

Mid-Term Evaluation of the Tuendele Pamoja II Development Food Security Activity in the Democratic Republic of Congo (DRC)



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IMPEL | Implementer-Led Evaluation & Learning Associate Award



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Cover photo by Lauren Blum, "Woman working in her home garden," Walungu, DRC.

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ACRONYMS

CAHW	Community Animal Health Worker
CDC	Community Development Committee
CFW	Cash For Work
CGIAR	Consultative Group on International Agricultural Research
CG	Care Group
CGV	Care Group Volunteer
CMC	Community Marketing Center
CODESA	<i>Comité de Développement Sanitaire</i> (Health Development Committee)
CoP	Chief of Party
CLTS	Community Led Total Sanitation
CT	Community Transformation
CTW	Community Treatment Worker
CU5	Children under 5 years of age
DRC	Democratic Republic of Congo
DFAP	Development Food Assistance Program
DFSA	Development Food Security Activity
DIP	Detailed Implementation Plan
EA	Environmental Assessment
ET	Evaluation Team
FH	Food for the Hungry
FFP	Food for Peace
FFT	Food For Training
FFW	Food For Work
GDG	Gender Discussion Group
FY	Fiscal Year
ICCM	Integrated Community Case Management
ICRAF	International Council for Research in Agro-Forestry
IDPs	Internally Displaced Persons
IHP	Integrated Health Project
IITA	International Institute of Tropical Agriculture
ILRI	International Livestock Research Institute
INERA	Institut Nationale d'Etude et Recherche Agronomique
IPAPEL	Inspection Provinciale l'Agriculture, Pêche et Elevage
IPM	Integrated Pest Management
IPTT	Indicator Performance Tracking Table
IRB	Institutional Review Board

JHU	Johns Hopkins University
LIPEDEM	Ligue pour la Protection des Enfants et le Développement des Mamans
LF	Lead Farmer
LFG	Lead Farmer Group
MDM	Medecins du Monde
MOU	Memorandum of Understanding
M&E	Monitoring and Evaluation
PACE	Participatory Agricultural Cascade Extension
PLW	Pregnant or Lactating Women
PREP	Pipeline Resource Estimate Plan
RECO	Relais Communautaires (community health workers)
RCT	Randomized Controlled Trial
R&I	Refine and Implement
RUTF	Ready to use therapeutic foods
SBCC	Social and Behavior Change Communications
SENASEM	National Seed Service
SFCG	Search for Common Ground
SGBV	Sexual and Gender Based Violence
SOW	Scope of Work
SVC	Strengthening Value Chains
TF	Tear Fund
TI	Tillers International
TOC	Theory of Change
TP II	Tuendelee Pamoja II
UCB	Universite Catholique d’Bukavu
UEFA	Union pour l’emancipation des Femmes Autoctone
USAID	United States Agency for International Development
UNICEF	United Nations Children’s Fund
VSLA	Village Savings and Loans Association
WASH	Water Sanitation and Hygiene
WHO	World Health Organization
WMYAT	Women Men and Youth of All Tribes
WRA	Women of Reproductive Age

EXECUTIVE SUMMARY

Background

In FY 2016, the U.S. Agency for International Development’s (USAID) Office of Food for Peace (FFP) issued an award to Food for the Hungry (FH) Democratic Republic of Congo (DRC) to implement a Development Food Security Activity (DFSA) in Tanganyika and South Kivu provinces. It is a five-year activity (September 2016 to September 2021) with a budget of \$71 million for the five years. It is a follow-on activity to the Development Food Assistance Program (DFAP) TPI, which operated in the same geographic zones between 2011 and 2016. Prior to TPI, FH implemented the Multi-Year Assistance Project (MYAP) in Kalemie and Moba between 2008 and 2011.¹

The central goal of TP II is “All members of households from all tribes in South Kivu and Tanganyika provinces of DRC live with social and economic well-being.” The activity purposes supporting this goal are:

- Purpose 1: Households have Food and Income Security
- Purpose 2: Improved Nutrition and Health Status of Women of Reproductive Age (WRA), Pregnant & Lactating Women (PLW), Adolescent Girls, and Children Under 5
- Purpose 3: Women, Men and Youth of All Tribes (WYMAT) are Social Equals and Feel Safe in their Homes and Communities

TP II is designed to reach 214,000 households, and directly benefit up to 1,427,487 individuals in the two provinces of Tanganyika (Kalemie territory: Kalemie and Nyemba health zones and in Moba territory: Moba and Kansimba health zones) and South Kivu (Walungu territory: Walungu, Mubumbano, Kaziba health zones) through interventions in agriculture, health, nutrition, water and sanitation, literacy, and conflict transformation. The first year of implementation was a Refine and Implement (R&I) year largely dedicated to formative research.

TP II is being implemented by FH as the prime, Search for Common Ground as the partner responsible for conflict transformation, Consultative Group on International Agricultural Research (CGIAR) (International Institute of Tropical Agriculture (IITA), International Livestock Research Institute (ILRI), International Council for Research in Agro-Forestry (ICRAF)) and Institut Nationale d’Etude et Recherche Agronomique (INERA) are introducing climate smart agriculture, livestock health and agroforestry techniques, Inspection Provinciale l’Agriculture, Pêche et Elevage (IPAPEL) is livestock training, SENASEM (National Seed Service) is seed certification technical support, HarvestPlus is supplying bio-fortified seeds, TearFund International as the partner responsible for drinking water infrastructure and sanitation behavior change, Union for the Emancipation of the Indigenous Woman (UEFA) as the partner responsible for conflict mediation between Twa and Bantu, and Ligue pour la Protection des Enfants et le Développement des Mamans (LIPEDEM) responsible for literacy classes. Tillers International (TI) is introducing ox-powered agriculture and Johns Hopkins University is conducting the BabyWASH research study.

¹ FY 2019 Pipeline and Resource Estimate Proposal, resubmission version March 14, 2019

Methodology

A mid-term process evaluation of TP II was conducted in September 2019, led by Tulane University, under the umbrella of the Implementer-Led Evaluation and Learning award (IMPEL). The MTE aimed to assess the quality of program service delivery, identify evidence of changes to date due to TP II's interventions, assess the quality, relevance and efficacy of TP II's design, assess the degree and benefits of efficacious coordination, collaboration, and convergence with locally-based partners and external organizations, assess early evidence of sustainability produced by TP II interventions, assess the appropriateness and quality of the R&I approach, determine the appropriateness and effectiveness of interventions focused on cross-cutting themes and recommend adjustments to TP II implementation or design.

The MTE team comprised of a seven-member multidisciplinary team of experts representing Tulane University, the Kinshasa School of Public Health (KSPH), FFP Washington, FFP Kinshasa and USAID Kinshasa. Team members had expertise in qualitative research design, implementation and analysis, program evaluation, agriculture, livelihoods, food security, governance, maternal and child health, nutrition, WASH, monitoring and evaluation, and social and behavioral change communications (SBCC), with each member leading at least one evaluation thematic sector. Also, the DFSA AOR participated as an observer in South Kivu. The team was supported by seven data collectors who had backgrounds in qualitative research methods and were fluent in Mashi, Kitabwa, Swahili and French. Each data collector accompanied an ET sector lead during data collection, serving as a translator from Mashi, Kitabwa or Swahili as needed, and providing critical insights into the local context and practices.

The MTE involved a process evaluation that used a mixed methods approach, primarily consisted of qualitative data collection methods, such as key informant and in-depth interviews, focus group discussions, and indirect and direct observations. The evaluation team also drew on quantitative data sources collected by the DFSA M&E team, including monitoring data, annual reporting data and secondary data to address evaluation questions. The complementarity of methods was designed to capture information from a range of respondents filling diverse roles in project implementation and collaboration and to ensure data triangulation. Data were collected from September 6 to 24, 2019 in 18 villages across 5 health zones (three in South Kivu, and two in Tanganyika). On September 19, 2019, a one-day validation workshop was held in Bukavu that allowed the MTE team to share and discuss initial evaluation findings with TP II technical and field staff based in South Kivu and Tanganyika.

Findings and Key Recommendations

The evaluation identified areas where TP II has had important successes that should be highlighted as lessons learned, as well as areas where opportunities to improve and learn and inform TP II as well as other DFSAs. Broadly, these areas include:

- Overly diverse number of activities coupled with delays in implementation
- Management structure
- Communication and Coordination
- Sustainability

Numerous Diverse Interventions & Delays

TP II has undertaken too many interventions and is very behind on implementation of several of them. This is particularly true for agriculture, but also applies to health and nutrition activities, gender, irrigation, and WASH (TearFund). To ensure that the project makes progress towards its goals, it is urgent to identify the priority interventions that will have the most impact under each purpose, and to eliminate those that are having less impact and/or are proving to be too demanding at the expense of other intervention. While many interventions are new and interesting, TP II is not able to implement and ensure quality and timeliness of such a large number of interventions simultaneously and still reach their targets.

Purpose 1

Specific to agriculture interventions under purpose 1, TP II should be commended for the diverse types of agricultural interventions they are attempting. However, they have undertaken too many, which has resulted in many being only partially implemented, and many with noted delays and poor success to date. Under P1, the MTE recommends cutting the following interventions: oxen traction, youth and metal woodworking, fish racks, fish spawning, and training of community animal health workers. There should be an increased focus on supporting the classic agriculture package, including skill transfer, improving value chains, and improving feeder roads in order to get products to market. If they are unable to succeed in strengthening the core agriculture interventions they will have failed their participants.

Purpose 2

Looking at interventions under purpose 2, the dissemination of lessons to women through Care Group (CG) meetings is significantly behind schedule. At the time of the evaluation, MLs were giving lessons from Module 1 in Tanganyika and from Module 2 in South Kivu. Tardiness in lesson dissemination reflects difficulties during the planning phase related to printing and distribution of the modules, with Modules 1 and 2 only made available. This has required MLs to repeat lessons, running the risk of causing participants to become bored and disinterested in attending sessions. Given the short time remaining in the project period, it is imperative that FH ensures that all seven modules are printed and distributed to CG MLs no later than December 2019.

FH needs to reassess its approaches designed to increase the availability of high-quality foods for home consumption. Recipe guidelines of nutritionally-rich dishes for young children have not yet been distributed, delaying the start of the cooking demonstrations. On several occasions, rabbits or poultry distributed for animal husbandry had not been the preferred choice of MLs and were often sick, introducing disease to household animals, with many dying. Furthermore, the strategy for raising small livestock requires a long time period for all CG participants to benefit (due to the reproductive cycle of the animals). Seeds for home gardening were distributed too late and at the start of the dry season. Many MLs reported that constraints in obtaining water and the small quantities of seeds received prevented them from producing many vegetables and multiplying seeds to distribute to mother participants.

While P2 aims to improve the nutritional and health status of children under 5, women of reproductive age, and adolescents 10-14 years of age, there is minimal direct targeting of adolescents

on messages related to health and nutrition. In evaluation sites, CGs included mothers of adolescents, who were requested to transmit messages to their adolescent children, this type of indirect messaging is unlikely to affect behavioral change. In actuality, CGs are supposed to include married adolescents. The project needs to ensure that field agents understand the project approach and make adaptations so that adolescent females are included in CGs. Behavioral change activities designed by Search for Common Ground are innovative, but they appear to be sporadic, reaching a very small segment of the adolescent population. At this late juncture, Search for Common Ground needs to make rapid modifications so that activities targeting adolescents are more frequent.

TearFund should reduce their targets in each zone to ensure success and sustainability of their interventions. Given the very late stage at which they are getting started, it is not realistic to introduce multiple sustainable interventions if their team is spread thin. TP II would be better served to introduce WASH infrastructure and ensure its sustainability in a limited number of villages than an unrealistic number.

Purpose 3

The MTE suggests reducing the redundancy between Search for Common Ground (SFCG) Gender programming and FH Gender programming, where possible. In so doing, it is important to note the difference in the mandates of SFCG and the FH Gender team. While SFCG is working to transform destructive gender norms, the FH gender team is tasked with ensuring that regular project activities across all sectors take into account destructive gender norms and try to minimize their negative impact on achieving project targets. Both mandates are crucial. But SFCG and the FH Gender team have quite distinct roles.

Management Structure

FH needs to reassess its management structure to be more adaptive and less centrally driven. The top down hierarchy causes difficulties for the rest of the activity, especially given the geographical challenge of working in two territories. Leadership has to be able to react more quickly to problems and staff have to be encouraged to think of alternative chains if they observe that standard practices are not working. TP II staff should be working closely with interventions to identify where there are inefficiencies, gather feedback, analyze it with superiors, and then adapt.

FFP's M&E team should begin an intense support program with TP II's M&E team to ensure they fully understand and are able to apply adaptive management in TP II's programming. The MTE team observed that, due to the top-down management structure, there was a tendency to apply the same approach across all areas, despite significant differences in contexts. TP II should use data from their M&E systems to allow for adaptations to the different areas and contexts where they are working. The MTE team recognizes the challenge in changing the way this is managed. FFP needs to work closely with the M&E team (or provide other support) in order to help TP II embrace and begin applying this type of adaptive thinking.

Communication and Coordination

Communication within TP II, between TP II and other agencies/FFP, and between TP II and the Government of DRC needs to be improved.

Looking at communication within TP II, the ET found in multiple interventions that participants, and often FH staff, do not know what is planned in the upcoming months and do not know what will happen after TP II closes. This is likely due to the hierarchical planning system used by the regional bases, which consists of bringing supervisors back to bases where they are given the next month's planning from their superiors and then they communicate this to the promoters. This system follows the way FH leadership in Bukavu manages the bases, using a top-down approach. Given that participants are often involved in multiple interventions, the negative impression generated from one poorly implemented intervention can impact participants' desire to remain involved in others. FH leadership in Bukavu should make the improvement of the communication of TP II plans and goals with field staff both a short and long-term goal.

TP II should accelerate the setup/introduction of an application-based data collection system to reduce the risk of transcribing data from paper. They should improve and formalize the system of collecting feedback from participants, both verbally and written. This will reinforce the overarching recommendation to improve communication and clarity about TP II.

Looking at communication between TP II and FFP, a similar communication challenge was noted between FH leadership in Bukavu and FFP Washington, who often felt in the dark about the status of TP II's interventions. USAID staff have faced security constraints in all of FH's intervention areas in recent years. Until shortly before the MTE they were not allowed to visit South Kivu and at the time of data collection they were not allowed to visit the intervention areas near Kalemie or Moba. FH should prioritize transparent and frequent updates with FFP and should make sure their quarterly and annual reports meet FFP requirements. Previously many reports are lacking updates on all of the interventions being implemented, which causes confusion for FFP as to how best they can support FH to be successful. FH should also ensure reports are submitted and posted to the DEC in a timely manner as many reports are currently missing.

Finally, examining the communication and coordination between TP II and the government, the MTE found that Government representatives, particularly in the health sector in South Kivu, claimed not to be involved in TP II activities, even though they appeared to be invited to meetings and participated in trainings. FH needs to understand what type of involvement government officials are referring to and how best to get them effectively engaged in the project. As part of this effort, it is imperative to strengthen information sharing on community initiatives and lessons learned with government entities at all levels, as well as information sharing with other implementing partners, UN agencies, and donors. In this regard, TP II should increase participation in learning fora, such as clusters and multi-sectoral working groups. TP II should also consider establishing a formal mechanism, such as a steering committee, to facilitate regular government involvement in project interventions.

Sustainability

TP II urgently needs to define, create, and disseminate a clear sustainability plan and exit strategy. In order to improve the possibility that outcomes will be sustained, TP II urgently needs to define its exit and sustainability strategy, and disseminate it across all three implementation areas so that it has ample time to make sure both staff and participants understand how to execute these strategies, and what their expectations should be post-implementation.

The initial and continuing training of the irrigation management committees is critical to the long-term success of these large infrastructure projects. It is important to take into account the fact that the floodplain in Kalemie is an area that was set up in a similar fashion fifty years ago, and the work being done now is to a large extent rehabilitating it. Had local communities maintained the infrastructure, this rehabilitation would not be necessary. The project needs management committees to be committed to taking care of these major investments. In addition to management committees, in the irrigation areas that are presently under construction, the project needs to encourage the formation of farming cooperatives, establishment of storage systems through the Community Marketing Centers (CMC), and strengthening of value chains to expand marketing of produce beyond immediate village areas and to urban centers where demand for their products is higher.

The MTE team emphasizes the importance of protecting the final year of the activity to fortify the irrigation project management committees, as the expectation for the sustainability of these major investments lies on the management committees' ability to take care of them. This will be particularly crucial in Kalemie given the complicated context of the zone.

Additional Recommendations

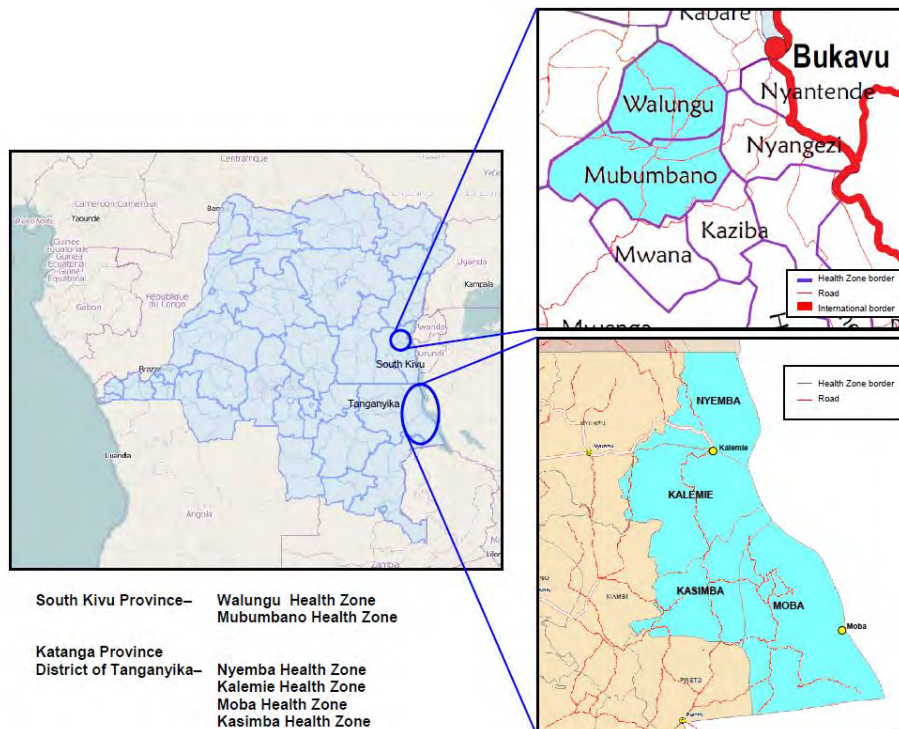
This evaluation has yielded further, more detailed recommendations, presented at the end of the report for each of the project purposes, for cross-cutting areas, and for M&E. The evaluation team presented preliminary recommendations during a validation workshop with TP II consortium members and FFP at the end of the field data collection, providing an early learning opportunity.

1. INTRODUCTION

1.1 Background and Setting: Eastern DRC

The setting for this Mid-Term Evaluation was two territories in Tanganyika Province (Moba, Kalemie) and one territory in South Kivu (Walungu). These three territories are distinct geographic locations, with unique histories, culture and current situations. The genocide that took place in neighboring Rwanda created a refugee crisis in Eastern DRC.² The region suffered tremendously during the aftermath of that conflict, which evolved into the war in eastern DRC between 1998 and 2007. Throughout the war, an estimated 5.4 million people died due to the conflict and protracted humanitarian crisis.³ Mortality rates were higher in Eastern DRC, demonstrating the effect of insecurity, with most deaths from easily preventable and treatable illnesses rather than violence.⁴ Millions more citizens were pushed into poverty due to displacement and loss of economic livelihoods. By 2012, most of the country was relatively stable, though armed factions have persisted. In 2017, 52 armed groups were active in South Kivu alone, committing thefts and attacks, collecting illegal taxes, and exploiting natural resources (forests and mines).⁵ Armed groups remain active in Tanganyika Province as well; Kalemie in particular is home to multiple camps for internally displaced persons (IDPs) due to these conflicts. In addition to armed groups, there are ongoing conflicts between Bantu and Twa ethnic groups across Tanganyika.

Figure 1: FH TP II target areas map



² <https://www.theguardian.com/world/2008/may/16/congo>

³ (Moszynski, 2008)

⁴ (Coghlan 2006)

⁵ Fonds Social de la RDC, Cartographie des conflits de la province de Sud Kivu, Février 2017.

Coupled with the longstanding conflict, DRC experiences significant political tensions; both the 2011 and 2018 presidential and legislative elections were marred by violence and disputes about the results across the country. Gender inequalities are prevalent, as the DRC ranks 148 out of 157 countries on the Gender Development Index. The Demographic and Health Survey of 2013-2014 found that 27% of Congolese women aged 15-49 have experienced sexual violence in their lifetime, and more than half had experienced some form of physical violence.⁶ The 2013-14 DHS reported that over 40% of Congolese children suffer from chronic malnutrition indicated by stunting (-2 SD height-for-age), with more than half of these children falling into the severe range (-3 SD height-for-age), signifying a serious public health problem according to World Health Organization (WHO) classifications. Eastern DRC is also grappling with the world's largest measles outbreak, with a death toll of 6,000, and the world's second largest Ebola epidemic on record, with more than 2300 lives lost and 3000 confirmed infections since the outbreak was declared on 1 August 2018.⁷ Other issues of note in the region are high rates of alcoholism, and land access is very limited, especially in South Kivu.

1.2 TP II's Goals and Activities

To assist vulnerable populations of Eastern DRC given the challenges described above, USAID's Food for Peace (FFP) awarded Food for the Hungry (FH) a five-year Development Food Security Activity (DFSA), Tuendelee Pamoja II (TP II)⁸, to be implemented from October 2016-September 2021. TP II is designed to reach 214,000 households in the two territories of Tanganyika (Kalemie territory: Kalemie and Nyemba health zones and in Moba territory: Moba and Kansimba health zones) and one territory in South Kivu (Walungu territory: Walungu, Mubumbano, Kaziba health zones) to directly benefit up to 1,427,487 individuals, through interventions in agriculture, health, nutrition, water and sanitation, literacy, and conflict transformation. TP II has a budget of \$71 million for the five years and is a follow-on activity to the Development Food Assistance Program (DFAP) Tuendelee Pamoja (TPI), which operated in the same geographic zones between 2011 and 2016. Prior to TPI, FH implemented the Multi-Year Assistance Project (MYAP) in Kalemie and Moba between 2008 and 2011.⁹

TP II is being implemented by FH as the prime, with Search for Common Ground as the partner responsible for conflict transformation; CGIAR (IITA, ILRI, ICRAF) and INERA are introducing climate smart agriculture, livestock health and agroforestry techniques; Inspection Provinciale l'Agriculture, Pêche et Elevage (IPAPEL) is leading livestock training; National Seed Service (SENASSEM) is providing seed certification technical support; HarvestPlus is supplying bio-fortified seeds; TearFund International is the partner responsible for water and sanitation; Union for the Emancipation of the Indigenous Woman (UEFA) is the partner responsible for conflict mediation between Twa and Bantu; and LIPEDEM is responsible for literacy classes. Tillers International is introducing ox-powered agriculture and Johns Hopkins University is conducting the BabyWASH research study.

⁶ (DHS 2013-14)

⁷ <https://www.who.int/emergencies/diseases/ebola/drc-2019>

⁸ This means "moving forward together" in Swahili

⁹ FY 2019 Pipeline and Resource Estimate Proposal, resubmission version March 14, 2019

The central goal of TP II is **“All members of households from all tribes in South Kivu and Tanganyika provinces of DRC live with social and economic well-being.”** The activity purposes supporting this goal are:

- **Purpose 1:** Households have Food and Income Security
- **Purpose 2:** Improved Nutrition and Health Status of Women of Reproductive Age (WRA), Pregnant & Lactating Women (PLW), Adolescent Girls, and Children under Five
- **Purpose 3:** Women, Men and Youth of All Tribes (WYMAT) are Social Equals and Feel Safe in their Homes and Communities
 - Reduce conflict for community cohesion and development
 - Reduce incidence of Sexual Gender Based Violence (SGBV) for community cohesion and development

This DFSA relies on staff health and agriculture promoters and their supervisor who live in local communities (see organization chart in Annex 1). The supervisor and promoters work directly with the many volunteers who are the backbone of TP II. Field staff prepare activity reports in the third week of each month and then return to their local base (Kalemie, Moba, Walungu, and Mubumbano) to receive plans for the following month as well as their pay for the previous month. TP II experienced three major setbacks since the beginning of implementation:

- Staff from TPI who were not rehired sought government assistance to overrule FH’s decision, delaying hiring and implementation of TP II.
- Two FH staff members were killed in the Kalemie Territory in November 2018, requiring FH to close operations in that area for one month and delaying operations from that base in general.
- The 2019 presidential elections caused unrest throughout fall 2018, which slowed down the implementation as it had been originally planned.

2. OVERVIEW OF MID-TERM EVALUATION

2.1 Purpose

Between August and September 2019, Tulane University led mid-term evaluations (MTE) of all three DFSA's being implemented in the DRC. The purpose of these three mid-term process evaluations was to improve the quality of program activities and increase the likelihood of sustainable and positive impacts on communities and individuals in the implementation areas. Specifically, the evaluations aimed to:

- assess the overall program strategy in relation to the respective Theory of Change (ToC);
- review the quality of program service delivery;
- examine the relevance and appropriateness of activities according to the local needs and context;
- analyze intended and unintended consequences of the activities at the individual- and community-levels;
- examine the extent to which the activities have successfully collaborated with partners and other stakeholders;
- identify sustainability pathways and inform the strategic plan to achieve sustained, positive outcomes; and
- determine the appropriateness and effectiveness of cross-cutting themes such as gender, youth and governance in each activity.

A critical component of these MTEs, the first evaluations of FFP's Refine & Implement (R&I) approach, was to assess:

- the appropriateness and quality of R&I activities;
- how the R&I activities were used to inform activity design and implementation;
- to what extent the R&I approach impacted the appropriateness and effectiveness of field interventions; and
- whether activities should be eligible for a 1-5 year cost extension based on the R&I model.

The MTE team provides recommendations on ways to strengthen the R&I approach based on findings from each DFSA.

2.2 DRC DFSA MTE Objectives

The objectives of this evaluation are below, and the detailed evaluation objectives and sub-questions can be found in Annex 3.

1. Review the **quality of program service delivery** related to the different themes and systems in addressing chronic food insecurity and child malnutrition with the targeted clients, taking into account contextual changes that may have occurred since the inception of the activities.
2. Identify evidence of changes (**positive and negative, intended and unintended**) associated with program interventions. This will include identifying factors that appear to promote or hinder women, men's, and young people's food security and safety.
3. Assess the **quality, relevance and efficacy of the DFSA design**, taking into account whether activities are contextually appropriate, address critical needs, and maintain standards that can

impact on positive change. Evaluate relevant programmatic principles, such as whether approaches are human centered, evidence based, systems oriented, focused on the most vulnerable, designed for multiple interventions to target the same household, and focused on quality.

4. Assess the **degree and benefits of efficacious coordination, collaboration, and convergence** with locally-based DFSA partners and external organizations that are critical to achieve DFSA goals and purposes.
5. Assess **early evidence of sustainability** produced by the DFSA activities thereby determining the extent to which outcomes, systems, and services are designed and being implemented to continue after the DFSA ends.
6. Assess **the appropriateness and quality of the R&I approach and activities** and how the R&I approach has been used to inform strategies and activities. How well did the R&I approach work in DRC.
7. Determine the **appropriateness and effectiveness of interventions focused on cross-cutting themes** for the activities. This includes cross-cutting interventions designed to improve gender and equity in decision making to achieve food security outcomes and targeting youth to improve their access to, participation in, and benefit from DFSA interventions. This also includes analysis of the effectiveness of activities designed to strengthen governance at the local level, in an overall effort to empower communities to sustain improvements in food security and nutrition, and environmental risk and mitigating the impacts of climate change.
8. **Recommend adjustments to program implementation or design** and explain how these changes would improve program outcomes and sustained impact. (*note that these are covered in the conclusions/recommendations section, and not in the findings section*)

2.3 Methodology

2.3.1 Overview

This mid-term process evaluation used a mixed methods approach, which primarily consisted of qualitative data collection methods, such as key informant and in-depth interviews, focus group discussions, and indirect and direct observations. The evaluation team also drew on quantitative data sources collected by the DFSA M&E team, including monitoring data, annual reporting data and secondary data to address evaluation questions. The complementarity of methods was designed to capture information from a range of respondents filling diverse roles in project implementation and collaboration and to ensure data triangulation.

The MTE used a participatory approach, with team members comprised of both female and male international and Congolese evaluators with a range of technical and research expertise. Evaluation team members represented different institutions including Tulane University, the Kinshasa School of Public Health, and FFP Kinshasa and USAID Kinshasa. An Agreement Officer Representative (AOR) from FFP Washington was present throughout the evaluation. See Annex 5 for a complete list of the TP II evaluation team members.

2.3.2 Document Review and Preparations

The MTE began with an extensive document review, including the background and inception documents to gain an understanding of the DFSA design, details of activities, status of ongoing implementation,

contextual factors specific to the DFSA area, and the food security situation. These included the Request for Applications (RFA), reports of the formative research carried out during the R&I year, annual and quarterly project reports, Pipeline Resource Estimate Proposals (PREP), and baseline studies. Evaluation team members also examined other studies that could provide relevant information to the project themes or contextual information about the DRC and the South Kivu and Tanganyika provinces, as well as reviews of DFSA-specific documents generated through field activities. The team also reviewed monitoring data collected by the implementing partners.

Prior to the evaluation, evaluation team (ET) members conducted initial consultations with FFP experts based in Washington and Kinshasa about sector approaches, activity designs, approaches, and interventions employed by TP II, and contextual issues in the DFSA areas. The ET also consulted with the TP II Chief of Party (CoP) and Deputy CoP to prepare for the fieldwork. During this period, the ET requested FH to send a matrix delineating ongoing interventions carried out in DFSA communities, as well as lists of more sporadic activities such as trainings, demonstrations, or market days scheduled at the time of the evaluation. Evaluators paid particular attention to the security situation in all three areas because at the time of data collection, USAID staff were not allowed to travel to Moba. USAID staff had recently been approved to visit the city of Kalemie for the first time in several years. This was the first data collection since the beginning of TP II in which USAID staff were able to visit program sites.

After the ET arrived in South Kivu, the FH-led consortium held a half-day meeting to present TP II's interventions and allow MTE team members to consult with technical staff. The FH technical team presented information on the formative research, implementation of and adaptations to field interventions, results from routine monitoring data, and contextual background and challenges. The session provided the ET with a thorough understanding of ongoing project implementation. The ET hired experienced local data collectors with requisite local language skills to provide both data collection and interpretation support. The data collectors for the TP II MTE were the same team as those used for the Mercy Corps DFSA MTE, which finished one week earlier. They participated in a half-day training to introduce the TP II Activity and qualitative data collection methods. The session, led by the KSPH qualitative specialist and one of the evaluation team leads, emphasized key aspects of qualitative techniques relevant to their role during data collection, including carrying out open-ended questioning, remaining neutral during interviews, and ensuring full participation during focus group discussions. Sector team members also reviewed and refined evaluation instruments with local team data collectors. Final versions of interview guides are found in Annex 6.

Data collection was conducted from September 6 to 24, 2019 by the full evaluation team and the FFP AOR observer. Prior to data collection, the ET decided which interventions to prioritize in the evaluation. The ET established two teams, one for South Kivu and one for Tanganyika; each team comprised of experts in agriculture and health and nutrition, key technical sectors for TP II activities. The team in South Kivu was larger and had a wider range of expertise including gender, conflict and engineering. However, because one of the two Water, Sanitation, and Hygiene (WASH) experts scheduled to participate was unexpectedly unable to travel to the DRC and the delay in implementation of TP II WASH activities in South Kivu, the team decided to send the only WASH expert to Tanganyika. Therefore, the South Kivu team did not have a WASH expert. FFP sent the USAID Kinshasa Environmental Compliance Officer as a replacement for the FFP WASH expert in order to study the irrigation projects in South Kivu. She was only able to join the team for one week of data collection.

The ET collected data for the MTE across 18 villages located in 3 health zones in South Kivu and 2 health zones in Tanganyika within TP II's overall target geography (approx. 875 villages across 7 health zones). The ET also collected data in FH zonal coordination offices and provincial headquarters in the cities of Bukavu and Kalemie, as well as Kirungu in Moba Territory. The ET selected village sites based on distance from the central zonal city and the number and type of interventions implemented, as well as consultations with Foreign Staff Nationals (FSN) in Kinshasa regarding priority activities. Delays in implementation of certain activities, and the extent to which these activities were operational, also guided selection of evaluation villages. For instance, in South Kivu, a limited number of sites had implemented terracing and youth clubs. In Tanganyika, there were a limited number of sites where animal traction, youth metal and woodworking, and community animal health worker training were being implemented. Irrigation and drainage activities are only carried out in select locations. The MTE team attempted to purposively select sites that allowed them to evaluate as many key interventions as possible. Kalemie was not originally included in the sample due to security concerns, but after the FH security team granted permission to travel there, it was added to gain a better understanding of the large-scale infrastructure (e.g. drainage and irrigation) and fishing interventions along Lake Tanganyika that FH is currently implementing.

The ET assumed that activities in villages closer to the central zonal town would receive more supervision and be higher performing (in terms of quality of activities and the number of participants reached) than those villages located in remote areas. Under this assumption in South Kivu, the ET purposively selected villages close (under 15 km) and villages far (between 15-40 km) from the main town, capturing a mix of priority activities, with one close and one far village identified in each health zone. When inter-village sharing of interventions or services existed, such as irrigation, theater or film events, or Care Group (CG) meetings, the ET assessed activities offered in nearby locations. In Tanganyika, site selection was guided by the location of priority activities and security issues. Data collection in village sites generally lasted two days. The ET also collected data in health zones, provincial cities, and capitals with a range of DFSA implementers and collaborators, including TP II consortium field and technical staff, other implementing partners, and government officials. Additional details on the sites visited and interventions evaluated can be found in Annex 4. To respect both USAID's and FH's security regulations, the ET contacted the chief of the regional base for each village up to two days prior to data collection to confirm there was no security risk and informed field staff in each village the day before data collection. This allowed the MTE team to arrive without giving staff or participants much time to prepare anything beyond normal activities.

Once in the selected village, the MTE team coordinated with field staff to schedule key informant and/or in-depth interviews, focus group discussions, and observations. Evaluation team members asked all interview questions, which were translated into the appropriate local language; responses were translated back in order for the evaluation team member to take notes and to inform subsequent questioning. During the first few days of data collection, MTE team members were encouraged to adjust interview guides where appropriate based on their improved understanding of TP II interventions. Evaluators obtained consent for all interviews and FGDs conducted, if respondents provided consent, evaluators audio recorded the interview.

The MTE team generally worked in each evaluation village for two days; however, there were exceptions in South Kivu. In one instance, the team was unable to carry out data collection as planned due to some

resistance by villagers. In a second village, and towards the end of the evaluation, the ET was mainly validating previous findings and therefore only one day of data collection was sufficient.

Table 1: Data collection table for FH MTE

Description of data collected		Total N*
Method	Key informant interviews	67
	In-depth interviews	67
	Observations	24
	Focus group discussions	36
	TOTAL	194
Sector	Agriculture	59
	Fisheries	3
	Irrigation and drainage	14
	Savings and loans	6
	Gender, conflict and youth	17
	Governance	9
	Nutrition and health	56
	Management and operations	14
	M&E	2
	Sustainability	2
	Food for work	7
	Literacy	4
	WASH	10
TOTAL	203**	
Location	SK - Walungu (health zone)	32
	SK- Mubumbano (health zone)	20
	SK- Kaziba (health zone)	29
	SK- Ibanda (health zone)	3
	Tan - Nyemba (health zone)	14
	Tan - Moba (health zone)	57
	Kalemie (provincial capital)	15
	Bukavu (provincial capital)	20
	Kinshasa (national capital)	1
	USA	3
	TOTAL	194
* N is the number of data collection events (number of FGDs, KIIs, Observations, etc.)		
**Several interviews covered more than one sector		

Following the validation workshop, some members of the MTE team departed due to pre-existing obligations/limited time available for data collection, while others continued data collection. The selection of final villages and prioritization of the final interviews to be conducted in South Kivu were guided by information gained through the validation workshop and gaps in data collection. In addition, two ET members from the Tanganyika travelled back to Kalemie to collect data on interventions specific

to Kalemie. Table 1 briefly summarizes the data collection completed for this MTE. More detailed information is included in Annex 4.

2.3.3 Validation Workshop

The ET held a one-day validation workshop on September 19, 2019 in Bukavu, in which they shared and discussed initial evaluation findings with TP II technical and field staff based in South Kivu and Tanganyika. The workshop started with each ET technical sector sharing preliminary evaluation findings via a PowerPoint presentation. Subsequently, workshop participants joined technical sector groups to discuss findings related to TP II's design, implementation, and sustainability of outcomes. This exchange enabled each group to discuss in-depth MTE emerging results and challenges faced by the IP, and to identify next steps regarding sector activity implementation and general recommendations.

2.3.4 Analysis

ET members took handwritten notes or entered information directly on the computer during data collection. The Tanganyika team held routine nightly briefing sessions to review findings of each technical sector and plan for subsequent data collection. In South Kivu, team members were not always available and therefore nightly sessions were held less frequently. These sessions focused on strengths, missed opportunities, contextual factors, and sustainability.

After fieldwork ended, technical sector leads of the MTE team analyzed the various types of data and triangulated information gathered from documentation review, nightly briefings held during fieldwork, detailed field notes taken during data collection, and interview transcripts. Through this analysis process, each Team Lead prepared a summary report per the eight evaluation objectives relevant to their sector. The Team Leads were asked to provide initial recommendations in advance of the final report submission due to the timing of the fiscal year and overall planning for year 4 of the DFSA. These initial recommendations were based on the summaries provided by the technical leads and were limited to the highest priority recommendations.

2.3.5 Consent

Consent was obtained from all prospective participants prior to interviews and FGDs; each respondent was also asked to consent for the session to be audio recorded. There were only a few cases of refusal of the audio recording and no cases of refusal to conduct interviews or FGDs.

2.4 Limitations and Delimitations

The MTE encountered several challenges in its execution. The text below discusses limitations (factors out of the control of the ET, such as security restrictions) and delimitations (evaluation design decisions).

- The period allotted for planning was short. This was primarily due to the fact that several key ET members participated in another DRC MTE just before the FH evaluation; the time between the end of the prior evaluations and the FH evaluation was only a couple of days.
- Scheduling of the validation workshops and fieldwork dates needed to remain flexible in order to allow for team member availability and travel limitations.

- FH did not have a representative participate in the MTE, limiting the IP perspective, which can enhance the overall quality of the evaluation. Additionally, the availability of some of the IP leadership to participate in key informant interviews during the evaluation was limited.
- Several limitations in this evaluation were related to security restrictions.
 - IP security restrictions limited the time devoted to daily data collection.
 - Due to security concerns, the decision to collect data in Kalemie was not confirmed until the start of the fieldwork period.
 - IP travel restrictions prevented the ET from visiting certain field activities in Kalemie.
- FH has field sites in two provinces, requiring that the ET members be split to cover each of these areas. Budgetary restrictions meant that the time in the field in each province was limited.
- Due to the restricted time in the field, and the fact that at the time of MTE data collection the BabyWASH pilot was in the process of being finalized, the ET opted not to collect data from on-going BabyWASH field operations. However, the ET conducted both in-country KIIs, remote KIIs with Johns Hopkins University (JHU) researchers and FH staff, and a document review to evaluate BabyWASH activities.

The FFP WASH expert was not able to join the ET in South Kivu. This ET role was filled by another USAID staff, but they were only available for one week in the field. Therefore, they were only able to look in depth at irrigation in South Kivu, and were not able to conduct interviews with TearFund staff. TearFund was more closely evaluated in Tanganyika because the WASH expert on that ET was able to spend more time in the field.

3. FINDINGS

In this section the findings for all TP II interventions are presented. They are organized by MTE objective and subdivided according to TP II's three purposes. A brief description is included to introduce each intervention before presenting the related findings. An analysis of conclusions and recommendations are presented in the next section.

3.1 MTE Objective 1 – Quality of Program Service Delivery

This section presents the findings related to the quality of TP II's service delivery observed by the evaluation team. Findings for objective 1 are presented by purpose (agriculture, health and nutrition/WASH, and governance), followed by M&E and grouped by intervention.

3.1.1 Purpose 1: Households have Food and Income Security

Participatory Agricultural Cascade Extension (PACE)

PACE is being used by TP II to train farmers on agricultural techniques, as was done in TPI. FH's agricultural supervisors and promoters are trained on a technique, then they train Lead Farmers (LF), who then train Lead Farmer Groups (LFG) that are composed of 12-14 individuals.

The awareness raising and training culture of LF and LFG has worked well in South Kivu. However in Tanganyika, LFs complain that they have not been formally trained on the agricultural techniques aside from the TP II agriculture promoters reproducing trainings they attended at the regional base. This has been without modules (which sunk in a boat crossing Lake Tanganyika). Furthermore no farming tools nor inputs have been shared with participants, beyond seeds for the crop variety trials; even these have been distributed inconsistently.

Introduction and dissemination of improved crop varieties

The International Institute of Tropical Agriculture (IITA) is a technical partner on TP II supporting the introduction of improved crop varieties. Participants have appreciated this approach and are seeing the difference in the resulting crops. In several villages where demonstration fields were installed to test improved crop varieties, in some cases officers of the State Agriculture Service worked alongside the TP II Agriculture promoters to accompany the process. While 23 demonstration fields were installed in Walungu, unfortunately in Tanganyika only 12 of 25 were set up in Kalemie and 9 of 25 in Moba. The seeds were distributed late in Tanganyika and were of poor quality (the biofortified bean provided from Harvest Plus.)

Figure 2: Crop Demonstration, South Kivu



Photo Credit: Innocent Nshombo

Promotion of Contour Farming through Terraces

Terracing is an agricultural technique, also known as contour farming, which counters the effects of erosion on hills. Both radical and progressive terracing is being introduced by TP II. It is only being introduced in Walungu Territory of South Kivu Province. Participants receive Food for Training rations (FFT) for attending trainings at demonstration plots and then replicate in their fields. The approach is appreciated by participants.

Figure 3: Radical terrace example in Boya, South Kivu



Photo Credit: Innocent Nshombo

Agroforestry-based land improvement and rehabilitation promoted

TP II's Agroforestry intervention consists of providing seedlings that participants first grow in tree nurseries and later plant in order to reforest and rehabilitate degraded lands. Participants receive Food for Work (FFW) in exchange for labor in the nursery or in planting the tree seedlings. Unfortunately in Tanganyika, the majority of seedlings were planted at the end of the rainy season and this resulted in a survival rate of under 40% due to the lack of time with sufficient water and bushfires later on. Participants in Tanganyika expressed a preference for fruit trees during the MTE, however this option was not given to them when establishing the tree nurseries.

Increased capacity of Community Animal Health Workers

During TPI, FH observed that the *“lack of adequate veterinary health services at community level along with the poor supply chain for vaccines and medicines...are among the major constraints to livestock breeding and management”* in TP II's intervention areas. Therefore in TP II, FH is training individuals to become Community Animal Health Workers (CAHW) in both South Kivu and Tanganyika and providing a starter kit (veterinary drugs and medical kits, smartphones and bicycles) upon completion of the training to begin their business. In South Kivu the trained CAHWs had initially been operational, responding to the needs of animal breeders. Over time as their kits were depleted of essential materials and products, making them unable to perform as trained. The ET learned that due to failures in livestock activities, livestock owners were unable to generate revenue to compensate CAHWs for the services. As a result, the CAHWs could not replenish their stocks and maintain the necessary materials to provide services. At the time of the evaluation, we found that some trained CAHWs had left their posts. Another problem was that the CAHWs had not received official training certificates promised by the project, which they claimed would increase their credibility and protect them from harassment of government officials. The MTE team learned that in Kalemie newly trained CAHWs have received their kits; however, in Moba several months had passed, and they were still waiting for them during MTE data collection.

Increase in land area tilled by oxen

TP II has introduced animal tillage in Moba Territory thanks to the technical expertise of TI. This intervention consists of training Lead Farmers in tilling and draft animal management, training oxen in tilling and making yokes. Since the training of these LFs, 17 additional pairs of oxen in the area have been acquired by wealthier individuals in the community and trained to till by the LFs. LFs have not yet begun tilling other people's fields; they have only been tilling the fields of the owners of the 17 oxen. Two additional pairs that belong to the local agricultural promoter are currently being trained to till by three Tanzanians, who brought the oxen over from Tanzania with them.

Construction of irrigation and drainage structures

To increase land available to farmers in activity intervention areas, TP II is using the same model as was used in TPI of draining swampland and setting up irrigation systems. Under TP II three sites are involved: Kala (Moba Territory), Tabac (Kalemie Territory) and Kaziba (Walungu Territory).¹⁰ All three have experienced delay due to the time required to complete, submit, revise and receive approval from USAID for the Initial Environmental Examination (IEE), the feasibility studies, the designs, and the Environmental Assessment Reports required for these massive infrastructure projects. The

¹⁰ Due to time constraints the MTE was only able to study and visit the drainage sites in Tabac and Kaziba.

Environmental Assessment Report for the Kaziba site was submitted after those of Kala and Tabac and therefore finished later. Contracts were not established with the company EPOS (Kala and Tabac) or the company ITCS et RCEC LTD (Kaziba) until the first quarter of FY19 (October-December 2018). All three sites are relying on a mixture of Cash for Work (CFW) through the relevant construction company¹¹ and Food for Work (FFW) through TP II participant labor.

The drainage site in Tabac is 5000 hectares of a total 11000 hectares that had been set up as an irrigation system during colonization. Work only began in February 2019 in Tabac due to the time required for the studies mentioned above. According to TP II's Annual Results Report FY2018, ,

the drainage activity in Tabac, will take about 14 months in total to complete based on design and accounting for possible delays, which could be caused by heavy rains. In two separate interviews, people suggested the work in Kalemie would take at least two more years from the time of the MTE in September 2019. In recognition of this delay machines have recently been acquired to help speed up the work.

Figure 4: CFW worker on the left, FFW workers on the right at the Tabac Irrigation Site, Kalemie



Photo Credit: Annette Fay

¹¹ The CFW program referred to here is solely through the construction company and not a reference to FFP's CFW program. This is the same setup as was used during TPI.

Service delivery in terms of both environmental and general compliance stands to be improved. In both Tabac and Kaziba, laborers complained of the lack of protective material (boots and gloves.) No toilets or water is provided to laborers, contrary to FFW/FP policy. A medic was observed in the Tabac site but not in the Kaziba site. Finally there is a lack of signage in construction sites indicating areas to be avoided, which is dangerous for children and also does not comply with FFP policy. In Kaziba, participants noted irregularities related to CFW. In one example, laborers had not received payment for work completed in October before the following February. Dissatisfaction with working conditions under CFW has caused at least one hundred people to abandon the activity in this site. In both sites studied under the MTE, communities were not clear on who owns what and were not fully supportive of the irrigation projects. Search for Common Ground has produced a helpful video aiming to explain the future usefulness of the projects to communities.

Implementation of FFW is generally consistent across provinces, specifically related to application of the rules related to FFW (participants have to complete 21 day “jobs” but they have the freedom to finish them at the pace they prefer, they are able to send someone in their stead if they are sick, etc.) However in Kalemie specifically participants are not satisfied with the amount of commodities received in exchange for labor. The amount of commodities received is the same as in Moba and in Walungu, however the context of Kalemie is quite different as this is an active emergency zone due to ongoing conflict between the Twa and the Bantu. Participants in TP II are living in villages where people have only recently returned from nearby camps for internally displaced people; it was stated by multiple people during fieldwork in Kalemie that people in the villages would spend one night in the camps if they are distributing something, the next night back in the village. It is likely that this dissatisfaction stems from the options of freebies available in the Kalemie intervention area.

TPI drained 914 hectares of swampland in Nyalugana, South Kivu, and part of TP II’s mandate has been to strengthen maintenance and sustainability of this infrastructure because TPI did not have the time to fully support the establishment of maintenance committees. FFW was used through FY18 to rehabilitate parts of the Nyalugana infrastructure and to cement the role of the maintenance committees in their role of monitoring and maintaining this infrastructure. Maintenance of these irrigation projects is crucial because they can easily get clogged or overrun with weeds, which would cause flooding in one area of the drained land. However if they are maintained well, they increase the amount of irrigated and farmable land. At the time of the MTE TP II had facilitated elections of maintenance committees in Kalemie and Walungu but when interviewed they did not know their purpose, when they would be trained or why they should volunteer on these committees. Community members were not clear on ownership of parcels within the drained land in Kalemie. These committees were established using a democratic process, facilitated by FH staff.

Use of Food Commodities for Productive Community Safety nets (FFW, FFT)

Food commodities are being distributed through TP II as Food for Work or Food for Training. Food for Work is exchanged for work on the Irrigation and Drainage projects and tree nursery/reforestation work. FFT is being provided to participants in the literacy program and terracing trainings in South Kivu. The same quantity of rations are provided under the two programs, which consist of 50kg of corn flour, 16 kg of split green peas and 4L of vegetable oil, and are based on 21 days of work. In South Kivu, the MTE team was able to visit the FFW/FFT warehouse and observed it is in an impeccable condition. In

Moba, participants reported that the selection process for participation and rotation of participants is respected, however they often receive rations late; in one example rations were over five months late. Through discussion with TP II's FFW staff, the MTE team learned that the reason for this delay was in 2019 a shipment of rations destined for Moba was diverted to Kalemie due to the pressure on the FFW team in that location. This was not contested in the validation workshop by FH.

As described in the introduction, the context of Kalemie is quite different from those of South Kivu and Moba. This has manifested itself in the challenge in implementing FFW in Kalemie. With all of the concurrent food (and cash) distributions taking place in this area, participants are savvy in how these systems work and how to manipulate the systems. This has presented the FFW team in Kalemie with ongoing challenges for how to track participants and ensure food is distributed to people who have actually worked. The system they use is providing a token or ID card to each FFW participant. Participants know that if they lose their token, they will no longer be able to receive rations. Participants in Kalemie complain that ID cards are not replaced by FH and at the time of the MTE some participants were still waiting to receive their ID cards despite this activity having started in February 2019.

Figure 5: Food for Work (FFW) Identification card in Kalemie

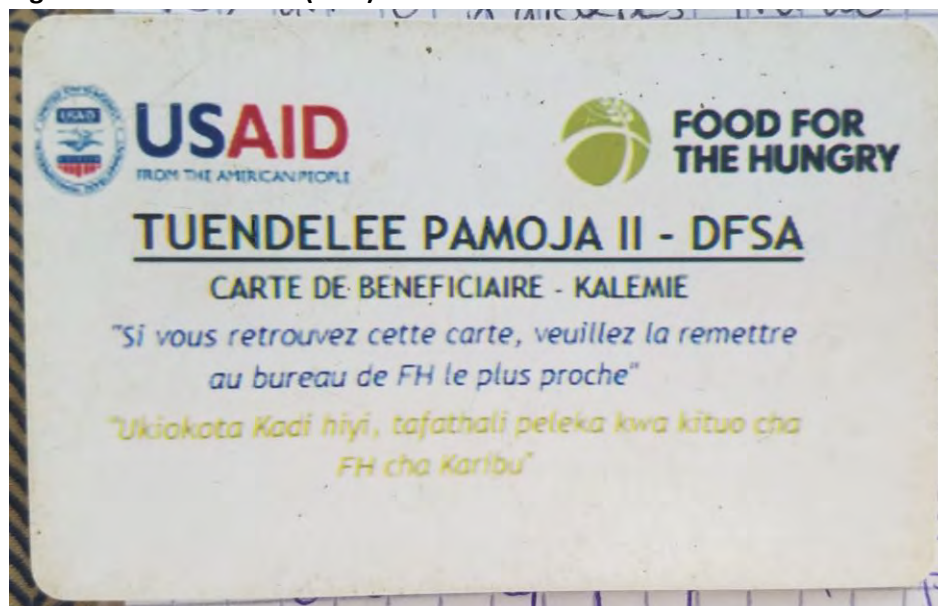


Photo Credit: Annette Fay

Farmers buy locally-produced certified seeds

Under TPI, FH provided seeds to participants through seed centers. An improvement based on lessons learned from TPI, under TP II, seeds should be provided by local seed multipliers. Improved seeds will be provided to individuals who are trained by SENSEM on seed multiplication. The MTE team learned of a delay in the supply of improved seeds in South Kivu which ultimately threw off the cycle of producing improved seeds locally and resulted in a smaller production than was hoped. Seed production had not begun in Tanganyika at the time of the MTE.

Fish stock preserved & increased

A new intervention of fish production recently began in South Kivu with the partner SENAQUA. They will install two ponds of three ares in Kaziba and Walungu. SENAQUA has 35 ponds in Nyakabera. Eggs will be taken to the IITA laboratory for gestation until two months then they will be returned to Nyakabera for conditioning for one month. They will then be delivered to the ponds in Kaziba and Walungu.

Fish processors & sellers (value chain) employ efficient practices

TP II intends to construct raised drying racks where fishermen can dry their fish, which should be faster and cleaner than drying them on the ground. Participants in Kalemie were informed of this intervention in February 2019 and have identified where the drying racks can be constructed. Some fishermen committees have already begun collecting materials necessary for construction. However, following initial discussions in February 2019, little progress has been made on intervention implementation.

Reduced post-harvest grain storage losses

Sun Mountain, the environmental compliance firm that produced TPI and II's Environmental Assessments (EAs), has a sub-contract with FH on TP II. They are tasked with provide supporting related to environmental compliance specific to the irrigation projects, to develop a Pesticide Safe User Plan (SUAP) and to train TP II staff on an ongoing basis on environmental compliance and issues related to integrated pest management (IPM).

Increased use of improved storage

TP II intends to construct Community Marketing Centers (CMCs) in all intervention provinces, which will serve as places for both storage and selling. Thus far the land has been allocated in Walungu and Kalemie (the CMC in Moba was not studied due to time constraints) and local leaders welcome the CMCs. In Kalemie community members were informed of the CMC but felt that a lot of time has passed since FH discussed their plans for the CMC in their area and they are unclear on its timing.

Improved access to markets through rehabilitation of feeder roads

This intervention has not yet begun.

Improved literacy, entrepreneurial and financial skills

The TP II sub-contractor LIPEDEM is leading the literacy intervention in Walungu, Moba and Kalemie. Classes are taught to read and write in Swahili as well as how to do basic calculations. Upon successful completion of class, participants are taught a skill like soap-making or sewing. This intervention has been generally successful and is praised widely. Class recruitment is following the same process across provinces and success rates for class evaluation are high.

A few differences across provinces were discovered during the MTE: LIPEDEM staff explained that the process takes four months for the class, one month to prepare the evaluation and then two months to teach the skill. However participants in one location explained that they had started class in March 2019 and had not finished in September, during the period of data collection.

Another issue is the lack of clarity on several aspects of the program, for example reimbursement for transport (which is offered instead of payment) of volunteer teachers. This may become a risk as

LIPEDEM expects to continue using the same volunteer teachers in the future. In South Kivu only, FFW/T is being given for participation in literacy classes.

Village Savings and Loans Groups created/strengthened

TP II has created Village Savings and Loan Associations (VSLA) in all three territories in order to help participants increase access to cash and develop a savings culture. FH staff teach communities about VSLAs and support their start up with a VSLA agent and by providing a startup kit that consists of a safe, a lock, a notebook and stamps (for members to stamp as proof of weekly contribution.) Each group is expected to repay the startup kit, however the value to be repaid is not consistently known across intervention areas.

Metal and wood workshops created and equipped

This intervention intends to train local youth in Kirungu, capital of Moba Territory, on metal and wood-working. TI was meant to give a training over 42 days in three phases for six youth, with the necessary mechanical equipment purchased by FH. After eight days of the training the TI trainer left, all of the mechanical equipment disappeared and the youth were left unemployed.

3.1.2 Purpose 2: Improved Nutrition and Health Status of WRA, PLW, Adolescent Girls, and Children under Five

Care Groups (CG)

CGs serve as the central channel to convey health and nutrition-related messages. Groups followed CG standards¹² related to selection of Mother Leaders (MLs), ratios of households per group, and frequency of meetings and household visits. MLs and participants generally appreciated the information they were gaining and the supportive environment of CGs. A mother-participant from Moba stated:

"This project helped me a lot in learning how to feed a child well to avoid malnutrition. Before I did not know that there are foods that we could mix together to feed a child. Now that I've learned this, I feed my child mixtures of foods, such as fish mixed with vegetables."

However, the CG approach has confronted multiple problems leading to serious delays in implementation. In South Kivu, initial directives regarding selection of mother participants were altered, causing months of delays. Most critical was the unavailability of the learning modules critical to message transmission. To make up for the delay in distribution of the color module, Module 1 was printed in black and white, but the poor quality made messages incomprehensible. When a color version of Module 1 was distributed in early 2019, the same lessons that had been taught for the previous four months were repeated. The availability of subsequent modules has been slow; at the time of the MTE, Module 2 of 7 had been introduced in South Kivu, while in Tanganyika lessons from Module 1 were still being repeated, causing participants to become disinterested. A Mother Leader from Moba said:

"I, along with the mothers who participated in our Care Group, really liked the lessons learned in the first module. But what I do not appreciate is the fact that there is no second module. This is

¹² caregroupinfo.org/wp-content/uploads/2014/10/care_group_criteria_november_12_2010-1.pdf

causing repetition of the same lessons to go on a long time. Mothers complain that I have been saying the same thing for four or five months.”

In some villages, the ET found high turnover of MLs, although we were unable to examine the reason. During the validation workshop, a priority recommendation of the health and nutrition working group included printing and distributing all 7 modules by the end of 2019. However, at the time the evaluation report was being finalized, the ET learned that CGs are still using Module 2 and no additional Modules have been distributed.

Health and nutrition activities were fraught with planning challenges, which are likely related to lack of leadership; the Health Manager position was vacant for almost 12 months prior to the evaluation. We identified some inconsistencies in the application of CGs. In the majority of health zones evaluated, TP II health and nutrition promoters spend significant time seeking out MLs absent during bi-monthly meetings. MLs, in turn, also track down participants who missed meetings. During observations, we noted that these groups were well attended across both provinces. There was a high rate of absenteeism in one health zone in Moba where MLs and participants were free to attend or not. In this zone, we were told that MLs and participants consider meetings a waste of time because lessons are repeated. A health promoter from Moba said:

“What discourages me with this project is that the mothers participating in the Care Groups always ask me about the modules that have been promised. Many MLs are absent from the Care Group meetings. It bothers me that I cannot give definitive answers about when the other modules will be available.”

The ET also found that participants were discouraged by the fact that malnourished children referred to health centers were not given ready to use therapeutic foods (RUTFs)¹³. These factors led to high attrition of participants.

Recipes of nutritionally rich dishes for children

The recipes of nutritionally rich dishes for children were also unavailable in both South Kivu and Tanganyika, triggering delays in culinary demonstrations aimed to improve child feeding. TP II health promoters took initiative to share messages beyond Module 1, including those related to dietary recipes, but without the needed support of the dietary recipes, which often produced confusion among MLs. Culinary demonstrations have been held in South Kivu, but most mothers were unable to provide ingredients which were in part supposed to be supplied through other TP II activities, such as gardening and raising small animals causing MLs to lose credibility.

Seeds for vegetable gardening

Seeds for vegetable (cabbage, amaranth, eggplant, onion, carrot) gardening were distributed to MLs, around the start of the dry season (April, May), several months later than planned. The official plan is to have MLs cultivate vegetables and then distribute the seeds to CG mother-participants. Some MLs had already shared seeds with CG participants. In Moba, participants frequently complained that seeds did not germinate. While fruit trees are also supposed to be planted, they had not yet been distributed at

¹³ The RUTF most commonly used by health facilities is PlumpyNut.

the time of the MTE. MLs in several villages reported that during the dry season water is limited even for critical needs, thus preventing them from planting successful gardens or allowing them to plant only amaranth which requires less water. Gardens visited in South Kivu were positioned next to households and small in size, reducing potential for vegetable production. In Moba, some MLs made adaptations by planting gardens near water sources to ensure regular access to water. One Mother Leader from Moba explained:

“We had planted gardens in the family compound, but due to difficulties getting water, we decided to plant gardens closer to the river.”

Introduction of small animals to CGs

In South Kivu, efforts to introduce small animals to CGs for reproduction faced challenges. ML preferences were frequently not considered prior to distribution, and in several instances, many rabbits and poultry distributed were infected with disease. Distribution of infected poultry led to high mortality of both project and household chicken. In Kalemie, a health promoter explained that poultry had been distributed the day before the MTE team arrived. In Moba, MLs did not report receiving animals. A general concern is that there is no alternative or long-term plan in cases of animal deaths, which were frequent, or large-scale epidemics. The combination of these findings cause concern that the project will not impact rates of chronic malnutrition, reported at 56%, or improve minimum dietary diversity or the minimum acceptable diet, which were found at 19.9% and 8.5%, respectively, at the start of the project.

Model Fathers in CGs

Model father participation in CGs was inconsistent and limited, restricting potential to share information with other men and for opportunities to improve household decision-making. In South Kivu, some CGs reported participation of model fathers, but turnover has been a problem. In addition, it was unclear to what extent model fathers were sharing messages with other male community members. In Moba, it was unclear whether model fathers were active. In Kalemie, model fathers are reported to be active; however, due to time constraints, the MTE was not able to test this with a sufficient number of participants. P1 and P2 activities lack essential integration, which is paramount to behavioral change at the community level. For instance, CG messages should speak about the role of agricultural activities on nutrition and refer households to specific agricultural activities when they have food access challenges. Food production activities, including gardening and crop production through the OPs, should be linked to cooking demonstrations. Moreover, health and nutrition field agents do not have enough familiarity with the targeting, strategies and timing of the agriculture work to understand how it should be supporting health and nutrition at the household level.

Training of health providers

Delayed implementation of Integrated Health Project (IHP) activities has postponed training of government health providers and community-based workers, thus impacting efforts to strengthen the quality of health service delivery and project objectives related to increasing access to health care. Regular medicine stock outs reported during the evaluation are another consequence of the late USAID IHP start. FH management acknowledged that they are forced to refer participants to poorly functioning health centers. In South Kivu, monthly stipends to ITs and travel per diem for MLs and community health workers participating in “visites avancées” had not been paid in over five months, affecting commitment

and morale according to respondents. In Moba, payments had been made, but were always late. There were signs that the project failure to follow payment schedules is affecting work ethics, the quality of implementation, and the project reputation.

BabyWASH

To investigate the connection between WASH, nutrition and child growth, FH partnered with Johns Hopkins University to conduct research studying the risk factors for geophagy (eating of earth) among children under 24 months of age and to design an intervention that responds to these factors. This BabyWASH study consists of formative research to understand risk factors including design and pilot of a BabyWASH intervention to test potential approaches, a cohort study to assess the relationship between geophagy, environmental enteropathy and stunting and a cluster Randomized Control Trial (RCT) to evaluate the efficacy of an intervention targeted at children under two years of age. By the time of MTE data collection, the formative research, pilot and cohort study were almost complete however due to insufficient budget, the RCT has been canceled under TP II.

There were a few challenges noted by JHU in the execution of the formative research and the cohort study. FH left the post of BabyWASH Project Coordinator vacant for 11 months, causing challenges for the study to advance according to project timelines. Previously the BabyWASH Intervention Coordinator position (different from the Project Coordinator) was left vacant for 8 months. Logistic challenges delayed pilot activities and sample collection due to JHU's dependency on FH for a vehicle and transportation to the field. The Catholic University of Bukavu (French acronym UCB) laboratory used for the study was located in Bukavu (over 50 km from project sites) which meant that all samples had to be transported over two hours from collection sites. A closer, local laboratory was available and would have reduced some of the logistical challenges faced by the study. If they are unable to test a sample within six hours of collection, they have to throw it away, which has happened due to the logistical challenges. Also due to the Research Assistants being based in villages, lack of electricity posed a problem. They were unable to charge their laptops while out in the field and therefore had to collect data by paper, leading to longer data processing time. Despite the challenges JHU produced seven modules based on their findings from the formative research and the cohort study that will be used in Care Group lessons.

Overall JHU was able to conduct a high quality study despite challenging conditions. The JHU Coordinator in Baltimore was impressed by the quality of work done by the Congolese research assistants. However it is worth noting two additional logistical challenges slowed down the BabyWASH study namely at times they had to wait for testing supplies, and were unable to test for three months. At the time of MTE data collection, JHU was still waiting to receive stool samples from DRC to finish the cohort study. This was originally planned to finish by January 2019 but they ended up aiming to finish end March 2020 due to a delay in shipping of the stool samples to be analyzed for fecal pathogens. Everything had been collected on time but they were delayed in shipping them due to the Ebola outbreak. Several countries were concerned about samples transiting through them and requiring additional permits to send stool samples through.

WASH

FH proposed TearFund International (TF) as the sub-partner responsible for the water, sanitation and hygiene aspects of TP II in the first quarter of FY2018 (October-December 2017). They were approved by FFP early in 2018. TF's first activity was to complete a WASH assessment and a hydrogeological study in the proposed intervention areas across South Kivu and Tanganyika between January-August 2018. TP II's Water Quality Assurance Plan was concurrently developed by Sun Mountain International with inputs from TearFund, and submitted in September 2018. The WASH assessment was conducted by TF and the hydrogeological study was sub-contracted to Fels Consulting as one report. The overall process was delayed due to:

- Poor security in Tanganyika prevented the visit of some target villages and ultimately some of these were replaced. Upon arrival in some villages the team found the population had fled
- Population data is not regularly tracked in DRC and is of poor quality. FH was late in providing population data to TF and there were errors in the data provided, causing TF to reduce the number of household surveys conducted due to duplications and anomalies in the data
- Underestimation of distances between villages in Tanganyika meant that the team could only interview one village at a time instead of cluster as they had planned
- Data collection in South Kivu took place at the height of the rainy season, making fieldwork extra challenging and more time consuming for the team conducting topographical surveys
- The team hoped to use FFP's DRC Population Baseline Survey in order to ensure the survey instruments were consistent however there was a delay in receiving this from FFP
- Data collection tablets sent from South Kivu to Tanganyika via cargo company were lost in transit and TF had no backups, causing a delay in the household survey process in Tanganyika
- TF did not plan enough water quality testing kits for each assessment team to be able to work in parallel and instead expected resources to be shared by teams, which is unreasonable and contributed to overall delays in fieldwork

Following completion and approval of the WASH assessment and hydrogeological study in FY2019, TearFund and FH had a prolonged exchange related to the sanitation component of the program. TF supported introducing the government's *Village Assaini*¹⁴ model (which they have vast experience doing in DRC), while FH supported introducing USAID's preferred Community Led Total Sanitation (CLTS) approach. *Village Assaini* is a heavier process than CLTS because it requires compliance from the majority of the village on abandoning open defecation, handwashing, water access, and village cleanliness. CLTS focuses on a push to abandon open defecation but does not include the water access requirement. Ultimately they agreed to implement a modified version of *Village Assaini*/CLTS in August 2019, the month prior to the MTE. This disagreement prevented TF from establishing Memoranda of Understanding (MoUs) with local government in intervention areas for the time they did not know which sanitation intervention they would introduce.

TF's team in Kalemie was affected by the loss of FH staff in November 2018, along with the rest of the Kalemie base which considerably slowed operations for the rest of November and December 2018. In

¹⁴ *Village Assaini (clean village)*: Has a dynamic and active committee monitoring hygiene and sanitation. 80% of the population has a clean compound. 60% of the population washes hands with soap or ashes before eating and after defecating. 70% of the population understands the oral-fecal transmission of disease and its prevention. The village is cleaned at least once per month. 80% of the population has access to clean water. 80% of the population has a hygienic latrine. Has a Community Water Safety Plan.

FY2019 TearFund also experienced delay in staffing and beginning activities because the majority of their national-level senior staff were dedicated to the Ebola response and they felt it was most efficient to wait for field staff to finish contracts on another TearFund project (SWIFT consortium) in Kaziba instead of hiring completely new staff. At the time of the MTE, TearFund had recently hired field staff for TP II interventions however communities were still unaware of when and what water infrastructure would be introduced to their communities, as most of the field staff had only been with TearFund for one month. Participants that had attended meetings organized by TF during the WASH assessment were aware that TF plans to construct water infrastructure and confirmed their communities' desire for water infrastructure. However they were not clear on the type or the location. In speaking to TF leadership in both provinces, staff did know what they were planning to do and where. At the time of the MTE, TF had begun the tendering process for water infrastructure in both South Kivu and Tanganyika and their teams were preparing to begin the process of community mobilization.

3.1.3 Purpose 3: Women, Men and Youth of All Tribes (WMYAT) are Social Equals and Feel Safe in their Homes and Communities

Search For Common Ground (SFCG)

TP II is working on gender equality and Sexual & Gender Based Violence issues both through their Gender, Conflict and Youth Department and through their sub-contractor, Search for Common Ground (SFCG.) FH's Gender Team has conducted trainings on gender for all staff and SFCG implements Gender Discussion Groups across the three territories. Generally FH's Gender Team is paying more attention to the integration of gender across their programming while SFCG is working directly with participants. They have together conducted trainings with local leaders on gender equality peace protection and conflict transformation. In Moba, members of a Gender Discussion Group (GDG) explained that they were assembled without a training, and it took the SFCG Coordinator a year to return with a module to train them. This training had still not taken place at the time of the MTE, although when he returned with the module he promised to come back quickly to conduct their training. SFCG's Conflict programming uses multiple interventions to pass messages around conflict transformation, ranging from mobile cinema followed by discussion, participatory theater, radio programming, listening groups, household visits and posters. Local leaders are encouraged to participate in these activities.

The complaint management committee lacks training on conflict management and transformation in South Kivu, however community members sometimes solicit their assistance in mediating such conflicts.

Union for the Emancipation of the Indigenous Woman (UEFA¹⁵)

UEFA's project under TP II, "Social Cohesion and Peaceful Coexistence between Bantu and Twa Communities in the Tanganyika Province", began implementation in October 2018. Originally meant to operate in five villages in Kalemie Territory, one village had to be removed due to ongoing security concerns and one was replaced, leaving them with Kabutonga, Lukengwe, Lugogo and Lwanika. The MTE team found that the intervention is well-received by participants.

¹⁵ Although the MTE team was originally presented UEFA's work as part of the FSL/Agriculture work, according to the TOC it corresponds better to Purpose 3 and will be treated thus in this report.

Figure 6: Twa and Bantu gathered in a UEFA community meeting center



Photo Credit: Felly Muambayi

Community Development Committees

Related to governance, TP II has used the Community Development Committee (CDC) approach which consists of either establishing or reconvening local leaders as management committees. CDCs are intended to be the governance structure that other TP II actors engage with locally and they serve the role of conflict mediator within the community. Implementation of this approach is not consistent across territories. In some places it is working well and in others the CDCs are not communicating well with TP II staff, or report not receiving support from TP II.

3.1.4 Monitoring and Evaluation (M&E)

The M&E Department is using several different systems across TP II implementation, including one software to track VSLAs and a different one for Commodities. TP II staff report that the data collection systems work well. Each quarter they conduct SWOT analyses and focus group discussions with participants. However time for data analysis and processing to improve the quality of results remains lacking, especially because this analysis is restricted to Bukavu. Despite the data being collected, the M&E Team has not been able to take this a step further and use learnings for adaptive management or program innovation.

While supervisory systems comprised of TP II health promoters and health supervisors are well established, there is little evidence that monitoring mechanisms are being used to strengthen health and nutrition activities. The recent introduction of performance-based checklists should facilitate assessments of MLs' capacity to convey CG lessons and the participants' degree of involvement. TP II Health and Nutrition promoters commonly reported that participants were adopting improved behaviors, which was generally not supported by evidence. The failure to use data to recognize weaknesses in the interventions impedes opportunities for improvement.

In general, evaluation findings highlighted that the strategy has failed to make adjustments according to contextual realities and population needs. For instance, despite the long delays of the CG module production and late start of IHP, TP II did not attempt to develop alternative approaches to ensure that P2 objectives be addressed. Linkages between P1 and P2 activities are weak, failing to facilitate access to diverse and affordable foods needed to follow dietary recommendations. The leadership in the agriculture and health sector failed to work together to identify food needs and preferences and coordinate implementation of activities to support efforts to improve dietary quality and frequency of intake. This is likely related to multiple factors, including inadequate use of monitoring mechanisms, lack of leadership and competence of the health and nutrition interim director, and the poor management highlighted across project activities, which is to some extent linked to the hierarchical organizational structure. The ET found that TP II's hierarchical structure, which is centered at FH headquarters in Bukavu, hampers decision-making of staff, particularly those working in Tanganyika, who must defer to FH headquarters, causing delays in activity implementation. A prime example relates to the CG modules, which could have been printed at a competitive price in Kalemie, but headquarters mandated that they be printed elsewhere, outside of DRC. This top down approach has negative effects on collaboration with consortium partners and undermines the timeliness and quality of activity implementation. It also undermines other critical components of development related to strengthening leadership skills and building capacity.

3.2 MTE Objective 2 – Evidence of Change

This section presents the findings related to Objective 2: evidence of changes (positive and negative, intended and unintended) across activity purposes due to TP II's interventions to date.

3.2.1 Purpose 1: Households have Food and Income Security

Overall the agriculture interventions are promising but not demonstrating the changes expected of an activity in its third year of implementation. Some examples of change thus far are that of terracing in South Kivu, which despite being a difficult and onerous approach it is being reproduced. In some villages of Moba, the demonstration plots that are being accompanied by government agents are showing improvements compared from new techniques. VSLAs are generally successful, generating funds that support local investment allowing purchase of seeds, genitors for animal husbandry, and materials for small business.

Both of the irrigation projects under construction through TP II that were studied are advancing and certainly having some positive impact on populations. Unfortunately not all community members have been convinced of the utility of these projects and issues around land ownership linger. To increase

community buy-in, SFCG had to produce a video to help reduce conflict. The literacy intervention gets lots of praise in each province and is demonstrating high success rates in the evaluations of students. On the negative side, FFW rations are openly being sold in the market in Kalemie and members of a local FFW committee confirmed that some participants prefer to sell rather than consume the commodities received, despite the FFP rule that rations are not for resale.

3.2.2 Purpose 2: Improved Nutrition and Health Status of WRA, PLW, Adolescent Girls, and Children under Five

MLs and participants were familiar with the messages disseminated during CGs, most often highlighting increased awareness of exclusive and responsive breastfeeding, which is covered in Module 1, and child feeding practices. Mothers frequently participated in multiple FH activities, including health, agriculture and VSLA. TP II field agents maintained health and nutrition knowledge related to the P2 objectives.

However, the adoption of improved nutritional practices promoted by TP II lags behind. The evaluation team in South Kivu conducted direct observations lasting at least five hours each of childcare practices of 10 children averaging 14 months of age in evaluation villages. Results showed that the vast majority (9 of 10 children) were only eating the family meal primarily consisting of fufu made of cassava flour and small portions of vegetables (cabbage and eggplant), and sometimes including pieces of small fish. The majority of children observed either ate on their own or were fed by an older sister under 10 years of age. Handwashing at critical times (before meal preparation or before the child ate) was either done only with water or not at all. Only one of four children observed, all of whom were breastfeeding, was carried by his mother when she went to work in the agricultural fields, allowing for breastfeeding on demand. Participants were unable to follow nutritional recommendations, either because complementary activities had not gotten underway or they did not have the means to purchase quality foods. A participant from South Kivu said:

“The teachings we are given are good and very necessary, but to find the recipes for the mixture of the porridge is very difficult because we do not have the means.”

Recent trends in some health centers visited showed increases in utilization of modern family planning methods, which were available in most, but not all, health facilities. In South Kivu, participants most commonly reported using the “chapelet,”¹⁶ which is based on the rhythm method. Many women in South Kivu reported that family planning is good for their health and the family economy. In Moba, CPN and CPS attendance in facilities was also improving, and in both provinces advanced visits are increasing CPN and CPS attendance in remote villages. Improvements in utilization of family planning, CPN and CPS, are likely, at least in part, attributable to active promotion of these interventions by TP II Health and Nutrition field agents and MLs. Improvements in the use of health services for curative care such as diarrhea treatment could not be confirmed by health center data.

The BabyWASH study produced seven modules through the formative research, pilot and cohort study that will be applied to future Care Group lessons.

¹⁶ A string of colored beads that resemble rosary beads, which are designed to allow women to follow their menstrual cycles and determine when they are ovulating.

3.2.3 Purpose 3: Women, Men, and Youth of all Tribes are Social Equals and Safe in their Homes and Communities

SFCG

The topics being addressed through SFCG's Gender and Conflict work include some behaviors that were previously threats to food security and good nutrition. For example, alcoholism, land conflicts, management of household revenues and decision-making, sharing domestic work, forced marriage, gender-based violence, family planning and inheritance. In Moba, members of a Gender Discussion Group shared that before when women came back from working in the field and were tired, the husband would force sexual relations. Now more and more husbands understand they both have to agree. In South Kivu, some men have started to help their wives with domestic chores, in preparing fields and even after harvest thanks to the messages received through the Gender Discussion Groups. Also in South Kivu, the MTE learned that some young artisanal miners abandoned this type of work to work on the Kaziba irrigation project thanks to TP II's awareness raising. There is also a small SFCG pilot of youth clubs to discuss questions of gender and conflict.

UEFA Social Cohesion and Peaceful Coexistence

Several positive changes have been noted since the beginning of this intervention. UEFA's agents have worked with communities to build community meeting centers and to rehabilitate local soccer fields. They have also created a mixed-ethnicity soccer team. Through agreements with local leaders, fields have been made available for community farming. Community members have also participated in trainings to analyze conflict and the MTE team observed community members peacefully coexisting. One of the members of the MTE team, a Bantu, expressed shock at how well received he was by a Pygmy community and that they were willing to eat with him.

3.3 MTE Objective 3 – Assess the Quality, Relevance and Efficacy of the DFSA Design

This section presents the findings related to the third evaluation objective: assess the quality, relevance and efficacy of the DFSA design.

One of the issues the MTE team noticed across TP II was the lack of documentation in French. Although the senior management of TP II are mainly Ugandan-origin English speakers who also write and speak French, most of the program and field staff are French speakers with limited English abilities. All annual and quarterly reports are produced in English only, which excludes the majority of staff except for the senior management team.

3.3.1 Purpose 1: Households have Food and Income Security

Under TPI, FH introduced and tested improved varieties of cassava, banana, orange flesh sweet potato, maize, bush beans, climbing beans, and soybeans with IITA & INERA. SENASEM/INERA/IPAPEL worked with FH to identify train/farmers in seed production techniques.

Overall the MTE Agriculture Specialists observed that TP II has a good approach for the sector and the major challenge is how behind they are in implementation. TP II must be accepted by communities because sites are voluntarily given for community reforestation, as well as construction of marketing commercialization centers (CMCs).

A few improvements include taking into account the dependence on inputs for improved seeds so that the target crops are introduced at the appropriate time. Overall the time required for production seems to be underestimated as is the step from producing enough to feed one's self to producing a surplus for sale. Tree nursery participants would have preferred fruit trees and were not associated during the tree selection period. CAHWs are facing a challenge to replace medicine due to a disproportionate relationship between to the typical earnings of those involved in animal husbandry and the cost of medicine required to treat their animals. Also related to CAHWs, the start-up kits provided by TP II do not include vaccines, a thermos to keep things cold and other equipment necessary to treat all animal illnesses. The proposal of fish drying racks in Kalemie may be a cause for conflict because the size proposed by TP II will only allow a limited number of fishermen to dry their fish. They prefer to receive a hangar which will provide a larger area in which to dry their fish.

While the irrigation project constructed/implemented/created in TPI is considered a success, FH is struggling to replicate the same experience in three distinct sites—particularly in Kalemie. The very recent conflict that has plagued Kalemie appears to not have been taken into account when the site was selected and it is not realistic to expect the same outcome there. The assumption based on the TPI experience was that swampland would be irrigated or drained using, in part, local labor in exchange for FFW, therefore increasing the amount of land available to local farmers. Unfortunately this hypothesis in Kalemie meets the following challenges:

- 1) farming has not been happening as much recently because life has been generally interrupted due to the local conflict
- 2) local residents are located close to several camps for IDPs. These camps were still distributing food and/or cash during the MTE. Motivation is low to work for food when it is being given away nearby

These challenges demonstrate the mismatch with Kalemie and may explain why there was resistance to the irrigation project, why FFW commodities were being sold in local markets and at the same time FFW recipients were complaining they were receiving too little for the amount of work they were doing. (No such complaints were made for the same amount in South Kivu or in Moba.)

As mentioned under service delivery, the literacy program is well-designed according to both participants and the one instructor interviewed. The main area of weakness is that thus far very few men have participated in the literacy classes. Men are reluctant to participate in the classes with women for cultural reasons and, at the time of the MTE, LIPEDEM was not insisting on sex-separated classes. However men would benefit as well from the functional literacy and numeracy skills they could gain through the program.

3.3.2 Purpose 2: Improved Nutrition and Health Status of WRA, PLW, Adolescent Girls, and Children under Five

Although a main component of P2's objective is to improve the nutritional and health status of adolescents, adolescents are not directly exposed to module lessons. Rather, mothers of adolescents who participate in CGs are supposed to convey messages to their female children. This indirect method to reach female adolescents raises questions about the appropriateness and effectiveness of the approach. Furthermore, messages are designed for adult women and may not be relevant for youths or adolescents. Search for Common Ground has developed a package of innovative approaches to convey health-related messages, including messages related to the dangers of early or unplanned pregnancy and nutritional needs of adolescents. The ET viewed a film and observed a theater group and school activity, which were all innovative and contextually appropriate. However, the film was poorly attended by youth (5 of 52 attendees) and approaches were too sporadic, occurring about every 6 months, to influence behavior change. Health-related radio messages had not yet been transmitted at the time of the evaluation.

Model fathers were not included in all CGs. Model fathers in evaluation villages were frequently school teachers or *relais communautaires* (community health workers) (RECO). However, teachers are generally not from the community, raising concerns regarding local acceptability of messages conveyed by better educated "outsiders." Data from DRC¹⁷ show that, when incentives are not involved, community health workers lack commitment and there is high turnover.

In many instances, the ET found that interventions do not take local conditions into consideration. Food ingredients recommended for culinary recipes were unaffordable, children identified as malnourished were sent to the health center where they could be assessed for illness and treated, but where RUFTs were frequently unavailable, vegetable seeds were often distributed in places with poor water access, and animals distributed were not selected by MLs and had a long reproductive cycle that, given the time period remaining in the project, would not allow for distribution to all CG participants.

Lack of availability of therapeutic foods for malnourished children was perceived by field agents, MLs and community members as a major source of discontent, causing dissatisfaction with FH. Community members complained that malnourished children identified by MLs were only given nutritional counselling often involving nutritionally rich porridges with ingredients that mothers cannot afford. One mother in South Kivu said:

"Me, I'm tired of the instructions from FH. One day the ML came to my home and tested my child, saying he is malnourished. The ML gave me a paper to go to the health center, but I returned home from the CS without even a tablet. The nurse told me to go home and make a porridge. Where was I going to find money to buy the mix of ingredients to make the porridge?"

Many ET respondents indicated that mothers in both South Kivu and Tanganyika are now refusing referrals to the health center.

¹⁷ Tulane University School of Public Health and Tropical Medicine. (2019). *Evaluation of the Impact of the ASSP (Accès aux Soins de Santé Primaires) Project in the Democratic Republic of Congo.*

A common belief among participants is that MLs are receiving a salary or gifts, thus depleting participant benefits. At the same time, MLs commonly reported that village women ridicule them for working hard for nothing. One ML said:

“They ask what are you doing with FH, you are working hard but they give you nothing.”

In addition, many participants complained that they do not see the value of receiving instructions without tangible benefits. One participant said:

“They only give us instructions; they really don’t give us anything worthwhile.”

Lack of relevance and dissatisfaction with services was causing some turnover of CG participants.

These reactions reflect mindsets and expectations common in contexts where there has been a long history of humanitarian assistance and highlight broader challenges that will likely undermine sustainability of activities. The fact that this attitude continues to surface suggests a flaw in the overall project assumptions and design. It also underscores that the design of development programming is critical in areas with high aid exposure and dependency.

TearFund

The original targets in TP II’s Water Quality Assurance Plan were to construct and/or rehabilitate approximately 315 water points in South Kivu and Tanganyika Provinces. In TP II’s FY2019 PREP, FH reduced the target to complete 90 water points in the life of award (LOA) and that construction was planned to begin in April 2019. The MTE learned in September 2019 that the tendering process had only recently begun for water infrastructure, but that nothing had been constructed at that time. With a year and a half of implementation remaining at the time of the MTE, it is ambitious for TF to plan to construct water infrastructure, train management committees that will sustain functionality of this infrastructure over the long term, manage to certify villages as being Open Defecation Free and get participants to begin routinely handwashing with soap or ash after defecating or before eating.

Based on interviews conducted during the MTE, it does appear that communities will be consulted regarding the water infrastructure for their area. However if TF is unable to complete construction before September 2020, it is unlikely they will have enough implementation time to support the creation or redynamization of the accompanying water user committee (WUC) that is crucial to sustainability of the water point. In particular they will have to work with the WUC to identify a realistic price for water in each community after only a few months, whereas TF proposes in the WASH assessment to study this for a year before determining the amount to charge users. One of the key learnings from the WASH assessment is that household latrine coverage in the intervention areas is relatively high: 63.3% in Tanganyika and 88.5% in South Kivu. This means that it should not be too difficult to increase latrine coverage. If TP II had more time, TF could focus on moving participants up the sanitation ladder. Given the amount of time remaining on this award, TF should focus on closing the gap on latrine coverage and emphasizing handwashing adoption.

BabyWASH

The BabyWASH study was unique as the first time a research program of its scale was used to create the WASH messages to be included in the activity’s SBCC modules. The MTE team learned that several

things were missing to ensure the success of including a rigorous research project in a DFSA. First, a common understanding of how research needs to be conducted was not established between FH and Johns Hopkins. FH leadership in Bukavu did not understand the need for all budget items included by JHU nor the reason for the study to go through the Institutional Review Board process. On the other hand, the team from JHU had never conducted research in DRC and was not aware of just how challenging the context would be. The budget became a problem during the course of TP II and ultimately the reason the RCT was canceled under TP II. While JHU's initial budget was approved by FH, later during implementation it appeared to be insufficient.

In terms of design, the idea of conducting research on environmental enteropathy certainly has value and has the potential to improve the WASH community's understanding of why children under two are getting diarrhea. However the idea of conducting this research in a post-conflict zone as part of an activity that is supposed to increase food security in three different provinces is questionable. It is unlikely that the differences in the WASH messages that will be produced by the BabyWASH study will lead to significant drops in diarrhea and ultimately ensure that participants are more food secure. Furthermore, the challenges of conducting research in this setting are many and seem to indicate, as one FH staff member explained, that it might not make sense to attempt to conduct research in such a complicated environment.

3.3.3 Purpose 3: Women, Men, and Youth of all Tribes are Social Equals and Safe in their Homes and Communities

SFCG

The Gender and Conflict Transformation work lacks an effective feedback mechanism for participants of the listening groups, GDGs and gender trainings. There is no mechanism to analyze and share feedback with the TP II technical sectors from these groups. A second aspect that could be improved with this program is the redundancy between SFCG staff working on Gender and Conflict, side by side with FH staff working on Gender and Conflict. The FH Gender and Conflict Officers in Tanganyika both explained that part of their role is to check on the work of the subcontractor.

UEFA Social Cohesion and Peaceful Coexistence

Regarding design, the main flaw in this intervention is limited budget. UEFA has a long list of goals and an even longer list of needs from the communities in which it is working.

3.4 MTE Objective 4 – Coordination, Collaboration, and Convergence

In this section we present findings on evaluation objective 4: Coordination, collaboration, and convergence between TP II and government partners, other USAID programs as well as those internal to the consortium. Given the large number of partners for this DFSA, we address them by purpose.

3.4.1 Purpose 1: Households have Food and Income Security

TP II's Agriculture interventions are set up to interact with several partners. INERA supplies local seed, IITA assists with demonstration plots, ICRAF and ILRI intervene in the value chain and agricultural practices, as well as agroforestry and animal husbandry. HarvestPlus supplies biofortified seeds and SENASEM supports seed multiplication. FH appears to have good relationships with the previously mentioned organizations. TI has provided trainings on animal traction and of artisans to make the relevant tools. Outside of the consortium, TP II is meant to be interacting with Tetrattech's Strengthening Value Chains Activity (SVC) to connect LF to markets however this does not appear to be happening so far. In terms of government partners, the Agriculture Team works with IPAPEL, SENAQUA, and CARG.¹⁸ Thus far, there is a lack of government endorsement through MoUs with these entities and they report not feeling involved in TP II.

The irrigation projects do not utilize external partners however they are being implemented by two Rwandan engineering companies, who have sub-contracted to a Bukavu-based Congolese company. These projects rely on a mixture of FFW and CFW labor to be completed and the Commodities team is heavily involved in the management of this labor. This requires collaboration between the WASH Infrastructure Team, Commodities Team and the engineering companies. They have weekly meetings and a good system set up to deal with a complicated set of players.

LIPEDM, the sub-contractor responsible for the literacy program, has struggled with issues with FH related to their budget, because their contract is such that they are only paid by FH every three months, once students take the evaluation. Only once they pass does FH pay for that previous quarter. While it is a lack of thinking/poor reflection on LIPEDM's ability to budget well or prepare a good contract, given all of FH's experience in DRC they should also be ensuring that their contracts with subs are going to ensure they get the best result. This is not the current situation and is putting unnecessary financial pressure on their staff.

3.4.2 Purpose 2: Improved Nutrition and Health Status of WRA, PLW, Adolescent Girls, and Children under Five

There appears to be limited communication between FH technical leads, affecting critical activity objective linkages and field level coordination. It is important to stress that TP II's hierarchical structure hampers staff decision-making causing serious delays in activity implementation and undermining the quality of project activities and impacting on the IP credibility and reputation. Field staff interviewed frequently lacked transparency about on the ground challenges, impeding critical bottom up communication. Convergence of the health sector with consortium partners, notably Search for Common Ground, would be improved with better communication and coordination regarding the content and timing of health-related message dissemination. In addition, in South Kivu Search offers incentives, such as transport money or food for participation in group sessions, contradicting the FH approach.

While the CDC provides oversight of health activities, lack of formal liaisons with legally recognized structures such as the *Conseiller Agriculture Rurale de Gestion* CARG and CLDs, jeopardizes

¹⁸ Rural Agricultural Management Council in English

sustainability. Although there is communication between the CDC and the CARG, *groupements* and chieftaincies, in South Kivu CARG representatives and traditional leaders expressed dissatisfaction with FH activities, because they felt FH was not adequately sharing information and engaging in collaboration, leading to local unrest. TP II implicates local and zonal level government health officials, with the protocol delineating their roles and responsibilities, which involves payment for their involvement. Coordination and collaboration with local health facility officials was generally positive, although facility level activities were negatively affected by the late start of IHP. Payments of health officials are not being honored or involve long delays, with TP II staff failing to convey reasons for the delays. This is likely affecting health worker motivation, undermining the project credibility, and impacting on overall collaboration with government workers.

At the provincial level, TP II appears to operate differently from one province to another. In South Kivu, high-ranking officials in both the DPS and Pronanut claimed that TP II staff does not participate in regular meetings and they were uninformed about ongoing TP II activities in the province. Relations were strained, probably due to DPS requests to provide financial support which delayed signing of the activity protocol. The activity has been collaborating with two BCZ teams since November. The third *Medecin Chef de Zone* (MCZ) initially refused to participate, probably in hope of getting more financial support, slowing activities in that zone. In the other two zones, the MCZ have been engaged in training of project staff, government officials and community workers, and joint supervisions. In Tanganyika, TP II collaborates with the entire health system from the provincial to the health area level, with health zone management teams implicitly involved in health and nutrition interventions. The coordinator of Pronanut and the MCZs participated in training of health promoters, providers and community health workers. Some health zone staff also participated in the formative research carried out during the refine and implement phase. The ET believes that discrepancies in government collaboration in the two provinces reflect differences in leadership capabilities, which are stronger in Tanganyika.

IHP has been confronted with many unforeseen challenges causing serious delays in implementation. Since IHP got underway, lack of clarity regarding collaboration between IHP and TP II on community interventions has impeded progress, having negative implications on P2 interventions and outcomes. The IHP director in South Kivu reported that it is difficult to harmonize the two approaches. FFP Kinshasa is working closely with UNICEF to ensure that RUTF will be available in all of the health zones where the DFSAs are operating, thus allowing malnourished children referred by MLs to health centers to receive ready to eat therapeutic foods perceived to be critical to recuperation by community members.

TearFund

As of July 2019, TF and FH had not come to an agreement to share office space and furniture in Kalemie, meaning TF staff did not have an office in the Kalemie base one month prior to data collection for the MTE. TF and FH had also not come to an agreement by July 2019 (two months prior to data collection) on which sanitation approach would be used by the program: *Village Assaini* or *CLTS*.

BabyWASH

The collaboration between FH and JHU faced several challenges. As was noted under service delivery, JHU found FH's logistical support to be lacking. In addition to the vehicle issue, study staff raised security concerns to FH multiple times that went unaddressed. Given the context of South Kivu and the area

where the research was being conducted, this is alarming and should be a red flag to FFP, especially given that in another province two staff members were killed in the short time since this activity began implementation. FH was responsible for hiring key positions in the BabyWASH study that took almost one year to fill. This forced the Intervention Coordinator to take on the tasks of two staff members for this time period. These gaps threatened the progress of the study.

3.4.3 Purpose 3: Women, Men, and Youth of all Tribes are Social Equals and Safe in their Homes and Communities

SFCG

Regarding collaboration, SFCG also faces logistical constraints due to limited transport in a vast geographic zone. For example in Moba, they have one vehicle that is to be shared between all staff at any given time and FH does not support them with transport otherwise.

UEFA Social Cohesion and Peaceful Coexistence

Due to the nature/content of their subcontract, UEFA is dependent on FH for logistics, including use of vehicles. This limits their time in the field and they have had to rent vehicles out of necessity to circumvent this challenge. The MTE team witnessed these challenges in coordination and logistics during the planning of the validation workshop, for which FH did not inform their subcontractors until two days before it was scheduled despite the MTE team insisting on participation from across the consortium. For partners based in Tanganyika that are restricted to travel via UNHAS which has a limited number of seats, booking a ticket at the last minute was not an option.

3.5 MTE Objective 5 – Sustainability

In this section findings related to Objective 5, sustainability of outcomes produced by TP II to date, are presented.

3.5.1 Purpose 1: Households have Food and Income Security

The PACE structure is a solid base for the sustainability of sharing agricultural techniques. The successes of the terracing activities in South Kivu as well as the individual nurseries indicate a possibility they will be sustained. Some of the nurseries from TPI are the pride of the village; this seems promising for those of TP II. VSLAs have met an early success because they respond to the immediate needs of the population.

However in Kalemie some VSLAs have reported difficulties getting all of their members to repay loans and having to bring them to local authorities. This may be due to the level of poverty and overall situation people are faced with in Kalemie being more desperate. If the irrigation maintenance committees are not trained soon and do not buy in to the reason for the irrigation projects, the longer-term sustainability of these projects is at risk. They have been established with minimal guidance and are already beginning to doubt their reason for being.

3.5.2 Purpose 2: Improved Nutrition and Health Status of WRA, PLW, Adolescent Girls, and Children under Five

TP II has trained many activity staff and government personnel on improved health and nutritional care. While participants interviewed maintained knowledge gained through activities, particularly related to exclusive and responsive breastfeeding and child feeding, there was little sign of behavioral change. Little time is left to complete all seven module lessons and implement complementary interventions such as culinary demonstrations, gardening and animal husbandry designed to facilitate behavioral change.

The vast majority of participants and people involved in implementing interventions were aware that TP II is an activity with a specific time frame and when the activity would end. Most ET respondents knew that TP II is a development activity promoting self-reliance. The local context, which has been ravaged by conflict for over two decades, has led community members to become accustomed to free assistance and handouts, which is a mentality difficult to change. IPs working in nearby areas in both provinces are still providing free services and cash.

In most health zones visited, TP health promoters and MLs closely monitored CG participants to ensure high attendance, raising questions regarding sustainability. In South Kivu, we also uncovered limited application of the model father approach and high turnover of model fathers. In Moba, there was no indication that the model father approach was underway. Many participants complained that the repetition of module lessons caused boredom. There was common agreement that ML's demanding workload deserved compensation. MLs reported being motivated by the fact they were selected by the community, were learning, and the prestige of being visited by activity staff and health personnel. A common incentive was linked to the belief that they would receive a surprise or a "big gift" at the end of the activity for their hard work. The fact that a special reward will not be provided, as expected by the MLs, will likely damage the IP reputation and influence sustainability of this and other future activities. These data suggest that it is unlikely that CG activities will continue post implementation.

Several health providers and community health workers maintained that screening of malnourished children and gardening would be continued by the community health workers after activity close. However, experience in the DRC¹⁹ shows that community health workers generally only engage in interventions that involve incentives. Furthermore, due to the late start of USAID IHP, key trainings with community health workers and CODESA have faced serious delays, raising doubts about whether there is adequate time to enlist commitment from these key partners and to generate adequate traction in interventions. While the CDC plays a positive role in providing oversight to TP II interventions, delays in P1 and P2 limit the impact of these linkages.

The BabyWASH modules that have been created based on findings from the formative research, pilot and cohort study are meant to be applied to TearFund's work on safe hygiene. This should be tested for sustainability.

¹⁹ Tulane University School of Public Health and Tropical Medicine. (2019). *Evaluation of the Impact of the ASSP (Accès aux Soins de Santé Primaires) Project in the Democratic Republic of Congo*.

3.5.3 Purpose 3: Women, Men, and Youth of all Tribes are Social Equals and Safe in their Homes and Communities

SFCG

The SFCG’s work in TP II is behavior change on long standing social problems. While some changes have been observed as reported under Evaluation Objective 2, it is hard to estimate sustainability of such changes especially in regions that remain vulnerable to shocks.

UEFA Social Cohesion and Peaceful Coexistence

With only one year of implementation behind them, it is extremely difficult to estimate the sustainability of the preliminary outcomes observed from the UEFA intervention. Ongoing trainings on conflict analysis and dialogue involving community members, as well as continuing to equip participants with skills will bring them further on the path to stability.

Community Development Committees

There remains a high level of dependency from CDC members on TP II and a certain amount of confusion as to what will happen with the CDCs after TP II closes.

3.6 MTE Objective 6: Refine and Implement

This section presents findings on how the application of Refine and Implement (R&I), an approach unique to FFP that was developed in 2014, has impacted TP II. It is being piloted in Liberia and DRC with the DFSAs that were awarded in these countries in 2016. According to the final report on the DRC R&I Pilot, *“The R&I model builds in a one-year refinement period during which time the awardee (a) engages program participants, government, and local stakeholders through participatory consultations; (b) carries out prioritized formative and implementation research; and (c) deliberately builds staff and local capacity.”*²⁰ The idea behind this is that instead of launching immediately into implementation, because FFP activities are implemented in complex contexts and they target the most vulnerable populations, IPs should use the first year to adapt to the realities of the intervention areas. IPs are expected to modify their Theory of Change and their interventions based on the research that is produced during the first year. Learnings from this pilot can inform FFP of what has worked well thanks to its application to a DFSA and what aspects of it need to be further modified.

As mentioned in the Introduction, FH has a long history of working in Eastern DRC and TP II is a second phase of a previous DFAP that was implementing in the same territories. With such deep knowledge, the concept of the Refine and Implement Year, which intends to allow an implementing partner to address knowledge gaps relevant to their implementation, does not seem necessary. However given that R&I in DRC was still in a pilot phase and FFP itself was not certain of how this would work, it is understandable that FH conducted more studies than was likely necessary.

²⁰ Refine and Implement Study DRC Pilot Final Report

3.6.1 Purpose 1: Households have Food and Income Security

A few clear outcomes from the R&I phase for TP II was the modification from the proposal to not create Community Transformation (CT) Plans. Another change between FY17 and 18 is the modification of the ToC from originally having two purposes with several cross cutting themes to making those themes a third purpose and removing the cross cutting themes. One finding that was not heeded from R&I was from a Literacy Education Assessment there is a clear need to modify the literacy program in order to have men participate, but this has yet to be applied. Male enrollment remains extremely low given the cultural barrier to having men and women learn together.

3.6.2 Purpose 2: Improved Nutrition and Health Status of WRA, PLW, Adolescent Girls, and Children under Five

Many of the management and coordination staff interviewed were not present during the year of refinement, with some unaware of the refinement year. Most of the R&I reports are only available in English, limiting readership and learning opportunities. Many staff, particularly staff working as in the field as coordinators or agents, did not know that a theory of change guided activity implementation; others who knew about the TOC revealed believing that it has never been changed.

A nutritional analysis conducted during the R&I phase provided information regarding commonly consumed foods, food preferences and barriers to consumption of diverse, high quality foods. DPS and PRONANUT staff from Tanganyika participated in the nutritional analysis. A major constraint identified through the study related to lack of means to purchase high quality foods, which continues to constrain activity interventions. The barrier analysis highlighted the prominent roles husbands and fathers play in household decision-making, thus underlining the importance of engaging men as change agents. The analysis provided important information regarding use of modern contraceptives, with lack of availability and the need for spousal consent major barriers to utilization. Findings, which highlighted that husbands, in-laws, and religious leaders exert varying influences on utilization of FP, guided their involvement in interventions, including model fathers in CGs. Religious leaders have recently been trained and engaged as change agents in activity interventions. Search for Common Ground approaches target a broad range of community members through the film, theater groups and other innovative approaches as identified as important through the barrier analysis.

At the time of the MTE, South Kivu participants had just recently been exposed to lessons on FP and in Tanganyika the lessons had not been introduced. The ET learned that in 2018 FH collaborated with Doctors of the World (*Medecins du Monde*) which had received funding to strengthen family planning in the local health facilities in Moba. The approach was designed to supply FP commodities, as well as train and supervise staff working in local health centers. FH also worked with Medecins du Monde (MDM) to adapt the FP module for CG in an effort to increase demand for FP services and supplies, while MDM improved access. However, implementation was delayed due to delays in printing the modules. In addition, the slow start of USAID IHP, which has a mandate to provide modern contraceptive methods to government facilities, has limited availability of modern contraceptive methods in some activity areas. This has restricted FP options to rhythm methods and abstinence. During the MTE, many facilities were recently stocked with FP methods and there were signs of FP uptake. The findings coincide with the barrier analysis, suggesting that availability of modern methods will lead to FP uptake.

The R&I period did not change the design of the TF WASH program or the BabyWASH study design.

3.6.3 Purpose 3: Women, Men, and Youth of all Tribes are Social Equals and Safe in their Homes and Communities

SFCG

SFCG conducted both a Media Analysis and a Conflict Analysis during the R&I year. The Gender Analysis also informed aspects of their programming, however this was not made available to the MTE team and is not posted on the DEC for review. Thanks to the Media Analysis, radio was identified as a key platform for passing behavior change messages. SFCG has been producing radio programs and training journalists on conflict transformation under TP II.

UEFA Social Cohesion and Peaceful Coexistence

One of the key findings from Search for Common Ground’s Conflict Analysis Study conducted during the R&I period, as described in the FH Conflict Analysis Report²¹, was:

“In Tanganyika, cultural and ethnic differences are the biggest dividing lines in the Tanganyika Province (Kalemie, Kabalo, Nyunzu and Moba) and this is key in understanding the recurrent inter-communal conflicts between the Twa and the Bantu. Through the Tuendelee Pamoja II project, it would be important to consider how to promote better communication among these two groups which focuses on common ground as opposed to highlighting differences. Community leaders, traditional authorities and Civil Society Organization key actors should be involved in a process aiming to develop and implement additional strategies to reduce stereotypes among the specific ethnic groups.”

The addition of the UEFA intervention is a direct, and appropriate, response to that recommendation.

3.7 MTE Objective 7: Appropriateness and effectiveness of Interventions Focused on Cross-Cutting Themes

This section presents the findings related to evaluation objective 7: determine the appropriateness and effectiveness of interventions focused on cross-cutting themes.

3.7.1 Purpose 1: Households have Food and Income Security

The agricultural interventions of TP II are targeted as much towards women as men and have high numbers of female participants. VSLAs, for example, are primarily composed of women. The literacy classes are almost exclusively women. FFW also sees higher numbers of women than men, because food is seen under women’s management in the household. While a few youth-focused VSLAs have been created, youth are largely underrepresented in TP II’s agricultural activities however they are involved in the CDCs.

²¹ FH Conflict Analysis Report, p10

3.7.2 Purpose 2: Improved Nutrition and Health Status of WRA, PLW, Adolescent Girls, and Children under Five

Nutrition and health interventions primarily involve women, thus increasing their already excessive workload. There were indications that MLs, who must sacrifice important time carrying out agricultural activities to implement interventions, may not have time to convey messages at the household level as planned. While the model father approach is designed to engage men in message dissemination to male inhabitants, our findings suggested that these interactions are not taking place as planned, in part due to high turnover and lack of engagement of the model fathers who have been selected. Our data indicate that men are involved in decision-making related to family planning, and that husbands are consulted prior to health care visits that involve money payments, such as consultations involving curative care or CPN, reflecting longstanding cultural norms in eastern DRC. However, there was no evidence of male involvement in issues related to household food consumption and nutritional intake of adolescents, children under five years of age, or women of reproductive age.

3.7.3 Purpose 3: Women, Men, and Youth of all Tribes are Social Equals and Safe in their Homes and Communities

Mother participants are supposed to transmit information to their female children. It is unlikely that this indirect approach, sometimes involving sensitive messages related to sexuality and family planning, will impart adequate knowledge transfer and behavioral change. Furthermore, messages conveyed during CGs are developed for adult women and may not be relevant to adolescents. While the package of interventions developed by Search for Common Ground appeared to be contextually relevant, innovative, engaging, and of high quality, these interventions are available very sporadically and appear to be reaching small numbers of youth.

4. CONCLUSIONS AND RECOMMENDATIONS

In this section, conclusions and recommendations are drawn from the previously presented intervention-specific findings. The section begins with the key topline key recommendations, followed by recommendations specific to each of the three project purposes, cross-cutting themes, and finally recommendations specific to M&E.

4.1 Key Topline Recommendations

1. **TP II has undertaken too many interventions and is very behind on implementation of several activities.** This is particularly true for agriculture, but also applies to health and nutrition activities, gender, and WASH (TearFund). To ensure that the project makes progress towards its goals, it is urgent to identify the priority interventions that will have the most impact under each project, and to eliminate those that are having less impact and/or are proving to be too demanding at the expense of other activities. While many interventions are new and interesting, TP II is not able to implement and ensure quality and timeliness of such a large number of activities simultaneously and still reach their targets. Recommendations specific to each project purpose are found in the following sections.
2. **FH needs to reassess its management structure to be more adaptive and less centrally driven.** The top-down hierarchy causes difficulties for the rest of the activity, especially given the geographical challenge of working in two territories. Leadership has to be able to react more quickly to problems, and staff need to be encouraged to think of alternative chains if they observe that standard practices are not working. For example, the CAHW intervention relies on the assumption that parents will be able to purchase replacements for their kits through the sale of medicine. When this has not proven true, the result is they have not been able to afford replacements. TP II staff should be working closely with interventions to identify where there are inefficiencies, gather feedback, analyze it with superiors, and then adapt. TP II should better take advantage of the wealth of knowledge that lies with the many staff that have worked with the project through multiple interventions. Establish a process to verify that feedback provided by participants of the GDGs, CDCs, and other governance interventions is shared with TP II leadership in a timely manner. This will improve the limited adaptive management of the program.
3. **Communication within TP II, between TP II and other agencies/FFP, and between TP II and the Government needs to be improved.**

Within TP II: The ET found in multiple interventions that participants, and often FH staff, do not know what is planned in the upcoming months and do not know what will happen after TP II closes. This is likely due to the hierarchical planning system used by the regional bases, which consists of bringing supervisors back to bases where they are given the next month's planning from their superiors and then communicate this to the promoters. This system follows the way FH leadership in Bukavu manages the bases, using a top-down approach. Given that participants are often involved in multiple interventions, a negative impression generated from one poorly-implemented intervention can impact participants' desire to remain involved in others. FH

leadership in Bukavu should improve the communication of TP II plans and goals with field staff, and this should be both a short and long-term goal.

TP II and FFP: A similar communication challenge was noted between FH leadership in Bukavu and FFP Washington, who often felt uninformed about the status of TP II's interventions. USAID staff have faced security constraints in all of FH's intervention areas in recent years. Until shortly before the MTE, they were not allowed to visit South Kivu, and at the time of data collection they were not allowed to visit the intervention areas near Kalemie or Moba. FH should prioritize transparent and frequent updates with FFP and should make sure their quarterly and annual reports meet FFP requirements. Previous reports are often lacking updates on all interventions being implemented, which makes it difficult for FFP to determine how best to support FH to be successful. FH should also ensure reports are submitted and posted to the DEC in a timely manner, as many reports are currently missing.

TP II and Government: Government representatives, particularly in the health sector in South Kivu, claimed not to be involved in TP II activities, even though they appeared to be invited to meetings and to have participated in trainings. FH needs to understand what type of involvement government officials are referring to and how best to effectively engage them in the project. As part of this effort, it is imperative to strengthen information sharing on community initiatives and lessons learned with government entities at all levels, as well as with other implementing partners, UN agencies, and donors. In this regard, TP II should increase participation in learning fora, such as clusters and multi-sectoral working groups. TP II should also consider establishing a formal mechanism, such as a steering committee, to facilitate regular government involvement in project interventions.

4. **FH needs to work to improve relationships with sub-partners**, especially those for which FH is responsible for logistics. The contracts between the sub-partners and FH state that FH will support them logistically in terms of transport, placing the budgetary burden of transport with FH. However the MTE learned that FH is not consistently following through with this; all sub-partners said they were restrained by this arrangement. The MTE team recommends adding a mechanism for sub-partners to modify their contracts in the event that they are not receiving sufficient transport support, and suggests that FH strive to increase transparency between sub-partners, TP II, and the donor. All sub-partners submit quarterly reports to FH. One way to improve transparency is to include the quarterly reports the sub-partners submit to FH as addendums in the TP II quarterly report submissions.
5. **TP II urgently needs to define, create, and disseminate a clear sustainability plan and exit strategy.** In order to improve the possibility that outcomes will be sustained, TP II urgently needs to define its exit and sustainability strategy and disseminate it across all three implementation areas to ensure there is ample time for both staff and participants to understand how to execute these strategies and what their expectations should be post-implementation.

4.2 Purpose 1: Households have food and income security

6. **Reduce unnecessary agriculture interventions, and shift focus to the core agricultural package.** TP II should be commended for the diverse types of agricultural interventions they are attempting. However, they have undertaken too many, which has resulted in many being only partially implemented and many with noted delays and poor success to date. Under P1, the MTE recommends cutting the following interventions: oxen traction, youth and metal woodworking, fish racks, fish spawning. There should be an increased focus on supporting the classic agriculture package, including skill transfer, improving value chains, and improving feeder roads in order to get products to market. If TP II is unable to succeed in the core agriculture interventions, it will not have provided the intended value to its participants.
7. **Begin trainings of irrigation management committees** so they can become local champions of the irrigation projects and help TP II respond to the community members who do not yet support the projects. Continue SFCG activities to increase buy-in of the irrigation projects. The initial and continuing training of the irrigation management committees is critical to the long-term success of these large infrastructure projects. It is important to consider the fact that the floodplain in Kalemie is an area that was set up in a similar fashion fifty years ago, and the work being done now is largely rehabilitating it. Had local communities maintained the infrastructure, this rehabilitation would not be necessary. The project needs management committees to be committed to taking care of these major investments. In the irrigation areas that are presently under construction, the project also needs to encourage the formation of farming cooperatives, establishment of storage systems through the CMCs, and strengthening of value chains to expand marketing of produce beyond immediate village areas and into urban centers where demand is higher.
8. **Address the issues of USAID environmental noncompliance in the irrigation sites,** such as lack of toilets, water provision, and minimal availability of first aid. The absence of these basic provisions is a violation of FFP's conditions for Food for Work sites.
9. **Ensure that appropriate land access has been granted across the sites.** TP II should work with local leaders to establish a common understanding and gain their formal approval of all aspects of the irrigation projects. In all three irrigation sites, the MTE learned of some villagers not agreeing with the projects. The SFCG video promoting the irrigation sites is a good step towards explaining the longer-term vision behind the irrigation and drainage sites. TP II will need to continue working with local leaders to make sure they support the irrigation activities and will be an additional force along with the management committees. Proper land access is a key step and a way to prevent conflict between villagers and FH; any land ownership issues should be addressed immediately.

- 10. Per ADS 303²², for all three irrigation projects, the MTE recommends that the TP II AOR work with FFP engineers to develop a clear plan to monitor progress and quality for the duration of construction.** The irrigation project in Kalemie was substantially behind schedule at the time of MTE data collection. Due to the unstable security situation, USAID staff have not been able to visit the South Kivu site regularly, and were still unable to visit the Kalemie and Kala sites at the time of the evaluation. However the MTE team learned that FH staff and the construction company managers are regularly meeting, and the managers are easily able to share photos of progress. The MTE recommends this monitoring plan include FH's regular submission of geo-tagged photos from all three sites to FFP, regular calls between a FFP/USAID engineer and the engineer responsible for each site, and a TDY for a USAID engineer to the South Kivu site and to Kalemie. Although under the current security situation a Kalemie visit would be restricted to the city, this would still allow for meetings with FH staff and members; irrigation management committees could be brought to the Kalemie base to meet as well (the irrigation project is only 40 minutes away by car). Finally, FH should begin biannual submission of the USAID construction risk assessment questionnaire to ensure they are following proper regulations.
- 11. FH will need to work with the AOR and FFP engineers to develop a contingency plan if there is the possibility that construction for any of the three irrigation sites will not finish within one year of TP II closure (September 2021.)** One option is to reduce the scale of the specific project. The MTE team emphasizes the importance of protecting the final year of the activity to fortify the irrigation project management committees, as the expectation for the sustainability of these major investments lies on the management committees' ability to take care of them. This will be particularly crucial in Kalemie given the complicated context of the zone.
- 12. The Commodities Team needs to increase their monitoring of distributed commodities and reinforce training of FFW committees that commodities are not meant for resale.** Given the numerous examples of commodities being resold in Kalemie, FH either needs to put more effort into ensuring that recipients do not immediately resell received commodities in the local market, or work to transform the FFW intervention to CFW (if possible within the project limitations). Given the emergency context they are working in, CFW would also respond to the high levels of dissatisfaction of the quantity of commodities received in Kalemie per worker, due to the many other distribution programs in the area.
- 13. Create male-only literacy classes in order to reach both genders.** It has been consistently demonstrated that men will not participate in the same class as women given local cultural norms. There are high levels of illiteracy among male populations in TP II's intervention areas, and FH has planned to create literacy classes for men through LIPDEM's intervention. Educating both genders will pay dividends for these populations.

²² Pertinent Language from USAID Regulations on Construction and Environmental Impact (ADS 303): USG regulations (ADS Ch. 303). This regulation is intended to address the risks associated with construction—namely, budget overrun, schedule delay, construction quality, and sustainability—under the Agency's limited involvement in assistance agreements. The use of contracts and task orders for infrastructure allows USAID to have significant involvement and to specify and ensure that engineering requirements and minimum standards are met, as well as safety or other operational construction specifications.

- 14. Ensure groups that are created through TP II interventions are supported to gain legal status and are recognized by local government in order to contribute to their validity.** Certificates for participants who complete a professional training through TP II, such as Community Animal Health Workers, add to their credibility. This is a step that FH has indicated it would take since the proposal stage of TP II and an important one considering the context of their interventions, particularly with regard to agriculture projects.

4.3 Purpose 2: Improved Nutrition and Health Status of WRA, PLW, Adolescent Girls, and Children under Five

- 15. Accelerate dissemination of Care Group lessons to meet the project objectives.** The dissemination of lessons to women through CG meetings is significantly behind schedule. At the time of the evaluation, MLs were giving lessons from Module 1 in Tanganyika and from Module 2 in South Kivu. Tardiness in lesson dissemination reflects difficulties during the planning phase related to printing and distribution of the modules, with Modules 1 and 2 only made available. This has required MLs to repeat lessons, running the risk of causing participants to become bored and disinterested in attending sessions. Given the short time remaining in the project period, it is imperative that FH ensures that all seven modules are printed and distributed to CG MLs no later than December 2019. In addition, FH indicated they are planning to complete lessons in the seven modules by the end of the activity period. To meet this goal, FH must establish a planning schedule that is closely followed. While FH aims to adapt implementation plans to reflect ongoing progress on a quarterly basis, the evaluation results suggest that these plans are not being applied. The existing monitoring system should be used with an increased emphasis on timeliness and performance to ensure that MLs lead Care Groups in a quality fashion.
- 16. Ensure that approaches designed to improve nutritional intake are feasible and practical.** FH has developed a combination of approaches designed to encourage women of reproductive age and children under five years of age to consume quality foods, including those that are protein-rich and high in vitamins. These approaches include home gardening, animal husbandry, and cooking demonstrations. However, recipe guidelines of nutritionally-rich dishes for young children had not yet been distributed at the time of this report, delaying the start of the cooking demonstrations. In cases where MLs were proactive in initiating cooking demonstrations, participants reported they could not afford ingredients they were requested to provide. On several occasions, rabbits or poultry distributed for animal husbandry had not been the preferred choice of MLs and were often sick, introducing disease to household animals, with many dying. Furthermore, the strategy for raising small livestock requires a long time period for all CG participants to benefit (due to the reproductive cycle of the animals)

Seeds for home gardening were distributed too late and at the start of the dry season. Many MLs reported that constraints in obtaining water and the small quantities of seeds received prevented them from producing many vegetables and multiplying seeds to distribute to mother participants. FH should evaluate the added workload to women in carrying out activities and ensure that the time burden is appropriate and leads to substantial benefits. FH needs to reassess its approaches designed to increase the availability of high-quality foods for home consumption. Animals must be

the preferred choice of recipient MLs and, particularly if introduced from outside the area, put in quarantine before being distributed to households. Small animals and adequate quantities of seeds should be distributed so that CG participants, not just MLs, can benefit from animal raising and home gardening. In locations where water is inaccessible, alternative strategies should be identified, such as relocating gardens closer to water sources, establishing community gardens so that the workload can be shared, and/or timing CG activities to not take place during the dry season. Promoted recipes must include ingredients that are locally available and affordable, and recipe guidelines should be made available as soon as possible.

17. Identify and hire a qualified technical lead for health and nutrition. P2 has suffered from lack of leadership and technical expertise to guide activities related to health and nutrition for almost a year. This is reflected in the delay of the module distribution, difficulty adapting P2 approaches to activity results, and insufficient coordination and collaboration with key government and implementing partners in South Kivu. In particular, the evaluation findings revealed that, although IHP is now operating in the provinces, plans for collaboration with IHP, a critical partner in moving health activities forward, have not been well formulated and are unclear. FH must identify and hire an experienced, technically strong health manager as soon as possible to move P2 approaches forward rapidly and in a quality manner.

18. Strengthen linkages with Purpose 1 activities. TP II's theory of change shows linkages between the agriculture/food security pathways and nutrition pathways. However, there are missed opportunities to create synergies—such as linking food production activities to cooking demonstrations, speaking to the role of agricultural activities on nutrition through CGs, and referring households during home visits to specific agricultural activities when they have food access challenges. Furthermore, the health and nutrition team (especially below senior management level) does not have enough familiarity with the targeting, strategies, and timing of the livelihoods work to understand how it should be supporting health and nutrition at the household level. Focused efforts are needed to help strengthen linkages between the agriculture/food security work (P1) and nutrition outcomes (P2), including:

- an orientation of all health/nutrition staff on the strategies and targeting of all P1 activities;
- development of joint messages/goals among P1 and health/nutrition teams;
- leveraging Care Groups to emphasize linkages between P1 activities and nutrition;
- improved coordination of cooking demonstrations and agriculture production to strengthen access to ingredients and ensure recipes are well timed with availability of ingredients produced in communities;
- strengthened coordination between nutrition field agents and agricultural agents; and
- joint field visits/supervisions with health/nutrition and agricultural staff

19. Modify activities aimed to reach adolescents. While P2 aims to improve the nutritional and health status of children under five, women of reproductive age, and adolescents 10-14 years of age, there is minimal direct targeting of adolescents on messages related to health and nutrition. In evaluation sites, CGs included mothers of adolescents, who were requested to transmit messages to their adolescent children, this type of indirect messaging is unlikely to affect behavioral change. In actuality, CGs are supposed to include married adolescents. The project needs to ensure that field agents understand the project approach and make adaptations so that

adolescent females are included in CGs. Behavioral change activities designed by Search for Common Ground are innovative, but they appear to be sporadic, reaching a very small segment of the adolescent population. At this late juncture, Search for Common Ground needs to make rapid modifications so that activities targeting adolescents are more frequent.

20. Complement health and nutrition Care Group activities with income generating opportunities.

Mother participants reported that financial constraints prevented them from adopting many practices being introduced, such as making nutritionally rich porridges and taking sick children to health facilities for curative care. While participation in VSLAs allowed mothers to borrow money to pay for health care, efforts should also concentrate on encouraging women to generate sustainable sources of revenue. FH should identify livelihood activities that could generate income to allow participants to adopt recommended health and nutrition practices. Some possibilities elicited from mother respondents included sewing, soap making, production of palm oil, and making bread. The choice of activities should take into account unintended negative consequences, such as increasing women’s workload. Group activities could reduce individual labor burdens, while at the same time generate benefits for participating mothers. However, group activities should be carefully designed to minimize group dynamics that could limit potential gains from such activities. Other considerations should be made, such as male involvement.

21. Adjust the strategy to address malnutrition in areas that do not have access to RUTFs. The FH nutrition activities involve screening of malnourished children at the household level. Children identified with acute malnutrition are referred to the health centers. However, in most facilities visited, RUTF was not available, which is very discouraging to mothers. In health zones that do not provide RUTFs, malnourished children still need to be referred to health centers for medical assessments and treatment. This will also ensure that children suffering from severe acute malnutrition get into the health system and are referred to higher facilities as needed. FH must strengthen prevention activities focused on nutritional counseling and intake of diverse foods so that caregivers are equipped to prevent severe malnutrition. In addition, advocacy with UNICEF should continue to ensure the RUTF is consistently available in the project health zones that meet the national criteria. When RUTF is given to malnourished children, strategies should be developed to guarantee that only the malnourished children benefit from the RUTFs, such as close monitoring by RECOs or clinics workers.

22. Assess the effectiveness of model fathers and make adjustments as needed: The evaluation revealed limited participation of model fathers, raising questions about the appropriateness and effectiveness of the approach. While male involvement in household decision-making around health and nutrition is important, FH should reassess and make adjustments designed to strengthen the approach. One possible way to improve male involvement is to strengthen the linkages between the model fathers and Search for Common Ground’s gender focus groups. TP II should consider additional exploration of men’s specific interests in maternal and child health and nutrition (for example, an economic approach may resonate more with men than a child wellbeing focus) to develop specific content for men, focusing on how they can benefit from activities.

- 23. TearFund should reduce their targets in each zone to ensure success and sustainability of their interventions.** Given the very late stage at which they are getting started, it is not realistic to introduce multiple sustainable interventions if their team is spread thin. TP II would be better served to introduce WASH infrastructure and ensure its sustainability in a limited number of villages than an unrealistic number.
- 24. Future DFSAs that attempt to include large research programs should make it a goal in the first six months of implementation that the activity leadership and the research leadership have a common understanding of both the goal of the research and the goal of the activity.** A few concrete suggestions came out of the experience of the BabyWASH study as part of TP II. It will be important to review the budget line by line during an initial meeting, so that DFSA leadership understands the necessity for each specific item and the implications for removing anything from that budget. Additionally, if an Institutional Review Board (IRB) process will be part of the research, the MTE team recommends the research leadership holding an orientation session on the need for going through IRB for a robust research program. The DFSA leadership at a minimum should participate in the orientation so they will be supportive and understanding of the procedures and rigidity around that process, and the subsequent benefits to the research.

4.4 Purpose 3: Women, Men and Youth of All Tribes (WMYAT) are Social Equals and Feel Safe in their Homes and Communities

- 25. Reduce the redundancy between SFCG Gender programming and FH Gender programming,** where possible. In so doing, it is important to note the difference in the mandates of SFCG and the FH Gender team. While SFCG is working to transform destructive gender norms, the FH gender team is tasked with ensuring that regular project activities across all sectors take into account destructive gender norms and try to minimize their negative impact on achieving project targets. Both mandates are crucial, but SFCG and the FH Gender team have quite distinct roles. Also, to further reduce the possibility of unintended negative consequences that could emerge from engaging CG mothers in livelihood generating, the project would also need to reach spouses of CG mothers with gender training, i.e., training to promote positive gender norms, which can support positive health and nutrition practices within the household (e.g., encouraging men’s participation in household and childcare activities, joint decision-making on the allocation of household income, etc.). This will ensure that women’s workloads are not increased by the livelihood activities and that husbands support their wives in adopting healthy feeding practices. The team should consider extending some modules of the GDG training to CG mothers and their husbands.
- 26. Integrate conflict sensitivity into partnership manuals across the TP II consortium including within HR manuals.** Conflict is a major ongoing problem in TP II’s intervention areas, as sadly experienced through the loss of two staff members in November 2018. FH should strive to address this as best as possible not only through programming, but also amongst its staff. Small insensitive actions contribute to conflict, and TP II staff need to model best behavior.
- 27. Adapt the strategy of TP II to better integrate youth into agricultural activities.**

- 28. Improve coordination between TP II actors working on conflict and other actors in Tanganyika.** There are several other actors in Tanganyika also working on these issues, and the need for this work is great.

4.5 Cross-Cutting

- 29. FH should work with CDCs to establish clear definitions of roles and responsibilities for CDC members** and to understand the role of the CDC after TP II close. Reinforce coordination between CDC – CLD – CARG – chefferie – secteur in TP II areas in order to contribute to the sustainability of these community development structures.
- 30. Continue working with community development structures on gender equality** and helping communities accept that women can hold committee posts other than treasurer or ‘conseillère’.

4.6 M&E

- 31. Increase routine monitoring of interventions**, particularly considering that many interventions are only partially implemented. For example, the CMCs indicated that they do not know when to expect TP II to return. TP II should accelerate the setup/introduction of an application-based data collection system to reduce the risk of transcribing data from paper. They should improve and formalize the system of collecting feedback from participants, both verbally and written. This will reinforce the overarching recommendation to improve communication and clarity about TP II. At the same time, FH should formalize the learning process, integrate with the planning process and ensure that it is modeled to encounter/meet the needs of different technical sectors. If this is something the team is struggling with, we recommend connecting with the FSP MEL team that is also based in Bukavu or reaching out to FFP for support.
- 32. Ensure that monitoring and evaluation data is routinely used to follow project implementation and inform intervention modifications.** Decisions should be data driven and guided by evidence. Evaluation findings suggest that TP II is not adequately using information collected through M&E systems to follow implementation of interventions and to strengthen programming. Interviews with coordination and field level staff highlighted that many personnel are unaware of how ongoing monitoring systems should be used to inform program-related decision making. TP II should ensure that staff at all levels are trained properly on the monitoring systems, as well as the R&I approach and project refinement. As part of monitoring, mechanisms should be established so that field agents can share field-based lessons learned and challenges with project management on a regular basis. M&E data should be used to guide decision making regarding which priority interventions to retain and which interventions to eliminate during the last years of implementation.
- 33. FFP’s M&E team should begin an intense support program with TP II’s M&E team to ensure they fully understand and are able to apply adaptive management in TP II’s programming.** The MTE team observed that, due to the top-down management structure, there was a tendency to apply the same approach across all areas, despite significant differences in contexts. TP II should use data from their M&E systems to allow for adaptations to the different areas and contexts where

they are working. The MTE team recognizes the challenge in changing the way this is managed. FFP needs to work closely with the M&E team (or provide other support) in order to this type of adaptive thinking.

ANNEX 2: TP II LOGICAL FRAMEWORK

GOAL: All members of households from all tribes in South Kivu and Tanganyika provinces of DRC live with social and economic well-being	
<p>Purpose 1: Households have Food and Income Security</p>	<p>Purpose 2: Improved Nutrition and Health Status of WRA, PLW, Adolescent Girls, and Children under Five</p>
<p>Sub Purpose 1.1: Increased production of staple food and value chain for HH use & profit</p> <p><u>Outcome 1.1.1A:</u> Increase in crop productivity</p> <p><i>Intermediate</i></p> <p><u>Outcome 1.1.1:</u> Farmers employ optimal crop & land management practices</p> <p><u>Outcome 1.1.2:</u> More multipurpose and fertilizers trees in the farming system</p> <p><i>Intermediate Outcome 1.1.2: Efficient and Effective Extension systems in place</i></p> <p><u>Intermediate Outcome 1.1.3:</u> Productive livestock stay in good health</p> <p><u>Outcome 1.1.3.1:</u> Increased use of animal stock feeds</p> <p><u>Outcome 1.1.3.2:</u> Farmers appreciate and seek good vet services</p> <p><u>Outcome 1.1.3.3:</u> Increased capacity of CAHW</p> <p><u>Intermediate Outcome 1.1.4:</u> Cultivated land area increased</p> <p><u>Outcome 1.1.4.1:</u> Increase in land area tilled by oxen</p> <p><u>Outcome 1.1.4.2:</u> Swampland reclaimed and protected</p> <p><u>Outcome 1.1.4.3:</u> Increased irrigated land</p> <p><u>Intermediate Outcome 1.1.5:</u> Farmers buy locally-produced certified seeds</p> <p><u>Outcome 1.1.5.1:</u> More locally-preferred, certified seeds sold by local producers in local markets at affordable prices</p> <p><u>Intermediate Outcome 1.1.6:</u> Fish stock preserved & increased</p> <p><u>Outcome 1.1.6.1:</u> Community members act to protect local beaches & fish breeding habitat</p>	<p>Sub Purpose 2.1: Improved consumption of high-quality nutritious foods by WRA, CU5 and adolescent girls</p> <p><u>Intermediate Outcome 2.1.1:</u> CG members produce nutritious food for home use</p> <p>Sub Purpose 2.2: Reduced incidence of diseases</p> <p><u>Intermediate Outcome 2.2.1:</u> Women & CU5 receive quality preventive & curative health care</p> <p><u>Outcome 2.2.1.1:</u> CGVs correctly identify malnourished children correctly & refer them for treatment</p> <p><u>Outcome 2.2.1.2:</u> Functional iCCM in all communities</p> <p><u>Outcome 2.2.1.3:</u> VSLAs establish emergency transportation funds for urgent health care</p> <p><u>Outcome 2.2.1.4:</u> CODESA reactivated & functioning effectively</p> <p><u>Intermediate Outcome 2.2.2:</u> All households maintain clean living space</p> <p><u>Intermediate Outcome 2.2.3:</u> WMYAT practice good hygiene</p> <p><u>Intermediate Outcome 2.2.4:</u> Increased availability of basic drinking water and sanitation facilities</p>

GOAL: All members of households from all tribes in South Kivu and Tanganyika provinces of DRC live with social and economic well-being	
<p><u>Outcome 1.1.6.2: Fish processors & sellers (value chain) employ efficient practices</u></p> <p>Sub Purpose 1.2: <i>Increased availability of nutritious food</i></p> <p><u>Intermediate Outcome 1.2.1: Reduced post-harvest grain storage losses</u></p> <p><u>Outcome 1.2.1.1: Increased use of improved storage</u></p> <p><u>Intermediate Outcome 1.2.2: Increased marketing of locally produced & processed foods</u></p> <p><u>Outcome 1.2.2: Increased access to financial services</u></p> <p><u>Outcome 1.2.2.1: Farmers increase collective marketing</u></p> <p><u>Outcome 1.2.2.2: Participation in VC activities of WMYAT increased</u></p> <p><u>Outcome 1.2.2.3: CMCs/CPCs established and maintained</u></p> <p>Sub Purpose 1.3: <i>Increased income from IGAs other than cropping</i></p> <p><u>Intermediate Outcome 1.3.1: Women, men and youth invest more in productive assets, services & IGAs</u></p> <p><u>Outcome 1.3.1.2 WMYAT regularly contribute to secure savings & safely take & repay loans from the groups</u></p> <p><u>Outcome 1.3.1.3: Youth artisans earn income from metal and wood work</u></p>	<p>Sub Purpose 2.3: <i>Healthy Timing, Safe Pregnancy</i></p> <p><u>Outcome 2.3.2: Reduced early marriage and adolescent pregnancies</u></p> <p><u>Intermediate Outcome 2.3.2: Couples practice family planning</u></p> <p><u>Outcome 2.3.1.1: CTWs & RECOs distribute supplements, contraceptives and selected medicines,</u></p> <p>Sub Purpose 2.4: <i>Women and men make joint decisions to protect the health and nutrition of WRAs and children under five</i></p> <p><u>Intermediate Outcome 2.4.1: Men/Women know & understand CG messages</u></p> <p><u>Outcome 2.4.1.1: CGVs present a lesson to CG members twice monthly</u></p>
Purpose 3: WMYAT are Social Equals and Feel Safe in their Homes and Communities	
<p>Sub Purpose 3.1: <i>WMYAT respect and behave toward one another with dignity</i></p> <p><u>Intermediate Outcome 3.1.1: WMYAT have positive perceptions about gender dynamics, conflict sensitivity & women's empowerment</u></p> <p><u>Outcome 3.1.1.1 Community influencers understand gender equity and SGBV & conflict prevention & motivate others through discussion, sharing messages, & practicing model behaviors</u></p> <p>Sub Purpose 3.2: <i>Reduced Conflict and Incidence of SGBV</i></p> <p><u>Intermediate Outcome 3.2.1: Local and government systems effectively prevent & address SGBV</u></p> <p><u>Intermediate Outcome 3.2.2: Communities maintain systems, including EWS, to prevent & resolve conflict locally</u></p> <p><u>Outcome 3.2.2: CT Plans finalized, roles defined & implemented</u></p> <p>Sub Purpose 3.3: <i>WMYAT engage equally in community and household decision making</i></p> <p><u>Intermediate Outcome 3.3.1: WMYAT are autonomous and have equitable opportunities to participate in productive activities</u></p> <p><u>Outcome 3.3.1 Youth stay in school</u></p>	

ANNEX 3: EVALUATION OBJECTIVES AND QUESTIONS

1. **OBJECTIVE 1:** Review the **quality of program service delivery** related to the different themes and systems in addressing chronic food insecurity and child malnutrition with the targeted clients, taking into account contextual changes that may have occurred since the inception of the activities. Illustrative questions under this objective may include:
 - 1.1. What factors appear to enhance or detract from the quality? This should include factors that are within the manageable interest/control of the IP as well as those outside the control of IPs.
 - 1.2. What systems are used to capture, document, and share lessons learned? How are these lessons learned then use to continue ensuring/improving program quality? How is stakeholder and/or participant feedback/perspectives included in this system?
 - 1.3. How well have the interventions met planned schedules and outputs? What factors promoted or inhibited adherence to schedules and planned interventions? How were challenges managed?
 - 1.4. What are the strengths of and challenges to the overall design, implementation, management, communication, and collaboration so far? What factors appear to promote or impede activity operations or effective collaboration and cooperation among the various stakeholders? Are DFSA assumptions still relevant?
 - 1.5. In each technical sector, what are the strengths of and challenges to the efficiency of interventions' implementation and acceptance in the community? How well do implementation processes adhere to underlying principles and activity protocols?

2. **OBJECTIVE 2:** Identify **evidence of changes (positive and negative, intended and unintended)** associated with program interventions. This will include identifying factors that appear to promote or hinder women and men's, and young people's food security and safety. Illustrative questions under this objective may include:
 - 2.1. What changes do community members and other stakeholders associate with the DFSA interventions? What factors appear to promote and deter the changes? How do the changes correspond to those hypothesized by the DFSA TOC?
 - 2.2. To what extent are there observable gender discrepancies? Discrepancies between youth and adults? How has the activity design accounted for these discrepancies and "course corrected" to mitigate these discrepancies?
 - 2.3. How could the DFSA be modified to improve its acceptability to targeted communities or the efficiency and effectiveness of its implementation? How should the DFSA TOC be refined or modified?

3. **OBJECTIVE 3:** Assess the **quality, relevance and efficacy of the DFSA design**, taking into account whether activities are contextually appropriate, address critical needs, and maintain standards that can impact on positive change. Evaluate relevant programmatic principles such as whether approaches are human centered, evidence based, systems oriented, focused on the most vulnerable, designed for multiple interventions to target the same household, and focused on quality. Illustrative questions under this objective may include:

- 3.1. How do community members and field agents perceive the activities in relation to local relevance and priority needs? To what extent do local perceptions regarding relevance and quality of the activities affect implementation of activities by field agents and participation of community members?
- 3.2. How could the DFSA design be adjusted to better coincide with local contextual factors and priorities and at the same time meet desired objectives and longer term sustainability?
4. **OBJECTIVE 4: Assess the degree and benefits of efficacious coordination, collaboration, and convergence with locally-based DFSA partners and external organizations that are critical to achieve DFSA goals and purposes. Illustrative questions under this objective may include:**
 - 4.1. What mechanisms are in place to engage with local organizations, government entities, private sector, and/or other stakeholders? How strong are these relationships? To what extent will these stakeholders be able to sustain or take over interventions currently being implemented by the IP?
 - 4.2. To what extent do local stakeholders help or hinder the implementation of activities? What has the IP done to overcome these challenges?
 - 4.3. How has the prime implementing partner worked with other USAID activities in DRC? What has worked well and what has not worked well? What factors are within the manageable interest of the IP and what are not? How has the IP managed the relationship/s with other USAID activity implementing partners?
 - 4.4. How has information/data been shared across partners? Other stakeholders?
5. **OBJECTIVE 5: Assess early evidence of sustainability produced by the DFSA activities thereby determining the extent to which outcomes, systems, and services are designed and being implemented to continue after the DFSA ends. Illustrative questions under this objective may include:**
 - 5.1. To what extent has the activity documented and implemented a sustainability strategy?
 - 5.2. How familiar with this plan are senior-level management and technical staff?
 - 5.3. How familiar with this plan are “frontline” staff?
 - 5.4. How familiar with this plan are subs and other partners?
 - 5.5. How familiar with this plan are other indirect partners (e.g. local government, local businesses)?
 - 5.6. How familiar with this plan are participants?
 - 5.7. What activities do participants perceive to be most relevant/critical in regard to longer term sustainability post implementation?
 - 5.8. How will positive outcomes be sustained after the activity ends? Which local systems/structures/entities will sustain these outcomes?
6. **OBJECTIVE 6: Assess the appropriateness and quality of the R&I approach and activities. How well did the R&I approach work in DRC across the 3 DFSAs. Illustrative questions under this objective may include:**
 - 6.1. How have R&I activities been used to inform the design and ongoing modification of activity implementation? How were findings from the studies reflected in the M&E documents (e.g. Theory of

Change (TOC), LogFrame, Indicator Performance Tracking Table (IPTT) and Detailed Implementation Plan (DIP)?

- 6.2. To what extent has R&I been used beyond the initial refinement period and during the implementation phase?
 - 6.3. Have the DFSAs used R&I for DFSA staff capacity building and community engagement and development?
 - 6.4. What are some of the challenges faced in implementing R&I activities and what adjustments need to be made to address and minimize these factors in the future?
 - 6.5. How realistic was the budgeting and timeline for R&I? Did the DFSA significantly over or under-spend?
 - 6.6. How can the R&I model be improved to better ensure that R&I activities are effectively used to strengthen design and implementation of DFSAs?
7. **OBJECTIVE 7:** Determine the **appropriateness and effectiveness of interventions focused on cross-cutting themes** for the activities. This includes cross cutting interventions designed to improve gender and equity in decision making to achieve food security outcomes and targeting youth to improve their access to, participation in, and benefit from DFSA interventions. This also includes analysis of the effectiveness of activities designed to strengthen governance at the local level, in an overall effort to empower communities to sustain improvements in food security and nutrition, and environmental risk and mitigating the impacts of climate change.
 8. **OBJECTIVE 8: Recommend adjustments to program implementation or design** and explain how these changes would improve program outcomes and sustained impact. Illustrative questions under this objective include:
 - 8.1. Assess personnel capacity, management of human resources (including sub-partners), implementation systems, operations and logistics, and M&E systems
 - 8.2. Assess scope and quality of DFSA activities in relation to overall strategy: What aspects of program design, mechanics related to implementation, R&I, and human resource capacity facilitate or interfere with implementation of activities? How can these factors be modified to strengthen implementation of activities.

ANNEX 4: SITES VISITED AND INTERVENTIONS EVALUATED DURING THE MTE

Sector	Intervention	Territory, Health Zone (HZ), Village											
		Walungu Territory							Moba Territory				Kalemie Territory
		Walungu HZ				Mubumbano HZ		Kaziba HZ	Moba HZ				Nyemba HZ
		Muku	Bedeka	Mwendo ¹	Mugogo ²	Chierano	Kakono	Kasheke ³	Kirungu	Fube	Lyapenda	Mpala	Tabac
Agriculture and Livelihoods	Farmer lead groups	X	X			X	X	X		X		X	X
	Farmer groups	X	X			X	X	X		X		X	X
	Seed trials		X			X	X	X					
	Terracing	X				X	X	X					
	CMC												X
	Animal traction										X		
	Artisan fabrication								X				
	CAHW services		X			X					X		X
	Tree nursery					X	X	X		X	X		
	Reforestation		X			X	X	X		X	X		
	Fisheries											X	X
	Savings groups					X	X			X	X	X	X
	Irrigation							X					
	Drainage												X
	Literacy	X	X			X		X				X	X
Food for Work	X				X	X		X	X			X	
Health and nutrition	Mother lead groups	X	X	X		X		X		X	X	X	
	Mother groups	X	X	X		X		X		X	X	X	
	Gardening	X	X	X		X		X		X	X	X	
	Livestock raising	X	X	X		X		X		X	X	X	
	Model fathers	X	X			X		X		X	X	X	

Health and Nutrition	Intervention	Territory, Health Zone (HZ), Village												
		Walungu Territory						Moba Territory				Kalemie Territory		
		Walungu HZ				Mubumbano HZ		Kaziba HZ		Moba HZ				Nyemba HZ
		Muku	Bedeka	Mwendo ¹	Mugogo ²	Chierano	Kakono	Kasheke ³	Kirungu	Fube	Lyapenda	Mpala	Tabac	
	BabyWASH													
	WASH (TearFund)							X	X		X	X		
Government		X				X		X	X				X	
Gender, youth and conflict	Gender groups		X			X		X		X		X	X	
	Youth groups				X			X		X				
	School program				X									
	Theater presentation				X					X				
	Video presentation			X										
	Conflict resolution	X	X					X		X		X	X	

¹ In Mwendo Village, a single ET member visited specifically to see the video presentation, but took the opportunity to assess some other Health and Nutrition activities.

² In Mugogo Village, there are not TP II interventions taking place here. However, a single ET member visited specifically to see the theater presentation that they were putting on in this village (as it is a crossroads near other targeted villages).

³ Kakono village was only visited by the Agricultural specialist.

X	Data collected specific to this intervention at this site by the MTE team
	The activity is being implemented in this village
	The activity is not being implemented in this village

ANNEX 5: TEAM COMPOSITION

The ET comprised of a seven-member multidisciplinary team of experts representing Tulane University, the Kinshasa School of Public Health (KSPH), FFP Washington, FFP Kinshasa and USAID Kinshasa. Team members had expertise in qualitative research design, implementation and analysis, program evaluation, agriculture, livelihoods, food security, governance, maternal and child health, nutrition, WASH, monitoring and evaluation, and SBCC, with each member leading at least one evaluation thematic sector. Also, the DFSA AOR participated as an observer in South Kivu. The team was supported by seven data collectors who had backgrounds in qualitative research methods and were fluent in Mashi, Kitabwa, Swahili and French. Each data collector accompanied an ET sector lead during data collection, serving as a translator from Mashi, Kitabwa or Swahili as needed, and providing critical insights into the local context and practices. Towards the end of the evaluation, after several sector leads had departed, local team members served as primary data collectors.

South Kivu

- Lauren Blum, Tulane – Nutrition, Overall team lead and South Kivu sub-team lead
- Innocent NSHOMBO, Tulane – Agriculture
- Marcel Ntumba, FFP Kinshasa – M&E, Gender, Conflict
- Diane Mbanzidi, USAID Kinshasa – Environmental Compliance (only for the first week of data collection)
- Dimitri Obolensky, FFP Washington AOR (Observer)
- +3 translators (Mashi, Swahili)

Tanganyika

- Annette Fay, Tulane – WASH, Gender, Conflict, M&E, Tanganyika sub-team lead
- Felly Muambayi, Tulane – Agriculture
- Anicet Yemweni, KSPH – Nutrition
- +3 translators in Moba (Kitabwa, Swahili)
- +1 translator in Kalemie (Swahili)

ANNEX 6: INTERVIEW GUIDES

Informed Consent Forms (English)

Mid-term Evaluation (MTE) for the Development Food Security Activities (DFSA) in Democratic Republic of Congo (DRC)

Key Informants

Hello! My name is XXX. I am here with an evaluation team collecting information to understand the activities that your organization is implementing as part of the (name of project), programmatic and operational approaches being used, the quality and effectiveness of the services, and what changes need to be made to improve the services.

We are asking you to participate as a key informant in the evaluation. During the interview, we will ask you questions related to the (name of project) activities, including your role in activity design and implementation, details of the activities related to your technical expertise, the way in which activities are being monitored and evaluated, and ongoing collaboration with your colleagues and other implementing partners. We will also ask about your views on the quality and effectiveness of activities, any challenges faced in program implementation, and recommendations to strengthen the (project name). Your experience as a team leader or technical advisor or partner in the project activities will be valuable to our understanding and knowledge of the project. The information collected through this evaluation may also be used for additional analysis purposes in the future.

The interview will take approximately 1h and 30 minutes. We will likely return for subsequent interviews, which will be of shorter duration. There are no right or wrong answers to the questions we will be asking during this and subsequent interviews. You can choose not to answer questions if you prefer not to. Your participation in the evaluation is completely voluntary. It is your choice whether to participate or not. Non-participation will not lead to any negative repercussions. If you participate in the evaluation and want to stop, you can do so at any time.

All information given by you will be strictly treated as confidential. During the interview, we will take hand-written notes and the interview will also be audio-recorded. Hand written notes and audio recordings will be kept in a secure location and will not be shared with anyone outside of the evaluation team. At the end of the evaluation we will analyze the data and produce a report. You will not be identified in any summary, presentation, or reports of the evaluation results. Recorded information will be destroyed after data analysis is over.

Take as much time as you like before you make a decision to participate in this evaluation. If you have any questions or concerns about the evaluation, whether before or after signing this form, you can call the principal investigator of the evaluation listed below. You can call about any matter having to

do with the evaluation, including complaints or questions about your rights as an evaluation participant. Evaluation site investigator (researcher): xxx Phone: +243 xxxx

If you have any questions, please feel free to ask me or another member of the evaluation team.

Are you willing to participate in the evaluation?

1. Yes 2. No

Are you willing to be recorded?

1. Yes 2. No

Signature of the interviewer: _____

Date: ____/____/2019

Name of the participant: _____

Signature of the participant: _____

Date: ____/____/2019

Mid-term Evaluation (MTE) for the Development Food Security Activities (DFSA) in Democratic Republic of Congo (DRC)

In-Depth Interview Informants

Hello! My name is XXX. I am here with an evaluation team collecting information to understand the activities that your organization is implementing as part of the (name of project), programmatic approaches being used, the quality and effectiveness of the services, and what changes need to be made to improve the services.

We are asking you to participate in an interview as part of the evaluation. During the interview, we will ask you questions related to the (name of project) activities, including your role in the activities, details of the activities you are involved in, training you have received, your work schedule and responsibilities, satisfaction with your role and responsibilities, and ongoing collaboration with your colleagues and implementing partners. We will also ask about your views on the quality and effectiveness of activities, any challenges faced in program implementation, and recommendations to strengthen the (project name). Your experience as a field agent in the project activities will be valuable to our understanding and knowledge of the project. The information collected through this evaluation may also be used for additional analysis purposes in the future.

The interview will take approximately an hour. If we are unable to complete all of our questioning, we may have to return for a subsequent interview. There are no right or wrong answers to the questions we will be asking during this and subsequent interviews. You can choose not to answer questions if you prefer not to. Your participation in the interview is completely voluntary. It is your choice whether to participate or not. Non-participation will not lead to any negative repercussions related to your work. If you participate in the evaluation and want to stop, you can do so at any time.

All information given by you will be strictly treated as confidential. During the interview, we will take hand written notes and the interview will also be audio-recorded. Hand written notes and audio recordings will be kept in a secure location and will not be shared with anyone outside of the evaluation team. At the end of the evaluation we will analyze the data and produce a report. You will not be identified in any summary, presentation, or reports of the evaluation results. Recorded information will be destroyed after data analysis is over.

Take as much time as you like before you make a decision to participate in this evaluation. If you have any questions or concerns about the evaluation, whether before or after signing this form, you can call the principal investigator of the evaluation listed below. You can call about any matter having to do with the evaluation, including complaints or questions about your rights as an evaluation participant. Evaluation site investigator (researcher): xxx Phone: +243 xxxx

If you have any questions, please feel free to ask me or another member of the evaluation team.

Are you willing to participate in the evaluation?

1. Yes 2. No

Are you willing to be recorded?

1. Yes 2. No

Signature of the interviewer: _____

Date: ____/____/2019

Name of the participant: _____

Signature of the participant: _____

Date: ____/____/2019

Mid-term Evaluation (MTE) for the Development Food Security Activities (DFSA) in Democratic Republic of Congo (DRC)

Group Discussion Participants

Hello! My name is XXX. I am here with an evaluation team collecting information to understand the services that you receive from the (name of project), your perception of the services and what changes you recommend to improve the services. The overall purpose of the evaluation is to examine the programmatic approaches, quality, and effectiveness of the activities being implemented.

We are asking you to participate in a group discussion with other people from your community. During the discussion, we will ask you questions related to the (name of project) activities. Your experience as a participant in the project activities will be very valuable to our understanding and knowledge of the project. The information collected through this evaluation may also be used for additional analysis purposes in the future.

Your involvement in a group discussion will take approximately 1h and 45 minutes. There are no wrong answers to the questions we will be asking during the discussion. You can choose not to answer questions if you prefer not to. Your participation in the group discussion is completely voluntary. It is your choice whether to participate or not. Non-participation will not affect the services that you usually receive in any way. If you participate in the evaluation and want to stop, you can do so at any time. You will not lose any of your regular benefits

Due to the nature of the group discussion, anonymity cannot be guaranteed. We request you and other group discussion participants to keep the discussions in the group confidential. During the group discussion, we will take hand written notes. Discussion will also be audio-recorded. Ideas and positions being expressed by participants will be shared with fidelity to the best ability of the data collectors. Hand written notes and audio recordings will be kept in a secure location and will not be shared with anyone outside of the evaluation team. At the end of the evaluation we will analyze the data and produce a report. You will not be identified in any summary, presentation, or reports of the evaluation results. Recorded informant will be destroyed after data analysis is over.

Take as much time as you like before you make a decision to participate in this evaluation. If you have any questions or concerns about the evaluation, whether before or after signing this form, you can call the principal investigator of the evaluation listed below. You can call about any matter having to do with the evaluation, including complaints or questions about your rights as an evaluation participant. Evaluation site investigator (researcher): xxx Phone: +243

If you have any questions, please feel free to ask me or another member of the evaluation team.

Are you willing to participate in the evaluation?

1. Yes 2. No

Are you willing to be recorded?

1. Yes 2. No

Signature of the interviewer: _____

Date: ____/____/2019

Name of the participant: _____

Participants who are able to read or write

Signature of the participant: _____

Date: ____/____/2019

Participants who are not able to read or write – Signature of Witness

The consent form was presented orally to the participant, and the participant has indicated his/her consent for participation in the research.

Signature of Witness _____ Date: ____/____/2019

Name of Witness _____

Agriculture and Livelihoods Guides (English)

Key Informant Interviews

KIIs with similar questions-COPs, Technical Leads

1. When did you join the project? What sort of training or orientation have you received since the outset of the project?
2. How would you describe the overall goals and objectives of the (project name)?
3. What are the program indicators related to Agriculture & Livelihoods?

4. What Agriculture & Livelihoods activities are supposed to be offered through the (project name)? Based on the documentation review and IP briefing, probe for
 - i. Permagardens
 - ii. Farmer Field Schools (Improved Ag Techniques) & Junior Farmer Field Schools
 - iii. Producer Organizations
 - iv. Tree nurseries
 - v. Integrated Pest Management
 - vi. VSLA
 - vii. Animal husbandry (petit elevage)
 - viii. Training of community animal health workers
 - ix. Early warning system (CRS only)
 - x. Road maintenance
5. What Agriculture & Livelihoods activities are actually being offered through (name of project)? Probe to understand the extent to which the activities supposed to be offered are actually being implemented.
6. What Refine and Implement Studies were carried out prior to the implementation of Agriculture & Livelihoods activities? What is your assessment of the quality and content of the R&I studies? (Probe for information on each of the formative research studies carried out related to Agriculture & Livelihoods). How has the formative research been used in relation to program development and implementation?
7. Please describe the theory of change (TOC) that is being followed for the overall project. To what extent do you refer to the TOC as activities are ongoing? What did the TOC look like at the outset of the project activities? What does the TOC look like now and, if changes were made, why were these changes made?
8. What partner groups and organizations are involved in providing the Agriculture & Livelihoods activities? How are the different partners involved? What organizations are responsible for what activities? Probe for mention of USAID's Strengthening Value Chains Activity in FH & MC areas
9. Who are the key actors at the field level in charge of implementation of Agriculture & Livelihoods activities for this project? How were the personnel recruited? Probe for involvement of field actors such as
 - i. Mama leader (or lumière)
 - ii. Hygiene promoters (care group)
 - iii. Supervisors and facilitators
 - iv. CODESA members
 - v. CAC groups
 - vi. Relais
 - vii. Facility based providers
 - viii. VSLA Agents
 - ix. Local permagarden experts
 - x. Others

10. What motivation is offered to the different type of personnel? How are they trained? What supervision structures are set up to monitor activities? How, specifically, are the different personnel supervised? How are personnel evaluated on an ongoing basis?
11. What were the first steps in implementation of activities? What subsequent steps have been carried out during the roll out of activities? When did the full set of activities get underway?
12. Are there changes (planned or not planned) that have occurred in the implementation of Agriculture & Livelihoods activities since the start of (name of project)? If so, why were these changes made. Probe for changes in:
 - i. Scheduling of activities
 - ii. Provision of materials and supplies
 - iii. Training
 - iv. Supervision of workers
 - v. Changes in monitoring and evaluation of services
 - vi. Remuneration or other forms of motivation. Probe for different types of personnel, such as
 - i. Supervisors/facilitators
 - ii. Hygiene promoters
 - iii. Mama leaders
 - iv. VSLA Agents
 - vii. Staff turnover
13. We know that the DFSAs include many cross-cutting themes. Please describe ways the project is addressing cross-cutting themes, how the interventions are being measured, and your assessments of the effectiveness of these activities. It would be helpful to learn about success stories, as well as challenges faced in implementing these activities. Probe for information related to:
 - i. Gender and equity
 - ii. Youth
 - iii. Mitigation of climate change
14. What are the social and behavioral change approaches that are being implemented as part of the approach? How were the SBC approaches developed? How are the SBC activities being monitored? What, if any, changes have been made in the SBC activities since the start of the project activities? If changes were made, why were changes made?
15. What monitoring and evaluation systems are available to measure ongoing activities? How are these systems being used to inform program implementation?

16. Are there any contextual changes (e.g. issues related to security, national and local government structures, the environment, local economic factors, etc.) that have occurred since the start of the project that may have influenced project activities? If so, how are they affected the project activities?
17. How would you describe coordination and collaboration with other partner organizations, government institutions, and local collaborators? How does coordination and planning work: Probe for
 - i. Scheduling of activities
 - ii. Meetings with partner organizations
 - iii. Monitoring and evaluation of activities
 - iv. Systems set up to learn/share of ongoing activities, lessons learned, and field level challenges
18. We know that sustainability is one of the main objectives of the DSFA projects. How are you measuring sustainability? What, if any, evidence of sustainability produced by the project activities is available thus far? What in your view needs to be done to increase the likelihood of sustainability once DFSA assistance comes to an end?
19. To what extent has the project achieved objectives related to Agriculture & Livelihoods key indicators? Probe for
 - i. Adoption of improved agriculture techniques (improved food security)
 - ii. Improve livelihoods with support of participation in VSLAs
 - iii. Use of community animal health workers and success of animal husbandry
20. If project objectives are not being reached, is this due to program design or implementation failures?
21. What are some of the barriers to achieving these key outcome indicators?
22. What are some of the weaknesses of the (project name) approach? What are the main barriers to (project name) reaching its full potential? What are solutions to overcome these barriers?
23. What are your recommendations to improve future Agriculture & Livelihoods activities during the course of the project?

Key Informant Interviews

KIIs with similar questions-Reps of Partner Orgs, Government Agencies (national or regional)

1. When did your organization/agency begin working with the project? What is your organization/agency's general role in the project?
2. How would you describe the overall goals and objectives of the (project name)?
3. What Agriculture & Livelihoods activities is your organization/agency involved in? Based on the documentation review and IP briefing, probe for
 - i. Permagardens
 - ii. Farmer Field Schools (Improved Ag Techniques) & Junior Farmer Field Schools
 - iii. Producer Organizations
 - iv. Tree nurseries

- v. Integrated Pest Management
 - vi. VSLA
 - vii. Animal husbandry (petit elevage)
 - viii. Training of community animal health workers
 - ix. Early warning system (CRS only)
 - x. Road maintenance
4. What Agriculture & Livelihoods activities is your organization/agency actually involved in? Probe to understand the extent to which the activities supposed to be offered are actually being implemented.
 5. Was your organization/agency involved in any of the Refine & Implement studies during the first year of implementation? (Probe for information on each of the formative research studies carried out related to Agriculture & Livelihoods). How has the formative research been used in relation to program development and implementation?
 24. (ONLY FOR PARTNERS) Please describe the theory of change (TOC) that is being followed for the overall project. To what extent do you refer to the TOC as activities are ongoing? What did the TOC look like at the outset of the project activities? What does the TOC look like now and, if changes were made, why were these changes made?
 6. (DROP IF SHORT ON TIME) What partner groups and organizations are involved in providing the Agriculture & Livelihoods activities? How are the different partners involved? What organizations are responsible for what activities?
 7. (ONLY FOR PARTNERS) Who are the key actors from your organization at the field level in charge of implementation of Agriculture & Livelihoods activities for this project? How were the personnel recruited? Probe for involvement of field actors such as
 - i. Mama leader
 - ii. Hygiene promoters
 - iii. Supervisors and facilitators
 - iv. CODESA members
 - v. Relais
 - vi. Facility based providers
 - vii. CAC groups
 - viii. VSLA Agents
 - ix. Local permagarden experts
 - x. Others
 8. What motivation is offered to the different type of personnel? How are they trained? What supervision structures are set up to monitor activities? How, specifically, are the different personnel supervised? How are personnel evaluated on an ongoing basis?
 9. What were the first steps in implementation of activities? What subsequent steps have been carried out during the roll out of activities? When did the full set of activities get underway?
 10. Are there changes (planned or not planned) that have occurred in the implementation of Agriculture & Livelihoods activities since the start of (name of project)? If so, why were these changes made. Probe for changes in:
 - i. Scheduling of activities
 - ii. Provision of materials and supplies

- iii. Training
 - iv. Supervision of workers
 - v. Changes in monitoring and evaluation of services
 - vi. Remuneration or other forms of motivation. Probe for different types of personnel, such as
 - i. Supervisors/facilitators
 - ii. Hygiene promoters
 - iii. Mama leaders
 - iv. VSLA Agents
 - vii. Staff turnover
11. What are the social and behavioral change approaches that are being implemented as part of the approach? How were the SBC approaches developed? How are the SBC activities being monitored? What, if any, changes have been made in the SBC activities since the start of the project activities? If changes were made, why were changes made?
12. What monitoring and evaluation systems are available to measure ongoing activities? How are these systems being used to inform program implementation?
13. Are there any contextual changes (e.g. issues related to security, national and local government structures, the environment, local economic factors, etc.) that have occurred since the start of the project that may have influenced project activities? If so, how are they affected the project activities?
14. How would you describe coordination and collaboration with other partner organizations, government institutions, and local collaborators? How does coordination and planning work: Probe for
- i. Scheduling of activities
 - ii. Meetings with partner organizations
 - iii. Monitoring and evaluation of activities
 - iv. Systems set up to learn/share of ongoing activities, lessons learned, and field level challenges
15. We know that sustainability is one of the main objectives of the DSFA projects. How are you measuring sustainability? What, if any, evidence of sustainability produced by the project activities is available thus far? What in your view needs to be done to increase the likelihood of sustainability once DFSA assistance comes to an end?
16. To what extent has the project achieved objectives related to Agriculture & Livelihoods key indicators? Probe for
- i. Adoption of improved agriculture techniques (improved food security)
 - ii. Improve livelihoods with support of participation in VSLAs
 - iii. Use of community animal health workers and success of animal husbandry
17. If project objectives are not being reached, is this due to program design or implementation failures?
18. What are some of the barriers to achieving these key outcome indicators?

19. What are some of the weaknesses of the (project name) approach? What are the main barriers to (project name) reaching its full potential? What are solutions to overcome these barriers?
20. What are your recommendations to improve future Agriculture & Livelihoods activities during the course of the project?

In-depth interviews

Same for CODESA, Relais communautaire, Mama Leaders, Health Supervisors, Hygiene Promoters, Community Animal Health Workers (CAHW), SILC/VSLA agents

1. When were the Agriculture & Livelihoods activities introduced in your area? What do the activities entail? Based on the documentation review and IP briefing, probe for information on
 - i. **Care groups**
 - ii. Demonstrations of appropriate food processing and preparation of nutritious foods
 - iii. Identification of malnourished children
 - iv. Counseling/education sessions
 - v. **Gardening (both permagardens & farmer field schools)**
 - vi. **Animal husbandry** (DIEDONNE)
 - vii. Antenatal care
 - viii. Family planning
 - ix. CPS
 - x. Treatment of more severe cases of malnourishment
 - xi. Rapid careseeking of cases of diarrhea, rapid breathing and fever
 - xii. SBC activities related to hygiene
 - xiii. Activities to encourage fathers to play a supportive role in household decision making related to nutrition and health
 - xiv. **Creation of VSLAs**
 - xv. Health systems strengthening, with a focus on ICCMs
 - xvi. CLTS
 - xvii. Water management committees
2. What are your responsibilities regarding (project name) Agriculture & Livelihoods activities? What types of community members participate in these activities on an ongoing basis?
 - i. **Hygiene promoters, Mama Leader, Relais, CODESA, CAHW, VSLA agent**, probe for activities offered at the community level, community participants including characteristics and numbers of people participating, and ongoing schedules related to
 - i. Household visits
 - ii. Counseling/group sessions with child feeding groups
 - iii. Demonstrations of food processing and preparation of nutritious foods
 - iv. Gardening
 - v. Screening of malnourished children
 - vi. Referrals of malnourished children or children with diarrhea, rapid breathing or fever

- vii. Data collection, completing monthly forms, and monitoring of services
- viii. Supervision (for health promoters)
- ix. Listening clubs (venue to discuss problems including related to ag)
- x. Other SBC activities
- ii. **For facility based workers**, probe for services offered in the health center. Probe for
 - i. Treatment of malnourished children in the health facility
 - ii. Distribution of RUTF/plumpy nut to more severely malnourished children
 - iii. CPS activities
 - iv. Educational sessions or counseling related to SBC strategies
- 3. How were you selected/recruited for this position? Probe for prior knowledge of the subject matter
- 4. What training have you received from the project as part of the Agriculture & Livelihoods activities?
 - i. How long was the training and where did the training take place?
 - ii. Who were the trainers? Did you think that they were qualified to carry out the training? Why or why not?
 - iii. What topics were covered during the training? Probe for the contents of the training related to
 - i. ANJE
 - ii. Household visits
 - iii. Counseling/group sessions with child feeding groups
 - iv. Demonstrations of food processing and preparation of nutritious foods
 - v. Gardening
 - vi. Screening of malnourished children
 - vii. Referrals of malnourished children or children with diarrhea, rapid breathing or fever
 - viii. Treatment of more severe cases of malnourishment
 - ix. Data collection, completing monthly forms, and monitoring of services
 - x. Supervision (for health promoters)
 - xi. Behavioral change approaches
 - xii. Adoption of Essential Hygiene Actions
 - xiii. CLTS
 - xiv. Water management committees
 - xv. Animal husbandry
 - xvi. Animal health (CAHW)
 - xvii. Tree nurseries
 - xviii. VSLAs
 - xix. Road maintenance
 - iv. Did you feel that the training was long enough and adequate for you to carry out the Agriculture & Livelihoods activities as planned? If not, what were some of the deficiencies in the training? Which topics were lacking and should be modified or added to the training?

- v. Have you participated in any follow up training/recyclage? If not, do you feel that follow up training is needed?
 - vi. Are you satisfied with the overall training? Why or why not?
5. What materials and supplies have you received related to Agriculture & Livelihoods activities since the start of the (project name) project?
 - a. How often do you receive supplies, including educational materials and seeds and tools for gardening?
 - b. Are the materials and supplies sufficient to carry out the project activities? Please explain.
 - c. Do you ever experience shortages of tools and supplies? If so, how often does this happen? What do you do when this happens?
 - d. Are you satisfied with the materials and supplies received? Why or why not?
6. What kind of supervision do you receive as part of the (project name) Agriculture & Livelihoods activities?
 - i. Who supervises your work activities?
 - ii. How often is supervision supposed to take place and how often does supervision actually take place?
 - iii. When supervisory visits take place, how long do they last? What occurs during supervisory visits? To what extent do you interact with your supervisory during these visits?
 - iv. Are you satisfied with the supervision? Why or why not?
7. How do you monitor ongoing activities? Probe for
 - i. Forms that need to be completed
 - ii. How and how often the forms are transmitted to the supervisor/IP offices
 - iii. How s/he counts/tallies people trained or visited
8. What factors motivate you to carry out work related to Agriculture & Livelihoods activities as part of the project? (Probe for per diem, career advancement, working conditions, community recognition, other non-financial benefits). How do you feel about the way you are being motivated to conduct activities? Do you have a formal identification that indicates you are working on the (name of project)? Overall, are you satisfied with your role? Why or why not?
9. Who do you work with on ongoing Agriculture & Livelihoods activities? How does the coordination of field activities work? What, if any, systems have been set up to share lessons learned or implementation challenges at the field level? If challenges are confronted, how are they addressed? Please describe any ongoing coordination meetings that are in place.
10. To what extent are you able to implement Agriculture & Livelihoods services as designed as part of the project approach? What are some of the challenges faced? Are there any aspects of the approach that you are unable to implement? If so, why? How might these be overcome?
11. CAHW, Compared to previous strategies you have been involved in, how has the approach changed the way that community members practice animal husbandry and ensure animal health?
 - VSLA agent, compared to previous strategies you have been involved in, how has the approach changed the way that community members access VSLAs?

- Mama Leader, Compared to previous strategies you have been involved in, how has the approach changed the way that community members practice gardening?
12. CAHW, what is your overall assessment of improving animal husbandry as part of the (project name) approach? Are you satisfied with the activities? Why or why not?
 - i. VSLA, what is your overall assessment of village savings and loans associations as part of the (project name) approach? Are you satisfied with the activities? Why or why not?
 - ii. Mama Leader, what is your overall assessment of care groups facilitating gardening/agriculture as part of the (project name) approach? Are you satisfied with the activities? Why or why not?
 13. In your opinion, what is the overall trend of access to animal husbandry/VSLAs/permagardens in the area you are covering? Is it increasing or decreasing or is there no change? What explains this trend?
 14. What would you recommend to improve Agriculture & Livelihoods activities being implemented as part of DFSA activities?

Irrigation FGDs (French)

Nom du village

Aire de santé

Date

Genre d'interviewé(s)

Nombre de personnes interviewées

Intervieweur

Preneur de notes

Langue

Discussion de groupe avec participants (bénéficiaires) du site d'irrigation

(Formulaire consentement)

1. De quel village/sous-village vous venez ? (Chacun répond)
2. Quant au site d'irrigation, quand est-ce que les travaux ont été faits ? Par qui ? Est-ce que les travaux sont terminés ?
 - a. SONDER : est-ce que vous étiez impliqués ? Si oui, comment ?
 - b. SONDER : est-ce que le projet TP II a été impliqué ? Si oui, comment ?
3. Comment le site a été choisi ? Est-ce que la communauté a été impliquée dans la sélection (sonder le pourcentage homme/femme)? La terre appartient à qui ?
 - a. SONDER : Si la terre appartient à qqn, est-ce que FH TP II a loué la parcelle ? C'est quoi l'accord avec le propriétaire et sur combien de temps ?
4. Quels sont les rôles des autorités locales et étatiques envers le site ? Est-ce qu'ils étaient impliqués dans la sélection du site ? Comment ?

5. Est-ce qu'il y a eu un changement dans votre vie suite aux travaux d'irrigation ?
 - a. SONDER : positif ou négatif ?
6. Est-ce qu'il y a eu un changement dans l'accès aux parcelles sur le site ?
 - a. SONDER : Est-ce équitable entre les hommes/femmes ?
7. Est-ce qu'il y a eu un changement dans la qualité des sols depuis les travaux ?
8. Est-ce que le site a besoin de maintenance/entretien ? Si oui, court-terme seulement ou long terme ? Qui est responsable pour la maintenance ?
 - a. SONDER : qui doit faire quoi exactement ? qui paie quoi ? à qui ?
 - b. SONDER : Vérifiez qu'il y a des personnes qui mesurent le niveau de l'eau, les canaux, etc
 - c. SONDER : Vérifiez que la qualité des sols est suivie
9. Est-ce qu'il y a un plan/autre (?) qui assure la durabilité du site ?
10. Est-ce que ces travaux d'irrigation ont eu un effet sur les champs en aval ?
 - a. SONDER : Quels effets, sur qui précisément et comment ils savent ?
11. Ou se trouve la source d'eau potable la plus proche au canal
 - a. Est-ce que les gens qui cultivent ici ont constaté une augmentation des maladies hydriques depuis que le site a été drainé ?
12. Est-ce que les gens qui cultivent ici ont constaté un changement dans la quantité des pluies depuis les travaux sur le site ?
 - a. SONDER : ou bien des changements au niveau du climat en général (doivent expliquer pourquoi ils pensent que cela est lié au site)
13. Pensez-vous que ce site d'irrigation peut être entretenu et servir la population sur le long terme ?
14. Y a-t-il eu des nouvelles demandes de terre dans la zone:
 - a. des personnes venant d'autres villages/ou du même village: comment se fait l'acquisition des terres par les nouveaux
15. Avez-vous déjà observé des inondations dans le site dues au canal?
 - a. En quelle période
 - a. Qu'est-ce qui est prévu dans ce cas.
16. Avez-vous reçu une formation en rapport avec l'irrigation?
 - a. A quel sujet

- b. comment se fait le choix des participants
- c. Qui vous a formé

PS: Toujours permettre aux participant d'ajouter des points importants qui pour lui devraient être abordés

A observer :

Notez la distance entre le canal et le champ le plus proche et le plus loin

Irrigation Steering Committee FGD (French)

Nom du village

Nombre de personnes interviewées

Aire de santé

Intervieweur

Date

Preneur de notes

Genre d'interviewé(s)

Langue

Discussion de groupe avec Comité de pilotage du site d'irrigation

(Formulaire consentement)

1. De quel village/sous-village vous venez ? (Chacun répond)
2. Depuis quand vous travaillez en comité ? Est-ce que vous avez tous commencé en même temps ?
 - a. SONDER : S'ils ont pas tous commencé en même temps, pourquoi ?
3. Comment avez-vous été choisi pour le comité ?
 - a. SONDER : Est-ce qu'ils ont tous plus ou moins la même compréhension du comment ils ont été choisi ?
4. Est-ce que FHI a participé à cette sélection ?
5. Est-ce que vous avez participé à une formation avant de devenir membre du comité de pilotage ?
 - a. SONDER : Est-ce que FHI a donné la formation ? Qui a animé la formation ? Est-ce qu'ils ont reçu des frais de transport ou autre chose pour participer ?
6. Quels sont vos rôles dans le comité ? Quelles sont les responsabilités pour chaque rôle ?
 - a. SONDER : Est-ce que la formation vous a suffisamment préparé pour vos responsabilités ?
7. Quant au site d'irrigation, quand est-ce que les travaux ont été faits ?
 - a. SONDER : est-ce que vous étiez impliqués ? Si oui, comment ?

- b. SONDER : comment le site a été choisi ? Est-ce que la communauté a été impliquée ? La terre appartient à qui ?
8. Quel est le rôle de la communauté dans la maintenance du site ?
 9. En tant que comité de pilotage, quel est votre rôle dans la maintenance ?
 10. Est-ce qu'il y a un plan/autre (?) qui assure la durabilité du site ?
 11. Quels sont les rôles des autorités locales et étatiques envers le site ?

Nutrition and Health Guides (English)

Key Informant Interviews

KIIs with NUTRITION/HEALTH questions-COPs, Technical Leads

25. When did you join the project? What sort of training or orientation have you received since the outset of the project?
26. How would you describe the overall goals and objectives of the (project name)?
27. What are the main outcome indicators related to nutrition and health?
28. Are there changes (planned or not planned) that have occurred in the implementation of nutrition and health activities since the start of (name of project)? If so, why were these changes made. Probe for changes in:
 - i. Scheduling of activities
 - ii. Provision of materials and supplies
 - iii. Training
 - iv. Supervision of workers
 - v. Changes in monitoring and evaluation of services
 - vi. Remuneration or other forms of motivation. Probe for different types of personnel, such as
 - i. Supervisors/facilitators
 - ii. Hygiene promoters
 - iii. Mama leaders
 - vii. Staff turnover [Do all staff have a clear job description?]
29. What formative research activities were carried out prior to the implementation of nutrition and health activities? How were decisions made about what formative research activities should be carried out? What is your assessment of the quality and content of the formative research? (Probe for information on each of the formative research studies carried out related to nutrition and health). How has the formative research been used in relation to program development and implementation? (Probe for whether the project has developed an SBC strategy and how the strategy may or may not been used.)
30. To what extent has R&I been used beyond the initial refinement period and during the implementation phase? To what extent have you used the R&I approach for community engagement and development? What are some of the challenges faced in implementing the R&I approach?

31. What nutrition and health activities are supposed to be offered through the (project name)?
Based on the documentation review and IP briefing, probe for
- i. Care groups/ Father Groups
 - ii. Demonstrations of appropriate food processing and preparation of nutritious foods
 - iii. Identification, referral and follow up of malnourished children
 - iv. Counseling/education sessions
 - v. Gardening
 - vi. Animal husbandry
 - vii. Antenatal care
 - viii. Family planning and Health Timing and Spacing of Pregnancy
 - ix. CPS
 - x. Treatment of severe acute malnutrition
 - xi. Rapid careseeking of cases of diarrhea, rapid breathing and fever
 - xii. Other SBC activities, e.g. mass media/radio, theater/plays, community mobilization
 - xiii. Activities to encourage fathers to play a supportive role in household decision making related to nutrition and health
 - xiv. Creation/support of VSLAs
 - xv. Health systems strengthening, with a focus on ICCM
 - xvi. Mercy Corps: Channels of Hope and Positive Peer Couples
 - xvii. Youth and adolescent health/safe spaces
32. What child nutrition and health activities are actually being offered through (name of project)? Probe to understand the extent to which the activities supposed to be offered are actually being implemented. Probe as to whether the Detailed Implementation Plan is practical or not.
33. We noticed that not all villages implement the same activities. Please let us know how decisions are made about which activities are and are not implemented.
34. Please describe the theory of change (TOC) that is being followed for the overall project. To what extent do you refer to the TOC as activities are ongoing? What did the TOC look like at the outset of the project activities? What does the TOC look like now and, if changes were made, why were these changes made?
35. What partner groups and organizations are involved in providing the nutrition and health activities? How are the different partners involved? What organizations are responsible for what activities?
36. Who are the key actors at the field level in charge of implementation of nutrition and health activities? How were the personnel recruited? Probe for involvement of field actors such as
- i. Mama leader
 - ii. Hygiene promoters
 - iii. Supervisors and facilitators
 - iv. CODESA members
 - v. Relais
 - vi. Facility based providers
 - vii. Others

37. What motivation is offered to the different type of personnel? What supervision structures are set up to monitor activities? How, specifically, are the different personnel supervised? How are personnel evaluated on an ongoing basis?
38. What were the first steps in implementation of activities? What subsequent steps have been carried out during the roll out of activities? When did the full set of activities get underway?
39. We know that the DFSAs include many cross-cutting themes and FFP wants the different sectors to be integrated. Please describe ways the project is addressing cross-cutting themes, how the health and nutrition activities are integrated with the other purposes, how the targeting ensures/does not ensure integration across the purposes, how the interventions are being measured, and your assessments of the effectiveness of these activities. It would be helpful to learn about success stories, as well as challenges faced in implementing these activities. Probe for information related to:
 - i. Gender and equity
 - ii. Youth
 - iii. Mitigation of climate change
40. Is there one person responsible for SBC on the project? If so, ask the responsible person: How many behaviors is the project trying to change? Has there been any discussions in prioritizing behaviors? If so, how was this done? How many of the staff are familiar with the SBC strategy? How engaged were the staff in the development of the SBC strategy? How well does the project understand the barriers and facilitators/enablers of the priority behaviors? Does the SBC strategy include a mix of approaches beyond interpersonal communication and mass media? [Probe for community engagement and advocacy and other non-communication approaches.]
41. What are the social and behavioral change approaches that are being implemented as part of the project's SBC strategy and/or Theory of Change? How were the SBC approaches developed? How are the SBC activities being monitored/supervised? {Probe for checklist or other tools.} What, if any, changes have been made in the SBC activities since the start of the project activities? If changes were made, why were changes made? How does the project ensure quality of SBC activities, as well as capacity of staff and capacity of mother leaders, etc.? How are SBC messages sequenced? How are SBC messages tailored to different target groups/audiences? [Probe for whether SBC materials and messages are different for fathers/men/adolescents/grandparents, etc.] Please describe the intensity of SBC activities for example what is the frequency of 1) meetings/interactions with mothers and 2) radio and theater events?
42. For Mercy Corps Project: We noticed that one of the major activities of your project is to provide training of various health staff, including training on family planning. Can you please describe how the project ensures quality of implementation by health staff and community health workers, beyond training in the classroom? [Probe for mentoring, supervision, accompaniment.] What obstacles has the project encountered in implementing both training

- and SBC activities focused on family planning and healthy timing and spacing of pregnancy?
43. What monitoring and evaluation systems are available to measure ongoing nutrition and health activities? How are these systems being used to inform program implementation?
 44. Are there any contextual changes (e.g. issues related to security, national and local government structures, the environment, local economic factors, etc.) that have occurred since the start of the project that may have influenced project activities? If so, how have they affected the project activities?
 45. How would you describe coordination and collaboration with other partner organizations, government institutions, and local collaborators? How does coordination and planning work: Probe for
 - i. Scheduling of activities
 - ii. Meetings with partner organizations
 - iii. Monitoring and evaluation of activities
 - iv. Systems set up to learn/share of ongoing activities, lessons learned, and field level challenges
 - v. Potential other actors of interest include: PROSANI/IHP Project, UNICEF, WFP, other health and nutrition activities.
 46. We know that sustainability is one of the main objectives of the DSFA projects. How are you measuring sustainability? What, if any, evidence of sustainability produced by the project activities is available thus far? What in your view needs to be done to increase the likelihood of sustainability once DFSA assistance comes to an end?
 47. To what extent has the project achieved objectives related to nutrition and health key indicators? Probe for
 - i. Empowerment of mothers in decision making related to nutrition and health
 - ii. Identification and treatment of malnourished children
 - iii. Increased availability and utilization of nutritious foods for child feeding
 - iv. Reduction of the prevalence of malnutrition
 48. If project objectives are not being reached, is this due to program design or implementation failures?
 49. What are some of the barriers to achieving these key outcome indicators?
 50. Can you describe the types of resources and technical assistance the project, regional or headquarters offices provided to you since you have worked on the project?
 51. What are some of the weaknesses of the (project name) approach? What are the main barriers to (project name) reaching its full potential? What are solutions to overcome these barriers?
 52. What are your recommendations to improve future nutrition and health activities during the course of the project?

Key Informant Interviews

KIIs with nutrition and health questions-Reps of Partner Orgs, Government Agencies (national or regional)

21. When did your organization/agency begin working with the project? What is your organization/agency's general role in the project? [For government: what sense of ownership do you feel with regards to this project?]
22. How would you describe the overall goals and objectives of the (project name)?
23. Are there changes (planned or not planned) that have occurred in the implementation of nutrition and health activities since the start of (name of project)? If so, why were these changes made. Probe for changes in:
 - i. Scheduling of activities
 - ii. Provision of materials and supplies
 - iii. Training
 - iv. Supervision of workers
 - v. Changes in monitoring and evaluation of services
 - vi. Remuneration or other forms of motivation. Probe for different types of personnel, such as:
 - i. Supervisors/facilitators
 - ii. Hygiene promoters
 - iii. Mama leaders
24. What nutrition and health activities is your organization/agency involved in? Based on the documentation review and IP briefing, probe for
 - i. Care groups
 - ii. Demonstrations of appropriate food processing and preparation of nutritious foods
 - iii. Identification of malnourished children
 - iv. Counseling/education sessions
 - v. Gardening
 - vi. Animal husbandry
 - vii. Antenatal care
 - viii. Family planning
 - ix. CPS
 - x. Treatment of more severe cases of malnourishment
 - xi. Rapid careseeking of cases of diarrhea, rapid breathing and fever
 - xii. SBC activities
 - xiii. Activities to encourage fathers to play a supportive role in household decision making related to nutrition and health
 - xiv. Creation/support of VSLAs
 - xv. Health systems strengthening, with a focus on ICCMs
25. What child nutrition and health activities are actually being offered through (name of project)? Probe to understand the extent to which the activities supposed to be offered are actually being implemented.
26. Was your organization/agency involved in any of the Refine & Implement studies during the first year of implementation? (Probe for information on each of the formative research studies carried out related to nutrition and health). How has the formative research been used in relation to program development and implementation?

27. (ONLY FOR PARTNERS) Please describe the theory of change (TOC) that is being followed for the overall project. To what extent do you refer to the TOC as activities are ongoing? What did the TOC look like at the outset of the project activities? What does the TOC look like now and, if changes were made, why were these changes made?
28. What partner groups and organizations are involved in providing the nutrition and health activities? How are the different partners involved? What organizations are responsible for what activities?
29. (ONLY FOR PARTNERS) Who are the key actors from your organization at the field level in charge of implementation of nutrition and health activities for this project? How were the personnel recruited? Probe for involvement of field actors such as
 - i. Mama leader
 - ii. Hygiene promoters
 - iii. Supervisors and facilitators
 - iv. CODESA members
 - v. Relais
 - vi. Facility based providers
 - vii. Others
30. What motivation is offered to the different type of personnel? How are they trained? What supervision structures are set up to monitor activities? How, specifically, are the different personnel supervised? How are personnel evaluated on an ongoing basis?
31. (ONLY FOR PARTNERS) Please describe any technical capacity strengthening the prime/lead technical partner provided you since the start of the project. [Probe for SBC] What additional technical areas would you like to learn about, if any?
32. What were the first steps in implementation of activities? What subsequent steps have been carried out during the roll out of activities? When did the full set of activities get underway?
33. What are the social and behavioral change approaches that are being implemented as part of the approach? How were the SBC approaches developed? [Probe: How were you involved?] How are the SBC activities being monitored/supervised? {Probe for checklist or other tools.} What, if any, changes have been made in the SBC activities since the start of the project activities? If changes were made, why were changes made? How does the project ensure quality of SBC activities, as well as capacity of staff and capacity of mother leaders, etc.? How are SBC messages sequenced? How are SBC messages tailored to different target groups/audiences? [Probe for whether SBC materials and messages are different for fathers/men/adolescents/grandparents, etc.] Please describe the intensity of SBC activities for example what is the frequency of 1) meetings/interactions with mothers and 2) radio and theater events?
34. For Mercy Corps Project Partners: We noticed that one of the major activities of your project is to provide training of various health staff, including training on family planning. Can you please describe how the project ensures quality of implementation by health staff and community health workers, beyond training in the classroom? [Probe for mentoring, supervision, accompaniment.] What obstacles has the project encountered in implementing both training and SBC activities focused on family planning and healthy timing and spacing of

pregnancy?

35. What monitoring and evaluation systems are available to measure ongoing activities? How are these systems being used to inform program implementation?
36. Are there any contextual changes (e.g. issues related to security, national and local government structures, the environment, local economic factors, etc.) that have occurred since the start of the project that may have influenced project activities? If so, how are they affected the project activities?
37. How would you describe coordination and collaboration with other partner organizations, government institutions, and local collaborators? How does coordination and planning work: Probe for
 - i. Scheduling of activities
 - ii. Meetings with partner organizations
 - iii. Monitoring and evaluation of activities
 - iv. Systems set up to learn/share of ongoing activities, lessons learned, and field level challenges
 - v. Potential other actors of interest include: PROSANI/IHP Project, UNICEF, WFP, other health and nutrition activities.
38. We know that sustainability is one of the main objectives of the DSFA projects. How are you measuring sustainability? What, if any, evidence of sustainability produced by the project activities is available thus far? What in your view needs to be done to increase the likelihood of sustainability once DSFA assistance comes to an end?
39. To what extent has the project achieved objectives related to nutrition and health key indicators? Probe for
 - i. Empowerment of mothers in decision making related to nutrition and health
 - ii. Identification and treatment of malnourished children
 - iii. Increased availability and utilization of nutritious foods for child feeding
 - iv. Reduction of the prevalence of malnutrition
40. If project objectives are not being reached, is this due to program design or implementation failures?
41. What are some of the barriers to achieving these key outcome indicators? Can you describe the types of resources and technical assistance the project, regional or headquarters offices provided to you since you have worked on the project?
42. What are some of the weaknesses of the (project name) approach? What are the main barriers to (project name) reaching its full potential? What are solutions to overcome these barriers?
43. What are your recommendations to improve future nutrition and health activities during the course of the project?

In-depth interviews with nutrition/health agents

44. When were the maternal health and child nutrition and health activities introduced in your area? What do the activities entail? Based on the documentation review and IP briefing, probe for information on
 - i. Care groups

- ii. Demonstrations of appropriate food processing and preparation of nutritious foods
 - iii. Identification of malnourished children
 - iv. Counseling/education sessions
 - v. Gardening
 - vi. Animal husbandry
 - vii. Antenatal care
 - viii. Family planning
 - ix. CPS
 - x. Treatment of more severe cases of malnourishment
 - xi. Rapid careseeking of cases of diarrhea, rapid breathing and fever
 - xii. SBC activities
 - xiii. Activities to encourage fathers to play a supportive role in household decision making related to nutrition and health
 - xiv. Creation/support of VSLAs
 - xv. Health systems strengthening, with a focus on ICCM
 - xvi. Gender
 - xvii. Youth
45. What are your responsibilities regarding (project name) nutrition and health activities? What types of community members participate in these activities on an ongoing basis?
- i. **Hygiene promoters, Mama Leader**, relais, CODESA probe for activities offered at the community level, community participants including characteristics and numbers of people participating, and ongoing schedules related to
 - i. Household visits
 - ii. Counseling/group sessions with child feeding groups
 - iii. Demonstrations of food processing and preparation of nutritious foods
 - iv. Gardening
 - v. Screening of malnourished children
 - vi. Referrals of malnourished children or children with diarrhea, rapid breathing or fever
 - vii. Data collection, completing monthly forms, and monitoring of services
 - viii. Supervision (for health promoters)
 - ix. Other SBC activities
 - ii. **For facility based workers**, probe for services offered in the health center. Probe for
 - i. Treatment of malnourished children in the health facility
 - ii. Distribution of RUTF/plumpy nut to more severely malnourished children
 - iii. CPS activities
 - iv. Educational sessions or counseling related to SBC strategies
46. What training have you received as part of the health and nutrition activities?
- i. How long was the training and where did the training take place?
 - ii. Who were the trainers? Did you think that they were qualified to carry out the training? Why or why not?
 - iii. What topics were covered during the training? Probe for the contents of the training related to

- i. ANJE
 - ii. Household visits
 - iii. Counseling/group sessions with child feeding groups
 - iv. Demonstrations of food processing and preparation of nutritious foods
 - v. Gardening
 - vi. Screening of malnourished children
 - vii. Antenatal care
 - viii. Family planning
 - ix. CPS
 - x. Referrals of malnourished children or children with diarrhea, rapid breathing or fever
 - xi. Treatment of more severe cases of malnourishment
 - xii. Data collection, completing monthly forms, and monitoring of services
 - xiii. Supervision (for health promoters)
 - xiv. Behavioral change approaches
 - xv. Gender
- iv. Did you feel that the training was long enough and adequate for you to carry out the child nutrition activities as planned? If not, what were some of the deficiencies in the training? Which topics were lacking and should be modified or added to the training?
 - v. Has there been any follow up training/recyclage? If not, do you feel that follow up training is needed?
 - vi. Are you satisfied with the overall training? Why or why not?
47. What materials and supplies have you received related to nutrition and health activities since the start of the (project name) project? (Request the informant to share the materials)
- e. How often do you receive supplies, including educational materials and seeds and tools for gardening?
 - f. Are the materials and supplies sufficient to carry out the project activities? Please explain.
 - g. Do you ever experience shortages of tools and supplies? If so, how often does this happen? What do you do when this happens?
 - h. Are you satisfied with the materials and supplies received? Why or why not?
48. What kind of supervision do you receive as part of the (project name) child nutrition activities?
- i. Who supervises your work activities?
 - ii. How often is supervision supposed to take place and how often does supervision actually take place?
 - iii. When supervisory visits take place, how long do they last? What occurs during supervisory visits? To what extent do you interact with your supervisory during these visits?
 - iv. Are you satisfied with the supervision? Why or why not?
 - v. What other support, beyond supervision does the project provide to you? [Probe: mentoring, coaching, etc. And whether they have received any on the job tools to assist with their work.]

49. How do you monitor ongoing activities? Probe for
- i. Forms that need to be completed
 - ii. How and how often the forms are transmitted to the supervisor/IP offices
50. We know that gender is included in the (project name) and FFP wants gender to be integrated in the different sectors. Can you please let us know what approaches you are using in regard to gender and how they are integrated in health and nutrition activities? How are gender activities integrated with the other purposes, such as livelihood, governance, and WASH? How does the targeting ensure/does not ensure integration across the purposes? What do you feel about these approaches? How are these interventions being measured and what are your assessments of the effectiveness of these activities? How have they been received by community members? Can you share some success stories, as well as challenges faced in implementing these activities? How, in your view, can the gender approaches be improved?
51. We know that youth is included in the (project name) and FFP wants youth to be integrated in the different sectors. Can you please let us know what approaches you are using in regard to youth and how they are integrated in health and nutrition activities? How are gender activities integrated with the other purposes, such as livelihood, governance, and WASH? How does the targeting ensure/does not ensure integration across the purposes? What do you feel about these approaches? How are these interventions being measured and what are your assessments of the effectiveness of these activities? How have they been received by community members? Can you share some success stories, as well as challenges faced in implementing these activities? How, in your view, can the gender approaches be improved?
52. What factors motivate you to carry out work related to nutrition and health activities as part of the project? (Probe for per diem, career advancement, working conditions, community recognition, other non-financial benefits). How do you feel about the way you are being motivated to conduct activities? Do you have a formal identification that indicates you are working on the (name of project)? Overall, are you satisfied with your role? Why or why not?
53. Who do you work with on ongoing nutrition and health activities? How does the coordination of field activities work? What, if any, systems have been set up to share lessons learned or challenges at the field level? If challenges are confronted, how are they addressed? Please describe any ongoing coordination meetings that are in place.
54. To what extent are you able to implement nutrition and health services as designed as part of the project approach? What are some of the challenges faced? Are there any aspects of the approach that you are unable to implement? If so, why? How might these be overcome?
55. Compared to previous strategies you have been involved in, how has the approach changed the way that mothers and other caregivers care for their children? In your view, does the approach empower mothers, other caregivers and community members to care for their children?
56. What is your overall assessment of the nutrition and health activities as part of the (project name) approach? Are you satisfied with the activities? Why or why not? Are people in your community satisfied with the activities?
57. In your opinion, what is the overall trend of child malnutrition in the area you are covering? Is it increasing or decreasing or is there no change? What explains this trend?

58. What would you recommend to improve child nutrition and health activities being implemented as part of DFSA activities?

Focus group discussions

Focus group discussions with female caregivers of young children

59. Do you know about the (project name)? What can you tell me about the project? What activities are being offered? What activities related to health and nutrition are being offered?

Community based activities

60. When were the nutrition and health activities introduced in your area? What do the activities entail? Based on the documentation review and IP briefing, probe for information on different activities, such as:

- i. Care group meetings
- ii. Demonstrations of appropriate food processing and preparation of nutritious foods
- iii. Household visits
- iv. Screening for malnourished children
- v. Counseling/education sessions
- vi. Gardening
- vii. Animal husbandry
- viii. Antenatal care
- ix. Family planning
- x. CPS
- xi. Treatment of more severe cases of malnourishment
- xii. Rapid careseeking of cases of diarrhea, rapid breathing and fever
- xiii. SBC activities
- xiv. Activities to encourage fathers to play a supportive role in household decision making related to nutrition and health
- xv. VSLAs

61. Have you participated in any activities about nutrition and health over the past few months of the (project name)? If so, what activities did you participate in? Based on the project approach, probe for activities related to nutrition and health such as:

- i. Care group meetings
- ii. Demonstrations of appropriate food processing and preparation of nutritious foods
- iii. Household visits
- iv. Identification of malnourished children
- v. Counseling/education sessions
- vi. Gardening
- vii. Animal husbandry
- viii. Antenatal care
- ix. Family planning

- x. CPS
 - xi. Treatment of more severe cases of malnourishment
 - xii. SBC activities
 - xiii. VSLAs or other credit programs
62. For each activity mentioned in question 3, ask the following:
- i. who was involved in leading the activity
 - ii. what information was shared during the sessions
 - iii. were educational materials used to convey messages
 - i. If so, did the educational materials increase or decrease your understanding of the messages
 - iv. were the sessions useful
 - v. why or why weren't the sessions useful
 - vi. how have these sessions changed your practices
 - vii. do any of the changed practices cause problems or lead to unintended consequences
 - viii. Specific to Care Groups:
 - i. When was the last time you received a home visit?
 - ii. What was discussed?
 - iii. Was that relevant to you?
 - iv. When the mother leader comes to your home, what does she do? Is there anything beyond message dissemination? (i.e. observation, counseling on specific issues, etc.)
 - v. Why do you receive home visits? How long will you be receiving home visits for?
63. Have you participated in any other meetings or sessions in the community (probe for approaches used in the SBC approach) where information on nutrition and health was provided? If so, what information was given? Did you find these sessions informative? Why or why not?
64. Have you recently been exposed to any information on the radio related to nutrition and health? If so, what information was given? Which of the radio messages have motivated you to do something differently? Why or why not? Have you discussed any of the radio messages with other family or community members?
65. Have feeding practices of your child changed since you started participating in the project activities? If yes, what specific feeding changes have been made? Why did you make these changes? How do you think these changes have affected the health of your child? Probe for changes in
- i. Breastfeeding
 - ii. Food processing and preparation
 - iii. Complementary feeding, including
 - i. Foods being fed to the young child
 - ii. Number of daily meals
 - iii. Where the complementary foods are being obtained

66. Are there any community care sites in your area? If so, have you used a community care site? If yes, under what circumstances? What kind of care was provided? Were you satisfied with the care provided? Why or why not?

Care Groups/Father Groups

**Observation of care groups or other SBCC/nutrition education activity use QIVC checklist. Link to checklist: <https://www.fsnnetwork.org/check-liste-pour-les-sessions-de-promotion-des-pratiques-cl%C3%A9s-par-des-travailleurs-communautaires-en>

Mother Leaders/Father Group Leaders

1. How long have you been a mother leader?
2. What is your job as a mother leader?
 - a. Monthly care group meetings:
 - i. When was the last time you met as a care group? And the time before that? From the start of the project do you usually meet at ____ (frequency responded above)
 - ii. Other than mother leaders who participates? Who is your leader?
 - iii. What do you when you meet for the care group?
 - b. Home visits:
 - i. Please tell me more about the home visits.
 - ii. How often do you do home visits?
 - iii. When was the last time you did a home visit?
 - iv. What do you do at the home visit?
 - v. How do you decide the topic to discuss?
 - vi. Other than sharing messages at the home visit, do you do anything else during that time (observation, discuss other topics, etc.)?
 - vii. Since starting home visits, what are some of the biggest changes you have observed in neighborhood households? For some of the other messages you deliver that mothers aren't able to practice, what are some of the reasons why you think they are more difficult to practice?
 - c. Cooking Demonstrations/growth faltering sessions
 - i. Can you tell me how cooking demonstration/growth faltering counseling is implemented (realiser)?
 - ii. As a mother leader, do you participate in this activity? How?

- iii. Are any of your neighborhood women participating? Do you see that their children are getting better?
 - iv. How are mothers targeted for participation in the activity?
 - v. What type of discussions take place if a mother has any challenges in replicating the recipe at home? What additional counseling or other dialogue take place?
3. How were you chosen to become a mother leader?
4. Do you know of others in your community who would like to be mother leaders but were not chosen?
5. Why do you want to be a mother leader?
 - a. If doesn't want to be a mother leader, have you communicated that to the project? Why or why not?
 - b. If does, Do you want to continue to be a mother leader? If yes, do you think that you will continue being a mother leader even if _____ is not in the community? How would your job change if _____ was not here?
6. Can you show me the communication materials that you have received from the program that help you be a leader mother? Talk through the materials
7. What are other activities that you participate in?
 - a. Homestead garden/Permagarden.
 - i. Do you receive assistance to have a garden?
 - ii. Is it at your house? Somewhere in the community?
 - iii. How long have you had it?
 - iv. Who takes care of the garden? If you, does someone else help, your son/daughter/husband?
 - v. What have you planted? Is there anything you plant that you didn't know prior to the project?
 - vi. Have you had production from it yet?
 - vii. What did you do with it (sell/eat)?
 - viii. How long did it provide food for your house?
 - ix. How many times have you replanted without assistance from the project?
 - x. Do you like having the garden?

Mercy Corps Only: Positive Peer Couples/Channels of Hope and Safe Spaces

1. What training did you receive to participate in PPC/CoH/SS?

2. If you encounter an issue, who do you get support from?
3. Write the roles of each member of the committee/group?
4. How do you get chosen/selected to participate? How long do you stay in your position? How many members? Males? Females? What activities do you do to keep the group sustained? (governance)
5. Have you receive any training to support your work? From who, and the topics?
6. Which activities are you supposed to do during the monitoring visits of the health activities?
7. How do you feel performing your functions with the other members of the committees?
8. How many participants of the project have participated in gender trainings?
9. Would you consider that the Project has influenced positive change in the community?
10. Which do you consider are the mayor obstacles for the Project to accomplish all of its goals?
11. What would you suggest to overcome all of these barriers previously mentioned?

Facility based activities

Antenatal care

67. Did you receive antenatal care prior to your last delivery? Why or why not?
68. At what point in your pregnancy did you first attend antenatal care? Why did you begin ANC when you did?
69. How many ANC sessions did you attend during your last pregnancy?
70. How did you decide to attend ANC? Who was involved in the decision-making process? What role did your husband or partner play in deciding to attend ANC?
71. How would you describe the ANC provided?
72. What did you learn during ANC? What, in your view, is the purpose of ANC?
73. Were you satisfied with the overall services provided during ANC? Why or why not? What did you particularly like? What, if anything, did you dislike?
74. What, if any, recommendations would you make to improve the ANC provided?
75. After your delivery, did you receive any information on family planning? If so, what information did you receive?
76. Have you received other information on family planning? If so, where?
77. Is your husband involved in activities related to spousal relations and how to share decision making within the household?

Well baby visits/Post Natal Care

78. Have you attended well baby visits with your young child? Why or why not?
79. If attended well baby visits,
 - a. How often do you attend well baby sessions?
 - b. When did you start taking your child for visits?
 - c. Do you continue to take your child for well baby visits? If stopped, why did you stop attending?

80. Why did you decide to take your child for well baby visits? Who was involved in the decision-making process? What role did your husband or partner play in deciding to attend CPS?
81. How services are provided during CPS?
82. What did you learn during the sessions? What, in your view, is the purpose of well baby visits?
83. Were you satisfied with the overall services provided during the well visit? Why or why not? What did you particularly like? What, if anything, did you dislike?
84. What, if any, recommendations would you make to improve the well baby visits?

Other questions

85. When was your young child most recently sick with fever, cough and fever, or diarrhea? Where did you take your child for treatment?
86. Why did you take your child to this provider (responses to question 1)? What were the main factors guiding your decision? Probe for issues related to
 - i. Availability of services and medical equipment
 - ii. Cost of services
 - iii. Health facility/infrastructure
 - iv. Relationship with health care provider
 - v. Quality of health care
87. Who was involved in the decision-making process? How did the decision-making for treatment seeking take place? What role did your husband or partner play in deciding to seek care?
88. What was your overall assessment of the treatment provided? Were you satisfied with the treatment provided? Why or why not? What did you particularly like? What, if anything, did you dislike?
89. What, if any, recommendations would you make to improve the treatment services provided?
90. How is your husband involved in decision making around family decisions, including those related to health and childcare in your household? How, if at all, has his role changed since the start of (project name)?

What does “malnourished” mean to you? Ask

- i. Is there a local word for malnutrition?
- ii. What are the signs and symptoms of malnourishment in small children?
- iii. What causes a child to become malnourished
- iv. How is malnourishment treated
- v. How can malnourishment be prevented
- vi. How are you trying to prevent malnourishment

WASH & Infrastructure KII (French)

Nom du village

Aire de santé

Date

Genre d'interviewé(s)

Nombre de personnes interviewées

Intervieweur

Preneur de notes

Langue

Entretien avec informateur clé FH TP II Officier WASH & Infrastructure

1. Quelles sont vos responsabilités dans le projet ?
2. Depuis quand occupez-vous ce poste ?
3. Quel était le processus de recrutement ?
4. Après avoir commencé ce travail, avez-vous été formé (e) ?
 - a. SONDER : sur quoi ? Qui vous a formé ? Est-ce que la formation vous a préparé suffisamment pour votre travail ?
5. Veuillez décrire les types d'activité dans le secteur WASH et infrastructures que vous supervisez
 - a. SONDER: *Vérifiez qu'il cite :*
 - i. Travaux d'irrigation
 - ii. Construction/réhabilitation des points d'eau, aménagement des sources d'eau (TearFund, mais de quoi est-il précisément responsable au niveau local?)
 - iii. Renforcement de capacités des comités de gestion de l'eau (TearFund, mais est-il le responsable au niveau local?)
 - iv. Promotion de l'hygiène à la radio (Qui fait ?)
 - v. Promotion de l'hygiène dans les clubs d'écoute (Qui fait ?)
6. Veuillez décrire comment chaque composant-cité fonctionne et vos opinions sur les succès et les défis et comment améliorer.
7. Comment est-ce que votre organisation a fait le suivant pour les ouvrages WASH ou travaux d'irrigation (SONDER comment les décisions ont été prise pour une meilleur efficacité de la manière de procéder):
 - a. Sélection des sites (comment)
 - i. SONDER :
 - Pourquoi ce choix et qui a été impliquée (pourcentage homme/femme), Méthode de consultation.
 - Comment vous avez vérifié l'accès à la terre ?
 - b. Vulgarisation/consultation initiale avec les communautés (qui et comment)
 - c. Implication des personnes des communautés (qui et comment et dans quelles activités)
 - d. Sélection de l'entreprise pour réaliser les travaux
 - e. Implication du gouvernement national/local (qui et comment)
 - f. Etude de faisabilité, respect des standards environnementaux, etc

- g. Suivi et évaluation & problèmes rencontrés et résolution (comment et quand et qui a été/est impliqué)
8. Est-ce que vous avez participé dans la phase de recherche formative du projet ? Si oui, avez-vous fait de la recherche (si oui, quelle recherche) ou autre chose (précisez) ?
9. Quelle est votre contribution sur le suivi des activités WASH & Infrastructure ? a.
comment cela se fait-il:
envoyez- vous des données? à qui?
écrivez-vous des rapports ? à qui sont-ils destinés
b. SONDER : contenu des rapports, fiche/papier, fréquence
10. Se basant sur votre expérience en RDC, quels sont les défis à surmonter et opportunités à capitaliser pour garantir la durabilité des ouvrages?
11. Est-ce qu'il y a un aspect de votre programme qui est censé améliorer la durabilité de vos activités WASH & Infra ou bien les bénéfices de ces activités ?
a. SONDER: Une particularité de l'approche pour construire des points d'eau, sites d'irrigation.
12. Parlons du WASH & Infra, pensez-vous que ces ouvrages continuerons d'être bien entretenus et fournir les bénéfices attendus après la fin du projet?
a. SUIVI: Pourquoi?
13. A votre connaissance est-ce qu'il existe d'autres programmes dans vos mêmes zones d'exécution faisant le même travail sur le WASH & Infra depuis le début du projet ?
14. Avez-vous autres choses à partager concernant le projet ?

Conflict Sensitive Questions (English)

Conflict sensitive questions MTE DFSA

Section I: With whom? (Who are our "recipients"?)

1. Are all of the identity groups that exist in the context represented among beneficiaries? Whom did we leave out and why?
2. Are beneficiary selection criteria transparent and understood?
3. Will anticipated interventions exacerbate existing tensions (dividers) between these identity groups? How might patterns of exclusion (e.g., gender, identity) impact access to aid?

Section II: By whom? (Who will implement or is currently implementing it?)

Question – for USAID Partners (FH GBV and conflict sensitive senior staff, field staff)

4. What historical or current roles did/does implement partners play in the conflict?
5. How are USAID partners perceived by key groups? Could this cause tensions?
6. What other intervention strategies are the USAID partner or other USAID funded activity engaged in that might send mixed messages (e.g., military or armed groups intervention)?

Partner Selection

[This section is for USAID partner staff only]

7. What are the criteria for selecting partner organizations and do these include knowledge of the conflict context and conflict sensitivity?
8. What identity groups (women, vulnerable populations, ethnicity, religion, etc.) are represented in the pool of potential partner organizations?
9. How did the partner selection criteria take into account the goal (conflict sensitive) of the organization? Can the goal of potential partner organizations be broadly categorized as “reducing dividers”? Are any organizations working on building connectors?

Staff (question under this section are for FH Gender and conflict sensitive team only)

10. Do staff represent any particular group in the conflict? Do they fairly represent the community at large including women and vulnerable populations?
11. Are there perceptions by activity participants or non-participants of staff bias? Do staff know the local culture and speak the local dialect? How important is this? Are staff able to engage with women, men and youths, for example in environments where women’s engagement may be limited? Are they able to engage vulnerable populations?

Authorities (question under this section are for FH Gender and conflict sensitive team only)

12. Which authorities are involved in the activity? Why were those authorities selected?
13. Are these authorities legitimate in the eyes of the broader population? Are they considered representative of diverse identities (women, vulnerable populations, ethnicity, etc.)?
14. What are their interests in or incentives for engaging with the activity? Are they seeking to bolster their position or legitimacy or to weaken that of others?
15. What authorities, groups, or institutions will gain status through their involvement?

Section III: What? (What does it involve?)

16. Are the resources (training for skills, services, goods, etc.) the activity is bringing appropriate for the context? For different gender identity groups?
17. Where will/did the activity source the resources from? OR How does the activity procure resources? From whom (men, women, other identity groups)?
18. How does the activity distribute resources? Is this distribution perceived as fair? Are certain groups benefiting more than others?
19. Is there resistance to the activity? By whom? Why? Impact on Local Dynamics
20. What is the impact of the activity on conflict dynamics? What is the impact of the activity on gender dynamics within the conflict context?
21. Are resources inadvertently supporting conflict and armed actors?
22. How do these resources affect different identity groups and the relations between them?
23. Are there security risks for beneficiaries? Recall the Patterns of Action: theft, diversion; distribution effects; market effects, substitution effects and legitimization effects.

Section IV: Where? (Where will it be implemented?)

Question for FH and partners staff

24. [**Question for FH and partner staff only**] Why did we choose this location? What criteria did we use? Are there other donors/activities at work in this location?
25. Who is left out because of our choices of location? Does the target area benefit one identity group more than another?
26. Where are activity interventions taking place within a certain region? Is this location accessible to all beneficiaries?

Geographic Boundary of Response

27. Whom did we leave out and why? Does the target area benefit one identity group more than another? How might this affect the conflict dynamics? Will we potentially do harm?
28. Why these villages and not those? Why this province and not that one? Why on this side of the frontline and not the other? Why not both?

Intervention Location of Office/Operations

29. Does the choice of the activity location (office sites, operating locations) send any messages about a preference for one group over another?
30. Do the activity locations ensure inclusive access, especially for marginalized people?

Land and Resource Dynamics

31. Is there a history of conflict over land ownership, tenure, or access to natural resources? How did you solve or prevent this type of conflict?
32. Are some groups, such as women, denied access to land and resources by formal or customary law?
33. How might land and resource conflict issues impact activity implementation, and what impact may the activity have on these issues?

Local Authorities Seek to Control Location

34. Do authorities seek to control or manipulate the selection of beneficiaries, the location of interventions, or activity implementation in ways that are biased and may raise tensions?

Access to Goods/Services and Distribution Approach

35. Are people at risk when participating in activities (e.g., armed actors are present, risks of travel, stigmatization for engaging with the activity, etc.)?
36. Are risks or patterns of exclusion associated with certain groups (e.g., men, women, those who identify as marginalized populations that may limit participation)?
37. Are resources distributed along the lines of existing divisions in society?
38. Is there a perception that different identity groups have equal access to activity interventions and resources?

Section V: When? (When will the intervention start and end?)

39. Are we arriving/starting interventions at an appropriate time?
40. [Question to USAID partner staff only] Why have you chosen this time to bring in this activity?
41. Does the stage of the conflict (latent, ongoing, post-conflict) impact activity choice? Are there other efforts

Timing and conflict triggers

42. Does the planned timing of activity interventions (consultations, training, distributions, etc.) coincide with any of the conflict triggers identified in the conflict analysis?

Timing, security and access

43. Does the planned timing of interventions make any beneficiaries/staff vulnerable to violence? At household level? Or at community level?

44. If we hold interventions or distribute resources at certain times of the day, who might be unable to attend or receive goods? Are times appropriate for both women and men? For different people with different kinds of jobs? Is it a good idea to plan interventions during the rainy/dry/planting/harvest season? Who may be left out based on our timeframes?

Project staff, participants' feedback to conflict sensitive:

45. Have there been any challenges at the community level or in families or households since this project started?
46. What would you say has been most challenging?
47. Have there been any conflicts in the community as a result of the project being in this area?
48. Can you tell me about any conflicts that are common in households among families or husbands and wives?
49. Would you say this type of conflict is common in this area?
50. Do you feel conflict in the community has increased or decreased since the project started?
51. Do you feel conflict in households has increased or decreased since the project started?
52. Can you describe these changes? Why do you think these changes have happened?
53. Do you have any concerns about this?
54. Probe: If there is more conflict because of the project and since the project started – what do you think the program should do to address this problem? How could they help? What should they do differently?

Exit strategies

55. What criteria need to be met for us to know when the project is done? Has this been communicated to the community? Is there an exit strategy?
56. Is there a closeout plan/strategy? What criteria do we use to trigger it? Has this been communicated to the beneficiaries so that they have realistic expectations?

Section VI: Why? (Why this activity and with whom, where, what, and when?)

57. How does the activity advance the project purpose?
58. Do people in the community agree that the anticipated results/desired change facilitated by this activity is important? Are there differences in needs and perceptions of men, women and identity groups or marginalized populations?
59. Why did we choose our criteria to select a target group? Why them? Why not others? Why did we select these resources and interventions? Why this activity? Why not another?
60. Why are we doing this activity now, and on this time schedule?
61. How? (How do we “deliver” our plan, and what are our behaviors as we work?) How exactly do we do our work?
62. Is the intervention operating, or perceived to be operating (distributing resources, hiring, partnering), along the lines of existing divisions in society?
63. How do activity operations affect gender dynamics relating to the conflict context?
64. What existing systems and structures in the context are people using to solve problems? How are people coming together? Is it possible to build on these mechanisms?
65. Decision-making process and participation: Who is involved in decision-making processes? Are these processes inclusive (men, women, and marginalized populations, other identity groups)? How do we make these decisions transparent to the community?

Accountability and Feedback Mechanisms

66. Are there opportunities to create safe spaces for feedback and complaints from participants and non-participants? Do gender dynamics or existing patterns of exclusion constrain people from speaking freely and openly?
67. Who are trusted sources of information in targeted communities? Are these sources representative of different identity groups (men, women, vulnerable populations, etc.)?

Communications Mechanisms to Brief Communities

68. Are communication mechanisms in place to ensure that communities are briefed? What communication briefings have been made (topic) and how?
69. Do men, women, youths’ vulnerable populations and other identity groups have equal access to activity information or do we need to make additional efforts at communication?

Language of communications and services

70. Will services be provided in a language that makes them accessible to all?
71. Will the choice of what languages to use exacerbate or mitigate conflict dynamics?
72. Do implementing partner staff and partners represent the various languages needed?
73. Will the language of the activity (activity name, logo if appropriate, articulation of desired results, etc.) resonate with diverse identity groups when translated into local languages?

74. Organizational publicity and implicit messages ☒ Will organizational publicity present messages promoting respect, accountability, fairness, inclusion and transparency? Or will it promote negative messages, such as competition, impunity, and fear?

Management of civil society mobilization (if applicable)

75. Where civil society is being mobilized to hold state institutions to account, are measures in place to manage this mobilization so it does not become violent?
76. Are there risks of backlash when supporting the empowerment of women or other marginalized groups? How can these risks be mitigated?

Question for local leaders, authorities, religious leaders etc. – only (If applicable):

- 1) What do you know about this TP II Project activity?
- 2) How are you engaged/ involved in TP II project activity?
- 3) What are your interests in or incentives for engaging with the activity?
- 4) Since this project started, what would you say the changes have been in your community? How have people benefitted?
- 5) Are the resources (training for skills, services, goods, etc.) the activity is bringing appropriate for the context? For different gender identity groups?
- 6) Are all of the identity groups that exist in the context represented among beneficiaries? Whom did we leave out and why?
- 7) Are beneficiary selection criteria transparent and understood?
- 8) Will anticipated interventions exacerbate existing tensions (dividers) between these identity groups? How might patterns of exclusion (e.g., gender, identity) impact access to aid?
- 9) Tell us about the criteria that were used for the geographic site selection? Are there other donors/activities at work in this location?
- 10) Who is left out because of our choices of location? Does the target area benefit one identity group more than another? How might this affect the conflict dynamics? Will we potentially do harm?
- 11) Is the TP II project activity interventions location accessible to all beneficiaries? Especially for marginalized people?
- 12) Why these villages and not those? Why this province and not that one? Why on this side of the frontline and not the other? Why not both?
- 13) Did/Does the choice of the activity location (office sites, operating locations) send any messages about a preference for one group over another?
- 14) Is there a history of conflict over land ownership, tenure, or access to natural resources? How did you solve or prevent this type of conflict?
- 15) Are some groups, such as women, denied access to land and resources by formal or customary law?
- 16) How might land and resource conflict issues impact activity implementation, and what impact may the activity have on these issues?

- 17) Have there been any challenges at the community level or in families or households since this project started?
- 18) What would you say has been most challenging?
- 19) Have there been any conflicts in the community as a result of the project being in this area?
- 20) Can you tell me about any conflicts that are common in households among families or husbands and wives?
- 21) Would you say this type of conflict is common in this area?
- 22) Do you feel conflict at household level, in the community has increased or decreased since the project started?
- 23) Can you describe these changes? Why do you think these changes have happened?
- 24) Do you have any concerns about this?
- 25) Probe: If there is more conflict because of the project and since the project started – what do you think the program should do to address this problem? How could they help? What should they do differently?
- 26) What criteria need to be met for us to know when the project is done? Has this been communicated to the community? Is there an exit strategy?
- 27) Is there a closeout plan/strategy? What criteria do we use to trigger it? Has this been communicated to the beneficiaries so that they have realistic expectations?

M&E and Sustainability Guides (English)

USAID/Food for Peace
DRC Mid-term Evaluation
August 2019

Mid-term Evaluation Interview Tool: Management & Sustainability

Background: This interview guide will be used by all technical leads on the MTE. These questions, related to sustainability, are “cross cutting” and should be adapted to the specific technical approach for each technical sector. These questions are intended to supplement the technical area specific tools that each technical lead will be using to carry out key informant interviews (KII) and focus groups (FG). The guide is broken into several sections: a section that will be used to interview the COP and other senior-level technical leads; a section that will be used to interview field staff or other mid-level

technical staff; a section that will be used to interview local stakeholders (e.g. local partners, government institutions); and a section that will be used to inform focus group discussions with participants.

Evaluation Questions (What broader evaluation questions are we trying to answer using the tool?). [We are asking each technical MTE member to ask these questions to understand WHY the technical approaches are working or not working, and then make recommendations on how to improve the activity and the changes of seeing successful results going forward.]

- Assess the **degree and benefits of efficacious coordination, collaboration, and convergence** with locally-based project partners and external organizations that are critical to achieve project goals and purposes. (Evaluation Objective 4). Sub-questions under this objective include:
 - What mechanisms are in place to engage with local organizations, government entities, private sector, and/or other stakeholders? How strong are these relationships? To what extent will these stakeholders be able to sustain or take over interventions currently being implemented by the IP?
 - To what extent do local stakeholders help or hinder the implementation of activities? What has the IP done to overcome these challenges or build on successes?
 - To what extent is the consortium operating as a single team? Are the Prime and subs collaborating effectively?
 - How has the prime IP worked with other USAID activities in the implementation area (if any)? What has worked well and what has not worked well? What factors are within the manageable interest of the IP and what are not? How has the IP managed the relationship/s with other USAID activity implementing partners?
- Assess **early evidence of sustainability** produced by the project activities thereby determining the extent to which outcomes, systems, and services are designed and being implemented to continue after the project ends. (Evaluation Objective 5). Sub-questions under this objective include:
 - To what extent has the activity documented and implemented a sustainability strategy? (Note that partners should have a plan, but the goal is to see how the process is going to implement that plan and see if it is realistic. It will be important to know if there is convergence in opinions on sustainability across the senior IP leadership, subs, partners, local institutions, and even participants.)

- How will positive outcomes be sustained after the activity ends? Which local systems/structures/entities will sustain these outcomes?
- What mechanisms are in place (formal/informal) that will support these sustainable outcomes? (This should build on what was identified as part of Objective 4 above.)
- Assess the **appropriateness and quality of the R&I approach/activities**. How well did the R&I approach work? (Evaluation Objective 6). Sub-questions under this objective include:
 - How have R&I activities been used to inform the design and ongoing modification of activity implementation?
 - To what extent has R&I been used beyond the initial refinement period and during the implementation phase?
 - Do IPs have the capacity to use R&I activities as planned? What adjustments are needed to ensure that R&I activities can be used to their fullest?
 - What are some of the challenges faced in implementing R&I activities and what adjustments need to be made to address and minimize these factors in the future?
 - *How can the R&I model be improved to better ensure that R&I activities are effectively used to strengthen design and implementation of DFSAs? [Identify internal recommendations for FFP, not partners]*
 - *Did the DFSAs meet standards to make them eligible for a cost extension based on the R&I model? What, if any, changes should be made in determining eligibility for a cost extension? [Identify internal recommendations for FFP, not partners]*

Questions for Partner Senior Staff Key Informant Interviews:

1. Does the activity have a sustainability plan? What are the key features of the plan? Can we get a copy of the plan?
2. How far along is the activity (broadly speaking) in implementing the plan?
3. What kinds of challenges or unexpected hurdles have you encountered in implementing the plan thus far?
4. What has been going well in implementing the plan thus far?

5. [Partnerships]: Who or which institutions are critical in realizing the sustainability plan? In other words, what local partners have you identified that will continue providing services and/or doing things to sustain positive results (and mitigate negative ones)? This may include local organizations who will continue providing services/etc. beyond the LOA; also local government and/or chiefdom/traditional leadership; local religious organizations/structures; and others.
6. [Partnerships]: Has the activity created formalized agreements with these institutions, such as MOUs? Can we review (or can you walk us through/describe) any other documents related to sustainability planning (e.g. MOU's with partners, local government institutions, chiefdom leaders, care group plans, et cetera).
7. [Governance]: How is the activity [in X sector] working with the local government? What has been going well and what has not been going well thus far? How will partnership with local government work going forward?
8. [Governance]: How is the activity [in X sector] working with the local government? What has been going well and what has not been going well thus far? How will partnership with local government work going forward?
9. [Governance]: To what extent has poor public service delivery or public financial management [in X sector] been a hindrance or enabling factor to implementation? (While PFM may be beyond the manageable interest of the partners, it's important to know if this is a big potential problem.)
10. [Partnerships]: How is the activity working with local NGOs [in X sector]? What has been going well and what has not been going well thus far? How will partnership with local NGOs work going forward?
11. [Partnerships]: How is the activity working with other local institutions [in X sector], e.g. civil society organizations, religious groups, et cetera? What has been going well and what has not been going well thus far? How will partnership with these entities work going forward?
12. [Partnerships]: How is the activity working with private sector entities (e.g. input supplies, training institutions, professional service providers)? What has been going well and what has not been going well thus far? How will partnership with these entities work going forward?

Questions for Partner Field-Based (or non-senior leadership) Technical Staff Key Informant Interviews:

1. Does the activity have a sustainability plan? What are the key features of the plan? (In other words, how are activities currently being implemented by staff going to continue after the end of the activity?) [[The goal here is to see if the tech teams and senior leadership are in alignment about what the sustainability planning looks like.]]
2. Broadly speaking, how do you envision sustainability within your technical sector? (In other words, what would a sustainable [sector X] plan look like? This might include activities with mother care groups, business plans with private sector partners, trainings, linkages with other partners.)
3. Do you think the activity is currently doing everything needed to achieve this/your vision of what sustainability should look like? Why/why not?
4. What kinds of challenges or unexpected hurdles has your team encountered in implementing the plan thus far?
5. What has been going well in implementing the plan thus far?
6. [Governance]: How is the activity [in X sector] working with the local government? What has been going well and what has not been going well thus far? How will partnership with local government work going forward?
7. [Governance]: How is the activity [in X sector] working with the local government? What has been going well and what has not been going well thus far? How will partnership with local government work going forward?
8. [Governance]: To what extent has poor public service delivery or public financial management [in X sector] been a hindrance or enabling factor to implementation? (While PFM may be beyond the manageable interest of the partners, it's important to know if this is a big potential problem.)
9. [Partnerships]: How is the activity working with local NGOs [in X sector]? What has been going well and what has not been going well thus far? How will partnership with local NGOs work going forward?
10. [Partnerships]: How is the activity working with other local institutions [in X sector], e.g. civil society organizations, religious groups, et cetera? What has been going well and what has not been going well thus far? How will partnership with these entities work going forward?

11. [Partnerships]: How is the activity working with private sector entities (e.g. input supplies, training institutions, professional service providers)? What has been going well and what has not been going well thus far? How will partnership with these entities work going forward?

Questions for Partner Organizations (e.g. Subs, Local NGOs, Private Sector Entities, Local Government Institutions) Key Informant Interviews:

1. What is your organization/institution's current role on the activity?
2. Do you know when the activity is ending?
3. What is your understanding of how the activity's programming will continue beyond the end of the activity?
4. What is your organization/institution's specific role in the continuation of [activities/service delivery/other intervention] after the activity has ended?
5. Does leadership in your institution support taking on these activities/service delivery/other in the future?
6. Does your institution have sufficient resources (e.g. funding, human resources, capacity, interest, systems, etc.) and interest to do this [i.e. take over activities]? Why or why not?

Questions for Participants (Focus Groups and, if needed, KI's):

1. Do you know when [DFSA activity name] will end? Do you know what will happen after the end of [activity name]? (In other words, do you know if another organization in your community will be able to provide X services that you are currently receiving through [DFSA activity name]?)
2. Do you see much value in adopting the practices/technologies being promoted by [DFSA activity name]?
 - WASH: use of latrines? Covered latrines?
 - WASH: handwashing at 5 key times
 - WASH/Nutrition: food preparation and food storage

- Nutrition: diverse eating; cooking
 - Agriculture: IPM, GAP, etc.
3. Are you currently receiving services (e.g. veterinary, ag extension) through the program? How willing would you be to pay for this service in the future? How much would you be willing to pay?
4. [For community-based groups, e.g. water use, farmer groups]:
- Does your community group charge user fees?
 - Is there a management committee?
 - Can you show us how you keep your books and/or manage the day to day actions required to manage the group finances?
 - Is there an annual planning process? How does that work and who is involved in that process?
 - Does the group have a budget?
 - How is the group managed in terms of leadership and planning?
 - Are the fees collected enough to sustain the activities/service provision in the long term (i.e. to cover costs of maintenance)?
 - What is the role of local government in providing this service, if any?
5. [Governance]: What do you feel is the role of the local government in providing key services? [This should be asked in a way that is specific to the specific service and the relevant level/s of government and/or chiefdom/local leadership]
- Water access
 - Health services
6. [Governance]: Do you feel that the government is accountable to citizens? For example, if a health clinic is supposed to carry certain supplies but they sometimes do not have those

supplies, do community members feel that anything can be done to change this? [We need to refine this one...]

**USAID/Food for Peace
DRC Mid-term Evaluation
August 2019**

Mid-term Evaluation Interview Tool: M&E

Background: This interview guide will be used by the M&E technical advisors on the MTE. The guide is broken into several sections: a section that will be used to interview the COP and other senior-level technical leads; a section that will be used to interview field staff or other mid-level technical staff; a section that will be used to interview local stakeholders (e.g. local partners, government institutions); and a section that will be used to inform focus group discussions with participants.

Evaluation Questions (What broader evaluation questions are we trying to answer using the tool?). [We are asking each technical MTE member to ask these questions to understand WHY the technical approaches are working or not working, and then make recommendations on how to improve the activity and the changes of seeing successful results going forward.]

- Review the **quality of program service delivery** related to the different themes and systems in addressing chronic food insecurity and child malnutrition with the targeted clients, taking into account contextual changes that may have occurred since the inception of the activities. (Objective 1)
 - What [M&E] systems are used to capture, document, and share lessons learned? How are these lessons learned then use to continue ensuring/improving program quality? How is stakeholder and/or participant feedback/perspectives included in this system?
- Identify **evidence of changes (positive and negative, intended and unintended)** associated with program interventions. This will include identifying factors that appear to promote or hinder women and men’s, and young people’s, food security and safety. (Objective 2)
 - 2.1 What changes do community members and other stakeholders associate with the project’s interventions? What factors appear to promote and deter the changes? **How do the changes correspond to those hypothesized by the project’s TOC?**
 - 2.2 To what extent are there observable gender discrepancies? Discrepancies between youth and adults? How has the activity design accounted for these discrepancies and “course corrected” to mitigate these discrepancies? (How is activity data being used to support these kinds of analyses?)
 - 2.3 How could the project be modified to improve its acceptability to targeted communities or the efficiency and effectiveness of its implementation? How should the project’s TOC be refined or modified?

- Assess the **degree and benefits of efficacious coordination, collaboration, and convergence** with locally-based project partners and external organizations that are critical to achieve project goals and purposes. (Evaluation Objective 4). Sub-questions under this objective include:
 - What mechanisms are in place to engage with local organizations, government entities, private sector, and/or other stakeholders? How strong are these relationships? To what extent will these stakeholders be able to sustain or take over interventions currently being implemented by the IP?
 - To what extent do local stakeholders help or hinder the implementation of activities? What has the IP done to overcome these challenges or build on successes?
 - How has the prime IP worked with other USAID activities in the implementation area (if any)? What has worked well and what has not worked well? What factors are within the manageable interest of the IP and what are not? How has the IP managed the relationship/s with other USAID activity implementing partners?

- Assess **early evidence of sustainability** produced by the project activities thereby determining the extent to which outcomes, systems, and services are designed and being implemented to continue after the project ends. (Evaluation Objective 5). Sub-questions under this objective include:
 - To what extent has the activity documented and implemented a sustainability strategy? (Note that partners should have a plan, but the goal is to see how the process is going to implement that plan and see if it is realistic. It will be important to know if there is convergence in opinions on sustainability across the senior IP leadership, subs, partners, local institutions, and even participants.)
 - How will positive outcomes be sustained after the activity ends? Which local systems/structures/entities will sustain these outcomes?
 - What mechanisms are in place (formal/informal) that will support these sustainable outcomes? (This should build on what was identified as part of Objective 4 above.)

- Assess the **appropriateness and quality of the R&I approach/activities**. How well did the R&I approach work? (Evaluation Objective 6). Sub-questions under this objective include:
 - How have R&I activities been used to inform the design and ongoing modification of activity implementation?

- To what extent has R&I been used beyond the initial refinement period and during the implementation phase?
- Do IPs have the capacity to use R&I activities as planned? What adjustments are needed to ensure that R&I activities can be used to their fullest?
- What are some of the challenges faced in implementing R&I activities and what adjustments need to be made to address and minimize these factors in the future?
- *How can the R&I model be improved to better ensure that R&I activities are effectively used to strengthen design and implementation of DFSAs? [Identify internal recommendations for FFP, not partners]*
- *Did the DFSAs meet standards to make them eligible for a cost extension based on the R&I model? What, if any, changes should be made in determining eligibility for a cost extension? [Identify internal recommendations for FFP, not partners]*

Questions for Partner Senior-Level and Technical Staff:

1. What function/s does your M&E system serve (e.g. reporting, monitor performance, track progress, accountability)?
2. Does your team use the data collected through the official M&E system or do you use another data collection/monitoring system to complement or replace that official system?
3. How useful is the M&E Plan in program management? How useful is the existing data collected?
4. Do non-M&E staff generally feel that the M&E system is used for performance tracking and improving quality or for reporting?
5. [If applicable]: How are you conducting PDM? What information is collected and how is it used?
6. Does the project document lessons learned? How are these lessons documented? What changes have been brought due to these lessons learned? How are reports and other information shared across stakeholders?

7. [Preface this question with a note about how we want to be objective, and that if the interviewee would rather talk to the Eval Team Lead, that's fine]: What's been the team's experience working with FFP M&E guidance (e.g. the P&G)? Have the

Refine and Implement and Theory of Change

8. What was your experience with the R&I approach? What worked well and what didn't work well?
9. How did your team use the findings from the R&I period to inform the technical design?
10. How did your team find the TOC as a design/management/other tool? To what extent did your team use the R&I process to refine the activity design using the TOC?

Data Utilization

11. How is data being used? Who prepares reports or other products and who gets reports? Is information shared with others? Who?
12. Is data shared with the community? How?
13. What data do you find most useful and meaningful?
14. What challenges do you face to using data more effectively?
15. How has the project used results from assessments and formative research?
16. How is the project using data generated from routine monitoring? What decisions could be linked to the M&E system?
17. How does the M&E team see its role around data utilization?

Coordination, Collaboration, and Convergence

18. Building on the questions about partnership we asked previously,

Management and Budget

19. How do staff see the relationship between the prime and sub? [Ask this question differently based on who we're talking to.]
20. To what extent do staff from different organizations operate as "one team"?

Questions for Partner M&E Staff (Should include Prime and Subs)

Monitoring system

1. How does the prime partner conduct routine monitoring? How do the subs conduct routine monitoring? (Review the system & walk through process)
2. How does data flow for different sectors?
 - o Who collects? What are their capacities? What types of training they received related to data collection? Do they have any written guidance?
3. How often is data being collected? How is data reviewed by the prime? How is quality ensured?
4. What other responsibilities do the people responsible for M&E also have in the different sectors?
5. How is qualitative data recorded? What kinds of qualitative information is being systematically collected? What kind of qualitative information is NOT being collected? How is qualitative information being integrated into the M&E system and, more specifically, synthesized with quantitative data (RM or AS data)?
6. [If applicable]: How are non-implementing partner entities (e.g. local institutions or local NGO partners) involved in the M&E system? To what extent do your data rely on staff from these non-IP entities? What is the capacity of these non-IP entities to perform monitoring? What challenges do they face?
7. How is data safeguarded? Qualitative v. Quantitative?
8. Is the data flow working well? Are there any challenges being faced (timeliness, data losses, data manipulation)?
9. How does the project staff collect annual monitoring data? What are the challenges?

10. How did they establish the base values? How do they set up targets? [Review some of the key annual monitoring indicators to assess the quality including one behavior change uptake indicator.] How could this process be improved?
11. How are community-based activities monitored for quality? For evidence of behavior change? What has been learned from these? What could be learned from these?
12. How has the team incorporated new FFP and FTF indicators into their monitoring systems?
13. How was gender equality considered in designing project monitoring system, indicators, reporting and data utilization?
14. What else can you share with us about the monitoring system?

Complaint & Feedback Mechanism

1. Does the project have an operational complaints and feedback mechanism?
2. Who manages the system? Is it independent of project management?
3. How are complaints and feedback tracked? Are responses given, and if so is response time tracked?
4. How is information from the system used to inform project implementation?
5. Does the project have criteria for significant issues (e.g. fraud, waste, and abuse), and if so, how are these issues addressed?

Data utilization

1. How is data being used? Who prepares reports or other products and who gets reports? Is information shared with others? Who?
2. Is data shared with the community? How?
3. What data do you find most useful and meaningful?
4. What challenges do you face to using data more effectively?

5. How is the project using data generated from routine monitoring? What decisions could be linked to the M&E system?
6. How does the M&E team see its role vis-a-vis data utilization?
7. What else can you share with us about how your team is utilizing data?

R&I and Learning

1. How were the findings from the formative research (e.g. in year 1) incorporated into the M&E Plan? Who was involved in this process and how did it go?
2. To what extent did the Theory of Change (TOC) change as a result of the R&I process?
3. What worked well and what did not work well about the R&I approach?
4. What worked well and did not work well specifically around M&E during and immediately following the first year?
5. What else would you like to tell us about the R&I approach?

Staffing & Staff Capacity

1. How are training needs and TA determined? For M&E staff vs. non-M&E staff?
2. Do you feel that field staff are adequately trained and able to collect data in alignment with what is outlined in the M&E Plan?

Context Monitoring & Adaptive Management

1. What changes have occurred in the operating context (e.g., major events like disasters, slow onset events like climate change, government policy changes, etc.) that have affected project implementation, either positively or negatively? How did these specifically affect implementation? What did the project do to adapt to these changes?
2. How have these changes affected the food insecurity or resilience of targeted impact groups for each project? What other groups are becoming more food insecure or are having reduced resilience as a result of these contextual changes?

3. Given these changes in the operating environment, which project activities seem most relevant now in terms of having impact on the lives of targeted impact groups?
4. What suggestions do you have for adapting the project's strategy or implementation systems in order to be better able to respond to changes in the operating context?
5. Since the activity began implementation, have there been any interruptions or delays in the flow of resources, either food or cash or both? If so, what caused these delays, and what was the impact on project implementation? What did the project do to adapt?

M&E Questions for Field-Based Staff:

1. What role does performance monitoring play in the activity?
2. What are your key roles/responsibilities for collecting data? Do you know what happens with the data you collect (after you submit the information)?
3. Do you feel like the data you're gathering accurately reflects the situation on the ground?
 - o For example, are those data points you are collecting accurately reflect the participation of women, youth, or other groups? If not, what is missing?
6. How does your team gather qualitative data? (Are anecdotes about things happening at trainings getting shared with the senior-level technical staff? How are these aggregated? Who analyzes and/or uses this information?)
4. If you could decide what information to gather about the effectiveness or other characteristics of the program, what information would you gather? Why (what's different about what you would do as compared to what is currently happening)?
5. How involved are you in the analysis of monitoring data? What information do you receive, and when? How do you use this information once you have it?
 - o For example, are you given a report or raw data? What are you expected to do with that information?
 - o What do you do if the information/reports you are receiving conflict with what you are seeing on the ground? Do you feel empowered to speak up to share your thoughts? How do you typically do this?

6. What training did you receive on M&E?

- Data collection processes?
- Informed consent and research ethics?
- Data analysis methods
- Other?

7. [Operating Context]

- What changes have occurred in the operating context (e.g., major events like disasters, slow onset events like climate change, government policy changes, etc.) that have affected project implementation, either positively or negatively? How did these specifically affect implementation? What did the project do to adapt to these changes?
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- What did the project do to adapt?