Putting Evaluations into Practice: Best Practices and Lessons Learned from 15 Years of Food for Peace Programs

Meta Evaluation

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Executive Summary

Overall Findings

Twenty years and 23 programs in CARE's Title II programming legacy give us clear guidance about how to use a Title II portfolio to create SuPER food systems (systems that are Sustainable, Productive, Equitable, and Resilient). With a particular focus on building just, sustainable, and effective programs, a meta-review of CARE's Title II programming highlights the following recommendations:

- Efficient management and consortiums work, while program delays limit project success
- Focus on integrated capacity building, health education, and integration between components
- Ensure community participation, culturally appropriate programs, and sensitive targeting focusing on women
- Standardize and enhance M&E
- Understand underlying cultural and logistical constraints to ensure effective implementation

This Study

CARE Food for Peace initiatives will more efficiently achieve SuPER status (sustainable, productive and profitable, equitable, and resilient) if the following recommendations are implemented. In particular, sustainability of programs has proven a challenging task for CARE, in part due to the difficulty in measuring levels of sustainability, and also because of the fact that it has only recently become a key issue for development programs. Therefore, many of the following recommendations have been created with the end goal of SUPER in mind, and particularly with a focus on increased sustainability.

This study aims to analyze non-emergency Food for Peace (FFP) carried out by CARE that target food and nutrition initiatives within the past fifteen to twenty years. These programs each target the underlying causes of food insecurity in communities that are at a high risk of malnutrition and famine, and some have proven very effective while others have fallen flat.

Through a careful assessment of these 23 programs, 15 of which were in Africa, 4 of which were in Asia or the Middle East, and 4 of which were in South America, key positives, negatives, and recommendations were identified. This information, and other key characteristics of each individual program, was then consolidated into a database, which is available on multiple platforms (CARE Village, Food and Nutrition Security Unit Resource Hub).

This trends analysis lends itself to the identification of five positive developments in CARE's food and nutrition Title II interventions, along with five areas that should be improved. These ten recommendations are listed in the text box on page 3.

It should be noted that other studies, namely the FAFSA I and FAFSA II analyses carried out by USAID, have mentioned many of these findings in their own evaluations. This study builds on these FAFSA findings by tailoring recommendations specifically to CARE's Food and Nutrition programs within the last twenty years.

Best Practices

1. Focus on community capacity building and health education
2. Encourage local/community participation and construct programs amenable to local cultural practices
3. Directly target women, through health or gender equality initiatives
4. Use well-run consortiums and other partnerships
5. Ensure integration across program components

Areas for Improvement

1. Account for local constraints that may inhibit effective implementation
2. Resolve inefficient and unstandardized Monitoring and evaluation (M&E) studies
3. Review Food for Work to create a guiding set of implementation principles
4. Limit program delays due to funding, distribution, and commodity deliveries
5. Sensitize targeting strategies (inclusion/exclusion error, conflict with local culture)

CARE is encouraged to continue to implement and enhance the best practices identified here and to innovatively transform, or to limit the use of, the five less constructive practices.

The Problem with Sustainability

Sustainability is a major challenge for development actors, and CARE is no exception. However, sustainability is extremely necessary, because it is through maintainable programming that real change occurs; an increase in nutrition status during implementation that ends as soon as CARE leaves creates little long-term improvement in the community as a whole.

16 out of 23 Title II FFP CARE evaluations (70%) mentioned some issue with sustainability. Often, even programs that have powerful impacts cite sustainability as a weakness (see program evaluations for Bangladesh SHOUHARDO, Kenya Dak Achana II, and Sierra Leone CORAD I). Sometimes, exit plans are confusing, vague, or simply not done at all (see Indonesia BERSIH for more depth). With little direction, it is not surprising that projects often fail to accomplish their goals in sustainability.

These recommendations can lead to greater sustainability because many of the downfalls come from failures in other sectors of implementation, and because many of the below suggestions have increased sustainability of Title II programs. Projects that increased their partnerships with local and international organizations, focused on health and community capacity, encouraged participation and took local cultures into account, targeted women, and increased cooperation among components fared much better in expected sustainability outcomes. In addition, understanding local constraints, limiting implementation delays, and sensitizing targeting will add strength to programs. Resolving M&E challenges will make it easier to assess the sustainability of programs in order to identify areas of improvement. These positive impacts on projects will be explained in detail throughout the following paper, each recommendation correlated with the positive impacts it creates. Collectively, integration of these recommendations will improve CARE's ability to create sustainable change and accomplish SuPER Title II programming.

What Now?

CARE has done some wonderful work, providing people around the world with more stable access to food and with the means to ensure their health. If nothing else, these evaluations have shown the true and stunning quality of CARE's work in the last twenty years. They have highlighted a path forward to ensure the continuation of efficient, effective, and encouraging Food for Peace initiatives worldwide.

Best Practices

CARE has a long history of effective food and nutrition assistance programming in the global south, and this analysis certainly corroborates this fact. Overall, CARE's 23 interventions have been impressive, with a substantial number reporting improvements in child and maternal nutrition, increases in household dietary diversity scores (HDDS), upturns in household incomes, and build up in community capacity and governmentality. CARE has worked effectively with dozens of other transnational NGOs to increase its quality of programming, and has been a leader in advocacy for food aid reform. This trends analysis has identified five progressive and effective practices found throughout CARE's 23 food and nutrition FFP Title II programs.

Full Report

1. Focus on community capacity building and health education

Health, capacity building, and agriculture programs would be implemented alongside each other to achieve optimal synergy; if this is not possible, projects should implement health and capacity programs rather than agricultural ones.

CARE has shown a deeply rooted dedication to health, sanitation, and capacity building, and in the future should prioritize these components over solely agricultural-based initiatives. Those programs that emphasize health and capacity components tend to have better results than those programs that focus solely on agricultural improvements. Most of the CARE programs (21 out of 23, or 90%) implemented some sort of health/sanitation program, and all (100%) built capacity (including those efforts focused on increased health training). Examples of these include PD/Hearth, HIV/AIDS prevention, WASH programs, malaria prevention, and job skills training.

Ethiopia EDAC: Health over Agriculture

- **"If you train the community in health and sanitation, other behavioral changes will follow."**
- **Funding livelihood support and health activities provide the maximum food security impact, not agricultural improvements.**
- **Households particularly reported benefiting from increased access to schools, water, and health services.**

There is a better correlation between increased nutrition and health indicatives than between nutritional and agricultural interventions, and furthermore, nutrition advances happen most often when there is an integrated use of health and agriculture. The chart below displays the strong correlations between these components and increased nutritional status.

Health, Agriculture, and Nutrition

	# Programs	Programs with Positive Change in Child Nutrition	% with Positive Change
Mostly Health	8	5	63%
Mostly Agricul-	4	2	50%
Both	11	8	73%

This may be due to the fact that simply educating people on proper agricultural practices is not sustainable and has no long-term effect if beneficiaries a) do not have the money to carry out these practices, b) cannot stay healthy enough to work, and c) have such poor health due to a lack of potable water or sanitation that any attempts to improve their nutritional status will be cancelled out. For these reasons, there must be a focus not only on increasing access to healthcare and tools for standard sanitization practices but also on job creation, capacity building, and other income-based activities.

Planning programs around water and sanitation projects seems to work well, even if this is at the expense of agricultural-targeted implementation. Beneficiaries

Madagascar DAP II and Health: "improving health increases household's capacity to earn more income." This is because an improvement in health status in Madagascar correlated with improvements in household ability to work, as beneficiaries were better fit for work and took less days off. Madagascar also stated that "focusing on improving health leads to improvements in food security. Future programs should emphasize health and sanitation". Madagascar DAP II found a stronger link between increased health and food security than the connection between asset building and food security.

almost always appreciated health programs more than agricultural ones, stating that these programs created greater and more immediate benefits for their communities.

Capacity building is intrinsically linked with health components, because most health interventions focus strongly on increasing the capacity of health workers, clinics, and local beneficiaries themselves. In fact, most of CARE capacity building comes in the form of health and sanitation trainings given to health officials, extension workers, and local women such as lead mothers. By focusing on capacity building, especially linked to health initiatives, not only will a project achieve better results, but the intervention is also more likely to be sustainable because of the high beneficiary appreciation of the new training and health systems in their communities.

Moving forward, CARE should implement both health and agriculture components to achieve the best benefits in food and nutrition security. CARE should also build capacity of health workers, clinics, and local beneficiaries via trainings, extension workers, and local community actors such as Lead Mothers.

2. Encourage local participation and construct programs amenable to local cultural practices

Zambia C-FAARM and Capacity Building: "training had significant impacts on income, agricultural practices/yields, cooperative management, and health issues," and training came mainly in the form of training community health workers (CHWs). The final report praises this mechanism as one of the most effective interventions, and states that the community favored "hygiene education" over other interventions.

A program that prioritizes community participation will likely make more sustainable change than one that does not. Additionally, programs that blend with cultural norms and local practices have a higher success rate, and are more prone to be appreciated by beneficiaries. CARE already knows this; most CARE programming initiated after 2005, and the majority of all programming in general, has had some sort of participation element (a total of 14 programs out of 23, 60%). Programmers are consistently encouraging community members to take part in various stages of the program (planning, targeting, M&E). Participation also means that

Community Appreciation for Health Initiatives: Sierra Leone CORAD II

Beneficiaries identified WASH interventions as the most appreciated activity in the DAP, though the DAP actually implemented very few WATSAN (water and sanitation) components. The evaluation also makes the case that the lack of strong WATSAN was a downfall of CORAD II, and did not help reduce high child mortality rates. Despite the limited scope, both men and women beneficiaries believed that WASH "brought the most significant change to their communities," showing a strong preference over agricultural training in Farmers Field Schools.

beneficiaries have a chance to speak back to program leaders to advocate for their needs and perspectives. This makes programs more likely to directly influence communities in a positive way, because programs are more likely to integrate into the local culture.

There are two separate parts of this recommendation: first, programs should continue to encourage participation with beneficiaries at all steps of program planning and implementation, and second, programs should construct and implement interventions that do not conflict with local cultural practices and values. They are intrinsically linked, because if you increase participation, you will likely increase the program's integration with local culture, and vice versa.

Ethiopia EDAC listed participatory and culturally sensitive practices at the top of its positive practices.

- "Partners have navigated cultural norms by working with communities negotiating compromises"
- "The community was involved in all aspects of project development and implementation; the project has given the communities a voice and a conviction to believe in themselves"
- "[Government districts] have started to include communities in their development planning sessions, and they have included the communities in monitoring the program"

Providing assets, food, and other aid at no cost to the beneficiaries does limit community ownership of these new items, and may cause programs and infrastructure to break down after CARE exits. In Sierra Leone CORAD I, the final report noted that a high level of outside inputs would still be needed for the continued rehabilitation and maintenance of newly reconstructed infrastructure, thereby reducing community self-sufficiency and sustainability. In many cases, food rations were considered costly because they created dependency that would remain even after CARE left. By increasing participation even in direct transfer and safety net components, projects will increase local ownership and reduce dependency.

To increase participation and cultural integration, there are a few things programs can do. First, it is important that before we create brand new safety net systems and targeting measures, we take into account existing community structures and strategies, and build off them.

Safety Nets and Dependency

Angola CDRA: emphasis on a Food for Work safety net resulted in a lack of food security: "Beneficiaries… remain highly vulnerable, and their newly re-established livelihoods are still fragile".

Zimbabwe C-SAFE: semi-emergency relief program focused heavily on food transfers (such as Vulnerable Group Feeding and School Feeding); they stated that "underlying causal factors contributing to chronic food security might not have been effectively addressed" because "little effort was made to inform beneficiaries about alternative forms of support, or to increase capacity".

In particular, we should look to C-FAARM Zambia, which took into account and strengthened local emergency monitoring systems and agricultural practices. This may be a simple matter of asking communities what they believe they need the most (types of seeds, sanitation over agriculture, access to healthcare/education, etc). This will encourage local acceptance and ownership of programs and will ensure their sustained impact and target interventions correctly to the specific struggles of each community, rather than attempting universal fixes.

Participatory M&E: The earliest program in this study, Kenya Dak Achana I from 1998 to 2003, mentioned participatory M&E as the key to their success. Dak Achana I cited increased crop yields, reduced infant mortality by more than 33%, an impressive increase in self-sustainability from own production, and a mean income increase of 51%. Evaluators even stated the following as one of the main lessons learnt: "Community participation in the PIME (participation in planning and implementation of programs) enhances ownership of the project and hence its continuity."

Using more extensive community evaluations and studies before, during, and after the program implementation is another way to increase participation. To encourage participation, programs should:

- Use participatory M&E
- Build off existing community structures rather than implement unknown programs in the community
- Ask communities what they need and/or want
- Encourage local ownership of programs

Mozambique VIDA II and Female Participation: VIDA made strong "efforts to engage women in all aspects of the development process." It may be that these efforts (such as women's groups and education targeted at females), directly relate to the positive outcomes of VIDA: more equal gender relationships, spectacular gains in child nutrition, and increased female empowerment. In fact, the final report stated that "VIDA has shown the value of developing services directed at women. It is not necessary to be prescriptive about the way in which women chose to work together, but it is necessary to actively open the space for participation."

3. Directly target women, through health or gender equality initiatives

Programs that have directly targeted women have proved very effective. CARE has a brilliant record pertaining to gender and women initiatives, as CARE was one of the first players to implement these kinds of interventions. Gender and women empowerment concerns were being addressed by CARE even as far back as the Kenyan Dak Achana I project in 1998. 17 out of 23 (73%) have targeted women in some form. More specifically, at least 10 programs (43%) specifically recommended the use of female-specific initiatives. Often, CARE implemented gender components in consortiums where other members where not, and this caused CARE to be uniquely exemplified in final evaluation reports of consortiums, whereby evaluators praised CARE's attention to women.

These programs may be directly geared towards women empowerment, which lead to positive results in female gains in equality. These initiatives often include putting women in charge of household money, creating specific income opportunities for women, and encouraging women to join local community boards and forms of government. Even programs that simply target female health and nutrition prove effective. More programs have been seen to direct female initiatives towards health and nutrition rather than separate female empowerment, and these tend to show better gains in overall nutrition and food security than those programs that implement gender-inclusive targeting. Programs that have targeted female health and nutrition include Sierra Leone CORAD I, India RACHNA, Indonesia BERSIH, and Tajikistan FACT.

Programs including men in women empowerment training proved particularly effective. Even in those that did not target men specifically for these "typically female activities" such as Baby Gardens, child nutrition training, and cooking demonstrations, evaluators recommended the use of such a component. In Bolivia Title II it was mentioned that, while CARE did not conduct health and nutrition activities for men individually, component integration "made men aware of their role in the health and nutrition of children and women." Men *and* women, should be included in women empowerment and food and nutrition-geared components such as PD/Hearth.

Madagascar SALOHI and Men: More explicit measures were taken to include men in nutrition components. Women and men were encouraged to participate in PD/Hearth, pregnancy support groups, Village Savings and Loan Associations, and agribusiness/Farmer Leaders activities.71% of men participating in these health and nutrition activities reported a desire to help their wives and contribute to children and female nutrition. Both women and men in SALOHI stated that "women have a greater voice in household decisions and are more inclined to speak up and be heard at community meetings" which may be a result of male incorporation.

India RACHNA Targeted Women By: 1) making special efforts to recruit women for CARE district teams, 2) focusing on HIV/AIDS and family planning health initiatives targeted at women (and men), and 3) educating mothers on health and sanitation procedures.

As a result, women's nutritional status increased and broad improvements were recorded in dietary diversity and intake among women. Although it was mentioned that CARE "treated women as mothers and not as women," because efforts focused purely on health and nutrition advances, broad improvements in female and child nutrition were seen as a result of these health initiatives.

CARE should continue to implement the following strategies in order to have the most effective change in communities:

- Create specific income opportunities for women
- Encourage women to join local committees
- Target women for health initiatives
- Include men in discussions of women empowerment
- Create women's groups and space for women to gather

Benefits of Consortiums

Ethiopia EDAC: "NGO partners were highly effective in supporting beneficiaries, ensuring timely and adequate food distributions, and supporting the implementation of public works."

Malawi I-LIFE: "The consortium experience strengthened core capacities of partners, providing technical and material resources and allowing for expansion of their programs."

4. Use well-run consortiums and partnerships

The majority of the analyzed programs (14 in total, 60%) were carried out through either a consortium of NGOs or with partnerships between CARE and other stakeholders, such as the local government or local NGOs. These partnerships have proven extremely effective, and have enhanced the capability and scope of implemented projects. These projects have achieved their goals more readily than those projects that did not work with outside partners.

Working with other partners who have stronger abilities to target, for example, improves the targeting of the project and allows CARE to focus on other aspects of the project where CARE is more experienced. In Kenya Dak Achana I, evaluators specifically noted that collaboration with partners allowed beneficiary communities access to technical support which was not directly offered by CARE. Partnerships with the local government are especially helpful, as they allow CARE to advocate for government adoption of project components to ensure sustainability. This can be seen in Indonesia BERSIH, where the government adopted PD/Hearth as the cornerstone of its community MCHN approach.

Well-run consortiums often include staff capacity building and training in the country that they are being implemented. This is crucial for coordination and efficiency within these consortiums, and CARE and partners have largely made efforts to build inter-agency capacity, communication, and idea sharing. Oftentimes, consortiums are the best part of the program operations—they help CARE extend its reach, improve programming, and make a bigger impact in beneficiary communities.

Sustainability can be improved through partnerships with local NGOs or the government, either of which can support the food rations programs and maintain safety nets, health interventions, and the like. The lack of these links with governments, the broader community, and long-term buyers has severely weakened many programs' sustainability. However, when strong efforts are made to incorporate programs (especially health components such as PD/Hearth and growth monitoring) with governments or other local partners from the start, sustainability increases. This can be seen by the superb sustainability measures of the health component Community Growth Promotion (PCC) in Bolivia Title II, where evaluators noted that components worked well *because* they integrated with local governments to strengthen community capacity and municipal leadership programs. We must, then, work with local governments, encourage local technical advisors to join development teams, build local government capacity, and connect program components to broader community organizations and/or businesses.

Bangladesh SHOUHARDO and Local Partners: Working with local NGOs (PNGOs) increased those local organizations' access to funding, organizational capacity, and ability to connect with donors. Working with these PNGOs also allowed SHOUHARDO to connect with the local government more strongly, as PNGOs acted as a middle man. SHOUHARDO also worked with the government of Bangladesh through national policy advocacy and capacity building for disaster risk reduction. This made it easier for the program to enhance its resiliency, as the government partnership advanced DMCs and because the government had ties to other local organizations that could help CARE move forward with its disaster risk reduction component.

Government Partnerships: In Zambia C-FAARM, most of the evaluators' recommendations centered on improved connections with the government, and noted that sustainability would have improved if there had been stronger governmental coordination. Evaluators stated that "C-FAARM activities contribute to the national poverty reduction strategy but the program had limited interaction with government and did not implement advocacy for policy change," and advocated for "increased linkages to government officials" so that beneficiaries could seek equipment and support after CARE. The C-FAARM final report also stated that future programs should make government advocacy a main component of the project, so that CARE programs encourage government policy change.

5. Ensure integration across program components

CARE Title II programs that monitor and focus on ensuring that individual project components achieve synergy and integrate within the larger goal of the intervention achieve wonderful results and create more lasting change in the communities. While it is hard to measure exactly how many programs achieved cooperative integration, 11 (48%) mentioned synergy as a positive outcome in their reports. It has been shown in multiple project reports that straightforward increases in dietary diversity improvements alone do not equal increases in nutrition such as stunting and malnutrition (see: Madagascar SALOHI). This leads us to believe that it is necessary to integrate multiple components, such as health-oriented programs (Recommendation 1 in this section), in order to make true nutritional improvements.

An example of where synergy may be helpful is across population growth control mechanisms and HIV/AIDS interventions. A focus on birth spacing and contraceptive use appears to be beneficial where used (India RACHNA), and the programs certainly could have benefited when these were not implemented.

India RACHNA and HIV/AIDS: Though the program did not achieve its overall goals in relation to nutritional improvements, the final evaluators noted that there were "substantial improvements in access to and use of health, nutrition, family planning, and HIV/AIDS services." It appears that, though most of the RACHNA components failed, the HIV/AIDS focus had incredible results, making it the best performing component of RACHNA. The percentage of rural women using contraceptives nearly doubled (though still at a low percentage of 11%), condom use increased substantially among truckers, urban migrants, and female sex workers, and there is evidence that HIV/AIDS and birth spacing interventions were successfully integrated with the rest of the project. Overall, the excellence of these components were the only positive integration in the Indian Title II intervention, and the limited advances in nutrition are attributed to HIV/AIDS education and birth spacing.

Much of sustainability comes from program synergy, and increasing synergy may have an effect on limiting the impacts of other unsustainable interventions such as Food for Work or direct food donations. Projects ensuring that food donations are, for example, integrated alongside spectacular health education components and have a strong aspect of participation will be more successful at impacting lasting community health and nutrition than those that only institute food donations. SuPER programming will only be achieved if CARE implements these recommendations in concert with each other, fully integrated and complementary. By encouraging participation, blending interventions with local culture, and using health components instead of agricultural ones, CARE will have much stronger programs than if each of these recommendations are implemented separately.

Areas for Improvement

While CARE has had many programs that have worked extremely well in the communities in which they were implemented, we must acknowledge that not all of CARE's programming has been as effective as hoped. This study has delved into the final evaluations of these programs to discover why that is; what makes one program less successful than another? Five key areas that lead to these ailing programs have been identified and are explained in more depth in this section.

Synergy and Madagascar DAP II: Evaluators recommended that "there should have been more integration between project elements. With multidisciplinary programs, there should be major efforts to communicate and incorporate fully within all sectors," though there is strong evidence that there was already a relatively high level of project integration in the DAP. This slightly integrated approach led to impressive improvements in child nutrition, exclusive breastfeeding, and months of food security. The report also mentioned that through increased synergy between Food for Work and nutrition, a stronger correlation between these components would result in even greater health and nutrition outcomes.



1. Account for local constraints that may inhibit effective implementation

Numerous limitations on proper implementation have arisen simply because of program planners lack insight into local logistical constraints. At least 12 programs (50%) experienced these issues, which are detailed below. Some common constraints programs mentioned are:

- **Timing**: These constraints may come in the form of implementation during the hungry season, which conflicts with the agricultural planting and harvesting season (which occurred in Niger FSIN with FFW), or a simple inattention to the health of livestock, which ends up crippling a program's livestock component (which took place in both Niger PROSAN and Zambia C-FAARM).

- **Picking the wrong crops**: Inappropriate and universal baskets of food rations cause beneficiaries to rely on the resale of those rations for more preferred rates at extremely high transaction costs (Madagascar DAP I Title II), and the intense marketing and consumption promotion of an unfavorable or unreliable crop (sorghum was "not considered a viable crop throughout the country" by donors in Zimbabwe C-SAFE) can lead to the stigmatization of purchasing this crop, a lack of knowledge of the crop's proper use, and reduced adoption of the use of this crop/project component. Failing to account for these constraints can lead to beneficiary dissatisfaction, increased program costs, and can limit nutrition and food security gains.

- **Attitudes and Social norms**: In Ethiopia, for example, program evaluators stated that the extremely high dependency syndrome, created by years of NGO relief intervention in the area, made it difficult to implement components reliant on volunteerism from beneficiaries. In Tajikistan FACT, numerous local limitations limited women's ability to regularly visit health care facilities despite long and well-designed/implemented healthcare programs. They faced challenging family attitudes about the appropriateness of women visiting facilities, poor healthcare worker attitude and knowledge, distant healthcare infrastructures, and their inability to pay even minor expenses.

- **Disease**: In India, program planners did not account for the fact that diarrhea was one of the major contributors to childhood malnutrition, and the lack of emphasis on improved hygiene sanitation practices limited the effectiveness of all of the other great nutrition programs. Likewise, disease caused a dramatic spike in child morbidity rates in Sierra Leone CORAD II, despite the fact that the program components had proved effective; this disease may have been mitigated if a hygiene or sanitation program was incorporated. Kenya Dak Achana I saw a major outbreak of HIV/AIDS during program implementation, which nobody expected or attempted to mitigate. In the final report, this HIV/AIDS scourge was blamed for the source of many unaccomplished targets.

By misunderstanding realities on the ground, entire project components have failed. The solution may be as simple as acknowledging that programs operate within a changing, unpredictable landscape, and it is necessary to reevaluate the success of each component after a few months of implementation to ensure that it is operating without unforeseen constraints. This may also be limited if programs undertake comprehensive pre-implementation studies of the areas they are entering, as mentioned elsewhere in this recommendation. However, it must be noted that these above recommendations will only be effective if projects have the flexibility to make alterations in their programing before and during project implementation.

2. Resolve inefficient and unstandardized Monitoring and Evaluation (M&E) studies

CARE M&E must be standardized and made more efficient. Three recommendations are suggested to encourage stronger M&E structures:

- Evaluators must be concise, thorough, and consistent
- Guidelines must be made
- Standardize M&E in relation to indicators, methodology, and evaluation format

CARE should also do impact studies at least three months after CARE has left the area, complete more thorough and holistic baseline evaluations, and institute flexible programs that can evolve as the situation on the ground changes.

Broad-scoped baseline evaluations can be carried out in order to fully understand the reality of the issues on the ground and the interconnectivity and complexity of social, economic, and political factors. These studies will need to take into account not only what the challenges are, but why they are. Qualitative and quantitative baseline studies must also work in consort with flexible programs which have the ability to take M&E findings into account and change their program structure. On the other hand, it may be just as important to complete an impact study a few months after the program has left the area. This will help to understand if CARE programs have led to true sustainable change, and will also help future projects to ensure better quality.

In each study, however, CARE evaluators must be concise, thorough, and consistent. Guidelines must be made in order to standardize M&E in relation to indicators, methodology, and format.

When evaluations are done well, and program planners look at previous evaluations for programs implemented in their area before they begin a new program, things go well. A fantastic example of this is the Kenyan FFP legacy. It appears that Kenya Dak Achana II looked at, and addressed, many of the recommendations from Dak Achana I's final evaluation. For example, Kenya Dak Achana II incorporated an HIV/AIDS program due to the concerns about the epidemic in the previous program, and instituted a new gender component with increased synergy. By making these changes, programs in Kenya's grew from being mildly effective to achieving most of their goals. Dak Achana I accomplished about half of their intentions; Dak Achana II, however, was able to make a leap forwards to impressive achievements through using recommendations from the previous report.

The Kenyan programs prove just how effective proper

Inflexibility and Indonesia BERSIH: A thorough baseline study found many important and necessary technical issues and recommended solutions. However, due to donor constraints and the nature of the program design, the program was not flexible enough to incorporate ways to mitigate these issues, and the specific problems in the community were left by the wayside. This may be directly correlated to the poor results of the Indonesian program: severe inclusion error, few beneficial food access programs, unsuccessful behavior change though knowledge was increased, and poor collaboration with the government, which led to a duplication of many of the current administration's already-implemented initiatives.

M&E can be in future evaluations. In contrast, there are several challenges that arise when programs do not carry out M&E effectively. Some problems we have seen are:

Failing to re-assess the situation: Sierra Leone's legacy shows how quickly a situation can change, reaffirming the necessity of proper M&E at every stage of the project. Because evaluators of Sierra Leone CORAD II did not analyze why high child mortality was occurring, and because CORAD II did not assess the situation and implement emergency strategies, it is hard to say what the issue with this DAP was. Evidence suggests there was an outbreak of disease in the area, most likely due to the lack of sanitation and health intervention by CORAD II and the rise in rates of fever and diarrhea, though this analysis is not explained effectively in the final report. Regardless of the reason, Sierra Leone CORAD II shows a decline in CARE's program effectiveness in Sierra Leone. Without an in-depth look at why this phenomenon occurred, subsequent programs that are being implemented in Sierra Leone and elsewhere cannot learn from this mistake. CARE should send an evaluator back into these communities after a year, or at least a few months, to assess if any of these projects were sustained, if there were lasting impacts, and if people still thought positively of the program after it was gone for a while.

Inconsistent Indicators: Inconsistencies in indicators make it difficult to analyze projects by comparing the situation before CARE and the situation after the intervention. Often, the indicators used in the baseline are not the same as the midline, and the midline are not the same as the final evaluation. This results in confusing and often useless information. This also makes it difficult to analyze the sustainability of the programs and the true impact on beneficiaries.

Poor timing: Many "final" evaluations appear to have been undertaken almost a year before the actual end of the program. Only 18 out of the 23 projects had clear end and evaluation dates, and 7 of those 18 ended at least five-six months before the programs pulled out (39%); 4 out of 18 final evaluation studies (22%) were undertaken about a year before the end of the project (from 10-13 months before). This is likely to cause misreported statistics and biased results.

Formatting: Many of these final reports are extremely lengthy. They are difficult to read, and their dense reporting makes it difficult to figure out which information is important. The length and intensity of these reports begs the question of whether these reports are seen, read, and taken into account by the Food and Nutrition Security team or by outsiders. Each final report is also formatted very differently; in numbers alone, final reports spanned anywhere from 59 pages (Guatemala PROMESA) to upwards of 250 pages (Bangladesh SHOUHARDO). Some include annexes of the data, and others scatter data throughout the pages without ever centralizing the information for concise reference. Some reports go in order of Strategic Objective, and others organize reports according to activity or component implemented. This makes it a) extremely hard to navigate these reports and b) almost impossible to analyze two programs side-by-side.

For all the above mentioned reasons, standardizing M&E is necessary so that it is possible to compare programs more effectively, and so studies like this evaluation are more often completed. It is important that M&E, along with its reports, are standardized and made more efficient so future projects can benefit from evaluations' recommendations and results.

Reassess the situation: In Ethiopia, it was noted that commodity transfers alone (direct aid and food distribution) were not sufficient to improve child nutrition statuses. However, a lack of an in-depth analysis to why this was made it hard to fix the problem. It is unclear whether the food baskets were not sufficiently nutritional, whether the birth spacing issues limited effectiveness, or whether sanitation and health limitations were the root cause.

3. Review Food for Work to create a guiding set of implementation principles

Some sort of Food for Work program (Food for Work, Cash for Work, Food for Assets) has been executed in 15 out of 23 of the projects evaluated in this study. Of those 15, 12 projects (80%) cited a challenge with the implementation of these components. At best, this means that over 50% of all CARE Title II programming

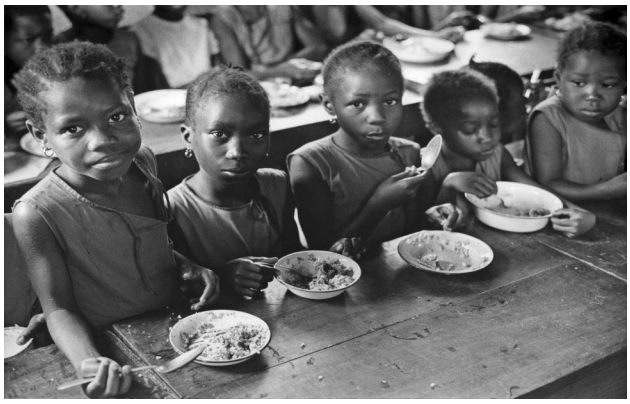
and 80% of all specific Food-for programs had some issue with the implementation of a Food-for component. Taken more extremely, this represents a program that works completely correctly only 1 out of every 5 times it is implemented.

Cash for Work had the largest amount of problems, with beneficiaries often advocating for payment in food rather than cash. This compounds upon the other difficulties seen with other Food-for programs, and combines to make CFW the least effective of the three. CFW was deemed a problem in Ethiopia EDAC because "grain costs rose significantly and so the cash payments in CFW were not enough to buy the necessary amount of food for a household." In many programs, beneficiaries claimed they liked food for work much more than cash for work because the food was more nutritious and was more plentiful than the same amount that they could buy.

Evaluators of **Niger PROSAN** claimed that, "When workers are paid with CFW, large amounts of cash are injected into the local economy," which can cause inflation and other market problems, as the supply chain cannot catch up with the amount of increased demand.

Food for Work is implemented the most often out of the three, and it is here that there is most evidence of a variety of difficulties. Key complaints arose in Malawi I-LIFE, Madagascar DAP I, Kenya Dak Achana II, Ethiopia EDAC, and Angola CDRA. Key frustrations revolve around the sustainability of these projects, their correlation to long-term job skill creation and job security, and the sense of community ownership of produced assets from Food-for programs.

In Malawi I-LIFE, evaluators cautioned that FFW, and "handouts" in a more general sense, create dependency and reduce incentives for beneficiaries to problem-solve as a community; furthermore, FFW "lowers the sense of ownerships… and creates an expectation of compensation." In Kenya Dak Achana II, FFW potentially created "overreliance on donors" and created dependency on others for aid. Ethiopia had similar frustrations: "The community assets developed through Food for Work created an enabling environment to utilize the assets. However, most of the food insecure households have depleted their basic productive assets and therefore fail to take advantage of assets created without additional assistance." Clearly, FFW required additional input and was nowhere near sustainable.



In a larger sense, Madagascar DAP 1 displays explicit evidence for the overall ineffectiveness of FFW. Evaluators stated that there was no evidence that FFW beneficiaries were "better off" than they were before the program. In Angola CDRA, too, FFW did not accomplish it goals and reached only 40% of the intended targets, out of which only 19% actively participated. CDRA evaluators later noted that "food self-sufficiency was not achieved," which gives evidence to the fact that FFW did not aid the program in accomplishing its SuPER food nutrition and security goals.

Safety Nets and Dependency

Angola CDRA: emphasis on a Food for Work safety net resulted in a lack of food security: "Beneficiaries… remain highly vulnerable, and their newly re-established livelihoods are still fragile" (Annex 1:1).

Zimbabwe C-SAFE: semi-emergency relief program focused heavily on food transfers (such as Vulnerable Group Feeding and School Feeding); they stated that "underlying causal factors contributing to chronic food security might not have been effectively addressed" because "little coordinated effort was made to inform beneficiaries about alternative forms of support, or to increase their capacity" (Annex 1:23).

It must be noted that some programs did, however, favor these programs, such as Zimbabwe C-SAFE with Food for Assets. However, the evaluators of C-SAFE favored FFA in comparison to the other program interventions, which mostly related to direct emergency food transfers. The evaluators preferred FFA because it seemed more sustainable and had a larger impact on the resiliency of the beneficiaries. Here, the evaluator preference for FFA is negligible, because of the other options available to these evaluators (such as Vulnerable

Group Feeding and School Feeding, which require constant input of food from outside sources). FFA can, then, be seen as the lesser of the evils when discussing emergency food transfers, but cannot be seen as wholly better than all other CARE intervention components.

In conclusion, FFW/FFA/CFW has little sustainability and may, in fact, be unlikely to impact real economic growth. Roads by themselves do not often stimulate economic growth, and other projects like irrigation infrastructure and job creation/training may have larger impacts on market stability. More innovative safety net procedures are needed in order to ensure sustainability and to reduce reliance on donors (examples of this include voucher systems like the one in CARE Haiti Kore Lavi and direct cash transfers piloted in developing countries like Brazil's Bolsa Familia). FFA/FFW/CFW components may also be more effective if they are reworked and centered on agriculture, sustainable cultivation, and used as incentives to participate in trainings.

Ultimately, CARE and the wider development sphere should initiate a comprehensive review of Food for Work, Food for Assets, and Cash for Work in order to gain a better understanding of the concerns surrounding these initiatives. CARE should develop a guiding framework for future programs of this nature and ensure that Food-for is comprehensive, better targeted, and more sustainable.

Madagascar DAP 1: Evaluators found that FFW does not generate long-term employment opportunities, and that "Cash for work and food for work are not sustainable employment," or, more simply put, FFW/CFW is not sustainable. Though evaluators did state that these programs do act as sufficient safety nets, there were concerns over insufficient skill training that was directly transferable to new, stable beneficiary employment. They even explained that the skills these beneficiaries gained through FFW were negligible, as they were not skills employees demanded.

4. Limit program delays due to funding, distribution, and commodity deliveries

Program delays are commonly mentioned in final evaluations. Overall, nearly half of all programs cited delays in some form or another (about 48%, 11 out of 23 programs). These delays come from many sources, but most often stem from three main areas: inconsistent funding, late commodity deliveries, and distribution of food and other commodities. Funding delays were cited most often, and were a constraint in 6 programs; in other words, 26% of all Title II programming had a funding delay, and out of all delays, 55% were due to inconsistent funding (these programs include: Angola CDRA, Kenya Dak Achana I, Malawi I-LIFE, Sierra Leone CORAD II, Tajikistan FACT, and Zambia C-FAARM). Commodity deliveries occurred in 4 programs (Angola CDRA, Madagascar DAP I, Tajikistan FACT, and Ethiopia EDAC), making it second most likely out of all delays (36%) and 17% of all Title II programs. Distribution delays occurred the least often, stated in 3 program evaluations, which is still 13% of all programs and 27% of delays (Ethiopia EDAC, Mozambique VIDA II, and Zimbabwe C-SAFE).

Delay Type and Frequency

	# of Programs	% of Programs	% of Delays	Programs
Inconsistent Funding	6	26%	55%	Angola, Kenya I, Malawi, Tajikistan, Zambia
Commodity Deliveries	4	17%	36%	Angola, Madagascar I, Tajikistan, Ethiopia
Distribution Delays	3	13%	27%	Ethiopia, Mozambique, Zimbabwe

Programs that achieved or overachieved most of their Intermediate Indicators rarely cited program delays (Sierra Leone CORAD I, Peru REDESSA, Madagascar SALOHI), suggesting that there may be a correlation

Ethiopia EDAC: Many commodity and start-up delays. Coincidentally, Ethiopia programming was not as effective as it could have been, and many targets were not achieved. The irrigation scheme fell apart because there was insufficient supplies and inadequate technical capacity. Delays in budget disbursement affected the smooth implementation of the project and in some cases caused a temporary cessation of work. The shift from the relief-emergency cycle to Safety Nets encountered start-up challenges, which resulted in delays within the first year. Due to distribution delays (of payment, food, etc), food was not always available when it was most needed, despite the eventual 100% distribution rate of available commodities. Evaluators even targeted this issue in their recommendations, stating that it is necessary to ensure that there are no delays in activity implementation or supplies. "Partners should strengthen coordination to reduce obstacles to timely food transfers."

between the success of a program and how many delays it suffers. This is not to say that well-achieving programs were without delays of some sort. Both Dak Achana I and II in Kenya stated delays due to a myriad of reasons: inconsistent funding, untimely availability of resources, and rigid bureaucratic procedures imposed by the local government. The Kenyan programs stated that these delays seriously impacted their ability to coordinate effectively in communities, as results included community mistrust of "inconsistent" project planners, slow implementation, and lost time. Mozambique VIDA II also fared relatively well, despite the late arrival of seeds and other materials and the delayed implementation of PD/Hearth, which limited the scope and depth of PD/Hearth's positive achievements in health and nutrition.

Angola CDRA and Zambia C-FAARM showed more serious delays. Zambia did not begin implementation until a full year later than expected, and this extremely reduced C-FAARM's ability to reach all of its targeted beneficiaries. Angola CDRA's technical and organizational issues caused many drawbacks and were referenced numerous times in the evaluation. Almost all of the recommendations and general emphasis in the program report for Angola were on the operational downfalls. TA modifications caused CDRA to lay off staff and reduce its targeted number of beneficiaries, and due to the delays in delivery, food rations that were intended to go to beneficiaries of seed swaps were only distributed to 25% of those targeted. Madagascar DAP I had poor results and distribution delays, and some commodities remained undelivered completely. If the Madagascar project had been able to better manage or reduce the frequency of these delays, better alternatives to the CFW and FFW issues may have been available.

Clearly, delays are a serious problem for CARE Title II programming, and steps must be made to ensure the reduction of delays in all areas of implementation. This may be in part accomplished through more thorough baseline studies and a more comprehensive understanding of local and cultural restraints (Recommendations 1 and 2 of this section).

5. Sensitize targeting strategies (inclusion/exclusion error, conflict with local culture)

In many cases, targeting strategies have not received much attention from the wider development community. However, this study finds that poorly targeted interventions can have a detrimental effect on not only the project's ability to create effective change, but also on the social cohesiveness of the community. Some of the most widely cited problems with targeting are inclusion errors, exclusion errors, and insensitive targeting strategies. At least 7 out of 23 projects (30%) have faced serious targeting issues, as highlighted by their final reports. Targeting that goes against the grain of the local culture can, in some extreme cases, create community divisions that last even after CARE exits. Poor targeting is usually a result of a lack of understanding of the minutiae of local culture and how specific targeting strategies may appear to beneficiaries on a local and personal level.

Overall, targeting needs to be participatory, culturally appropriate, and sensitive to the nature of certain interventions. Oftentimes, a small change in targeting can have far-reaching implications, and it is important to make sure those effects are positive.

Two examples of how incorrect targeting can impact communities are found in the Indonesian project and the Zimbabwe C-SAFE intervention. Indonesia BERSIH had high records of inclusion error. The final report suggested that "inclusion error wasted resources and reduced graduation rates. Programs must be better targeted to areas with high levels of malnutrition and to individual children with severe malnutrition." This inclusion error represented more than one-third of children in the program. A complicating factor was that CARE's programming in Indonesia in general had to be cut back from 40 villages to 20 (most likely due to natural disaster). The results of inclusion rate are clear: there was no improvement in stunting, overweight, or diarrhea rates. PD/Hearth targeting was based on Indonesian governmental growth standards, which overestimated the number of children eligible for PD/Hearth.

The Ethiopian EDAC final report was one of the only that reported a clear repair of poor targeting, and planners largely fixed the problems before they could get out of hand by providing food aid based on family size. Ethiopia also added to this by incorporating participatory, community-centered targeting methods which based targeting decisions on cultural values. However, the evaluators did notice that by targeting based on family size, the program created an incentive to increase family size. However, this type of targeting strategy, that incorporates cultural values and input from community members, may prove more effective than other methods.

In Madagascar SALOHI, we actually see an example of fantastic targeting from the start. SALOHI organized PD/ Hearth sessions at the hamlet level, which improved their ability to target effectively, increased participation, and aided SALOHI in overachieving its target of beneficiaries reached (target of 130,000, reached 630,000). Furthermore, this likely contributed to the reduction in malnutrition rates since more children living in more isolated sites were reached. This is a fantastic example of how a simple change in organization and targeting can have far-reaching goals, impacting nutrition, reach of program, and sustainability.)

CARE can sensitize targeting strategies by:

- Testing strategies on a small scale before expanding
- Encouraging community participation in targeting
- Continuing to use targeting strategies that community members favour
- Combining targeting strategies with other project components, such as family planning

Conclusion

CARE has done some wonderful work, providing people around the world with more stable access to food and with the means to ensure their health. If nothing else, these evaluations have shown the true and stunning quality of CARE's work in the last twenty years. They have highlighted a path forward to ensure the continuation of efficient, effective, and encouraging Food for Peace initiatives worldwide.

Best Practices

1. Focus on community capacity building and health education
2. Encourage local/community participation and construct programs amenable to local cultural practices
3. Directly target women, through health or gender equality initiatives
4. Use well-run consortiums and other partnerships
5. Ensure integration across program components

Areas for Improvement

1. Account for local constraints that may inhibit effective implementation
2. Resolve inefficient and unstandardized Monitoring and evaluation (M&E) studies
3. Review Food for Work to create a guiding set of implementation principles
4. Limit program delays due to funding, distribution, and commodity deliveries
5. Sensitize targeting strategies (inclusion/exclusion error, conflict with local culture)

Annex I: CARE Title II Programs 1998-2015

Angola: *Consortium for Development Relief in Angola* (CDRA)

Implementation Time	17 March 2003 – 15 December 2005
Final Evaluation Date	November 2005
Consortium Members	CARE (lead), Africare, CRS, Save the Children-US, and World Vision
Sources	Final Evaluation
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\Title II Evaluations by Country\Non-Emergency\Angola\CDRA_2003-2004

Positives

- Exit strategy was well formulated and achievable
- Consortium worked well
- Detailed M&E plan established at inception, CDRA partners well-trained and received support from M&E coordinator

Negatives

- Staff problems (understaffed, underqualified, undertrained)
- Delivery and funding delays; 11 TA modifications resulted in the reduction of funds and commodities, negatively impacted CDRA (staff needed to be laid off and number of beneficiaries reduced)
- Food self-sufficiency not achieved, Food for Work did not accomplish its goals

Recommendations

- M&E Plan should include monitoring system to provide info on how the food aid is used, the beneficiary perception of registration and targeting, and efficiency of targeting
- Develop end use monitoring system for FFW activities
- Use consortium approach; it allows the PVOs to reach many beneficiaries at a lower cost.
- Participatory final evaluations (to facilitate sharing of experiences/lessons learnt)

Bangladesh: *Strengthening Household Abilities for Responding to Development Opportunities* (SHOUHARDO)

Implementation Time	October 2004 – May 2010
Final Evaluation Date	December 2009
Consortium Members	CARE, Local Partners
Sources	Final Evaluation
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\Title II Evaluations by Country\Non-Emergency\Bangladesh\SHOUHARDO I_2006-2009

Positives

- Great gains in female equality
- Impressive changes in nutritional status of children and mothers. Increase in diet diversity scores

Negatives

Exit strategy did not consider the capacity development required for communities to sustain their efforts, particularly their links with government

Recommendations

- Introduce an empowerment strategy that sensitizes men and adolescent boys to gendered norms which contribute to inequality between males and females
- Collaborate with micro-finance institutions and NGOs in order to develop a policy on savings approach for PEP households that could be adopted by the national government
- VDCs should encourage the participation of women on the Committee, so that the concerns and needs of women are met

Bolivia: Title II Development Assistance Program

Implementation Time	2002 – April 2009
Final Evaluation Date	fall 2008
Consortium Members	Adventist Development Relief Agency (ADRA), CARE, Food for the Hungry International (FHI), Save the Children (SC)
Sources	Final Evaluation
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\Title II Evaluations by Country\Non-Emergency\Bolivia\Bolivia T2_2002-2008

Positives

- Women stated strengthened self-confidence
- Program integration helped increase program effectiveness and enhanced program impact

- Nutrition increased overall
- Community Growth Promotion (PCC) worked very well and over-accomplished goals; especially successful when working with government health officials

Negatives

- Waited until the end to focus on capacity strengthening
- Several CSs cited the challenge of using food rations as an incentive for participation

Recommendations

- Municipalities provide additional funds and ensure that programs will continue after donors pull out
- Need to focus on sustainability from the beginning; capacity strengthening should be a focus throughout the project
- Program integration helps increase program effectiveness and enhanced program impact
- Community women need opportunities to get together regularly to discuss health and nutrition concerns. A small group ensures a "safe space" in which women gain confidence in expressing themselves. Semi- structured facilitation is needed during initial encounters.

Ethiopia: Ethiopia Development Assistance Consortium (EDAC)

Implementation Time	2003 – 2011
Final Evaluation Date	2010
Consortium Members	CARE International, Catholic Relief Services, Food for the Hungry, the Relief Society of Tigray, Save the Children UK, Save the Children US
Sources	PSNP Knowledge Management and Learning Review, EDAC Final Evaluation, HIBRET I Final Close-Out Report, HIBRET I Effectiveness Short Study, REVIVE Final Evaluation, PSNP GRAD 2008-2011 Summary, PSNP GRAD 2011 -2016 Proposal
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\Title II Evaluations by Country\Non-Emergency\Ethiopia

Positives

- High levels of participation and community engagement
- Municipal governments have started to include communities in their development planning sessions and they have included the communities in monitoring the program
- Public works and ration transfer schedules were adapted to fit livelihood patterns
- Issues relating to targeting were resolved without negative effects

Negatives

- Cessation of REVIVE caused major problems within the beneficiary community, as the community connected very strongly with REVIVE and felt betrayed by the consortium members
- Extremely low graduation rate of only 3.73% out of 7.5 million participants by 2009
- Dependency syndrome was a challenge
- Water development projects left a significant amount of unmet need; hygiene and sanitation were very small components

Recommendations

- De-emphasize FFW and other safety net programs, as they do not foster sustainable change

- Emphasize community involvement and participation
- Fund health and sanitation programs rather than agricultural ones
- Community Action planning (CAP) exercises in which the whole village community gather, discuss, and prepare plans, should be replicated

- Ensure that there are no delays in activity implementation or supplies. Partners should strengthen coordination to reduce obstacles to timely food transfers
- Community elders are effective in the targeting process to resolve conflicts

Guatemala: Food Security and Economic Improvement Program (PROMESA)

Implementation Time	October 2000 - March 2007
Final Evaluation Date	summer 2007
Consortium Members	CARE Guatemala
Sources	Final Evaluation
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\Title II Evaluations by Country\Non-Emergency\Guatemala\ PROMESA_2003-2007

Positives

- Participatory sharing of results via a presentation of the documentary and a panel forum. Discussed key points and lessons learned
- Coordination and teamwork with GOs, NGOs, movements, associations, and other social structures helped influence processes related to local community development
- Program did not contrast socially or participatively to the context of the local culture

Negatives

- Only 37% of communities benefitted from basic water and sanitation interventions

Recommendations

- Recognize and incorporate indigenous cultures
- The participation of individuals that are community health leaders have a positive influence
- The native language should be used in all training, informative activities, and in general as much as possible. This increases women and community participation, comfort levels, and effectiveness.
- Implement activities specifically targeting individual and collective strengthening of women in all organizations and communities.

Honduras: Title II

Implementation Time	2000 – September 2005
Final Evaluation Date	October 2004
Consortium Members	CARE Honduras
Sources	Final Qualitative Evaluation
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\ Title II Evaluations by Country\Non-Emergency\Honduras

Positives

- Percentage of couples using family planning methods increased by 35%
- Well-organized, effectively-run program
- Success in increasing agricultural production, minor improvements in household and child nutrition

Negatives

- Health volunteers not sufficiently trained, though eager. They did not understand all health themes, could not express themselves in public, and many were not literate
- Worked with only a few farmers for an extended number of years; only those few received all benefits of participation. This was inequitable and reduced the impact of the program
- Food-for-Work only used to build roads, and thus other uses of FFW have been underutilized

Recommendations

- Monetary compensation is not suggested. However, other incentives are, such as increased training or access to equipment
- Analyze data at certain times throughout the program instead of simply collecting a lot of numbers
- Scale back on program innovation and concentrate focus on basics. This means avoiding activities that will not pay large-scale dividends in terms of improved livelihoods, and cease other activities that distract from the overall focus of the project

India: Reproductive and Child Health Program (RACHNA)

Implementation Time	2001 – October 2006
Final Evaluation Date	June 2006
Consortium Members	CARE, Government of India, local NGO partners
Sources	RACHNA Final Evaluation, INHP Final Evaluation (subset of RACHNA)
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\ Title II Evaluations by Country\Non-Emergency\India

Positives

- Substantial improvements in access to and use of health, nutrition, family planning, and HIV/AIDS services
- Birth spacing successfully integrated and should be an essential part of the package of services offered
- Peer Educator (PE) program was successful, and should be replicated
- Broad improvements in female dietary intake
- Incredibly impressive HIV/AIDS prevention field program

Negatives

- Short training workshops were not enough to adequately build the skills needed across a breadth of subject areas
- More emphasis is needed on improving hygiene and sanitation, especially washing hands, to reduce diarrhea and thus child

malnutrition
- Overall, the INHP program did not meet its goals

Recommendations

- Strengthen monitoring and evaluation capacity. Build partnerships with academic institutions and networks
- Further improvement is needed in counseling skills and in the availability of more culturally-specific small doable actions for improving complementary feeding practices
- HIV/AIDS prevention program is successful in improving HIV/AIDS prevention practices among through use of Peer Educators and an effective Behavior Change Communication strategy

Indonesia: BERSIH

Implementation Time	October 2004 – June 2008
Final Evaluation Date	September 15, 2008
Consortium Members	CARE Indonesia
Sources	Final Evaluation, Review of the Title II DAPs in Indonesia (MATHYS)
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\Title II Evaluations by Country\Non-Emergency\Indonesia\BERSIH_2005-2009

Positives

- CARE's model is more likely to achieve sustainability than the usual government approach
- Participation of community leaders and members in PD/Hearth
- Inter-agency collaboration on M&E worked well, although it was time consuming

Negatives

- Inclusion error wasted resources and reduced graduation rates
- Activities to promote food access were not in place to help households mitigate shocks
- GOI counterparts were more involved in implementation than in design, and lack of close collaboration with the GOI during design led to duplication and poor integration with current government programs
- Program not flexible enough to incorporate results of baseline study

Recommendations

- Complementary interventions at household and community levels, particularly in water and sanitation, enhance the impact of PD/Hearth
- Local formative research is be required to tailor behavior change communication messages and strategies
- Food aid should be offered separately (purely on the basis of need) from development activities in order to reduce reliance on this aid
- PDI training needs to be focused more on key issues known to be directly related to good nutrition in children, while not sacrificing the community engagement often generated through the PDI process

Kenya: The Nyanza Household Livelihood Security Program (Dak Achana) I

Implementation Time	1998 - September 2003
Final Evaluation Date	August 2003
Consortium Members	CARE Kenya
Sources	Final Evaluation
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\ Title II Evaluations by Country\Non-Emergency\Kenya\DAP 1998-2003

Positives

- Transparency and cost sharing strategies were motivating factors for community participation
- The program had competent and experienced staff
- C to C intervention proved successful and perhaps sustainable. This has possibilities for recreation

Negatives

- Contact period was too short for sustainable change
- Issues of volunteerism deter active participation of the community
- HIV/AIDS scourge cited as a major threat to the program
- Inconsistent funding led to loss of trust from the community

Recommendations

- Community participation in PIME (participation in planning and implementation of programs) enhances ownership of the project and hence its continuity even when the development agencies pull out.
- Collaboration with the government enhances complementarity in health and development
- There should be an emphasis on disease prevention, especially major and life threatening diseases. Disease outbreaks can threaten success of projects and of communities
- More training on irrigation, marketing, financial and resource management, local resource mobilization

Kenya: The Nyanza Household Livelihood Security Program (Dak Achana) II

Implementation Time	2003 – September 30, 2009
Final Evaluation Date	July 2009
Consortium Members	CARE Kenya
Sources	Final Evaluation
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\ Title II Evaluations by Country\Non-Emergency\Kenya\DAP 2003-2009

Positives

- TASK technologies have been adopted by non-TASK members. It has impacted even those who were not directly targeted
- CARE programming is interwoven with community resources, persons, and materials
- TASK focused on the needs of its beneficiaries and took them into account at every step
- Beneficiaries have greater control and are more self-confident

Negatives

- Not proactive in extending links with human rights and protection networks through greater outreach

- Food rations create dependency and FFW/OVC interventions are not as sustainable as hoped

Recommendations

- Gender-focused projects should develop a design that works directly for women and shows a solid understanding of their needs
- Food rations can create dependency and it is difficult to mount an exit strategy for projects implemented under such designs
- Future programs should continue to cost-share with beneficiaries. This encourages a sense of community ownership of the programs and ensures sustainability
- Create a sustainability plan and follow it closely, making modifications based upon experience

Madagascar: DAP I Title II (Mahavita, CYPREP)

Implementation Time	1998 – 2003
Final Evaluation Date	2003
Consortium Members	CARE Madagascar
Sources	Final Evaluation
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\Title II Evaluations by Country\Non-Emergency\Madagascar\DAP_1998-2003

Positives

- Mahavita quickly utilized resources to rapidly initiate FFW during a political crisis
- FFW generated employment that "saved" beneficiaries during the disaster
- Mahavita followed the rhythm of communities

Negatives

- No evidence that FFW households are better off than similar households in 2000
- Too little was done to generate long-term employment, no program existed to help transfer skills gained from FFW/training to long-term employment
- Beneficiaries dissatisfied with food basket
- Water and sanitation coverage is inadequate

Recommendations

- Creating representative structures can positively affect mobilizing financial and human resources
- Cash-for-work/FFW is not sustainable employment, and should not be seen as a long-term solution.
- Focus of FFW training should be in marketable skills, such as languages, industry, business, computers, etc

Focus on achieving water/sanitation coverage. Develop a hygiene promotion strategy

Madagascar: DAP II Title II

Implementation Time	2004 – July 2009
Final Evaluation Date	November 18, 2008
Consortium Members	CARE Madagascar
Sources	Final Evaluation
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\ Title II Evaluations by Country\Non-Emergency\Madagascar\ DAP_2004-2008

Positives

- Positive influence on child nutrition brought about mainly through improvements in health and through slight improvements in food security
- Positive agricultural benefits, such as the use of improved technology and increases in crop yields

Negatives

- No significant difference across control and intervention groups in household wealth
- No adequate information citing improvements in child feeding and healthcare practices
- Slightly greater wealth did not translate to increased food security

Recommendations

- Modify the planning approach so it engages beneficiaries, and strengthen the connection between fokontany and communes
- Advocate for awareness and service by Ministry of Works to oversee the efforts of the commune, and if necessary to seek resources and mandate at a national level in this role. Greater engagement with national government agencies
- More integration between project elements. With multidisciplinary programs, there should be major efforts to communicate and incorporate fully within all sectors
- Focusing on improving health leads to improvements in food security, far more so than building roads does. Future programs should emphasize health and sanitation rather than road building

Madagascar: Strengthening and Accessing Livelihood Opportunities for Household Impact (SALOHI)

Implementation Time	July 2009 – June 2014
Final Evaluation Date	May 1, 2014
Consortium Members	Catholic Relief Services (lead), CARE Madagascar, Adventist Development and Relief Agency (ADRA), Land O'Lakes International Development Division (LOL)
Sources	Final Evaluation
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\ Title II Evaluations by Country\Non-Emergency\Madagascar\DAP_2009

Positives

- Excellent job preparing for sustainability
- Tightly-focused health and nutrition program involved the entire community

- Effective investment in training community health volunteers to reach as many women and children as possible
- Strong endorsement and active support from community leaders

Negatives

- Households could not acquire the necessary assets for continuing behaviors promoted by PD/Hearth
- No statistical correlation between participation in PD/H and adoption of food hygiene behaviors
- Village Savings and Loans Associations did not directly improve food security status

Recommendations

- Develop and implement a strong gender component, including an in-depth gender analysis, a focused gender communication strategy, and at least one full-time focal point to ensure gender mainstreaming
- Include economic interventions for female heads of households, especially those with little or no access to land, like providing alternative livelihood activities
- Start activities in at least 80% of target communities in the first year
- Include a WASH component in programs
- Carry out a post-project sustainability study after one year, to inform future sustainability strategies.
- Develop a more comprehensive, varied Social and Behavior Change Strategy

Malawi: I-LIFE

Implementation Time	October 2005 – June 30, 2009
Final Evaluation Date	December 2008
Consortium Members	CARE International + Catholic Relief Service (CRS) (leads), Africare, the Catholic Development Commission of Malawi (CADECOM), Emmanuel International (EI), Save the Children, US (SCUS), The Salvation Army (TSA), and World Vision International (WVI)
Sources	Final Evaluation
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\Title II Evaluations by Country\Non-Emergency\Malawi\I-LIFE_2004-2009

Positives

- Participatory implementation strategy achieved a high level of ownership and overcame potential land tenure obstacles
- Complementarity between VSL and irrigation; VSL made it possible for farmers to purchase inputs once the irrigation scheme was completed
- Consortium worked well, sharing lessons learned across partners and complimented each other's strategies/knowledge

Negatives

- High and unfulfilled demand for access to irrigable land. Irrigation's full potential may not have been realized due to lack of technical capacity.
- PH/Hearth was not as effective as it might have been, and maybe should not have been implemented

Recommendations

- Ending the FFS process was a lost opportunity. Try not to end programs that seem to be working

- Do a systematic analysis of production constraints and create an associated plan of action to resolve them
- Food for Work has a negative effect on the development of the project in that it lowers the sense of ownership and creates an expectation of compensation
- A more comprehensive approach to targeting, including socioeconomic categories of vulnerability, might enable projects to avoid inclusion error
- Focus efforts on irrigation schemes. They work well, have a wide impact, and if done right can foster ownership of the project

Mozambique: Viable Initiatives for the Development of Agriculture II (VIDA II)

Implementation Time	October 2001 – September 2007
Final Evaluation Date	September 2006
Consortium Members	CARE Mozambique
Sources	Final Evaluation
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\ Title II Evaluations by Country\Non-Emergency\Mozambique\VIDA_2003-2007

Positives

- Participatory approach improved quality of work and increased ownership, understanding, and adoption of technologies introduced
- Partnerships and utilization of other NGOs/Management teams made VIDA a success
- Innovative, particularly in trying new technologies and in finding ways to work with women and increase farmer participation
- All nutrition and female empowerment targets have been achieved
- Correlation between extension contact and increased nutrition seem particularly strong

Negatives

- Extension staff large and unwieldy
- Not enough emphasis was placed on increasing government capabilities
- Limited progress in access to healthcare and girls education
- Lack of field staff made project less responsive to local constraints

Recommendations

- Focus on female time and resource management, and include indicators of women's nutrition
- Before a new initiative is started, projects must be analyzed for their sustainability, appropriateness and replicability, as well as access to access to sufficient technical expertise (both prior to piloting and when moving from pilot to full-scale promotion).
- Implement through partnership with local organizations
- Put less emphasis on quantitative indicators; survey methodology (baseline/final) need to be reviewed
- Improve distribution timeliness
- Programs should be designed and managed flexibly, to continue to develop participatory approaches
- Capacity building and collaboration must have clear strategies, plans, progress indicators, and M&E
- Indicators need to be adjusted to reflect changing realities

Niger: Food Security Initiative in Niger (FNIS)

Implementation Time	2000 - 2005
Final Evaluation Date	January 24, 2005
Consortium Members	Africare, CARE International, Catholic Relief Services, and Helen Keller International
Sources	Final Qualitative Evaluation
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\Title II Evaluations by Country\Non-Emergency\Niger\FSIN_2001-2005

Positives

- Built community capacity
- FFW provided food and enabled people to learn NRM techniques

Negatives

- Major problem with FFW was that its activities were implemented in the hungry season and thus conflict with households' need for labor for agriculture
- Lack of social cohesion in communities that have more than one chief, and it takes time to get people to work together as one community
- Large numbers of people migrate after a poor agriculture season, and this affects performance of local committees and activities

Recommendations

- Support women's participation because they are reticent about participating in community affairs.
- Capacity-building is a cross-cutting element essential for the success of other program components.
- Link communities with local NGOs that can help sustain their activities when FSIN ends.
- Improve access to health services by improving the functionality of the existing rural health centers, and by constructing and equipping new ones. Focus on increasing access to water and preventing infection.
- Build on existing agricultural techniques rather than impose new ones.

Niger: Programme de Sécurité Alimentaire et Nutritionnelle (PROSAN)

Implementation Time	2006 - 2011
Final Evaluation Date	n/a
Consortium Members	Africare, CARE International, Catholic Relief Services, and Helen Keller International
Sources	Midterm Qualitative Report
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\Title II Evaluations by Country\Non-Emergency\Niger\PROSAN_2006-2010

Positives

- All beneficiaries in the Habbanaye system were satisfied
- Consortium works very well and is highly esteemed
- Community-based growth monitoring worked well
- Literacy program benefited many. Ways to improve it include establishing libraries and prioritizing youth

Negatives

- Not enough vet training to ensure Habbanaye animals remain healthy
- No activities for improving the health of women

- Some districts do not benefit from knowledge-sharing among consortium members

Recommendations

- Given the choice, beneficiaries prefer FFW over CFW.
- Increase efforts to facilitate linkages between producer groups, the government, and professional organizations to keep community growing after the project ends
- Increase the communities' involvement in project implementation and autonomy

Peru: Sustainable Networks for Food Security Program (REDESA)

Implementation Time	October 2003 – September 2006
Final Evaluation Date	January 2007
Consortium Members	CARE Peru
Sources	Final Evaluation
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\Title II Evaluations by Country\Non-Emergency\Peru\REDRESSA_Final Evaluation

Positives

- Different product production was emphasized depending on specifics of regions and were tailored to community needs
- Regional governments have assigned resources from their budgets to food security actions
- Extreme poverty was reduced overall

Negatives

- Few local governments obtained the conditions to be accredited
- CHAs felt inferior in large health establishments
- Farmers declared that producer organizations "does not benefit them." Participation was limited.

Recommendations

- Partner with local governments and ensure active participation of beneficiaries. The institutionalization of food security achieved by REDESA in local governments has permitted the incorporation of resources assigned to food security into the budgets, which guarantees sustainability.
- Women´s empowerment and gender equity should be incorporated in all the actions
- Technical assistance to local governments is successful
- Implement components that appropriate to the social, cultural and geographic characteristics of each of the areas of intervention, with strategies, subject content and messages suited to the subject groups.
- Food assistance programs (distribution of food aid) should be focused on emergency situations only.
- All interventions must adjust their actions to the specifics of the environment.

Sierra Leone: Consortium for Relief and Development (CORAD) I

Implementation Time	March 2004 – March 2007
Final Evaluation Date	May 1, 2006
Consortium Members	CARE, Catholic Relief Service, World Vision, Africare Sierra Leone
Sources	Final Evaluation
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\Title II Evaluations by Country\Non-Emergency\Sierra Leone\LEAD_2004-2006

Positives

- Increased food production and increased food consumption
- Clinics are now the most highly used health facilities, indicating that the people use government health services
- Women give birth with trained traditional birth attendants

Negatives

- May not be as sustainable as hoped
- Targets missed because project assumed beneficiaries could provide most of the materials needed from local suppliers.
- Not enough time spent conducting thorough analyses or to involving beneficiaries in design and planning

Recommendations

- Opportunities exist for government/VDC linkages to be further strengthened and become more functional as the government decentralization process continues to be implemented.
- M&E unit should coordinate the process of intentional learning and sharing of lessons learned.
- Stronger indicators to assess committee's capacity. Increase the effectiveness of nutritional groups.
- Involve beneficiaries in problem analysis and planning. Conduct thorough community assessments and beneficiary consultations to understand existing gaps and priorities that should be addressed. Establish contextual differences (needs, priorities and opportunities) among different communities.
- Field staff and beneficiaries need to be involved in revalidating and refining program strategies. Conduct operations planning workshops/meetings with beneficiaries.

Sierra Leone: Consortium for Relief and Development (CORAD) II

Implementation Time	2007- May 2010
Final Evaluation Date	May 2009
Consortium Members	CARE, Catholic Relief Service, World Vision, Africare Sierra Leone
Sources	Final Evaluation
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\Title II Evaluations by Country\Non-Emergency\Sierra Leone\CORAD_ Program_2007-2009

Positives

- Increase in participation in Farmers Field Schools
- Child nutrition status, breastfeeding, and healthcare improved
- Crop productivity and production increased

Negatives

- Targeting was not transparent with SUS, business records were poorly kept, and second installment of funds was

not disbursed.
- Increase in child mortality and illness and decrease in parents bringing sick children to clinics
- WATSAN component was limited with many issues
- No response to H5N1

Recommendations

- VGF, Village Welfare Committees, and safety net programs are dependent on donor food aid support and are inherently unsustainable as donor support is not permanent.
- The involvement of community members in specialized committees at the community level promotes local ownership and sustainability.
- The training of contact farmers in FFS, Community Health Volunteers (CHV), and Traditional Birth Attendants (TBAs) is sustainable and effective.

Tajikistan: The Food Aid Consortium for Tajikistan (FACT)

Implementation Time	April 2005 – June 2009
Final Evaluation Date	June 30, 2009
Consortium Members	CARE (lead), Counterpart, Mercy Corps, Save the Children
Sources	Final Evaluation
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\Title II Evaluations by Country\Non-Emergency\Tajikistan\DAP_2005-2008

Positives

- Coordinated with doctors to provide regularly scheduled obstetrics/gynecology visits to rural areas
- Beneficiaries gained respect for the process (planning, design, implementation)
- Improved schools which was enthusiastically received by the local government
- Enthusiasm, participation, knowledge retention was sincere. CARE created crucial linkages between health, education, and the community which will be sustained.

Negatives

- Some aspects of local culture affect women's' ability to visit healthcare facilitates
- Agriculture was not implemented until the last two years, and there was a large DAP delay due to interruptions in commodity delivery and transfers

Recommendations

- Many of the FFW projects fall under the responsibility of government than an NGO sponsored activity. FFW supported activity should focus more on marketing needs of the agricultural community.
- FFW does not always work. In order to make this more sustainable, we should encourage better-off individuals to aid these projects, which would ensure more community ownership, and because these richer individuals have more power in decisions made by the community.
- School programming should focus on school gardens, small livestock or poultry rearing projects, and some basic agronomic and/or animal husbandry training.
- Though most food security programming does not deal with animal husbandry, livestock and fowl are often a household's most important food safety net, as they can usually be turned into cash quickly. Animal husbandry programs should be emphasized.
- Health days are found to be an effective approach, to promote health, hygiene, and nutrition.

- Young men were very enthusiastic about the animal husbandry training and credit programs, and cited these as their most appreciated intervention. If activities had been implemented throughout the entire DAP, as opposed to only the last two years, then they would have had greater impact.

Zambia: Consortium for Food Security, Agriculture, AIDS, Resiliency, and Marketing (C-FAARM)

Implementation Time	October 2006 – September 2011
Final Evaluation Date	July 2011
Consortium Members	Catholic Relief Services (lead), CARE, World Vision, Land O'Lakes
Sources	Final Evaluation
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\Title II Evaluations by Country\Non-Emergency\Zambia\C-FAARM

Positives

- Capacity building of CHWs was one of the most effective interventions
- PD/Hearth model was a success with few inputs. It built cultural capital and was culturally appropriate.
- Participatory M&E was one of the strongest aspects

Negatives

- Program had limited interaction with government and did not advocate for policy change
- Goat program failed due to insufficient planning and training
- Little done to combat AIDS
- Delays of over a year due to funding which seriously impacted the ability of C-FAARM to complete goals.

Recommendations

- Increase linkages to government officials. Add government advocacy/policy change as a main component.
- Traditional beliefs and cultural practices have an important influence on agricultural practices. Increase their usage. Also, use local language in all trainings.
- Work off of previous community mechanisms instead of implementing new ones. Use local knowledge.
- Consortium-based approach works well but does have implementation efficiency problems. More research needs to be done on making consortiums effective.
- Do more to combat AIDS/HIV.

Zimbabwe: Consortium for the Southern Africa Food Security Emergency (C-SAFE)

Implementation Time	2003 – July 2010
Final Evaluation Date	July 20, 2010
Consortium Members	CARE, World Vision, Catholic Relief Service
Sources	Final Evaluation
Link to Sharedrive	Q:\Food and Nutrition Security Unit\Food Nutrition Security Team\Title II Evaluations\Title II Evaluations by Country\Non-Emergency\Zimbabwe\C-SAFE

Positives

- C-SAFE has protected access to food for millions throughout the country
- Access to sufficient commodities was not a problem
- Beneficiary targeting based on positive HIV test results limited inclusion/exclusion error and encouraged beneficiaries to get tested.
- Distribution of food was fair, transparent, and efficient

Negatives

- C-SAFE did not address underlying causal factors contributing to food insecurity
- Little coordinated effort made to inform beneficiaries about alternative forms of support or to increase beneficiary capacity to establish links for sustainability after C-SAFE closed.
- Targeting strategy was not good. Non-blanket targeting went against the culture, creating tension within the community. One beneficiary stated that the divisiveness was so extreme that they would "rather have no assistance at all." Targeting created resentment and jealousy, and had a negative impact on traditional safety nets.

Recommendations

- Vulnerable households lack access to water and agricultural inputs. These should be targeted in subsequent programs.
- Future programs should place priority on implementing synergistic, complementary interventions (e.g. FFA, conservation farming, ESBF). Explicit linkages should be made between components in order to enhance resilience.
- Evaluate different targeting approaches. Emergency responses should consider blanket feeding rather than investing in targeting. Decreases costs, more amenable to traditional community safety nets.
- Need well-designed and feasible exit strategies. The lack of viable exit strategies limit sustainability. Attention should be paid to linkages with livelihood support services and income-generating activities.
- Consortium members should continue to engage institutional stakeholders to improve the accuracy of national

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Audrey Hickcox, July 2015