additional 14,850 participated in FY08. Over 5000 Lead Parents and 21 consortium staff had been trained in improved food processing and preparation methods. Perhaps as significantly, levels of participation in VSL and communal and individual off season gardening, in part to provide foods for PD/Hearth, were reported to be very high.

Program Impacts: SO2: Nutritional status of vulnerable groups protected and enhanced:

Rates of underweight, a short-term measure of malnutrition, are shown below. Levels of underweight have declined since the FY05 baseline. Children in households who participate in the program have shown a slight advantage over the general population and the end of project target has been exceeded without the provision of supplementary feeding. A program focused on improved nutritional knowledge, complemented by integrated economic and production-related activities can achieve short term improvements in child nutrition.

Table 12: % children 6 – 59 months with weight for age < - 2 Z scores³⁹

Baseline	FY07	FY08 I-LIFE	FY08 Non I-LIFE	FY08 Total	FY09 Target	MICS* 2006	MICS 2006 [rural]
20.4	18.3	14.8	15.1	14.9	17.5	19.4	19.8

* Malawi Multiple Indicator Cluster Survey 2006 (National Statistical Office and UNICEF)

IR 2.2: Increased adoption of improved nutrition and complementary health behavior practices by vulnerable groups

On two key measures of IR 2.2: % children < 6 months exclusively breastfed and % children 6-24 months fed appropriate foods, significant gains have been shown in I-LIFE beneficiary households as compared with those not participating in the program. For exclusive breastfeeding, a gap remains in relation to the target,⁴⁰ but rates are lower than those shown in the MICS for children under six months.

Maternal knowledge of child feeding and health practices is also important to achieving sustained improvements in child nutritional status. Two indicators of IR 2.2 provided data, although the reliability of both was challenged due to changes in operational definitions of the key variables. Appropriate feeding of children over 6 months, the major objective of PD/Hearth, has shown steady gains, with targets exceeded in FY08.⁴¹ An in-depth study of

³⁸ Knowledge, Practices and Coverage or KPC surveys, developed for use in USAID-funded Child Survival programs during the 1980s, include standard questions on child nutrition, management of child illness and other key indicators of program results in child health interventions. They are periodically updated.

³⁹ Confidence intervals were not available at the time of the evaluation.

⁴⁰ Comparative data from earlier surveys were not considered sufficiently reliable for use.

⁴¹ As noted, definitions of ‘appropriate foods’ varied among the three surveys; in FY08, this included three high value food groups, one being protein rich.

child feeding and care carried out among target villages in one I-LIFE program area provided further evidence of positive Care Group impacts on infant feeding practices, including breastfeeding and appropriate use of complementary foods.⁴²

Table 13: % children < 6 months exclusively breastfed

FY08 I-LIFE	FY08 Non I-LIFE	FY08Total	FY09Target	MICS: 0 – 5mos
41.1	30	37.2	55	56.4

Table 14: % children 6 – 24 months fed appropriate* foods

Baseline 2005	FY07 I-LIFE participants	FY08 I- LIFE	FY08 Non I- LIFE	FY08 Total	FY08 Target
20	39	57.5	52.9	56.1	44

* Defined as at least 3 groups out of 6, one being protein-rich. FY05, FY07, and FY08 results are derived using different definitions.

Adoption of ‘healthy practices’ at household level was also promoted through the program, and these rates were measured as part of IR 2.2. These rates declined slightly, with a gap between results in FY08 and the of project target.⁴³

Table 15: Average number of ‘healthy practices’ adopted by HH⁴⁴

Baseline FY2005	FY07	FY08 I- LIFE	FY08 Non I- LIFE	FY08 Total	FY09 Target
5	5.3	5	4.8	4.9	8

* FY05, FY07 and FY08 results are derived from different definitions of ‘healthy practices.’

This is clearly an area of concern and may be linked to the implementation methodology and to the content and sequencing of Care Group modules. The ‘short circuiting’ of the training due to late start up has not allowed for full coverage of key behaviors covered in later modules. The lack of detailed data from the FY08 survey has made it impossible to determine which focus behaviors are practiced less than others.

⁴² A sample survey of mothers of children under five in 14 villages of one I-LIFE district undertaken in August 2008⁴² showed higher rates of exclusive breastfeeding among mothers whose children had been born during Care Group training with the breastfeeding module – 40% as compared to 14% for those born before training started. Levels of knowledge of the six food groups was high among trained mothers, as was reported dietary diversity, and the researcher noted ‘significant decreases’ in use of water, tea, juice and traditional medicines in breastfeeding infants born during the training. See Marianne J. Heppleston, *Measuring Health Behaviour Change in Mbwana Nyambi Care Groups in Southern Malawi*, Emmanuel International, August 26, 2008.

⁴³ Inconsistencies in the definitions of ‘healthy practices’ across these surveys make comparisons problematic.

⁴⁴ These include, for a total of 9: children 0-59 mos. receiving de-worming medication; Vit A within the past 6 months; being up to date on immunizations; mothers giving more fluids during bouts of diarrhea; appropriate sanitary disposal of child’s faeces; children < 5 sleeping under a bednet; care givers washing hands after using the toilet and before preparing meals and young children not left regularly with other siblings for care.

3.2 I-LIFE Goal: Food insecurity among vulnerable groups is reduced

This has been measured through stunting, a summative measurement used by USAID in food security programming. Rates of stunting among children 6 – 59 months old were compared across the life of the program; they changed very little during this period.

Table 16: % children 6 – 59 months with Height for Age < -2 Z scores

Baseline	FY08 I-LIFE	FY08 Non I-LIFE	FY08 Total	FY08 Target	MICS 2006	MICS 2006 [rural]
44.4	45.2	48.3	46.2	39.4	45.9	47.0

There are a number of possible reasons for these persistently high rates of chronic malnutrition. These may include:

- Lack of knowledge of optimum child feeding practices
- Lack of access to nutritious foods due to:
 - economic barriers to production or purchase: lack of land, inputs, capital
 - environmental or climatic barriers to production: poor rainfall, degraded soil
- Lack of care – for example with prolonged maternal absence from the home

Most of these constraints are being addressed by the program. However, Care Group and modified PD/Hearth activities have been in effect for only a year. Stunting is a long term indicator which changes slowly. A second factor of concern is the lack of knowledge of management childhood illness, which may also have an impact on child nutrition. Discussions with Lead and beneficiary parents in the field showed a weak understanding of the need for rapid rehydration in a young child with diarrhea; others reported frequent bouts of malaria despite access to insecticide treated nets (ITN). Persistent bouts of malaria or diarrhea, for example, will retard growth in the long term.

Specific strengths of child health and nutrition interventions:

- The program responded to recommendations made in the Mid-Term Evaluation through implementation of the Care Group and adapted PD/Hearth activities.
- High quality health information is provided to mothers through Care Group and PD/Hearth activities; Lead Parents were thoroughly familiar with the material covered; they reported consistent supervision, including the use of checklists by health coordinators in working with HPs.
- PD/Hearth can be successfully operated by mothers with limited resources and education. The linkage with VSL provides a contribution mechanism for meeting the cost of foods not available through donations.
- Care Groups are accessible to all mothers; information is disseminated through a mechanism that provides some accountability for reaching beneficiaries. Monitoring data showed a 69% participation rate among the estimated number of eligible mothers. A survey of Care Groups showed that about only 10% of respondents were not being visited by Lead Parents.
- The Care Group model empowers mothers and other care takers through the acquisition of information which enables them to improve child care and to rehabilitate mildly and moderately malnourished children using locally available resources and by raising awareness of womens' capabilities, as illustrated through statements from mothers such as:

“In the past we didn’t know anything.” [Now] “women are free.” [We can] “cook foods that keep our husbands at home.”

- Lead Parents and caretakers uniformly report a willingness to continue with child nutrition activities after phase-out.
- There is evidence in one location of spontaneous diffusion of PD/Hearth activities among non-beneficiary households.

Specific challenges of child health and nutrition interventions:

- Only three of the full 7 modules designed for dissemination through the Care Group model will be completed at program phase-out. Materials will be left with community representatives, but full training will not be implemented.
- Mothers and care takers currently have limited knowledge and skills for managing early childhood illness.
- Different implementation models for PD/Hearth may affect the quality of the ongoing activity.
- The sustainability of the Care Group model will depend on establishing relationships to provide technical and supervision support beyond the life of I-LIFE. This is not assured as:
 - The current workload of Health Promoters is very high in some locations, with some supervising 65 – 75 Lead Parents. HPs would be expected to become volunteer workers; some, especially those who were recruited from volunteer groups, have indicated their willingness to continue in this role, but others may drop out.
 - HSAs would need to continue to provide the same or a higher level of support, but may lose the assistance they currently receive from HPs in immunization and growth monitoring activities, thus restricting their time.
 - VHCs are weak, and have not been as involved in these activities as HPs and HSAs.
- Training materials for CG activities, important to reinforce messages where literacy is limited, have no permanent durable format or home. Delays have been experienced in their preparation.
- In trying to follow key teachings on breastfeeding, mothers may face contradictory advice and messages from TBAs, mothers-in-law and husbands.

3.4 IR 2.1: Nutritional Status of vulnerable groups protected and enhanced:

3.4.1 Support and Community Home Based Care Groups:

Brief description of interventions:

The needs of vulnerable adults, including people living with HIV, other chronically ill, and pregnant and lactating women, were met with three key responses:

- Assistance to Support Groups of people living with HIV (PLHIV), including training, capacity building, facilitation of linkages to economic activities, particularly VSL, and encouragement of home gardens and other initiatives to strengthen nutrition
- Support to Community Home Based Care groups (CHBC), also through training and economic linkages but increasingly by facilitating relationships with the system of granting through administered through the National AIDS Commission and linked to GVH level CBOs.
- ‘Safety net’ food rations for vulnerable households, including those hosting OVCs, of cereal, beans, CSB and oil.

As with child health interventions, these responses have been jointly implemented, and have also been strongly linked to economic activities supported under SO1 and organizational

development under SO3. Support and Community Home Based Care group activities, including dissemination of HIV messages, will be discussed together below, followed by a brief discussion of ‘safety net’ food aid.

Implementation progress and achievement of results:

Support Groups, often formed spontaneously by PLHIV in order to reinforce ‘positive living’ practices and to fight stigma, engage in a wide range of economic and self help activities with support from I-LIFE. These include joining VSL and establishing group enterprises; improving personal and environmental hygiene, increasing their knowledge of HIV/AIDS, improved food preparation and nutrition and dissemination of prevention messages. Some have received material assistance for irrigation farming – treadle pumps or free seed distributions. Many groups reported having increased their membership 6 or 7 fold over the life of the program.

CHBC groups, which are reported to have started as early as 1994, also formed spontaneously to assist sick neighbors and family members with basic household tasks at a time when palliative care remedies were limited. Groups are reported to have significantly increased in numbers around 2003-2004; by FY05, I-LIFE was establishing links with pre-existing groups and in that year reported having ‘rejuvenated’ 29 CHBC committees. As CHBC groups grew in strength they attracted support from a wide range of sources, including UNICEF and the National Association of People Living with HIV in Malawi (NAPHAM). With the establishment of national protocols for training in CHBC in 2005, the role of CHBC groups focused on the more systematic provision of palliative care to the bedridden. This included use and maintenance of a drug box or kit containing basic pharmaceuticals, such as paracetamol and aspirin, dressings, medications for treatment of skin infections and disinfectants, among other items.⁴⁵ Ten days of training are provided to some (usually not all) members of a CHBC through the MoH, NAPHAM or NAC, and group members are expected to bear the cost of replacing the contents of the kit after use. Replacement of items in the drug kit is typically cited as a reason for establishment of group enterprises and linkages with I-LIFE supported economic activities are important in this regard. CHBC are referred to the MoH for procurement of items in the kit to ensure best quality and cost.

Technical issues of support groups and CHBC:

Mid-term findings and recommendations on these elements of the I-LIFE program were limited. They emphasized the need for a stronger nutrition component in the activities of CHBC groups with PLHIV in place of the focus on ‘positive living’ and more attention to feeding issues arising out of PMTCT and to program integration broadly. New concerns arose shortly after the MTE, and these are addressed below.

With assistance from I-LIFE, CHBC have strengthened links with the MoH, including the establishment of protocols for cross referrals and mutual monitoring of patients. With increasing numbers of chronically ill PLHIV now taking anti-retroviral drugs (ARV), the numbers of bedridden have declined significantly.⁴⁶ At the same time, other chronic illnesses within the range of activities of CHBC, particularly care of TB patients on Directly Observed

⁴⁵ The national protocols list antibiotics and other prescription drugs in the inventory of CHBC kits, but groups interviewed in the field reported that they did not dispense these. Kits seen during the evaluation did not include them.

⁴⁶ Médecins sans Frontières (MSF), who administer all Anti-Retroviral Therapy in one I-LIFE district on behalf of the MOH, reported that out of 13,000 PLHIV on their rolls, of whom 7000 were receiving ARVs, only 22 were classified as bedridden.

Therapy⁴⁷ but also including illnesses of aging such as hypertension as well as diabetes, epilepsy and cancer, place new demands on group members.

With anticipation of access to significant grants from the National AIDS Commission, support to CHBC has been more closely linked to SO3. These grants also place new demands on group members, who require skills in business development and management. The number, size and capacities of both support and CHBC groups have increased exponentially since the start of the program, while the changing situation in relation to treatment of AIDS has greatly affected the role of CHBC groups.

Meeting targets:

Progress in meeting targets for these interventions has been tracked primarily through monitoring data. No questions on HIV were included in surveys, and the IPTT included only one indicator relating specifically to these target groups, under IR 2.1: “Average number of 6 recommended food groups consumed by target group.” The discussion of the effectiveness of program interventions under IR 2.1 will refer to qualitative and monitoring data.

Annual program reports showed an increase from 81 in FY05 to 932 CHBC providers trained in providing “CHBC services”. In FY08, an additional 1500 CHBC providers were trained in “positive living services”. Over 4500 individuals were estimated to have received CHBC services; the actual number is likely to be much higher. In FY08 it was reported that palliative care had been provided to over 8200 PLHIV, with over 600 group members newly trained, and 58 CHBC groups provided assistance with institutional capacity building.

Almost 31,000 people were reported to have been reached with HIV/AIDS prevention messages, many delivered at food distribution points. Dissemination of messages on HIV and AIDS has been strengthened through I-LIFE’s alliance with the Bridge Project, a health information communications project of Johns Hopkins University which provides a wide range of teaching materials through the Hope Kit, the ‘model male’ [Bambo Wachitsanzo] kit and a newly introduced “Have a Healthy Baby Kit” designed to address PMTCT. Volunteers rely heavily on these teaching aids, which include numerous easily learned small group activities in the local language, Chichewa. Training and dissemination of prevention messages stressing abstinence and being faithful are encompassed in I-LIFE’s funding under the President’s Emergency Program for AIDS Relief (PEPFAR).

While the acquisition of significant funding by CHBC and some support groups is undoubtedly an achievement, it carries risk in relation to the burden of managing high levels of resources with limited external support. Two concerns arise out of this; support groups may be transformed into service providers for OVC and other programs; and they may initiate enterprises with inadequate training to maximize chances of profitability.⁴⁸ While NAC does train groups on enterprise development, ongoing support is not provided. This is discussed further in Section 4.0 below.

The traditional CHBC approach, developed in response to a situation in the early 1990s where palliative care was the only option for assisting PLHIV, is now evolving. At the same time, additional activities have been added to the work of CHBC, notably through the

⁴⁷ DOTS, as this is called, requires a ‘guardian’ who observes the patient taking medication every day. Several CHBC members indicated that they were also guardians. This is critical as about 70% of TB patients in Malawi are HIV+; CHBC members indicated that many TB positive patients will not go for HCT.

⁴⁸ One group interviewed had invested in a maize mill with NAC grant funds. When the engine broke down, no resources were available for repairs, as they had budgeted only for maintenance. They were waiting for another grant to initiate a different activity.

introduction of large scale funding both of direct assistance to OVCs, administered by CHBC members, and of income generating activities – small scale group enterprises. In two I-LIFE districts, groups have been funded by NAC, providing them with much larger resources – up to 7.5 million MK – than they would normally be managing. In FY08 it was provisionally reported that 16 support groups and 8 CBHC had received NAC funds.

3.3.2 Safety Net Rations:

Brief description of interventions and implementation progress:

A commodity-based ‘safety net’ providing a ration of 50 kg. cereal (maize)⁴⁹, 5 kg. beans, 10 kg. CSB and 3.674 kg of oil was established in FY2005 and maintained throughout the life of the program. Beneficiary numbers ranged from 8507 to the target number of 9552, and included CIs and households hosting OVCs.⁵⁰ Participation in this safety net was restricted to demographic groups defined as highly vulnerable; they were expected to ‘graduate’ from the program after a maximum of 15 months, when it was thought they would, with simultaneous participation in economic activities, achieve reasonable health and be economically self sufficient. Other highly vulnerable households such as the landless and single mothers with large families have not been protected by the safety net. Selection of food aid beneficiaries was carried out by community groups/ chiefs in line with guidelines provided by I-LIFE staff.⁵¹ Numbers of ‘graduates’ were not available; field discussions with CIs indicated that 10 – 20% of those present had graduated.

Several verification processes are in effect to ensure that commodities reach households on beneficiary lists. These are carried out, both at distribution points and through post-distribution monitoring of a sample of households. In an effort to assess the effectiveness of the commodity-based ‘safety net’, a rapid survey using LQAS was carried out in August of 2008.⁵²

Technical issues of safety net rations:

Mid-term findings and recommendations: The MTE recommended the introduction of a tool for use in food security assessment in conjunction with other eligibility criteria, and stressed the need for careful attention to finalizing exit strategies and to determining a method for monitoring the status of food aid ‘graduates’. During field work, virtually all respondents receiving food aid indicated that they were chronically ill or heads of households caring for orphans. Some, while fitting these criteria, appeared to be both in good health and on a sound economic footing,⁵³ while others showed signs of significant ongoing need.⁵⁴ In two districts partners mentioned that commodity recipients had included less vulnerable individuals, some of whom were removed from the rolls; the rapid survey suggested that agency standards for inclusion varied among I-LIFE partners. In one district, a partnership on food aid established

⁴⁹ This ration was reduced to 25 kgs in FY07, following a bumper harvest.

⁵⁰ See Annex 6 for a table showing commodities distributed during the LOP (excluding FFW rations).

⁵¹ Targeting criteria for food rations, as summarized in “I-LIFE Targeting Criteria Guidelines” [FY06], include HHs hosting CI, OVC or members receiving TB treatment or ARVs. The MTE reported a wider range of criteria, some more specific [e.g. “female headed households keeping two or more orphans who have lost one parent.”]

⁵² Combinations of criteria were used to create ‘decision rules’ used to assess whether partners had achieved an adequate level of accuracy in targeting. The proportions of households reporting their own needs included 48% hosting orphans, 16% with HIV and 38% chronically ill. Categories tested in survey analysis included both food insecure and households with a malnourished child.

⁵³ One support group reported that they were contributing 100 MK/ week to their VS&L. This figure would put them in the higher economic bracket among VS&L members.

⁵⁴ One example was a group of elderly women caring for up to six orphaned grandchildren each.

between I-LIFE and MSF, led to the adoption of clear medical criteria for assessing food aid needs of patients on ARVs.⁵⁵

Specific strengths of support to vulnerable households:

- I-LIFE has effectively supported the establishment of Community Home Based Care and Support Groups throughout program areas; these groups adhere to national standards and protocols.
- Groups have received material support from I-LIFE and have been linked to national-level training programs.
- Through I-LIFE capacity building initiatives, CHBC have been registered with Community Based Organizations under VDCs and have successfully applied for grants through NAC.
- Close collaboration with the MoH has been established and sustained, including referral and training relationships.
- Large scale HIV/AIDS prevention activities have been established and are being supported through complementary funding from PEPFAR.
- Groups have shown flexibility in meeting CHBC needs of patients with a wide range of chronic illnesses.

Specific challenges to support vulnerable households:

- Maintenance of drug kits will require resource inputs after I-LIFE phases out.
- CHBC are challenged to meet a wide range of care needs, some, such as TB ‘guardianship’, requiring considerable time commitments.
- CHBC will need strengthened business and financial management skills to deal with the amounts of funding being made available to them.
- Safety net rations require a flexible targeting mechanism, able to adapt to the changing needs among CIs and other vulnerable populations.

SO2 Recommendations:

1. New programs should plan for the full ‘Care Group’ approach, ensuring that time is allocated to complete all child health modules.
2. Examine the feasibility of implementing Community Based Integrated Management of Childhood Illnesses [C-IMCI] among HSAs and other appropriate cadres of health providers in the program area, with a view to ensuring that all key skills are transferred to Lead Parents for introduction to beneficiary households.
3. Identify an array of standard indicators, preferably based on those in use in child survival and water and sanitation programming, to assess the behavioral impact of interventions in child health and nutrition. Ensure that these are used consistently throughout the life of any new program.
4. Provide resources for barrier studies and other special studies to enable any new program to identify constraints on behavior change. Develop a reporting system to capture and utilize all survey data relevant to behavior change in any new program.
5. Re-evaluate the roles of CHBC and support groups with a view to determining the most relevant types of capacity building assistance to these groups.
6. Participate in national discussions of the changing role of CHBC.
7. Develop targeting criteria based on medical and social evaluation of recipients in any new commodity program; build in periodic review participants to determine appropriateness of

⁵⁵ After determining that many patients receiving commodities were becoming dependent, while not in great need as defined by MSF criteria, agreement was reached with I-LIFE to evaluate patients on ARVs using BMI. Those < 17.5 cms. received adult rations of Plumpynut, a highly enriched supplementary food; at 17.5 they ‘graduated’ to I-LIFE rations and at 18.5 were considered to be recovering without need of further supplementary food.

graduation, keeping in mind that some Malawi households will not be able to subsist without food aid.

8. Continue to collaborate with partners such as Bridge and NAPHAM on prevention activities; expand youth based activities and actively seek new venues for dissemination. If feasible, develop monitoring systems to assess the effectiveness of information dissemination on HIV and AIDS.

4.0 SO3: Capacity of community and district institutions to protect and enhance food security is improved

This SO is supported by two Intermediate Results:

IR 3.1: Improved district and community accountability, transparency and effectiveness

IR 3.1: Enhanced capacity of civil society to sustain development process

Brief description of interventions

This SO arose out of the need to nurture civil society organizations – critical to the achievement of improved food security - and to balance the centralizing tendencies of a local political system in which traditional leaders have continued to play a major role in order to achieve the I-LIFE food security objectives. Concern about the capture of resources made available through the new de-centralization program of the Malawi Government by traditional elites and their clients at the expense of the highly vulnerable, was expressed in the I-LIFE DAP. The facilitation of new structures to strengthen civil society was seen as a key strategy to support activities under SO1 and SO2 targeted at the vulnerable. Activities under SO3 were initially intended to engage with the District Assembly, establishing MOUs and then move down through replication to Area Development (TA) and Village Development Committee (GVH) levels, with civil society structures to be established at each level. By the time of the Mid-Term Evaluation, it was clear that engagement at district level would be difficult and the focus of group development remained at lower levels.



Community map

Civil society organizations expected to work directly with the local administration were focused at Group Village Headman level, while functional groups, which eventually included a wide range of economic and social activities, were developed both at village and GVH levels. Other activities, including community mapping and problem analysis exercises, were to provide the information needed for collaboration among these diverse interests on planning and budgeting. Several tools were identified for use in developing and assessing capacities of these groups. The Community Scorecard, a tool intended for use in measuring the service

delivery performance of the Government of Malawi, was adapted instead for use in measuring the effectiveness of I-LIFE's activities. As such, introduction of the tool was delayed until activities were launched and could be evaluated. Two other key tools, the Food Security Community Capacity Index (FSCCI) and the Civil Society Index (CSI) and were incorporated into performance management, through the use of the FSCCI score under SO3, as a summative measure of capacities to protect and enhance food security, and of the CSI under IR3.2: *Enhanced capacity of civil society to sustain [the] development process*. The entire process was seen as one method for ensuring the inclusion of the most vulnerable households in activities implemented under SO1 and SO2.

The Mid-Term Evaluation team found a large number and range of committees in place. These are discussed in detail in the sections relating to SO1 and SO2, and include water users committees, village health committees, marketing groups, Community Home Based Care and support groups, and village savings and loan associations, among others. The focus of group development and capacity building had moved from the district to the GVH and village levels, with the establishment of 'Umbrella Community Based Organizations' (UCBOs), composed of members representing the wide range of functional groups established in the program. These groups had been trained by I-LIFE in a range of skills, including group dynamics and leadership, conflict resolution, proposal writing, use of the scorecard, and advocacy. Some were engaging jointly with VDCs to request assistance through the Malawi Social Action Fund (MASAF)⁵⁶. The MTE recommended focus of future advocacy efforts on five key areas including: access to agricultural inputs and loans for agricultural activity, land tenure issues, and access to health and nutrition supplies.

Implementation progress and achievement of results

At the MTE, three tools for measuring progress were in active use. The Food Security Community Capacity Index (FSCCI), also used in the IPTT, is a multi-dimensional scale measuring the capacity of community groups on 7 variables: community organization, participation, transparency of management, good internal functioning, capacity to analyze and plan, capacity to take action, communication with outsiders, and individual capacity. Each dimension is self rated by the participating organization on a scale of 0 – 5. The application of this tool at district level, in line with IR 3.1: *Improved district and community accountability, transparency and effectiveness* was eliminated as it was found that I-LIFE activities were not targeted at district level. The Civil Society Index (CSI), also a part of performance monitoring through its use to measure IR 3.2, had been used twice. It was described as “a sophisticated tool that uses industry accepted categories and indicators” to measure civil society participation and strength. Like the FSCCI, it is based on (subjective) self-ratings, derived through focus group discussions with functional groups. Problems with the Community Scorecard, as noted above, were identified during the MTE; in particular, UCBO members found the implementation challenging. Questions were also raised about its appropriateness for use by the VDC who were, in fact, being evaluated through this instrument. In order to accelerate the pace of implementation, the MTE recommended the hiring of dedicated SO3 coordinators in each PVO, in part to strengthen implementation of the CSI.

⁵⁶ MASAF, the Malawi Social Action Fund, is a World Bank funded initiative focused on vulnerable groups and intended to improve their access to basic services and loan capital, to provide cash transfers to them and to develop capacities of these groups. MASAF has been funded in three phases: 1995 – 1999; 1999-2003; 2003 – 2015, the current phase. The initial phases were funded at \$56 million and \$66 million. Figures for the current phase were not available.

Technical issues of support groups and CHBC

Mid-term findings and recommendations: The MTE recommended focus of future advocacy efforts on five key areas including: access to agricultural inputs and loans for agricultural activity, land tenure issues, and access to health and nutrition supplies. The need for a full-time Technical Lead was another among several recommendations. Following frequent changes in leadership, both at PMU and district level, a full time Team Leader for SO3 was appointed in the 4th quarter of FY06. All I-LIFE PVOs had SO3 coordinators at the time of the final evaluation. This has made it possible to consolidate capacity building efforts and to follow through with monitoring. The focus of activity has become the GVH level, where planning is done by the local administration through the VDC. Field visits showed a strong interest and capacity for basic planning and advocacy activities among I-LIFE participants.⁵⁷ The synergies between SO3 activities and those of SOs 1 and 2 were evident in the application of planning and advocacy skills. Benefits of planning included increases in group sizes and in activity levels as shown, for example, by scaling up of amounts saved among VSL.

Dissemination of these skills has been promoted through the establishment of ‘model sites’ with emphasis on capacity building among local functional groups: WUC, Care Groups, VSL and marketing groups (‘saturation’) and focus on strengthening relationships with VDC. Training at these sites is observed by representatives of all other PVOs to ensure a ‘hands on’ perspective. Training has also been undertaken by non I-LIFE agencies. NICE, the National Initiative on Civic Education⁵⁸ and NAC, the National AIDS Commission trains grantees in a similar range of skills: proposal development, planning, financial management and monitoring. Since the MTE, activities under SO3 have been simplified, with greater focus on development and strengthening of Village Umbrella Committees, the former Umbrella CBOs.⁵⁹ Training has emphasized practical skills, notably participatory planning, monitoring and evaluation and advocacy, as well as elements of good governance, particularly proposal writing.

Meeting Targets:

Achievement of targets is measured through two tools, the FSCCI and the CSI. Scoring on both instruments in use to track performance is somewhat subjective, as no benchmarks are given for indicators. FSCCI scores were reviewed for one PVO, based on rating of 21 VUCs in the program area. The overall score for this partner, 71.5%, was higher than the aggregate score for all I-LIFE partners of 63; it reflected varying performance on different dimensions. Weakest were scores on capacities for taking action and internal functioning. Strongest were transparency of management, participation and planning skills. The latter two scores probably reflect the very strong emphasis, since the MTE, on training in participatory planning, monitoring and evaluation (PPM&E). The CSI was not reviewed in-depth during the final evaluation. Results of CSI self-rankings show steady progress in numerical terms, with an aggregate score of 80, exceeding the target of 78. It was not possible during the final evaluation to determine the absolute values used to determine these targets.

⁵⁷ In one location, for example, following training in advocacy the chairman of a water users’ association visited the District offices with a petition requesting more equitable fertilizer allocations. The group had passed this request through the TA before moving to district level.

⁵⁸ This is an EU initiative founded with the GoM in 1999 to support civic education which now provides grants for activities such as small scale irrigation and small enterprise following a community based process of problem identification and planning. See

http://www.unmalawi.org/nkhani_zathu/nk_aug07issue1_page10.html, accessed on 6/12/08.

⁵⁹ See Annex 7 for a diagram of key relationships among civil society organizations and the Malawi Government de-centralization structures and local administration.

End of year figures were not available, but by the end of the 3rd Quarter, 245 organizations had been trained in PPM&E. Almost 300 had developed monthly and annual plans and 181 were reported to be carrying out monitoring. I-LIFE was supporting 2011 CBOs, and there are undoubtedly others benefiting from capacity building indirectly, through, for example, training of members of Care Groups who are also members of VSL and are carrying on their own enterprises.

By the time of the final evaluation, 8 Community Home Based Care groups and 16 support groups for PLHIV in three districts had received funding from the National AIDS Commission. With the recent availability of significant amounts of funding from the Global Fund for AIDS, TB and Malaria granted by NAC to CBOs established at the GVH level by the local administration, the demand for competent partners working in HIV/AIDS has greatly increased. Through formal registration and affiliation with the GVH-level CBO, CHBCs and support groups become eligible for this funding, provided for direct support to OVCs and as seed capital for small enterprises (“IGAs”). While this represents a significant achievement, the management of large pools of resources poses new challenges to these community groups.

At the same time, two areas of concern were identified. The civil society organizations supported by I-LIFE: WUC, Care Groups, VSL, CHBC, marketing groups and others depend for effective functioning on strong and coherent local administration structures. Some of these, notably VDCs, are affected by internal conflicts, arising in part out of differing degrees of control by traditional authorities. I-LIFE partners reported having to manage interactions carefully to ensure smooth operations. Stronger VDC are better able to support civil society activities. Approvals of new initiatives at District level depend on endorsement at lower levels. Grant proposals are submitted by the CBO with CHBC acting as ‘technical arms’.

A second challenge relates to the new funding environment. With the availability of significant grants – up to 2.8 million MK [\$20,000] in one case, to provide basic supplies to OVC – community groups require significant capacities and support in financial management. While small business development grants provide new opportunities, they pose risks if strong and consistent technical support is not available. This may fall on the PVO sponsor of the grantee. In one case reported during the evaluation, a MASAF-funded small enterprise had failed after one year, leaving the CHBC group with no resources.

SO3 Recommendations:

1. Capacity building should be integrated into the sectoral objectives of new programs rather than being a separate strategic objective
2. Design of activities to develop group capacities in any new program should be preceded by an analysis including the following elements:
 - a. Number and types of groups in need of capacity support
 - b. Levels of training **in specific technical areas** already in place and alternative sources of training: NAC, NICE, NAPHAM, Agricane, etc.
 - c. Sources of funding available to groups
 - d. Priorities of groups for training activities
3. Sustainability plans for newly acquired skills should be developed before skills training
4. Changes in these conditions during the life of any new project should be carefully monitored.

5.0 Cross Cutting Issues

5.1 Management and technical support

The management structure of I-LIFE was subject to detailed review during the MTE in May 2007. Problems were identified prior to the MTE and changes were being put in place; these were endorsed by the MTE. The final evaluation found that these changes, initiated at the beginning of FY07, have had a positive effect in raising the efficiency and effectiveness of I-LIFE's implementation. In particular, the bringing together of the majority of the technical leads at the PMU has improved the technical direction of the component parts of the program and their integration. The evaluators were aware of high levels of motivation among PMU and PVO partner staff and a sense of pride in their work and achievements. The management of the program is to be congratulated in instilling a culture of quality in project implementation at all levels.

As can be appreciated by review of I-LIFE staffing patterns (Annex 8), in certain areas the program has had a problem of staff turnover which has affected the quality of implementation. Technical areas with the greatest continuity in staffing and the presence of a competent Technical Lead and/or technical support from consultants have performed better than those with intermittent leadership. Of particular note have been the achievements in irrigation and VSL, which are likely to last beyond the life of the program. As has been commented in the section on SO1, the absence of a high level Technical Lead in agriculture throughout virtually the whole life of the program has resulted in a lower than expected performance of this area. A program whose major thrust is on increasing agricultural production and incomes derived from agricultural activities should have a dedicated senior person to provide technical leadership in the area⁶⁰.

The importance placed by I-LIFE on M&E would have merited hiring a qualified person in the position of M&E Technical Lead from the outset instead of waiting until FY08, three years into the program. Similarly, I-LIFE could have benefited more from the process of internal learning and change that has been achieved had there been a dedicated communications manager from program inception.

5.2 Finance

I-LIFE financial management systems evolved in response to needs of individual partners and to recommendations made during the Mid-Term Evaluation. With the devolution of full management responsibility onto CRS, financial systems were streamlined to facilitate disbursements. Support to PVO members, provided through two Grants Accounting Officers, has been a key feature of this department. Following an initial period of training of each partner, follow up has been carried out through quarterly visits to each partner lasting up to five days, in which mentoring and training are done in the field. In order to facilitate preparation of accounts, PVO partners have continued to use the software and accounting systems in place in their respective agencies. Accounts are transmitted to the PMU in Excel and final reports are generated by the Finance Office in Sun, the software used by CRS and several larger partners. Capacity has been built up through this 'hands on' approach.

⁶⁰ The evaluators were informed of the efforts that I-LIFE management made to hire the SO1 TL: 1) preference was given to hiring a national staff person because it was believed that it would be possible to find someone with the key competencies; 2) the option of a third Agricare staff providing the desired services was attempted, but this did not work out as planned due to time constraints; 3) prior to the MTE WVI hired a TL, who resigned within a short period; (4) following the MTE WVI tried to replace the TL with an international candidate, but that did not succeed either.

5.3 Monitoring and Evaluation

I-LIFE has developed a comprehensive monitoring and evaluation system, in which monitoring data from partner PVOs is generated regularly and consistently, with provision for regular data quality checks and frequent feedback to field managers at program and sector level. I-LIFE has undertaken four sample surveys, two of which meet USAID criteria for baseline and end of project data collection. Elements of the system are briefly reviewed below, with some comments on challenges faced.

5.3.1 Planning and Target Setting:

This has been done through an annual workshop process managed by the Technical Leads based in the PMU in the last quarter of the year, and results in an annual Detailed Implementation Plan (DIP). The process includes review of program plans and of the previous year's results. In the first year of program activity, Country Directors were asked to ratify these plans to ensure accountability and transparency; in subsequent years targets were set by TLs working with their respective Technical Working Groups, representing all PVO members and in FY06 key activity templates were introduced allow for timelines and allocation of responsibility for each activity. Targeting for specific USG reporting requirements - the SAPQ and the OP Indicators required under the 'F' process- is done separately by senior management.

5.3.2 Monitoring and Reporting:

Monitoring is done at both the PVO/ district and central levels. An Indicator Tracking Table (ITT) was developed for internal use, allowing for data collection on a uniform set of over 60 indicators at district level which are rolled up to a central PMU ITT. Results are compiled by each partner PVO and entered on standardized spreadsheets including formulas to check for accuracy of data. These are compiled and reviewed quarterly. Each PVO generates a quarterly progress report and all participate in a quarterly review meeting.

I-LIFE generates internal reports as well as those required by USAID. These include the following:

- Semi-annual descriptive report based on ITT monitoring
- Annual Results Report for USAID ("CSR2")
- Quarterly reporting by PVOs
- Annual reporting on Indicator Tracking Table [ITT]

In addition, I-LIFE staff report on activities achieved through complementary funding in the RIPE (OFDA-funded) and PEPFAR programs.

5.3.3 M&E Staffing:

M&E central staffing varied over time for the first 2.5 years of I-LIFE, up to the time of the MTE. Technical leadership was based on shared responsibility, including senior staff from CARE and CRS with support from each agency's in house M&E lead. A Communications Manager, hired in the first quarter of FY07, took on much of the report writing, with assistance from one Program Officer and TWG leadership by CARE and CRS. In the first quarter of FY08 an M&E Technical Lead with extensive survey experience was recruited to the PMU and the Communications Manager handed over all technical support of M&E activities to him. A middle level M&E Officer also supported this function from the time of the MTE until the end of FY08, when he left I-LIFE. All PVOs have had M&E Officers and most also have data entry staff to support both M&E and commodities program needs.

5.3.4 Household Surveys and Management of the IPTT:

The IPTT, which includes all key indicators at results and objective levels in the program, was developed early in I-LIFE by consultants who were tasked with proposal development. It has been modified repeatedly through adjustment of targets to reflect new survey findings or, in the case of child nutrition, to also take account of a changed operating environment in which program achievements were expected to be lower than predicted. Several indicators in the IPTT, while useful for USAID reporting, were of limited use to program staff or were inconsistently defined, limiting their usefulness. The MTE proposed a large number of revisions which would have had the effect of ‘fine tuning’ these indicators and adding others. Most of these changes have not been operationalized.

5.3.5 Challenges to Effective M&E:

Three areas of concern were identified during the evaluation:

- **Fragmented staffing:** The lack of a full-time dedicated Technical Lead in monitoring and evaluation based in the PMU during the first three years of I-LIFE led to a situation of weak ‘ownership’ of key instruments, particularly the IPTT. While revisions have been made some indicators still have limited relevance to understanding the progress of key program interventions.
- **Inconsistent survey work:** Household surveys, discussed in Section 1.3.3, have followed inconsistent sampling methodologies and have used different questionnaires. This has limited their usefulness as tools for program development. Changes in wording of questions as well as in sampling frames and methodologies have made it difficult to interpret trends. Nutrition data made available during the final evaluation were limited and lacked confidence intervals.
- **Focus on numerical targets rather than in-depth understanding of process:** Data collection, while following correct survey protocols, has tended to focus on fulfilling USAID reporting requirements at the expense of increased understanding of underlying factors explaining program progress and limitations. This is shown in two ways:
 - **Failure to use survey data effectively:** the potential of secondary analysis of survey variables to shed light on monitoring results has not been realized. Due to the pressures of required reporting, very little has been done in this area.
 - **Limited use of specialized and barrier studies:** Some specialized studies in commodity targeting and nutrition have been done, but this may represent a ‘missed opportunity’ for better understanding of underlying factors in program development.

In any future program, it is recommended that staffing be consistent, with a ‘goal owner’ for all program M&E activities and sufficient authority to ensure that procedures and methods are followed consistently. There is a need to define areas of interest and resources to support additional research/ special studies at the start of any new program. These may include such topics as improved understanding of vulnerability, barriers to behavior change and analysis of small scale economic activity.

5.4 Learning and knowledge sharing

The fostering of a learning and knowledge sharing environment is considered by the PMU to be a significant achievement of the I-LIFE program and a major contribution to the success of the consortium model. The strategies that have contributed to the establishment of a learning and knowledge culture within the program and some of the factors that had to be overcome are presented in Annex 10.

The evaluators in their visits to the field were able to hear first hand from partner PVO personnel and participants in the communities visited of the value of sharing experiences

through the regular meetings of the Technical Working Groups and the cross-site exchange visits. This was evident in both technical aspects (e.g. irrigation) and the management aspects (e.g. the placing of implementing staff in the villages they serve) of the program. The one technical gap has been the absence of a TWG for agriculture-related activities where learning and sharing of experiences under the direction of a competent Technical Lead might have led to more innovative approaches to improving seed systems and developing the capacity of farmers to generate solutions to production constraints.

With respect to communication beyond the consortium, much less has been achieved. I-LIFE has not established an Internet web page as a means of providing access to the program's results and good practice that would have been of use to many other agricultural and rural development practitioners. It would also have been an excellent means of communicating with I-LIFE's different stakeholder groups. In four years only two newsletters have been produced. Their content was of high quality and informative. Although the PMU was expected to establish a resource center to foster learning and sharing through the production of newsletters, success stories and other resource materials, this never materialized. In FY06 an M&E and Communications Manager was hired. The different set of skills required for M&E and Communications, and the amount of work required for both areas, led to both areas being poorly served.

A development program of the magnitude of I-LIFE should perform better in information and communications management. There is unfinished work from now until the program closes to ensure that the richness of the very significant successes and good practices are adequately documented and placed in the public domain. The evaluators recommend that resources are assigned to ensure that this happens, which will require the hiring of short-term support of a communications specialist.

6.0 Recommendations:

Cross Cutting Recommendations

These relate broadly to planning and implementation of a new program. Sector-specific recommendations appear within the evaluation report. Both types of recommendations are based on observations made during the evaluation related to the effectiveness of I-LIFE.

1. Program Planning and Development

- 1.1. Allow a planning ‘window’ to thoroughly examine local capacities for service delivery; design interventions to strengthen these capacities and/or fill identified gaps.
- 1.2. Plan with a vision of the level of social organization and capacities that will be needed by key groups [WUC, VSL, marketing groups, CHBC, etc.] at the close of the program; focus capacity building and technical support on the achievement of these levels.
- 1.3. During proposal preparation assess PVO partners’ tech competence in all key areas and identify appropriate external technical support needs; ensure that budgets include adequate resources for dedicated technical support leads in a program technical/management unit.

2. Program Implementation

- 2.1. Carry out a full agro-economic analysis of target areas using participatory methods; incorporate findings into program design and create district profiles for use throughout the LOP
- 2.2. Design exit strategies in first year of the project, based on assessment of expectations for local service support structures at project hand over.
- 2.3. Program implementation should be based on a model of participatory community entry and assessment using PRA or another similar method. Results should be documented as a qualitative support to formal baseline studies.
- 2.4. The communication function should be fully staffed and adequately funded, ensuring technical expertise in external relationships and in internal communication; tasks such as development of ‘community friendly’ basic training materials should also be undertaken by this office.
- 2.5. The program should employ a dedicated and well-qualified M&E manager throughout the life of the project; close collaboration on M&E activities between technical staff and the M&E Manager are essential to ensure the generation and effective use of high quality data.
- 2.6. Project staff should live as close to the area of work as is feasible: for example, community facilitators in villages; community agents within the GVH; sector coordinators in a central location within the program area; program managers, if resident outside the program area, should ensure that they stay on site Monday - Thursday.
- 2.7. The program should instill a culture of quality, with a team approach to achieving integration of program interventions; quality and depth in planning and implementation should not be sacrificed under pressure to meet targets set before a comprehensive understanding of the situation on-the-ground has been developed.