



**ENTERPRISE DEVELOPMENT SERVICES  
LTD**

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Sierra Leone

August 3, 2009

**Project Report**  
**FINAL EVALUATION**  
**FOR THE**  
**LIVELIHOOD ENHANCEMENT AND ASSET DEVELOPMENT (LEAD) PROGRAM**

**1. INTRODUCTION**

**1.1 Program Objectives:**

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

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

**1.2. Program Location and Activities**

The LEAD program is operational in the following areas:

District	Chiefdoms	CORAD Member
Koinadugu	Wara Wara Yagala, Sengbe & Kabala Town	CARE
	Diang, Neini, Mongo, Sulima	CRS
Kono	Sandor, Gbane Kandor, Lei, Soa, Gbense, Gbane,	World Vision

	Mafindor, Fiama, Tankoro & Koidu Town	
Kailahun	Upper Bambara, Peje West, Peje Bongre, Yawei, Penguia	CRS
	Jawie, Mandu, Njalahun, Malema, Dia & Kailahun Town	Africare
Tonkolili	Gbonkolenken, Tane, Kholifa Rowalla, Magburaka Town	CARE
Kenema	Kenema Town	CRS
Bombali	Makeni Town	CARE

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

Program interventions include:

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

### **1.3 Evaluation Objectives:**

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

The primary objectives of the evaluation include:

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

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

## **2. STUDY APPROACH AND METHODOLOGY**

In conducting the final evaluation, Enterprise Development Services (EDS) used quantitative and qualitative methods to generate data that shed light on the results of the program.

### **Population-based Household Survey**

Respondents were selected at random from the population in the communities/towns served by the LEAD program. A questionnaire was designed and used to collect information on the population-based indicators, including anthropometric measurements, for comparison with data collected in the baseline survey (see Annex 1). The questionnaire was a simplified version of that used in the baseline survey. With an estimated total population size of 325,160 in LEAD program communities, over 422 questionnaires were administered (95% CI and 5% ME), including 10% allowance for non response.

### **Survey of Beneficiaries**

A random sample of beneficiaries of the program was selected and interviewed using a questionnaire that had different sections to collect data on different program activities (see Annex 1). LEAD beneficiaries participate in multiple activities, e.g. Farmer Field School (FFS) members may also be members of Village and Savings (VS&L) groups or Micro Enterprise Development (MED) groups and may or may not benefit from Start-up Grants, etc.

Consequently, by using the population of beneficiaries available in the LEAD database to determine the sample size each individual in each activity has an equal chance of getting into the sample, implying that an individual may be selected more than once. The estimated sample size for a total beneficiary population of 82,476 activity/beneficiaries is 420 (95% CI and 5% ME) allowing for 10 % non response – over this number were interviewed in the beneficiary survey.

### **Focus Group & Key Informant Survey**

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

### **Data collection:**

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

## **3. ASSET OWNERSHIP**

As stated in the Baseline survey report, asset ownership is an important indicator of wealth and is a useful proxy for characterizing livelihood security of households. In Sierra Leone, the value of assets owned by rural households has been shown to correlate highly with other livelihood indicators, and to closely mimic qualitative wealth rankings.<sup>1</sup> In this survey the quality of housing materials give an indication of the wealth status of the households.

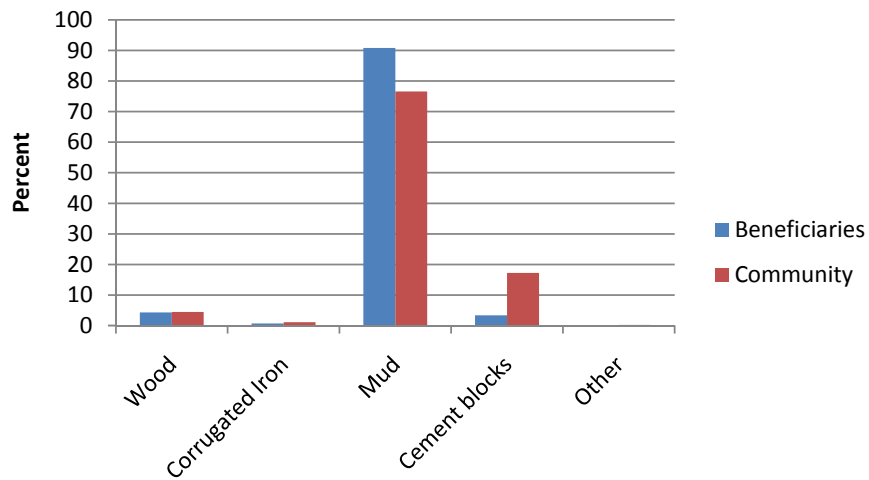
### **3.1 Make of Dwellings**

Figure A1 shows that mud walls are the most common form of walls of the dwellings of both households in the target community of LEAD as well as among beneficiary households. Corrugated iron sheets are the most common form of roofing material (Figure A2). The fact that the percentage of households with cement-block walls and corrugated iron sheet roofs is higher among the target population than among the beneficiary households indicate that the LEAD programme did succeed in targeting the less wealthy in the communities – one of its programme objectives.

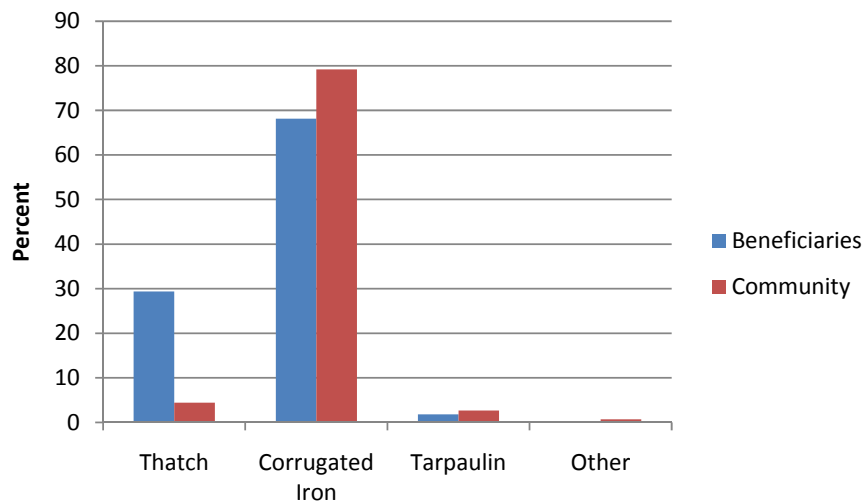
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<sup>1</sup> Statistics Sierra Leone: Sierra Leone Integrated Household Survey 2004

**Figure A1: Make of walls of dwellings on household**



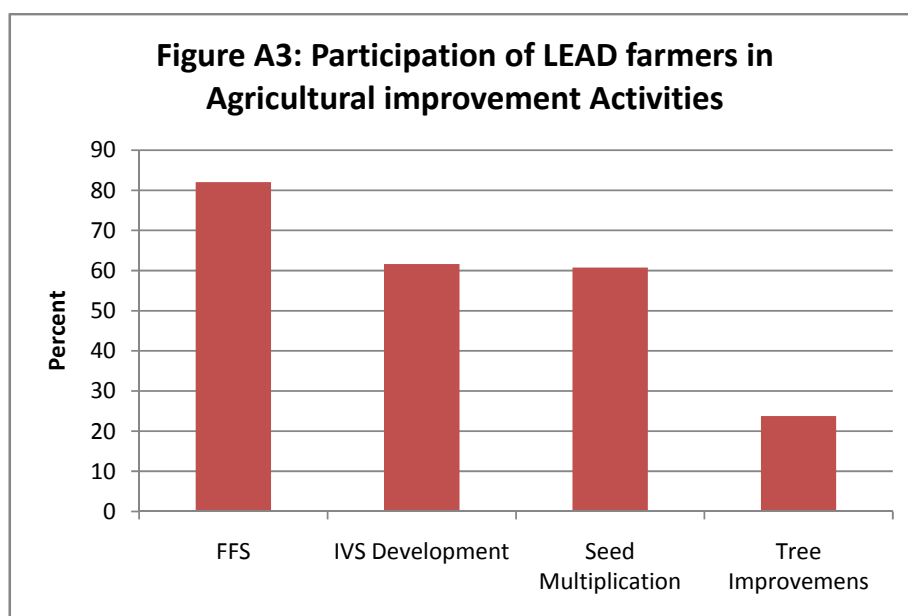
**Figure A2: Make of roofs of dwellings**



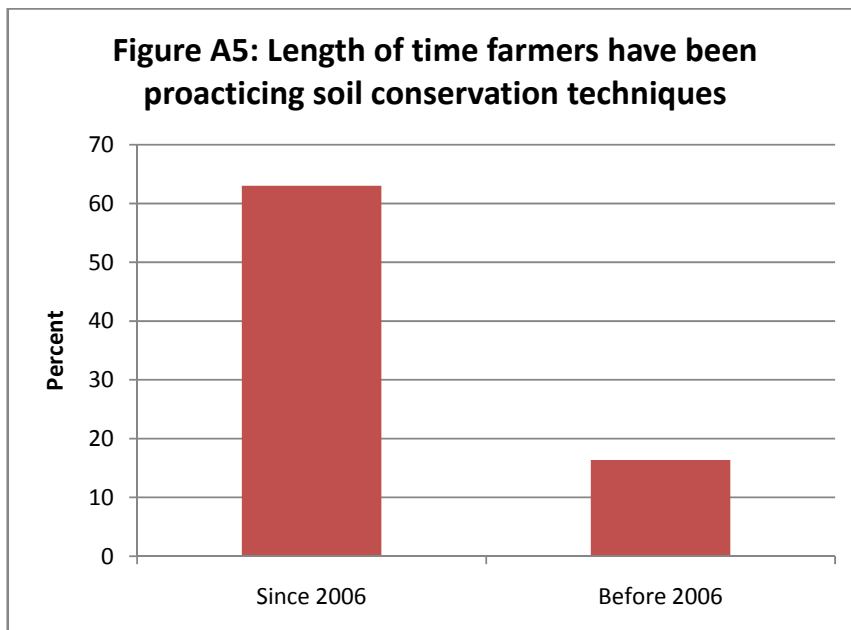
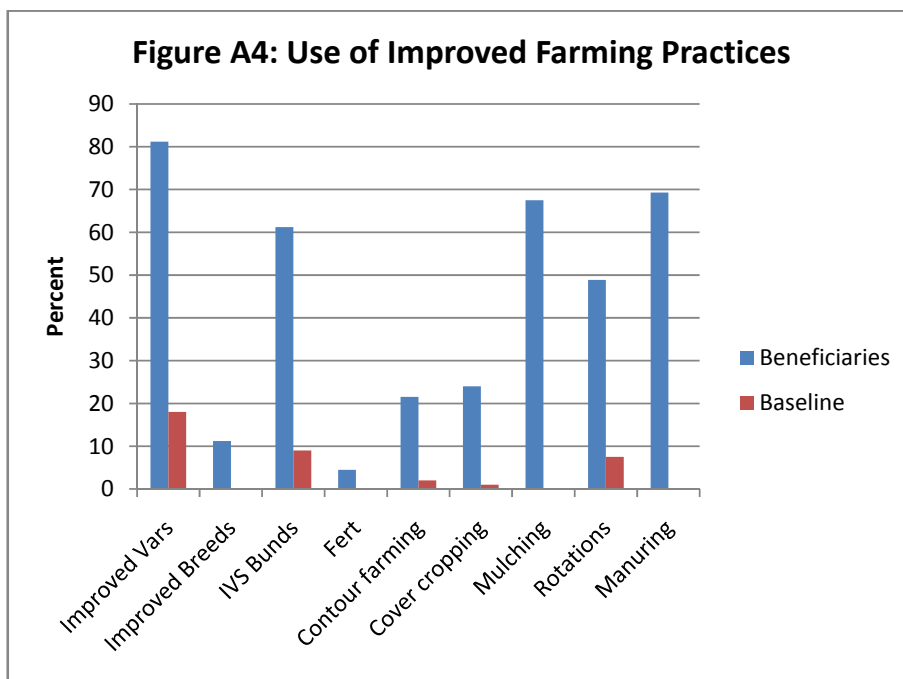
## 4. AGRICULTURE

### 4.1 Farmers Field Schools and Use of Improved Production Practices

One of the goals of the Farmers Field Schools (FFS) implemented by the LEAD programme was to train farmers in the use of new agricultural techniques that can help them to improve upon their farming performance. The baseline survey showed that only 13 percent of the total household heads interviewed were members of a FFS - a finding not regarded as surprising, as the Chiefdoms of LEAD were selected in part because of the lack of agricultural extension services. As expected, Figure A3 shows that participation rate is much higher – over 80%, among LEAD beneficiary households. About 60% of households also participated in Inland valley swamp (IVS) development and community seed multiplication activities, with a much lower proportion (about 22%) participating in tree crop improvement activities.



Of much more importance than participation of agricultural improvement activities is the proportion of farmers who actually adopt improved practices taught to them in FFS etc. Figure A4 shows that use of improved practices increased significantly among LEAD beneficiary households compared to the situation in the community during the baseline survey. Figure A5 confirms that the improved practices were learned mainly from LEAD, as only about 18% were practicing soil conservation techniques (contour farming, mulching, crop rotations and manuring before the onset of the LEAD programme.



## 4.2 Post Harvest Losses

One of the interventions of the LEAD agriculture programme was to help farmers reduce their post harvest losses. Figure A4 shows that the average percentage post harvest loss declined for all crops over the period of LEAD. The most significant declines were for rice and cassava. This is due to the fact that the proportion of farmers adopting loss prevention measures has increased. While about 57 percent of farmers reported undertaking no loss prevention method during the Baseline Survey, the proportion who adopted no measure

was much lower among the beneficiary farmers (Table A1) ranging from a low of 8 percent for upland rice to 48 percent for sweet potatoes.

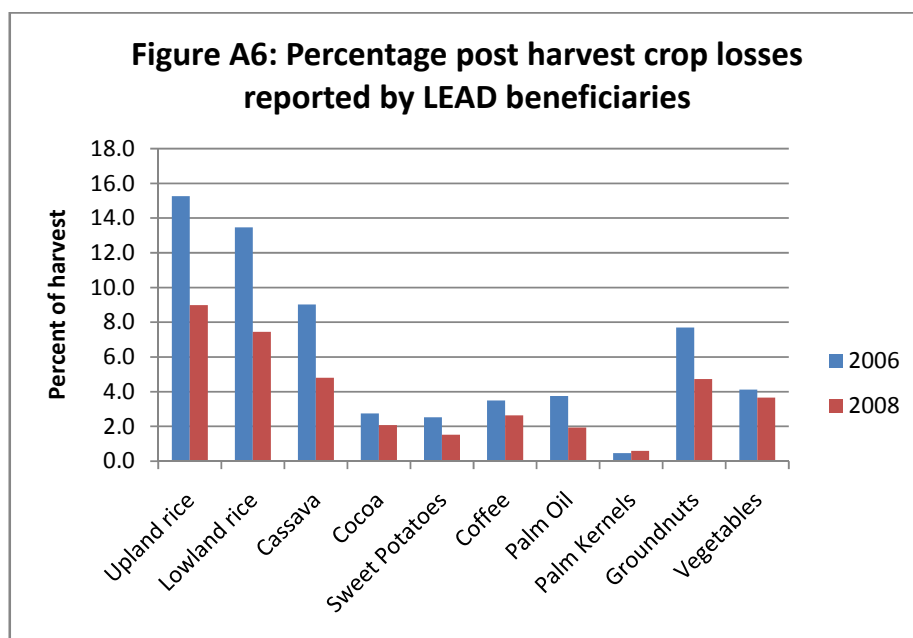
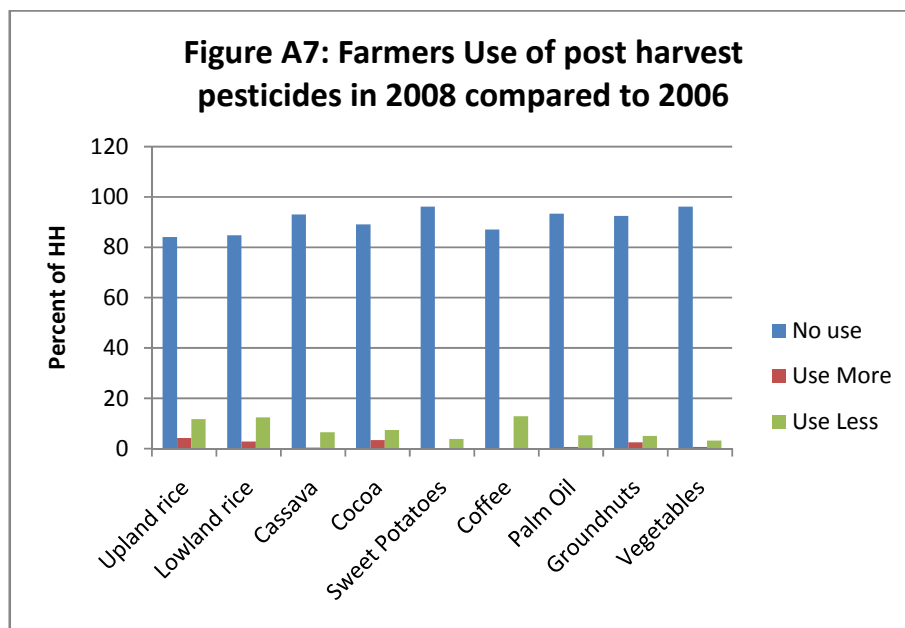


Table A1: Most Important Measure Adopted by Farmers to Reduce Post Harvest Losses in 2008 (percent of farmers)

	None	Drying Floor	Drying Mat	Improved Store	Wooden Boxes	Other
Upland rice	8	43	33	6	2	8
Lowland rice	9	39	38	7	1	7
Cassava	36	12	13	5	9	25
Cocoa	38	34	22	3	0	3
Sweet Potatoes	48	18	12	2	2	19
Coffee	36	38	19	2	1	3
Palm Oil	44	n.a.	n.a.	10	n.a.	39
Groundnuts	14	44	29	2	3	8
Vegetables	34	26	21	2	1	16
Baseline (2007)	57	5	7	10	5	16

The use of drying floors and mats were much higher among beneficiary households. This is an area of success of LEAD. Post harvest pesticides are not used much in Sierra Leone with over 80 percent of farmers not using any (Figure A7). The small proportion of beneficiary farmers who used them have reduced their usage over the three years of the LEAD programme. Furthermore, about 84 percent of beneficiary households reported taking

some measure to prevent negative environmental or health impact of their post harvest activities



### 4.3 Crop Production<sup>2</sup>

One of the main objectives of the LEAD programme was to increase household farm production. Table A2 shows that the proportion of beneficiary households cultivating both food and tree crops have increased during LEAD. Table A3 and Figure A8 show that crop production and productivity increased significantly among the beneficiaries. The biggest increases were for vegetables. Since output increases were always greater than acreage increases, except in the case of groundnuts, it is evident that the gains in productivity far outstrip and gains from acreage expansion. In fact crop area declined for many crops (Figure A8). Only for groundnuts does it appear that expansion of area and price increases are the main factors causing the increase in value of production.

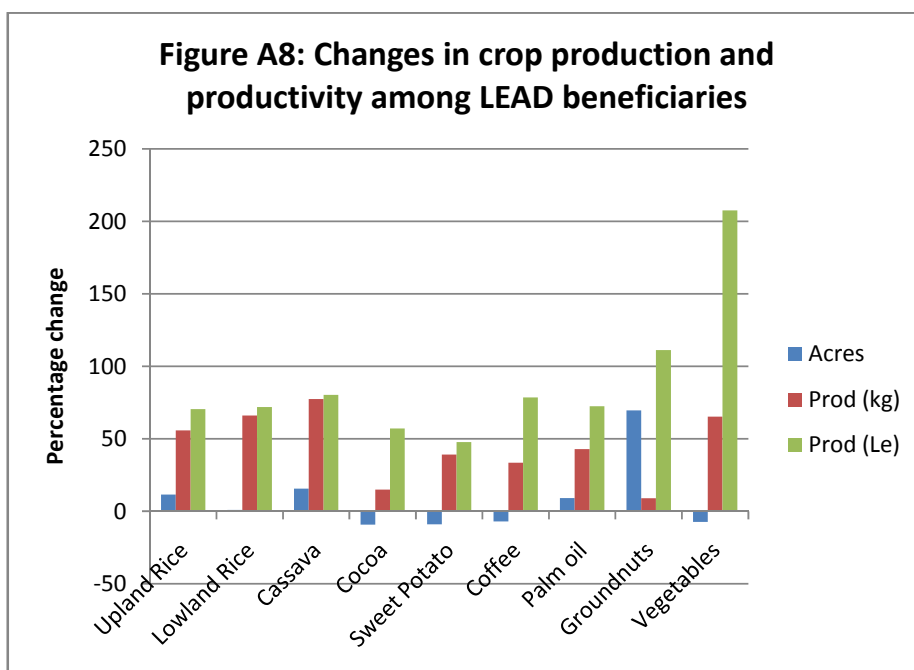
<sup>2</sup> **Methodology Note:** Because of lack of information on conversion factors used in converting local units of measure recorded during the Baseline, it is not possible to make direct comparisons between the Kg of output reported in the Baseline and those in this report. However, since the same conversion factors are used internally in this evaluation report comparisons between 2006 and 2008 figures are valid. But because of price changes, the values for production and sales in the two years need to be deflated by a price index to get a true picture of real changes in the value of farm production during the period of LEAD activity.

Table A2: Percentage of Households cultivating Main Food and Tree Crops

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

Table A3: Acreage and production of main food and tree crop by target community members

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



#### 4.4 Sale of Farm Produce

An important source of income for farmers, often the only source, is the sale of their farm produce. Table A4 shows that more of the beneficiary households made sales in 2008 than in 2006 and the proportion of the crop produced that was sold also increased except in the case of upland rice.

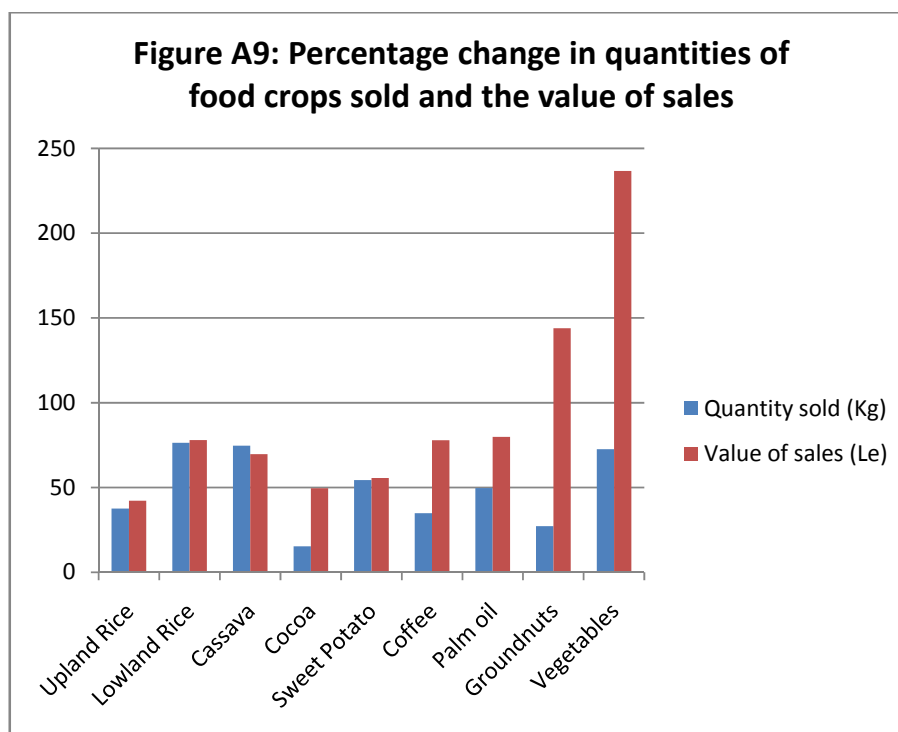
**Table A4: Percentage of beneficiary households making sales of food and tree crop products**

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

Tables A5 and Figure A9 show that the average quantities of food crops sold per household increased by a low of 27 percent for groundnuts to a high of about 75 percent for cassava, lowland rice and vegetable, the principal food crops targeted by LEAD. Figure A9 also illustrates the fact that there were additional gains from price increases for vegetables and groundnuts over the three year period resulting in much higher percentage increases in the value of sales compared to increases in quantities produced.

**Table A5: Sales of food and tree crops by beneficiary households**

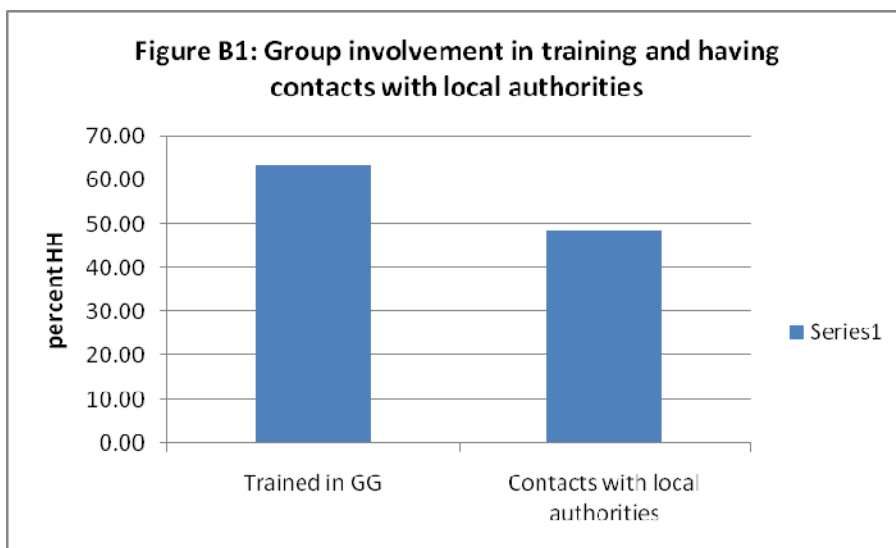
	2008		2006	
	Sales (kg)	Sales (Le)	Sales (kg)	Sales (Le)
Upland Rice	378.15	179,359	274.97	126,182
Lowland Rice	543.16	188,157	308.05	105,737
Cassava	3957.88	98,617	212.91	58,130
Cocoa	137.76	221,744	119.52	148,306
Sweet Potato	67.51	27,357	43.72	17,588
Coffee	86.99	256,873	64.53	144,460
Palm oil	66.38	134,031	44.36	74,487
Groundnuts	323.41	153,223	254.34	62,808
Vegetables	115.56	110,773	66.94	32,902



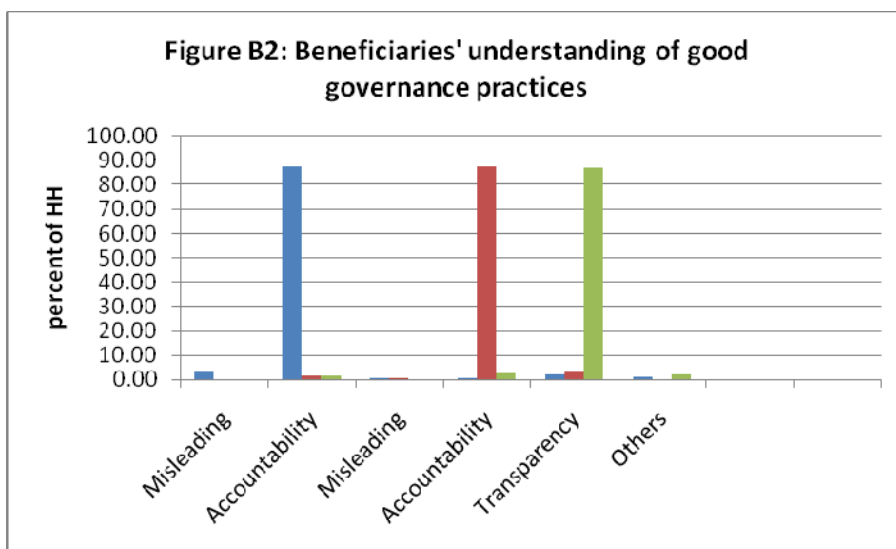
## 5. GOOD GOVERNANCE TRAINING:

### 5.1 Training

The good governance training was more successful as an educational intervention than as a means of empowering communities to engage with local authorities on development issues. As **Figure B1** indicates over 63% of respondents obtained training in Good Governance but less than 49% had had any contact with any local authority.

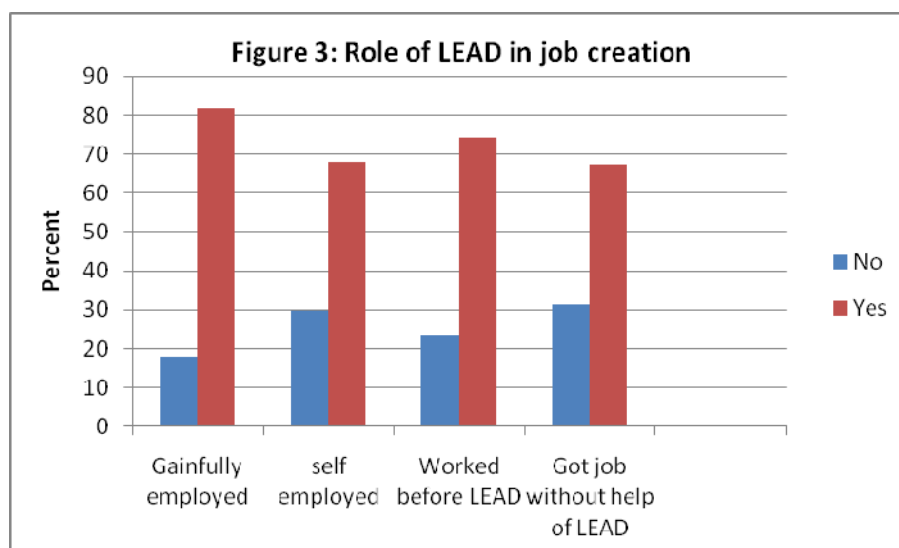


However the intervention will have a significant effect on the way community affairs are organized and run because the principles of good governance learned in the training are being applied in the running of the trainees communities. As **Figure B2** shows, the respondents have a good grasp of the basic elements of good governance as demonstrated by almost 90% selecting consultation, accountability and transparency as elements of good governance from a list of 6 choices.



## 5.2 Youth Employment

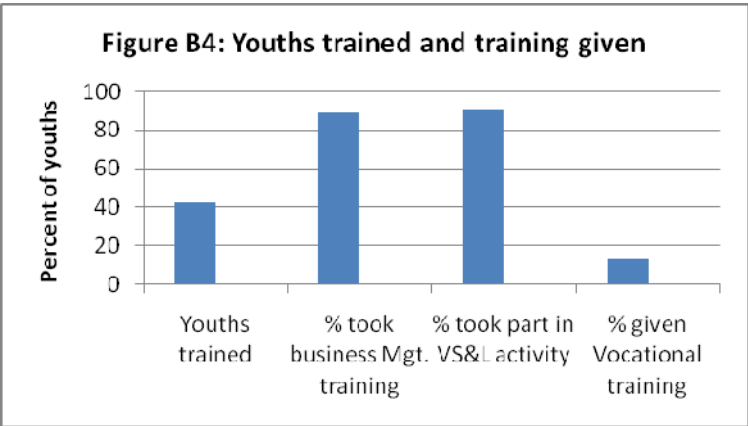
Almost 82% of youths interviewed considered themselves gainfully employed, 68% working for themselves, the rest working for someone else (Figure B3). Over 74% of youths reported that they did something else before embarking on their present occupation. However, the majority, 67%, did not consider that the LEAD programme helped them in securing their present occupation.



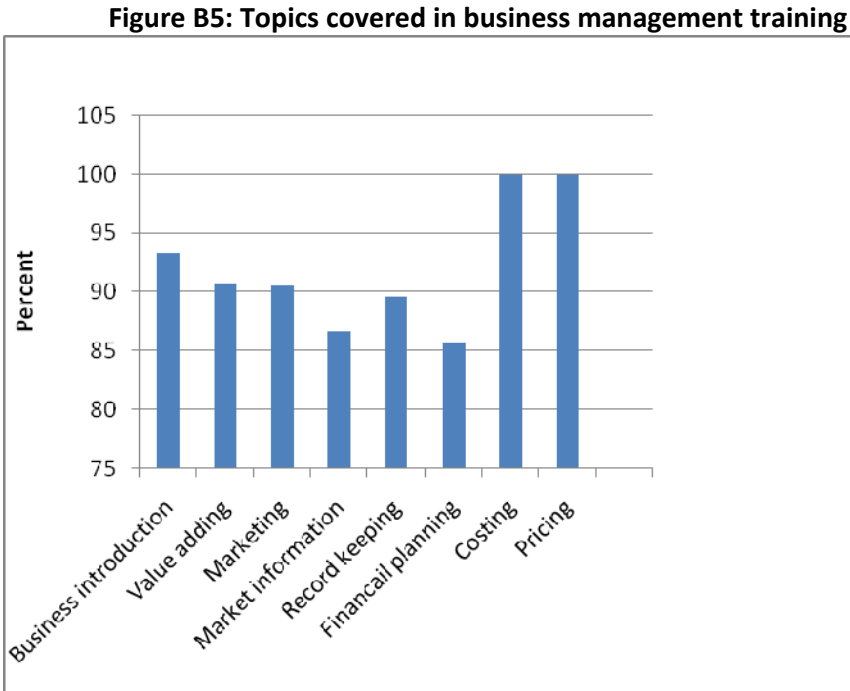
## 5.3 Business Management and Vocational Training

Just over 42% of youths in the operational areas surveyed received training as illustrated in **Figure B4**. Of these, about 89% were trained in business management, approximately 91% in the Village Savings and Loan scheme and 12.5% in vocational skills. Although business management concepts, such as usefulness of market research were reasonably well

understood the practical application of business management tools was not demonstrated by beneficiaries. For example record keeping was generally not effectively adopted.



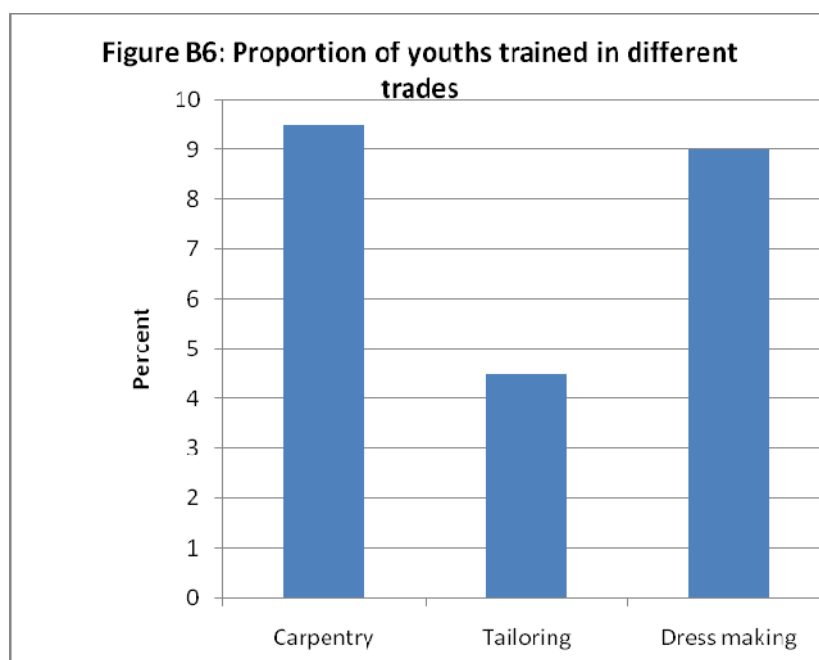
The training on the management and operations of the VS&Ls were very understood and effectively adopted. The result is that all VS&L groups were very well run. The programme did not prioritize vocational training and offered vocational training to only 12.5% of youths in the operational areas. However, there seems to be greater need for vocational training, which future programme would do well to explore.



As shown in **Figure B5** above the Business management training was very comprehensive 8 topics. Over 85% of the beneficiaries were able to recall all the topics taught. The greatest interest of the beneficiaries was in costing and pricing as 100% of them recalled these topics being covered in the training. Market information, record keeping and financial planning were the three least recalled topics and these, especially financial planning and record

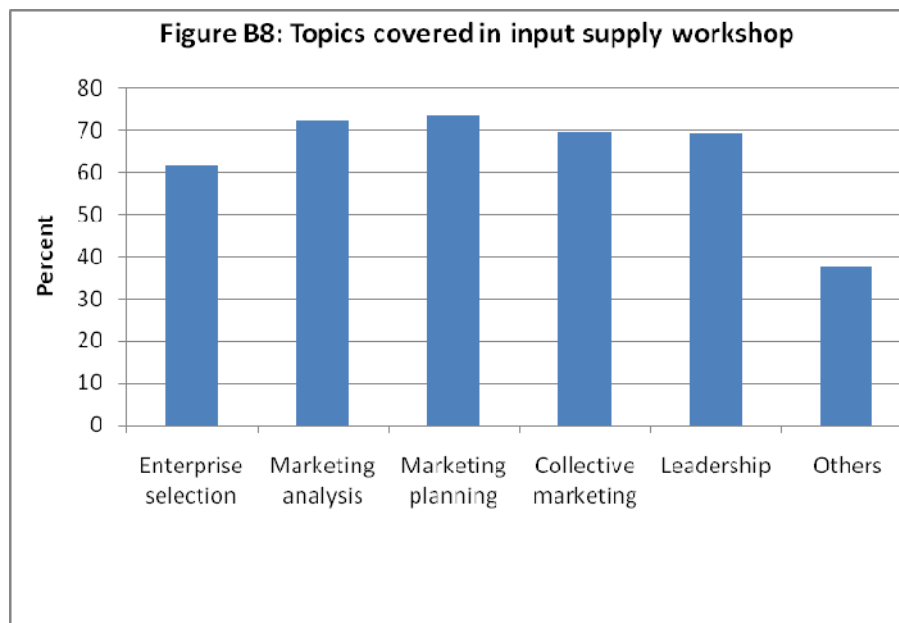
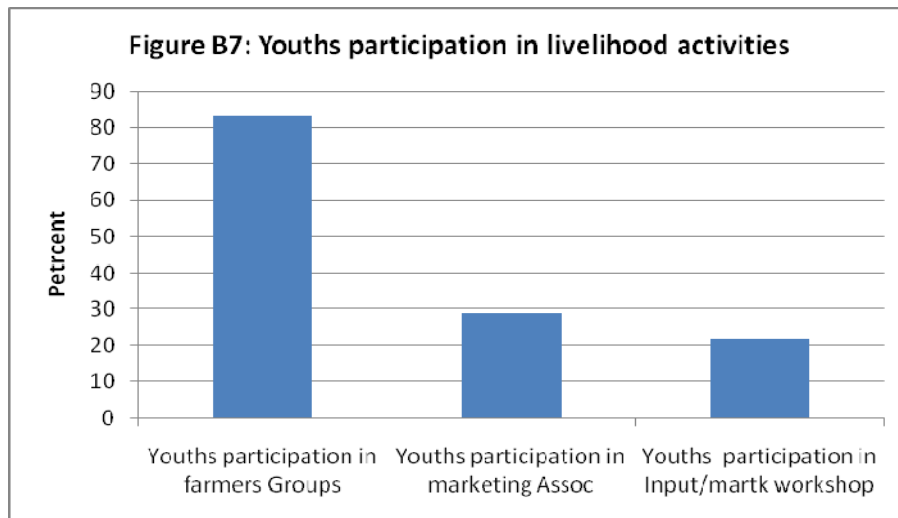
keeping are the more technical topics requiring greater literacy and numeracy skills to adopt. The weak background of the trainees may explain why these topics were omitted by some respondent.

The vocational training covered only three trades; carpentry, tailoring and embroidery and dressmaking. As shown in **Figure B6**, approximately 9% of youths were trained in carpentry and tailoring and about 4.5% in dressmaking. These figures reflect a very priority to vocational training in the LEAD programme design.



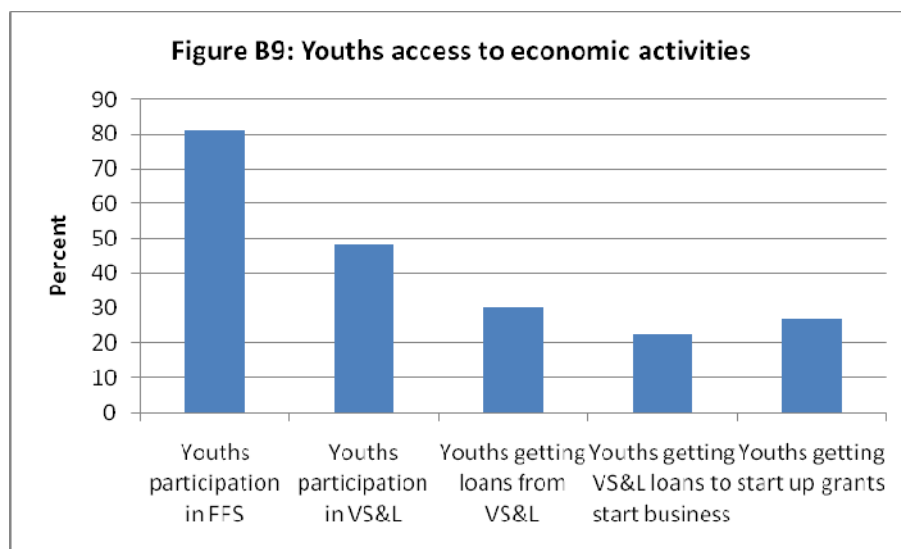
#### 5.4 Youth Participation in New Livelihood Activities:

As shown in **Figure B7** youths in the LEAD operational areas were most active in farmers group activities. Eighty-three percent of youths in the programme areas belonged to farmers groups. Youth participation in other livelihood activities like marketing associations was much less, 29% in the programme areas. Youth participation in development of input supply and market plans was even less at 22%. Youth participation in these activities was too low considering the objective of LEAD in empowering economically marginalized youths. As can be seen in **Figure B8** the training workshop on input supply and market plans dealt with very important topics that would be very beneficial in the agribusiness training and development of the youths that participated in it. Of the five topics taught about 70% of beneficiaries recalled all the covered.

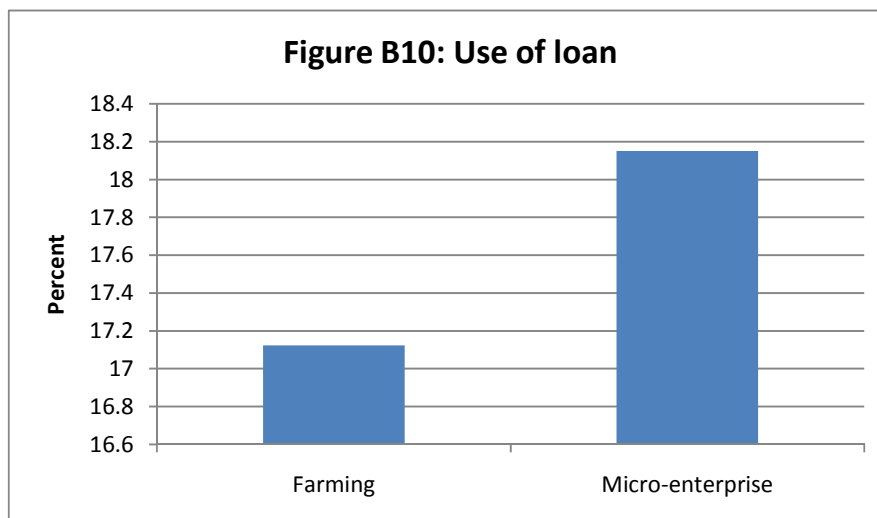


### 5.5 Access to Economic Opportunities:

The LEAD programme created the means for youths to access economic opportunities in rural communities. **Figure B9** illustrates economic opportunities that youths were able to access under the programme.



The Farmers Field School training in agricultural production offered 81% of youths in the programme's operational areas training in improved farming techniques that result in high yields of crops and increased farm incomes. 48% of beneficiaries joined VS&L groups and were able to save and access loans for their microenterprises. Twenty-six percent of beneficiaries obtained start-up grants that enabled them to start businesses in their communities. As shown in **Figure B10** over 18% of beneficiaries obtained loans from VS&L groups which were invested in microenterprises. Seventeen percent invested such loans in farming.



## 6. FINDINGS OF FOCUS GROUP INTERVIEWS

### 6.1 Impact of LEAD Program and achievement of Objectives

The LEAD programme made significant impact on beneficiary communities in many respects. Farm production technologies introduced in the Farmers Field School have changed agricultural practices in the communities. Higher farm productivity has resulted from the new farming methods taught in the field schools. Farmers reported that production of some crops like cassava, sweet potatoes and groundnuts have increased considerably as a direct result of new planting methods taught at the field schools. Non FFS members in the community have also adopted the new farming techniques, in some instances, with the help of their taught neighbours.

The health and sanitation interventions have made the greatest impact on community life in the project communities. Exclusive breast feeding is now the norm among most nursing mothers in all communities surveyed. The beneficial effect of this feeding practice is evident in the healthy appearance of babies. Adults in these communities can all now recite the causes and ways of preventing diarrhoea and Malaria. They are now knowledgeable about the benefits of keeping their communities clean and free of human waste and standing water. As a result of this health and sanitation awareness and knowledge, communities that have not been supported with water wells and latrines are prioritizing WATSAN as a strong community need. Similarly, all communities now recognize the utility of community TBA huts and some that have not been supported with this asset are building their own and requesting assistance with TBA kits. Most communities rank the Food for Assets component very highly, especially in terms of support for community road maintenance. Every community has assumed responsibility for their old and vulnerable members. The village welfare committees, which have been formed in all communities, are now undertaking yearly safety net projects to support the vulnerable in their villages. A detailed analysis of the interventions and their impact on beneficiary communities is presented in an assessment matrix below.

### 6.2 Impact of Programme on Communities

*“Africare has civilized us”*

*“We were blind, but Africare has opened our eyes”*

These are quotes of appreciation expressed by interviewees, one in Kangama, Dea Chiefdom, and the other in Komboima, Malema Chiefdom, both in the Kailahun District, when asked whether the LEAD programme has brought any changes to their communities. Similar sentiments were expressed in the other LEAD operational areas. The Consultant observed a high sense of awareness in relation to new farming techniques, health and sanitation and group activities in the communities surveyed. Respondents in many communities commented that instead of fighting each other over minor disputes they now collaborate on important community projects such as development of community assets and community farms under the LEAD programme. Health and sanitation practices, introduced through community health clinics, growth monitoring sessions and trainings on

health and sanitation, were the activities that have had the greatest impact on the beneficiary communities. This is reinforced by the training given to community health volunteers who appear to be constantly monitoring activities in their communities to ensure compliance with the introduced practices.

### **6.3 Relevance of Interventions:**

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

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

### **6.4 IEE Compliance**

IEE compliance by MYAP communities was monitored and reported on by project management staff in Form D2. The review reports were available at partner regional offices but not in the communities, putting in doubt the seriousness with which the environmental impact of the LEAD supported activities was treated by both the donors and beneficiaries. Indeed in the Kailahun District operational areas, review records were only available for 2007.

### **6.5 Engagement with Local Government Authorities:**

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

### **6.6 Application of Agricultural Techniques:**

The agricultural practices introduced in the FFS are the most widely and effectively adopted innovations in the LEAD Programme communities. New techniques taught in the field schools have been adopted and practiced in all communities by male and female graduates. This is in stark contrast with what obtained before LEAD when the vast majority of farmers did not employ any improved inputs or practices in their farming operations. Other community members that did not participate in FFS activities are also adopting the new

techniques in some cases with the assistance of LEAD trained facilitators and other trained farmers. This cooperative spirit stems from the participatory approach employed by LEAD in the implementation of programme activities.

### **6.7 Exposure and Response to H5N1**

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

### **6.8. Best Practices Employed and their Impact**

#### ***Needs Assessment***

All communities in LEAD operational areas confirmed that they were consulted by the agencies on the selection of interventions which were based on their expressed needs. Following selection of the needed support and submission of formal requests, the communities were informed of the interventions that were approved for implementation. This approach, which reflects the communities' felt needs results in their active participation in project implementation, ownership and enhance sustainability of project interventions.

#### ***Design and Implementation Strategies***

The involvement of community members in specialized committees such as the village development committees VDC, the Village Health Committees for the implementation of the programme at the community level is a good design that leads to rapid local ownership of the interventions and sustainability of the programme. The process leads to learning and self confidence, enhancing local initiative in community development activities. The requirement of local consultations of all segments of the communities, men, women and youths ensures equality, mutual respect and social cohesiveness in the communities and the active participation of all in the programme activities. Programme trained Contact Farmers or Facilitators, Village Health Volunteers VHC and recognition and support for Traditional Birth Assistants are good sustainability strategies that are well demonstrated in the beneficiary communities.

#### ***Monitoring***

Adequate self monitoring was performed by the VDCs and VHV who are accountable to programme monitoring and evaluation officers and field supervisors. LEAD field staff also performed effective monitoring and had strong working relationships with community leaders.

#### ***Sustainability strategies***

The communities were sufficiently sensitized on all programme interventions and have assumed complete community ownership of the programme's activities. This is a prerequisite for sustainability, which was adequately met. Village committees established as vehicles for the implementation of programme activities also serve as organs for monitoring and sustaining those activities. Grassroots initiatives are springing up in some communities. For example, in addition to project supported annual community farm, the Komboima

community in Malema Chiefdom is developing other longer term safety net projects such as a community welfare fund and a community oil palm estate, on their own initiative.

### ***Promotion of Community Ownership***

The design of the LEAD programme makes adequate provisions for the promotion of community ownership of the programme as well as its sustainability. The following design features strongly promote community ownership of programme activities:

- Consultations with the communities in the identification of interventions that address their felt needs as a community.
- The involvement of all segments of the community, men, women and youths ensures complete community participation and ownership.
- No community group is marginalized in the process and all groups actively participate or are aware of all programme activities taking place in their community.
- The formation of local implementing and monitoring committees, VDC, VWC and VHDC in which all community groups are represented enhances community ownership.

### ***Gaps to be addressed through other Programming:***

1. WATSAN was not prioritized in the LEAD programme in spite of the desperate water situation in most programme operational areas. Tonkolili is perhaps the worst affected district in this regard with over 60% of communities visited having no source of clean water. In Kailahun District most areas reported 7-9 months without adequate clean water for community use. The unavailability of clean water in these communities undermines the health and sanitation interventions which are the beneficiaries most highly appreciated components of LEAD.
2. The programme's support for the training of Traditional Birth Attendants was also a successful intervention especially in terms of its complementarity with the Ministry of Health's TBA training programme. However it would have been a more successful intervention if LEAD provided Traditional Birth Huts to complement the MOH training and certification of TBAs in the communities. Without TBA Huts, birth attendants assist in the delivery of babies in residential huts with attendant health risks for both mothers and babies.
3. The success of the agricultural production technology intervention introduced in the community farming systems through the Farmers Field Schools has created a demand for agro-processing equipment for processing the increased output of community farms. This demand was greatest for processing machinery to handle the surplus output of cassava, which cannot be sold as fresh tuber and to some extent demand for rice milling machines. Because this demand was not being met through programme activities, the growth cassava production was constrained.

### ***Issues of Concern***

1. Business management training is generally not well grasped by beneficiaries of the training. Although admitting to having been given business management training, youths groups especially those surveyed in Kailahun and Kono did not demonstrate knowledge of basic business concepts or adequately adopt practices in record keeping. However, the need for market research and issues to be investigated before starting a business was generally understood.

2. Apart from prior participation in the basic business management training, the criteria for awarding start up grants to selected trainees and capital grants to selected communities are unclear. In focus group discussions, there was a perception of arbitrariness in the selection of award recipients among non-award recipients. The need for selecting beneficiaries of these grants on the basis of more objective, merit based and therefore more transparent criteria is advisable.
3. Here are instances of awards that raise questions:
  - i. In Kono, a tractor valued at Le 12,000,000 was awarded as capital grant to a youth group, without a business plan for its use.
  - ii. A cassava processing machine was also awarded to the same youth group although the group does not produce cassava. But in the same operational area there are communities with project trained farmers producing cassava that have claim to have been appealing unsuccessfully for a cassava processing machine.
  - iii. The same group has a school-going member, who was awarded a SUG grant. She indicated that her mother (who did not attend the training) was trading on her behalf.
4. There was a lack of harmonization among partners on the implementing the LEAD programme. For example: the community vision mapping was only consistently implemented in Tonkolili District. Very little attention was paid to this important visual community development planning tool in all the other project areas.
5. Similarly, some activities specified in the project design were not implemented in any of the LEAD operational areas. Examples of these are:
  - a) H5N1 sensitization
  - b) Use of grey water

## 6.9 Conclusion

Intervention	Description of Intervention	Beneficiaries Perception of benefits of intervention	Consultant's Impact Assessment	Sustainability Assessment	Issues of Concern/Next Steps
FFS	Introduction of new farming systems and techniques to farmers groups, in four month learning sessions, through experimentation on community demonstration farms employing the services of trained facilitators selected from among the communities' farmers themselves.	This is perhaps the most highly appreciated intervention on account of the higher yields realized from the introduced techniques compared to traditional methods and their effects on farm productivity and incomes.	The FFSs have had very high positive impact on group farmers' productivity, including men, women and youths. Non FFS group members are also adopting the new techniques resulting in community-wide impact on farmers' productivity and incomes.	Farmers are unlikely to abandon the new high yielding techniques and revert to the lower yielding traditional methods. The facilitators, who are also leading community farmers are more likely than not to promote the new methods to points where the old would be forgotten. Entire communities are gradually adopting the new methods which would soon become widespread.	At this stage group activities are working well but more progressive farmers will sooner or later wish to act more on personal initiatives and ambitions leading to group breakups.  With improved yields especially of cassava and IVS rice, follow-up support with mechanized processing becomes essential to avoid large post harvest losses and sustain increased production.
FFA	Provision of food support to communities for work in developing or	This is a very highly appreciated intervention by communities on	The quality of the labour intensive work carried out using, in most cases, farm tools with no	In terms of road maintenance this intervention does not introduce a new	A note of caution must be taken about such potentially counterproductive

Intervention	Description of Intervention	Beneficiaries Perception of benefits of intervention	Consultant's Impact Assessment	Sustainability Assessment	Issues of Concern/Next Steps
	maintaining assets, mainly roads in some functional condition..	account of the incentive provided.	technical supervision, is poor and often makeshift.	community activity or output but merely represent reward for something the communities have always done but so poorly, that it is normally an annual event.	support as providing incentives when they are not necessary. This may exacerbate dependency, which development programmes should eschew.
DF	Provision of a community drying floors to some communities with FFS groups that are producing rice and do not have one.	Due to the high post harvest losses suffered by farmers as a result of inadequate drying facilities, this is a well appreciated support. It consistently ranks among the five priorities of communities that do not already have one.	Proper drying is an important post harvest activity in the rice value chain with a significant effect on product recovery and quality. The provision of drying floors to rice growing communities impacts greatly on farmers' outputs and incomes.	This intervention is a good support for the sustainability of the new farming techniques introduced in the FFSs.	Post harvest processing of crops from high yielding farms of FFS graduates is a logical next step to the interventions that have been delivered, that could affect the longer term success of LEAD.
WG	Seeds and tools are given to women to develop groundnut and vegetable farms	This intervention ranks low in the priority ranking obtained during focus group interviews. That is because it is not innovative as women	The impact of this intervention with respect to its innovativeness, women's empowerment and income effect is very limited compared to the FFS and non farm SUG	This is a traditional women's activity, which is likely to continue with or without the LEAD intervention.	A note of caution: do not offer such potentially counterproductive support as providing incentives when they are not necessary.

Intervention	Description of Intervention	Beneficiaries Perception of benefits of intervention	Consultant's Impact Assessment	Sustainability Assessment	Issues of Concern/Next Steps
		traditionally do vegetable gardening and they are members of FFS groups anyway. This activity is additional to their roles in the FFS and other health and social activities.	activities.		
CHV/TBA	Community members who volunteers and are trained to coordinate and promote the adoption of good health and sanitation practices/Trained traditional birth attendants	These volunteers are highly respected for their knowledge and enjoy recognition in their communities which is status enhancing. Being community members they are effective in the dissemination of health information and are appreciated on account of their availability with advice and services when required.	These volunteers are effective agent for health information dissemination and change in community health awareness and practices.	These health volunteers enjoy the elevated status in which they are held in their villages and as long as the current limited access to public health personnel and facilities continue, they will be willing to serve in these capacities. However there dose not seem to be any arrangement in place for institutionalizing the position of CHV within the national health service in the	Caution must be taken to ensure that volunteers do not dispense advice and services beyond those for which they are specifically trained and authorized.  Refresher trainings and some form of certification for CHVs might be appropriate recognition and safeguard against impostors.

Intervention	Description of Intervention	Beneficiaries Perception of benefits of intervention	Consultant's Impact Assessment	Sustainability Assessment	Issues of Concern/Next Steps
				same way as the TBAs. This will be essential for sustaining the service of these volunteers.	
VGF/VWC	The identification of vulnerable members of communities, who cannot produce or afford their food needs, for the supply of food aid.	The older members of villages, who are the beneficiaries, welcome this intervention more as manifestation of class recognition than deliverance from continuing or imminent starvation. The younger members view it as a gift to their community, notwithstanding the efforts of donors to see that only the needy benefit from the donated food items.	The VGF really makes little impact on the intended beneficiaries as without the donated food they would survive the same way they have always survived with the communal support of traditional society. The VGF is something new that lacks coherence with the prevailing norms of the host society and is therefore of little relevance.	This intervention is dependent on donor food aid and is consequently, per se, unsustainable. The community safety net farms whose outputs are to replace donor food supplies are themselves contingent on food for work and therefore also unsustainable. Lessons from CRS operational area reveal that when food for work is unavailable community welfare committees stop work on	This intervention is prone to abuse as the intended beneficiaries share the food with other able-bodied family members. The traditional safety net, which does not require any input from the vulnerables, is put in jeopardy by this initiative.

Intervention	Description of Intervention	Beneficiaries Perception of benefits of intervention	Consultant's Impact Assessment	Sustainability Assessment	Issues of Concern/Next Steps
				community safety net farms	
GM&P	Taking monthly weight and height measurements of children up to the age of ---- years to ascertain normal growth during this critical period of a child's life.	Very highly appreciated by parents as monitoring indicator of the state of health of children.	Has made a good impact in child health care. The parents now use the monthly weight and height tracking information of children as indicator of their state of health.	Community Health Volunteers can sustain this activity in their communities if supported with scales, weighing sacks, record cards and appropriate incentives.	The national health service should undertake this children's health check activity
TBA-HUTS	The provision of labour huts in communities for the safe delivery of babies.	This intervention is very highly appreciated by communities in which the labour huts have been provided and is high in the list of priorities of communities with TBAs that do not yet have one.	The labour huts are essential facilities given the impracticability for most pregnant village residents to have their babies in hospitals. The facilities have made a big difference in environment in which women deliver babies in the communities with labour huts. The huts compliment the services of TBAs.	Given the state of maternal health care in the country, the majority of babies will be delivered in dwelling huts for a long time to come. Hopefully, with the support of the national health service with training and kits, villages will build their own TBA huts, as some have already started to do for safe deliveries.	Donated TBA huts are not provided with kitchen and toilet facilities. These are essential for maintaining the high level of hygiene necessary to keep these multi-user community facilities in clean and sterile condition.
EBF	Nursing mothers feed	This intervention is	The impact of the	Long term adherence	Some non-adherents of

Intervention	Description of Intervention	Beneficiaries Perception of benefits of intervention	Consultant's Impact Assessment	Sustainability Assessment	Issues of Concern/Next Steps
	their new born babies exclusively on breast milk from birth to six months old	viewed as being a very efficient child rearing method, which has proven to be very beneficial to the babies their families. The practice is being adopted by most nursing mothers.	practice of EBF has been significant in terms of the health and growth of the babies.	to the practice will be predicated on the good health of the lactating mothers themselves, for whom the intervention has made no dietary recommendations.	EBF give hunger as their main reason for non-compliance. This factor needs to be examined as there is no doubt that the health of the mother will have an effect milk production and her ability to breast feed.
CHC	Formation of a club or committee of community members who are trained in personal and community health and sanitation issues, to disseminate health and sanitation information to their communities and monitor compliance with best practices.	Beneficiaries find this activity very useful in creating awareness to health and sanitation issues and introduction of practices, which have brought changes to the way they live as individuals and as communities.	The CHCs rank very high, within the first 5 activities, in the communities list of priority interventions. Adoption of introduced health and sanitation practices is widespread and highly appreciated.	Some of the new practices, such as use of plate racks and cloth lines, are likely to become permanent features in the communities. Issues of personal hygiene for prevention of diarrhoea will require more time and sensitization to take hold. Community-wide issues like environmental sanitation for malaria prevention will depend	The health clubs depend on the services of willing volunteers who are not compensated. Withdrawal of their services could place this activity in peril

Intervention	Description of Intervention	Beneficiaries Perception of benefits of intervention	Consultant's Impact Assessment	Sustainability Assessment	Issues of Concern/Next Steps
				on the enforcement community sanctions against noncompliance to health and sanitation rules.	
BFF	Development of farms for the production of crops, such a beneseed, groundnuts and vegetables for use in the preparation of formula food for malnourished children	This activity has no special significance to farmers and families. The recommended crops are already being grown by farmers.	BFF was never mentioned in discussion of activities of significance that have impacted communities	These crops are currently either grown in pure stands or intercropped with rice. This makes the idea of special farms burdensome and without relevance.	This intervention is disruptive of the farming systems and contributes nothing new.
GG	Training of selected community members on the decentralized governance structure, leadership and democratic conduct of the affairs of communities.	The trainees demonstrated a sense of pride in this newly acquired knowledge and an eagerness to educate their compatriots on the principles of good governance.	The good governance training was rated highly in the respondents' ranking of usefulness of LEAD interventions. The consultant was impressed with the community folks articulation of leadership qualities and issues of transparency, accountability and	Many of the trainees were youths, who were hitherto marginalized but are now in the mainstream of decision making in the communities. Maintenance of their new status depend on the general recognition of the principles of good governance and	Refresher trainings would be helpful as some trained community members could not readily recall the topics taught.  Literacy training would help in the assimilation of concepts and principles such as those taught in the GG

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

Intervention	Description of Intervention	Beneficiaries Perception of benefits of intervention	Consultant's Impact Assessment	Sustainability Assessment	Issues of Concern/Next Steps
			were poorly kept and incomprehensible.	training. They are therefore not sufficiently equipped to succeed in business.	
VS&L/SILC	Formation of village savings and loans groups, which accumulate their own savings, lend the funds to themselves and eventually realizing their savings and interest incomes earned among themselves.	Beneficiaries testimonies indicates a deep appreciation of the methodology as a means of accumulation wealth using their own resources and meeting their personal and business financing needs from their own collective resources.	This activity has created a great impact on the groups financial opportunities, enabling them to actively save and secure business or personal loans, whenever needed.	The system is cyclical and renewable and as such not structurally permanent. However the groups themselves can alter the rules to allow for longer savings cycles as well as gradually introduce an institutional structure to their scheme.	To be useful the system should be able to meet the growing sizes of loans members will demand.  In the long term, the system must improve in sophistication to meet the variety of financial services needs of its members. With a weak institutional framework this is a challenge.
WATSAN	Development of water and sanitation facilities such as water wells and VIP latrines in communities that do not have these facilities and have to	These are sorely needed facilities in almost all LEAD communities but the intervention is surprisingly very inadequately catered	The inadequate attention to WATSAN in the LEAD programme components selection is a missed opportunity to make a significant impact on the health and	This component is fraught with challenges the two most important of which are: 1) the poor engineering in the sinking of wells to	The streams from which communities without wells collect water are losing water volume and becoming more contaminated, with deforestation.

Intervention	Description of Intervention	Beneficiaries Perception of benefits of intervention	Consultant's Impact Assessment	Sustainability Assessment	Issues of Concern/Next Steps
	use contaminated water from streams and use surrounding bushes as toilets.	for in all programme areas. The health and sanitation interventions are severely undermined by the lack of watsan to complement them in the communities.	sanitation status of beneficiary communities	shallow depths which results in most wells being dry during most months of the year and 2) inadequate arrangement for the proper maintenance of wells and latrines to keep them serviceable.	Future programmes should take into account the expressed needs of the communities, which at present prioritize watsan.
PD/Hearth	Identification of under-nourished children and placing them on a recovery programme based on nutritious diets and monitoring their recovery over a period of 12 weeks.	Communities have found the programme to be effective in saving the lives of children in poor nutritional state.	The programme has had a good impact in the communities that have participated.	Parents in beneficiary communities can now prepare the diets from locally available items and feed their malnourished children.	Community health volunteers are key to the successful identification of nutritionally deficient children in communities.

## 7. NUTRITION AND HEALTH

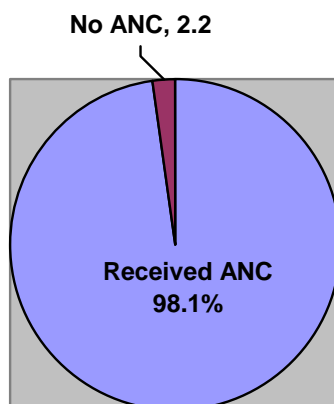
This section is particularly related to the health and nutrition situation in the project areas. It looks at maternal and Newborn care practices, infant feeding practices disease prevalence among children under five years and the health care seeking habits for their children under five years.

### 7.1 Maternal and Newborn Care Practices

Sierra Leone still has a high maternal mortality rate. The quality of antenatal care received by a woman influences greatly the outcome of her pregnancy. In this survey the mother of the youngest child in the household was asked questions about her antenatal history, particularly related to the place where she delivered her last child.

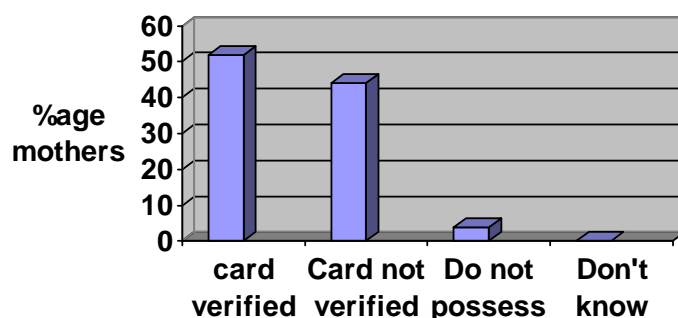
The mothers were asked whether they received antenatal care during their last pregnancy. The results show that antenatal care was received by 98.1% of the mothers during their last pregnancy.

**FIG :Proportion of women that received Antenatal Care**



The results show that the majority of the mothers received antenatal care during pregnancy. This is an improvement of 5.14% since the baseline survey was conducted. However, only 51.9% of these mothers produced a maternal health card.

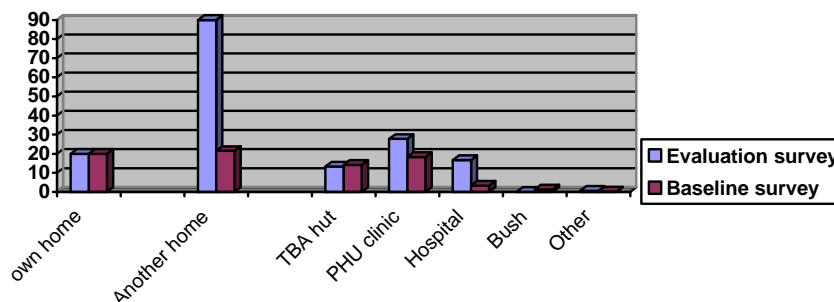
**FIG :Possession of maternal Health card by mothers**



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

Delivery at home seems to have dropped when compared with the baseline survey at which time it was the most common place at which mothers delivered their babies with 50.4% of the mothers giving this as their place of delivery. Delivery in a TBA hut dropped by 1 percentage point from the baseline survey and is now 13.3% compared with 14.17% in the baseline survey. In contrast to the baseline survey when only 1.3% of the mothers reported delivering in a hospital, in this survey 16.7% of mothers reported delivering their youngest child in a hospital. This is a great improvement in the utilisation of hospitals for maternity purposes.

**FIG : comparison between place of delivery during evaluation and during Baseline survey**



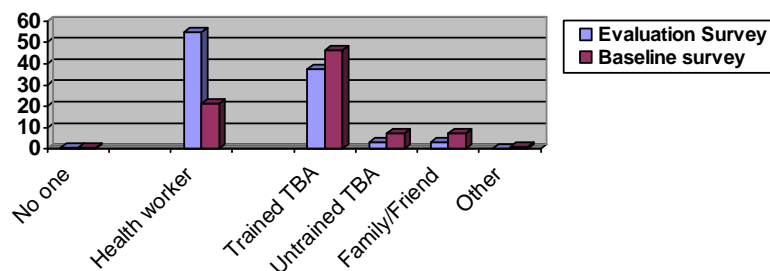
Another area of improvement is in the quality of assistance provided during delivery. Unlike the baseline survey when only 21% of the deliveries were assisted by trained health

workers, in this survey the the highest percentage of deliveries (54.6%) were assisted by a health worker (doctor, midwife,CHO or MCH aide).

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

There has definitely been an improvement in maternal care practices during the period of the LEAD survey. There is a shift towards seeking care from hospital and health centre as well as from the TBA to health workers.

**FIGURE : Comparison of providers of birth assistance in baseline to Evaluation Survey**



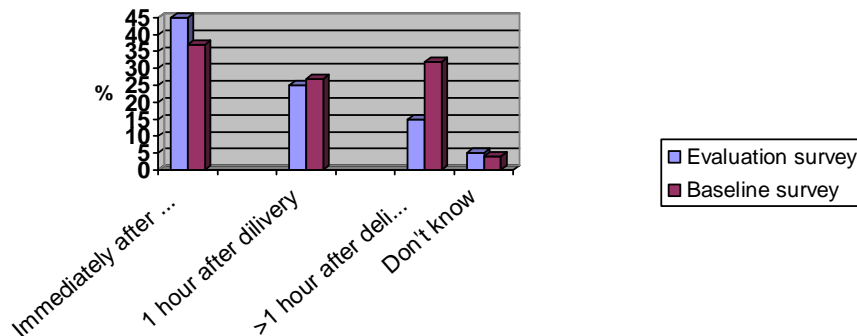
## 7.2 Breast Feeding Practices

### *Immediate breastfeeding*

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

To determine the rate of immediate breastfeeding in this survey, mothers /caregivers of the youngest child in the household were asked how long after delivery the child was first breast fed. From the results, 45% of the mothers initiated breast feeding within one hour after delivery. This implies that there is 45% early initiation of breastfeeding among the mothers in this survey. Comparing this with the baseline survey reveals an improvement on the baseline survey when it was 37 percent.

FIGURE: Comparison of Early initiation of breastfeeding in baseline and Evaluation Survey

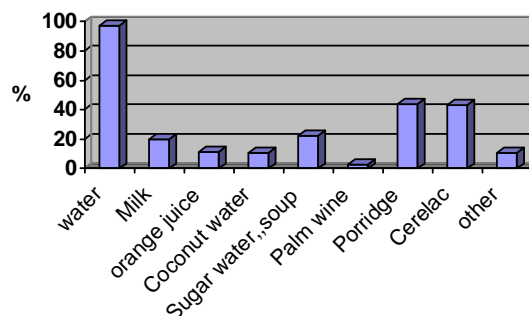


During the evaluation survey 45% of the mothers reported they were still breast feeding.

#### ***Infant Feeding Practices***

Water is given very early to infants by some of the mothers with 13.5% of the mothers reporting that they gave their children something to drink during the first three days after delivery. In fact water is the most commonly given drink to the youngest child. About 97% of the youngest children in the households in the survey were given water to drink the previous day. This is followed by porridge with about 43% of them being given porridge the previous day. Sugar water was the next most commonly given drink to the youngest child.

FIGURE : Liquids given the previous day to the interview to the youngest child



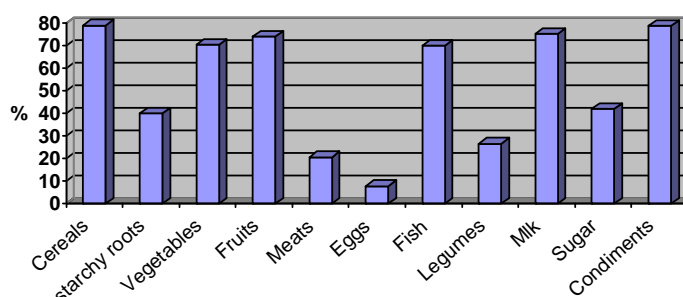
In the baseline survey water was also found to be the most common drink given to children not being exclusively breastfed with 64.3% of the respondents reporting so. Since in the evaluation survey a higher percentage of children were found to be giving water most commonly it means that the situation has not changed with regards to introduction of water to children not being exclusively breastfed.

### **Complementary Feeding**

Breast milk should be complemented by an adequate complementary food at the age of six months. In this survey, the most commonly given foods to the youngest child were the cereals (79.1 %) Starches were not so commonly given to children(40%). Vegetables were also commonly given. However foods rich in protein such as meat, beef, pork, lamb, chicken snails etc are nt commonly given to young children as only 20.6% of the mothers mentioned these foods were given. However Fish or crab was given to the youngest child by 70% of the the mothers the previous day. The legumes are another food commonly given by mothers to young children with 72% of the mothers reporting that this was given to the youngest child in the household the previous day. Palm oil and pepper were also given by over 70% of the mothers. These food s reflect the local dietary pattern and supports findings that many children under 1 year are given the family diet of rice and palava sauce.

Animal protein of meat and eggs are low in the diets of the youngest child in the household. Breast milk cannot provide sufficient iron to meet the dietary needs of a child after six months and so iron rich foods need to be present in their diet. The only animal protein food reported by a good number of the respondents was fish which was reported by 70% of the mothers. Fish will not provide any appreciable amount of iron to these children and so they are at a risk for anaemia..

FIG : Foods given to children the previous day



### **7.3 Prevalence of Illness And Health Care Seeking Behaviour**

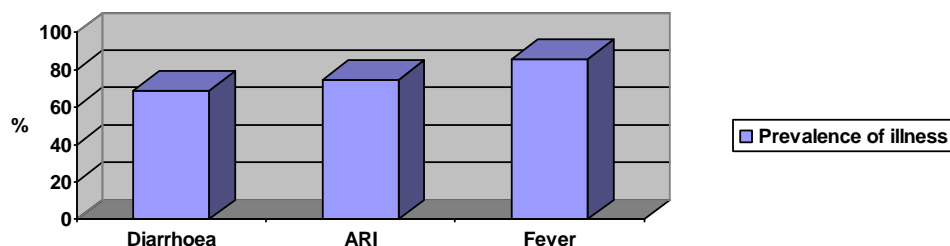
A child's nutritional status is affected by any type of illness. When a child is sick he has no appetite and also the absorption and utilization of any food he eats is markedly reduced. This leads to malnutrition setting in. Malnourished children have lowered immunity and are more prone to infections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

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

**Table: Morbidity past two weeks**

	Children with illness past two weeks preceding survey	
Type of illness	Frequency Number	Percentage
Diarrhoea	281	68.9
ARI	305	74.7
Fever	350	85.8

**FIG : Morbidity in youngest child two weeks prior to survey**

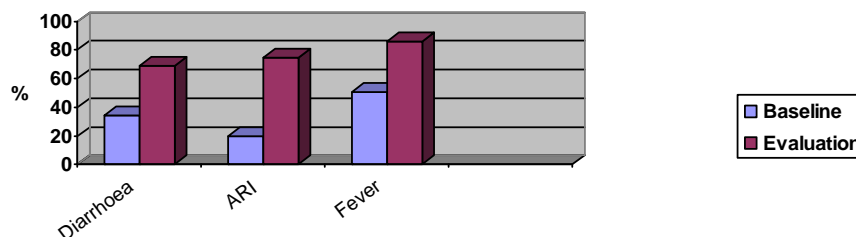


Compared to the baseline survey diarrhoea was more frequent in the children in the evaluation survey than in the baseline in the two weeks prior to the survey. There were even higher frequencies of Acute Respiratory tract Infection (Cough) and Fever reported in the evaluation than the baseline survey.

**TABLE : Comparison of prevalence of illness in youngest child two weeks prior to survey**

Type of illness	PERCENTAGE FREQUENCY	
	Baseline	Evaluation
Diarrhoea	34.1	68.9
ARI	19.9	74.7
Fever	50.4	85.8

**Illness past 2 weeks Baseline compared to illness evaluation**



The survey thus shows that many more children were reported ill over the two weeks prior to the evaluation survey than the baseline.

Regarding where they obtain treatment from when the child is ill, the responses varied according to the type of illness. The PHU clinic was the commonest place from which mothers obtained treatment for their children when they got ill and this varied according to the illness reported but more so for fever (where 45.4% of the mothers stated they visited the PHU with their child for this illness) than for ARI and diarrhoea (32.7% and 22.8% respectively of the mothers).

A very high percentage of the mothers responded they do not seek treatment anywhere for diarrhoea (61.9%) and for ARI (45.65). This is of concern and will definitely affect the nutritional status of these children negatively. From this survey, traditional birth attendants were not consulted over the two weeks prior to the survey when children were ill. The PHU clinic, District hospital and drugstore) were the main places mothers obtained treatment for their children when they were ill. However the survey reveals less use of these facilities in the evaluation survey than in the baseline survey.

**TABLE : Comparison of the treatment seeking behaviour of mothers during the baseline and the evaluation survey**

	TYPE OF ILLNESS					
SERVICE PROVIDER	DIARRHOEA		ARI		FEVER	
	PERCENTAGE					
	Baseline	Evaluation	Baseline	Evaluation	Baseline	Evaluation
No where	-	61.9	-	45.6	-	19.4
District Hospital	14.73	8.5	16.83	12.1	14.05	17.4
PHU clinic	53	22.8	63.38	32.7	56.44	45.4
Drugstore/pharmacy	2.06	5.7	3.59	8.6	3.64	11.4
TBA	7.5	0	1.93	0	3.51	0
Traditional Healer	3.33	0	1.79	0	2.62	0
Blue flag volunteer	1.18	0.71	0.41	0	2.71	0.29
Drug peddler	17.17	0.36	11.1	0.66	14.2	4
other	1.03	0	0.97	0.66	2.83	2

## 7.4 Conclusion

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

Early initiation of breastfeeding has increased also since the baseline survey was conducted. However water is given very early to infants and with 97% of mothers responding that they gave their baby water to drink within the first three days of life, one can conclude that

exclusive breast feeding is hardly practiced. So this habit of giving water to very young babies has not changed even after the LEAD project activities.

The most commonly given foods to babies were reported by 79% of the mothers to be cereals while only 20.6% were reported in the animal protein group such as meats. However 72.6% of the mothers reported giving fish to these children. The fact that over 70% of children are being given palmoil and pepper suggest that the family meal is the most commonly given complementary food to breast milk. The complementary food is therefore not quite adequate.

Morbidity in the children is very high The infectious diseases of diarrhoea, ARI and fever (most likely) had a high prevalence among these children in the previous two weeks before the survey and their prevalence was even higher than during the baseline survey. These diseases are usually an outcome of poor environmental sanitation and poor water supply. Infections can lead to malnutrition in children.

**ANNEX 1**

**QUESTIONNAIRES**