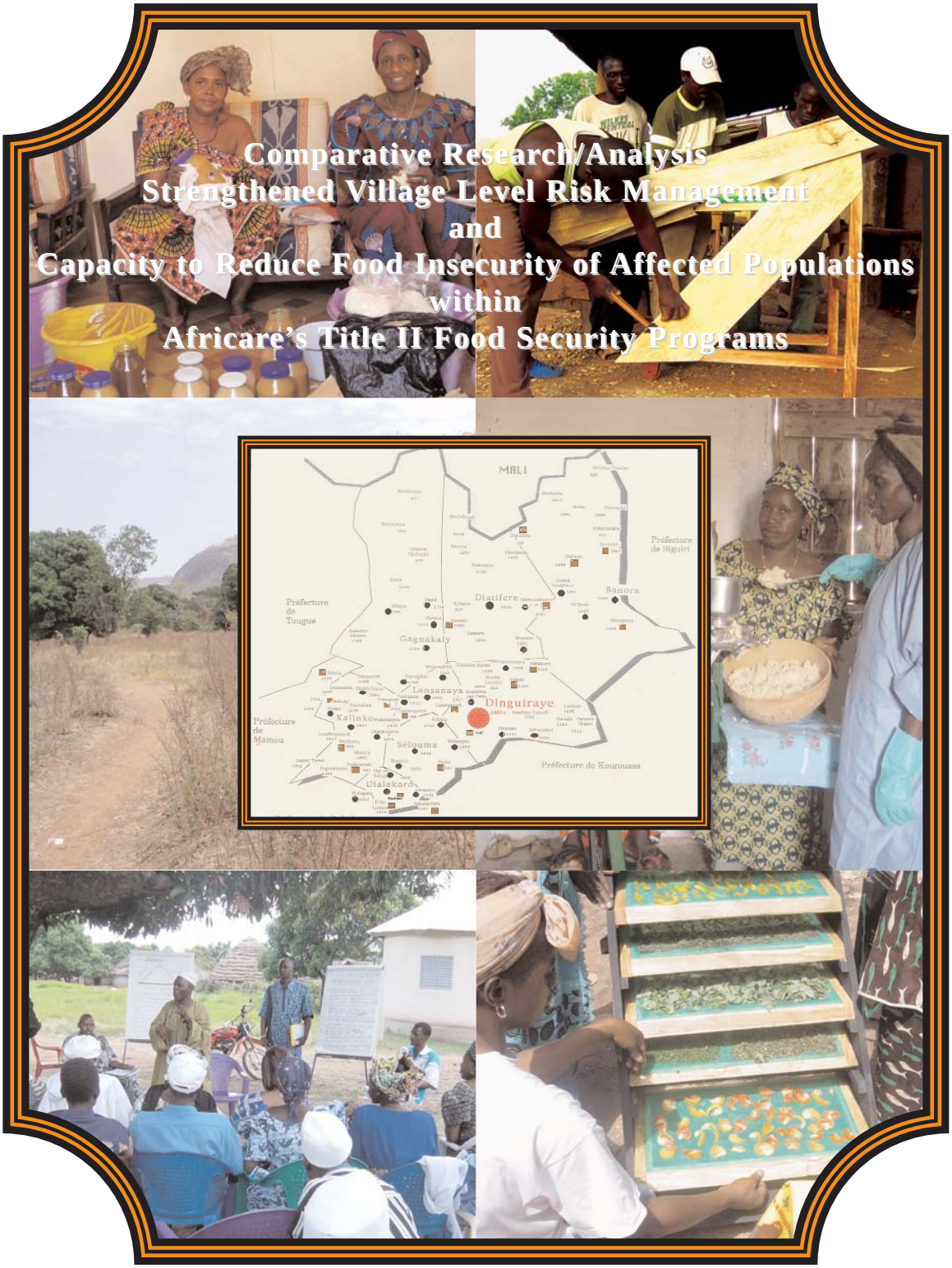
Africare
Office of Food for Development
Institutional Capacity Building (ICB) Program



Comparative Research/Analysis
Strengthened Village Level Risk Management
and
Capacity to Reduce Food Insecurity of Affected Populations
within
Africare's Title II Food Security Programs

Volume I Case Study:
Guinea Food Security
Initiative Project

May 5, 2006

Photos from GnFSI archive and Della McMillan
Cover art by Susan Shawler and Peter Miller, Target Copy Inc. Gainesville, Florida

Africare
Office of Food for Development
Institutional Capacity Building (ICB) Program

Comparative Research/Analysis
Strengthened Village Level Risk Management
and
Capacity to Reduce Food Insecurity of Affected Populations
within
Africare's Titles II Food Security Programs

VOLUME I: CASE STUDY
GUINEA FOOD SECURITY INITIATIVE PROJECT

May 5, 2006

Consultant:
Della E. McMillan

Africate/Guinea:
Bonaventure B. Traoré
Sidikiba Sidibé
Mohamed Lamine Kaba
Tadiba Kourouma
Sékou II Condé
Mamadou Conté
Propère Pogba
Christine Davachi
Moussa Cissé

Production:
Leah Cohen

Acknowledgements

Della E. McMillan, consultant and associate research scientist, Department of Anthropology, University of Florida, was responsible for the overall coordination of this risk management study.

In Guinea, the health and nutrition team was headed by Sidikiba Sidibé, MD, project coordinator; Prospère Pogba, MD, GnFSI technical supervisor for health; Mohamed Lamine Kaba, MD, health advisor for Africare/Guinea; and Mme Aissatou Barry, GnFSI assistant supervisor for health.

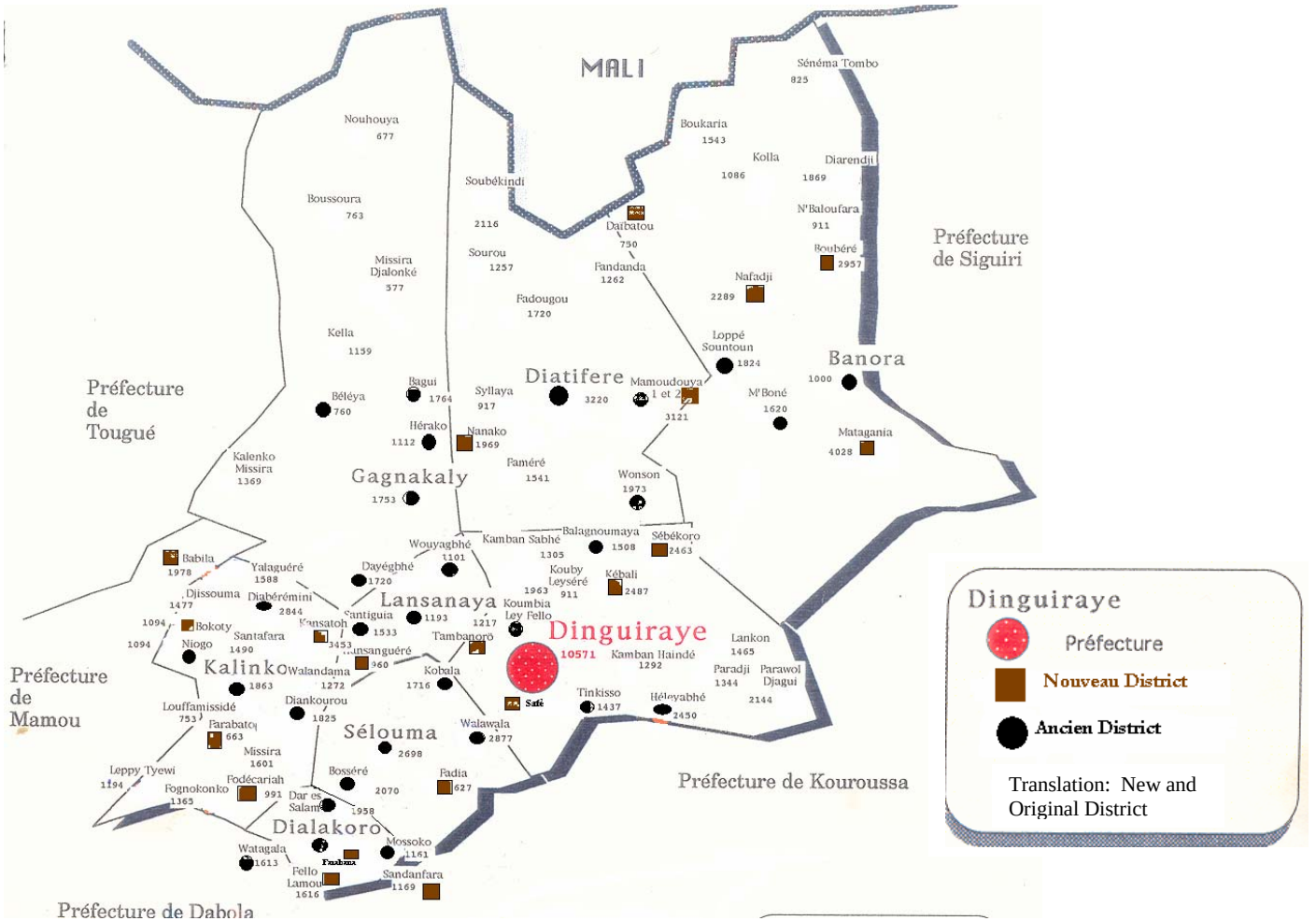
The agricultural/reinforcing local capacity team was headed by Sékou II Condé, technical supervisor for local capacity building and Mamadou Conté, technical supervisor for agricultural production, with the assistance of four assistant supervisors: Mamadou Alimou Bah, Ousmane Sidibé, Mamadou Lamine Barry, and Georges Toupou. Field agents who played an important role in the exercise include: Aly Bah, Boubacar Lah, Mamadou Saidou Camara, Aye bobo Doumbouya, Sékou Wann Diallo, Moussa Sylla, and Kanké Soumah.

Tadiba Kourouma, program coordinator for Africare/Guinea and Christine Davachi, IFESH Intern (International Foundation for Education and Self Help) played a critical role in developing the general forms and instruction sheets and in the analysis and consolidation of the chapters. They were also the primary authors—along with Sidikiba Sidibé, GnFSI project coordinator—responsible for preparing the chapter that analyses the role of the project-created community structures in coordinating the emergency food aid that accompanied the resettlement of thousands of families in both Dabola and Dinguiraye in 2002-2004 (chapter four). Denise N'dagano, the GnFSI health advisor based in Dabola, played a valuable role in data collection at the Dabola site and helped synthesis the project-specific and cross-cutting lessons learned and recommendations. In Dabola the field work was coordinated by the two assistant supervisors: Gadirou Diallo and Alpha Amadou Barry.

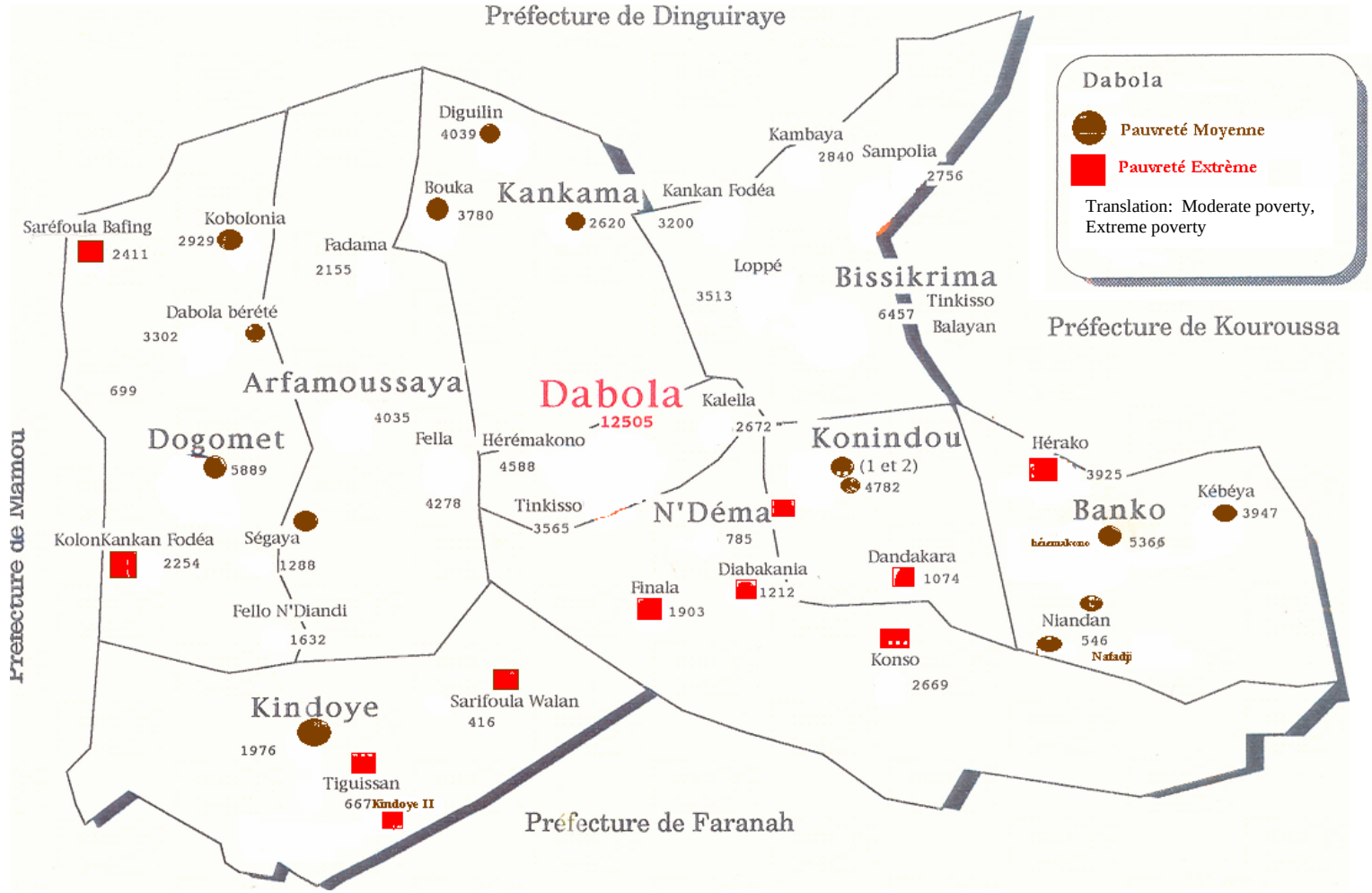
The M&E supervisor, Moussa Cissé, played a major role in data analysis and produced all of the graphics. Mamoudou Condé, assistant logistics specialist, did an excellent job coordinating all the fieldwork and backup support.

Della McMillan and Leah Cohen coordinated the translation and initial editing of the English version of the report, which was then finalized by Della McMillan, and Bonaventure Traore (agricultural economist and Africare country representative in Guinea).

The entire team wishes to express its deep appreciation to the GnFSI staff, the traditional leaders, project volunteers, and government administrators of Dinguiraye and Dabola for the hospitality and atmosphere of learning that graced this entire exercise.



Prefecture of Dinguiraye, Guinea



Prefecture of Dabola, Guinea

Table of Contents

Page

List of Tables

[1] USAID only requires that the impact indicators be measured during the baseline, mid-term and final assessment surveys of a project. GnFSI has, nonetheless, chosen to measure most of its impact indicators annually.

List of Boxes

List of Figures

List of Acronyms and Abbreviations

AAA (3A)	Appraisal, Analysis, Action
AC	Community Agent
ACF	Female Community Agent
ACM	Male Community Agent
ACT	*Agence de Cooperation Technique*
ADRA	Adventist Development and Relief Agency
AER	Annual Estimate of Requirements
AGBEF	*Association Guinéene du Bien-Etre Familial* (Guinea Association for Family Well-Being)
AGOA	African Growth and Opportunity Act
APEAE	*Association des parents d'élèves et amis de l'école* (Parent and Friends of the School Association)
ARV	Anti Retro-Viral
AT	Field Agent
BCRG	*Banque Centrale de la République de Guinée*
C&F	Cost and Freight
CBIS	Community Based Information System
CBN	*Consultation Pré-Natale*
CBS	Community Based Services
CBV	Community Based Volunteer
CDD	Control of Diarrheal Diseases
CFD	*Caisse Française de Développement*
CIEPEX	*Centre International d'Echange et de Promotion des Exportations*
CNI	Center for Nutritional Rehabilitation
COFEG	*Coordination des ONG Feminines de GUINEE*
CRD	Conseil Rural de District or Rural District Council
CS	Cooperating Sponsor
CSR2	Cooperating Sponsors Results Report
CSR4	Cooperating Sponsors Results Report and Resource Request
CVD	*Comité Villageois de Développement* or Village Development Committee (VDC)
CY	Calendar Year
DAP	Development Activity Program
Db	Dabola
DDC	District Development Committee
DFSI	Dinguiraye Food Security Initiative
Dg	Dinguiraye
DPDRE	Prefectoral Department for Rural Development and the Environment
DPS	*Directeur Provencal de Sante* or Provincial Health Department Director
DPSI	*Direction Préfectorale de la Santé*
EPD	Extreme Poverty Districts
ESR	Environmental Status Report
EUPD	*Entraid Universitaire pour le Développement*
FA	Field Agents
FAF	Fer Folio

FARN	*Foyer d'Apprentissage et de Réhabilitation Nutritionnelle* (Hearth Nutritional Model for the rehabilitation of moderately malnourished children)
FARNG	*Foyer d'Apprentissage de Renforcement Nutritionnelle des Gestantes* (Hearth Program for Pregnant Women)
FAS	Free Along Side
FG	Guinean Francs
FY	Fiscal Year
FFP	Food for Peace, USAID Washington
FFW	Food for Work
FSCCI	Food Security Community Capacity Index
FSCCI-SIAC	Food Security Community Capacity Index- *Système d'Information à Assise Communautaire (FSCCI that measures community support for Growth Monitoring Promotion)*
GA	*Groupement Agricole* or Agricultural Group
GF	*Groupement Féminin* or Women's Group
GnFSI	Guinea Food Security Initiative or *Initiative Securite Alimentaire au Guinea* (ISAG)
GMP	Growth Monitoring Promotion
GOG	Government of Guinea
GTZ	German Technical Assistance
HA	Health Agents
HH	Household
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HKI	Helen Keller International
IPTT	Indicator Performance Tracking Table
IEC	Information, Education, and Communication
IFESH	International Foundation for Education and Self-Help
INSE	*Institut de Nutrition et de la Santé des Enfants*
ISA	Institutional Support Assistance
ISAG	*Initiative Securite Alimentaire au Guinea* or Guinea Food Security Initiative (GnFSI)
ISMI	*Initiative pour la Santé Maternelle et Infantile* or Maternal and Child Health Initiative (MCHI)
M&E	Monitoring and Evaluation
MARP	*Méthode Active de Recherche Participative* or Participatory Rural Assessments (PRA)
MCHI	Maternal and Child Health Initiative or ISMI
MOH	Ministry of Health
MMRP	Maternal Mortality Reduction Program (UNICEF)
MPD	Medium Poverty Districts
MT	Metric Ton
T	Ton
MTE	Mid-Term Evaluation
ND	New Districts
NGO	Non-Governmental Organization
OD	Old Districts
OICI	Opportunities Industrialization Center International

ORS	Oral Rehydration Salts or *Thérapie de Réhydratation par voie Orale* (TRO)
PAM	*Programme Alimentaire Mondial* (World Food Program)
PDD	Project Dabola Dinguiraye
PEV	*Programme Elargi de Vaccination*
PRA	Participatory Rural Appraisal
PRISM	*Pour Renforcer les Interventions en Santé Reproductive et MST/SIDA*
PVO	Private Voluntary Organization
RRA	Rapid Rural Appraisal
SBC	*Service à Base Communautaire (*Community Based Services)
SC	Service Corps
SCV	Service Corps Volunteer
SIAC	*Système d'Information à Assise Communautaire (Growth Monitoring Promotion)*
SIPAG	Information System for Agricultural Production
SNPRV	National Service for Promotion of Rural Areas
SO	Strategic Objective
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendants
TRO	*Thérapie de Réhydratation par voie Orale* or Oral Rehydration Salts (ORS)
UCVD	*Unions Sub Préfectorale des Comités Villageoises de Développement* or Union of Village Development Committees (UVDC)
UNICEF	United Nations Children's Fund
US	United States
USAID	United States Agency for International Development
VDC	Village Development Committee or *Comité Villageois de Développement* (CVD)
VSF	Veterinarians without Borders
UVDC	Union of Village Development Committees or *Union Sous-Préfectorale des Comités Villageoises de Développement* (UCVD)
WFP	World Food Program

Chapter 1
Introduction

1.1. Background

1.1.1. The New USAID/FFP Strategic Plan for 2006-2010

An old[2] Title II program is a virtual laboratory for studying how food security is affected by different types of development interventions. This is especially true if the project invested in a good monitoring and evaluation (M&E) system early on and even more so if this M&E system is understood by the technical staff and field agents. More often than not, however, this M&E data is under exploited because it is typically only used to monitor the project's progress toward the achievement of its stated goals and official indicators in official donor reports and is not often compiled to paint a big picture scene, such as how Title II programs have impacted beneficiary communities' ability to identify and manage risks that are not specifically addressed by the official indicators.

What happens when the donor's development paradigm changes mid-stream? When—through a major shift in development thinking that was brought to light by the results of these M&E systems—the project is asked to re-examine its impact from a different angle? This sort of change sparks inward reflection on how past programs have affected the specific elements targeted by new paradigm and it provides an opportunity to reanalyze previous program results under this new framework.

This paper describes the results of a recent study of the impact of Africare's Title II program in Upper Guinea on risk exposure and risk management. The study was motivated by USAID's recent announcement of a new strategy for its Title II programs in August 2005. The previous strategy from 1995 emphasized the use of United States food commodities to improve food security in local communities through actions aimed at increasing the availability, access, and use of food.[3] The new strategy adopted by USAID/Food for Peace requires Title II programs to consider the project's impact on risk,[4] as well as the aggregate levels of vulnerability in the population (Box 1.1). The impetus behind the shift in strategy was a growing body of data that showed that a succession of shocks and the persistence of a high level of vulnerability often sabotaged the achievements of USAID projects.[5]

---

[2] The term "old Title II project' refers to projects designed and implemented before the new USAID FFP strategy in 2005.

[3] To monitor the successful implementation of these activities, Africare adopted a series of indicators to monitor malnutrition levels (wasting, stunting), the number of months of adequate household food provisioning (MAHFP) and the strengthening of local community capacity through the Food Security Community Capacity Index (FSCCI).

[4] This new orientation, resulting from lessons learned from various USAID funded projects, is further supported by the current paradigms leading to a shift of many donors in their poverty alleviation strategy and programs. See UN's Millennium Development Objectives framework.

[5] Haddad, Lawrence and Tim Frankenberger. 2003. Integrating Relief and Development to Accelerate Reductions in Food Insecurity in Shock-Prone Areas. Implications for the USAID Office of Food for Peace. 2004-2009 Strategic Plan. Washington, DC: International Food Policy Research Institute. Office of Food for Peace. Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA). 2005. Strategic Plan for 2006-2010. Washington, DC: USAID/FFP.

Box 1.1 Excerpts from the New USAID Strategic Plan for 2006-2010 Concerning Risk and Vulnerability

"The dimension of risk is implicit in USAID's [1992, 1995[6]] definition of food security. That is, the inclusion of the phrase "at all times" in the definition suggests that food security can only be achieved when the risk of falling below adequate levels of **availability**, **access,** and **utilization** is very low. Operationally, however, the focus has been on increasing the levels of food availability, access, and utilization – with less emphasis given to the **risk** of losing the ability to obtain and use food. In contrast, this strategy will require FFP and its partners to pay more attention to addressing food insecurity through a focus on reducing vulnerability [e.g. by reducing exposure to risk and by increasing the ability to manage risk]…

Vulnerability means that food security can be lost as well as gained. Vulnerability also can be thought of as the inability to manage risk. When countries, communities, and households are unable to cope effectively with shocks or hazards, in fact or potentially, they are vulnerable and potential candidates for assistance. Reducing exposure to risks, such as shocks that affect the many (e.g., droughts or floods) or shocks that affect the individual (e.g., death of the head of a household) can help reduce vulnerability. Increasing the ability to manage risks also reduces vulnerability.

To rectify this shortcoming, and after extensive technical analyses and stakeholder consultations, FFP is proposing to add the dimension of vulnerability to this strategy. **Conceptually**, this will mean expanding the basic food security framework to include a new dimension – risk – that makes explicit the risks that constrain or threaten food availability, access, and utilization. **Operationall**y, this will mean reorienting programs so that the vulnerability of food insecure households and communities is addressed more directly, focusing more on prevention and helping countries, communities, and households cope or manage risk better."

Source: USAID/FFP. Strategic Plan for 2006-2010**.** May 2005. Washington, DC: USAID/FFP, Pp 20-22..

One policy recommendation (included in the current USAID/Food for Peace [FFP] policy paper) resulting from this lesson is that future programming should use a "Development Relief" approach at the design, implementation, and evaluation phases. The Development Relief approach recognizes that any Title II activity must anticipate the need to reduce household vulnerability to risk and the household's ability to manage both short-term and long-term risks and shocks. To be consistent with the new strategy (USAID 2005:4):

> Food can be used to have an immediate impact—protecting lives and maintaining consumption levels—while also contributing to longer term impacts—enhancing community and household resilience to shocks, helping people build more durable and diverse **livelihood** bases (enhancing assets, resources and infrastructure), and enhancing the capabilities of individuals through improvements in health, nutrition and education.

[6] The definition that USAID issued in a 1992 policy paper and reiterated in its 1995 policy paper was: "Food security exists when all people at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life" (USAID Policy Determination Number 19, April 1992). This definition focuses on three distinct, but interrelated elements: **Food availability**: sufficient quantities of food from household production, other domestic output, commercial imports or food assistance; **food access**: adequate resources to obtain appropriate foods for a nutritious diet, which depends on income available to the household, the distribution of income within the household, and the price of food; and **food utilization**: proper biological use of food, requiring a diet providing sufficient energy and essential nutrients, potable water and adequate sanitation, as well as knowledge within the household of food storage and processing techniques, basic principles of nutrition, and proper child care and illness management (USAID 2005: 11).

1.1.2. Key Definitions

The new strategy defines **vulnerability** as "the ability to manage the risks one is exposed to." Lowered vulnerability can be achieved through (Haddad and Frankenberg 2003: 1):

(a) A reduction in exposure to risks or shocks that affect many (i.e., aggregate shocks such as drought) or those that affect the individual (i.e., idiosyncratic shocks such as the death of a household head);
(b) An increase in the ability to manage such risks or shocks; or
(c) Both a and b.

The current USAID strategy uses the words "shocks" and "risks" almost interchangeably—although the official "flow-chart" refers to shocks primarily in the context of "natural shocks" (Box 1.2).

For the purpose of this study, **risk** is generally defined as an event or circumstance, either isolated or recurrent, that negatively affects the ability of individuals, households, communities, or governments/organizations to create or maintain successful livelihood systems. A **shock** is a more specific type of risk that is not predictable and typically cuts across a wide swath of the population. Although a project can anticipate broad categories of shocks (plant diseases, earthquakes, floods, droughts, economic crises, refugee flows), the specific timing and nature of a shock cannot be predicted.

Shocks pose a particularly important threat to food security as they can often force households classified as having low-vulnerability into the high vulnerability category due to the erosion of assets and mortgaging of assets (e.g., children's education, soil fertility, wood stocks, livestock, and personal health) that occur as these households attempt to survive the shock. Of course, households that are classified as highly vulnerable at the start of a shock are also profoundly and negatively impacted by the shock, as they often have far fewer resources to use to survive the shock.

Based on these definitions, malnutrition, for example, can be a shock if it is sudden in nature (perhaps due to a sudden political crisis that drastically reduces food supplies to a population) or it can be a predictable and chronic risk (perhaps due to continual depletion of soil fertility over time, weak and/or non-conducive economic environment, and/or poor infrastructure and an inability to improve crop production).

The term **livelihoods** can be broadly defined as the courses that ordinary people pursue to manage risk (including shocks) and vulnerability. The new USAID/FFP strategy emphasizes that:

- The protection of, or support to, livelihoods in times of personal crisis or area-specific "shocks" enables individuals and households to rely on their own coping strategies (which are embedded in their livelihood systems) for survival and
- Enhancement of livelihoods systems as a mechanism that allows people to build resilience to hazards and minimize both their long-term and short-term exposure to risks reduces suffering and saves lives over time.

Box 1.2 References to Shocks, Risks, and Vulnerability in the USAID/FFP Strategic Plan for 2006-2010

"All states are subject to shocks—occasional and recurrent. What distinguishes a food secure state from fragile, failing, or failed state is its ability to cope with these shocks…

High levels of chronic under-nutrition can also be an indicator of the vulnerability of countries, communities, and households to shocks….Chronic malnutrition reduces peoples ability to cope because it reduces their productivity while increasing their vulnerability to illnesses…

Risks, as the expanded USAID framework makes clear, come from many sources.

"Natural" Shocks: Climatic shocks, natural resource mining and degradation, yield volatility, asset depletion [e.g. soil erosion/depletion of nutrients], neglect of natural hazard mitigation

Economic Risks: Income fluctuation, collapsed terms of trade, savings depletion, employment insecurity, price volatility, high transaction costs, information asymmetry, inflation

Social and Health Risks: Epidemics, HIV/AIDS, widespread untended under-nutrition, risk perceptions, corruption, crime, social disintegration, predatory extraction by armed forces, conflict, ethnic and social discrimination

Political Risks: Poor governance (national and local), lack of legal recourse, inadequate representation, lack of accountability, inadequate provision of services and creation of public goods, adverse regulations, lack of recognition of human rights, political instability, ineffective institutions."

Source: USAID/FFP. Strategic Plan for 2006-2010. May 2005. Washington, DC: USAID/FFP. Pp. 20-22.

1.1.3. Africare Title II Programming

Africare is in a good place to carry out this re-orientation. One strength of Africare's Title II monitoring and evaluation systems was their early attention to risk and local capacity building to manage risk and to strengthen household livelihood systems. Specifically, since the late 1990s, Africare has required each of its programs to introduce a core indicator of community capacity building (the Food Security Community Capacity Indicator or FSCCI) and a second indicator that measures aggregate levels of food insecurity and the percentage of the population classified as extremely food insecure (the Months of Adequate Household Food Provisioning or MAHFP) into the indicator tracking table of each of its Title II programs.

1.2. Goals and Objectives of the Risk Study

The overarching goal of the study was to examine the impact of previously initiated Africare programs on risk management and household exposure to risk in two areas that have benefited from successive Title II programs over an eight year period: Upper Guinea and Kabale Uganda.

The two case studies were completed with the following specific objectives.

1. Define the types of risk that Africare's programs have had to address, specifically those risks that can be managed and those risks that can be "identified," but not necessarily managed, with a special focus on HIV/AIDS and how it is or is not being addressed within Africare programming.
2. Re-examine the utility of the existing monitoring and evaluation tools and data of the two projects (in particular, the MAHFP and the FSCCI, as well as the

project's malnutrition indicators and growth monitoring system) for assessing project impact on household vulnerability and the ability to identify and manage risks (recurrent and often predictable) and shocks (non-recurrent and often unpredictable).

3. Identify what types of new data collection and analysis might be needed in order to make an accurate diagnosis of the local population's capacity to manage different sorts of risks and shocks, both before and after the projects intervened.
4. Analyze what role the two projects might have played—through their growth monitoring promotion or management of food aid—as early warning systems for emerging risks or shocks in the intervention zone and in coordinating any follow-up response that might have occurred because of these early warnings.
5. Based on these analyses, make recommendations to Africare/Washington, as well as to Africare/Uganda and Africare/Guinea, about how they could assist and be assisted in strengthening the auto-analysis and management of risk by the beneficiary communities of Title II projects.

1.3. Evolution of Africare's Activities in Upper Guinea

The current project in Upper Guinea—the Guinea Food Security Initiative (GnFSI or ISAG-*Initiative Securite Alimentaire au Guinea*)—began in 2001 as a classic three-prong food security project to address food availability, access, and utilization. The project activities were conceptualized as the following two strategic objectives.

- Strategic Objective One: Improving the nutrition and health status of women and children under three.
- Strategic Objective Two: Increasing agricultural productivity.

Despite a seemingly simple set of objectives, the project's monitoring and evaluation system is complicated by the fact that not all the project activities were executed in all of the project intervention areas. In addition, assessment of project impact is challenging due to the differential impact of earlier interventions in some of the districts (Table 1.1).

The current GnFSI project was originally designed to build on and reinforce the development activities started under the previous Title II funded initiative, the Dinguiraye Food Security Initiative (DFSI) (1996-2001). However, two years into GnFSI project, Africare requested an official amendment to the proposal that would enable the GnFSI project to incorporate 25 additional districts[7] in the adjacent prefecture of Dabola, in addition to the 20 "new" and 30 "original" project districts in Dinguiraye (Table 1.1). Eight Dinguiraye districts were "graduated" from the program in 2004, which reduced the number of Dinguiraye directly assisted districts from 50 to 42 (Table 1.1). The project anticipates graduating another eight districts in 2005-2006, which would reduce the total number of intervention districts to 34 (Table 1.1).

Africare's support to the 25 new Dabola districts that were added to the project in 2004 was much less consistent both prior to and during the current project for a

[7] A district is the official administrative unit in Guinea which compares to villages in other West African countries. A single district regroups 2 to 12 sectors in Dinguiraye and 2 to 12 sectors in Dabola. A sector comprises several hamlets in the same geographical area. A single district may contain sectors with very different agro-ecological characteristics and degrees of isolation.

variety of reasons outside the control of the current project. These new Dabola districts had been included in an earlier USAID-funded Maternal and Child Health Initiative (ISMI). Furthermore, when the Development Activity Program (DAP) amendment was negotiated, other partners—most notably USAID and the European Union—were supposed to cover natural resource and agricultural production activities in the region. For this reason, USAID requested that Africare focus its intervention on health, nutrition, and post harvest in Dabola, as opposed to four technical sectors (health, nutrition, post harvest processing and storage, and crop production) that were the focus of activities in Dinguiraye. Unfortunately, the vast majority of the non-Africare USAID and EU-funded crop production activities that were ongoing and/or planned for Dabola ended or never materialized.[8] As a result, during the first year of the DAP amendment (2004), Africare was forced to create a limited agricultural component for Dabola that worked with 27 farmer associations in 2005.[9]

This uneven evolution of Africare's activities in the two prefectures–involvement in different districts at different times with different patterns of support and for different reasons—has had major impact on both the types of interventions used and the project's ultimate impact on food security and health, as well as on risk management and the beneficiary households' exposure to risk.

Dinguiraye: The Dinguiraye districts are subdivided into two broad categories. The 30 "original" districts were part of the previous Title II project (DFSI) and continued on to be part of the current Title II project (GnFSI). It is important to emphasize that the government authorities selected these districts for Africare intervention precisely because these were the very poorest, most vulnerable districts in the prefecture. This status is based on the recorded levels of malnutrition and the weak sanitation infrastructure.

Twenty "new" Dinguiraye districts were integrated into Africare's intervention activities in 1999 through 2000 and benefited from only one year of activities of DFSI before the new Title II project GnFSI started. In contrast to the 30 original districts in the project, these "new" districts were selected based on their agricultural potential and their vulnerability to malnutrition due to inadequate healthcare infrastructure. Given the critical importance of market access in determining agricultural potential and the powerful impact of inadequate market access on malnutrition, the two criteria (high malnutrition and high agricultural potential) were seldom found in the same districts. For this reason, approximately half of the new districts are located in peri-urban areas with easy market access and the other half are in very isolated areas that have little access to either health infrastructure or markets.

Dabola: Twenty-five "new" districts in the Dabola prefecture were integrated in 2004 once the proposal amendment to USAID was approved. Approximately 80 percent of the 25 districts were covered by the previous USAID-funded Maternal and Child Health Initiative. The first 14 districts where the project intervened were

[8] The Project Dinguiraye Dabola (PDD) of the EU ended in 2003 and discussions on its extension did not materialized. Other programs initially related to refugees and displaced persons ended with the close of the refugee camp of Dabola.

[9] These activities included extension of modern techniques, vegetable gardening, and supply of inputs and equipment

Table 2.1 Evolution of Africare Interventions in the Dinguiraye and Dabola Prefectures (1997 -2006)

Prefectures and Principal Activities	Principal Periods of Africare Interventions				
	ISMI 1997-2001	**DFSI 1996-2000**	**GnFSI 2000-2003**	**GnFSI+Extension 2004 (Project Amenment)**	**GnFSI+Extention 2005-2006 (Current Activities under Amended Project)**
1. Dinguiraye-Total number of districts	0	30	50	42Active +8 Graduated=50	34 active + 16 graduated=50
"New" project districts where the project is actives		30[10]	20	20	20
"Original " project districts where the project is active			30	22	14
Graduated districts				8[11]	16[12]
SO1 Health and nutrition		X	X	X	X
SO2a. Post harvest management		X	X	X	X
SO2b.Agricultural production FY00 -06 Irrigated gardening FY02-06 Food production			X	X	X
Local capacity building		X	X	X	X
Information/awareness building		X	X	X	X
2. Dabola-Total number of districts	42	0	0	25 (approximately 80% were in ISMI)	25
Districts classified as « Average poverty districts »[13]	38 of the 42) seem to have been in these two categories	0	0	11	11
Districts classified as « Extreme poverty distrits »		0	0	14	14
SO1 Health and nutrition	X	0	0	X	X
SO2a Post-harvest management				X	X
SO2b Agricultural production					X irrigated gardening and income generating activities[14]
Local capacity building (RCB)	X			X	X
Information/awareness building	X			X	X

[10] Eight districts integrated in 1997, eight in 1998, and 14 in 1999.
[11] No new activities, monitor agriculture and women groups working with unions on agriculture and community based health volunteers.
[12] These are the 16 "original" villages that were integrated into the project in 1997 and 1998 (see footnote 4 above).
[13] District is considered to qualify as being classified in these two categories if one sector of the district was identified as being "chronically poor" by the joint African Development Bank/Government of Guinea mission. The current team estimates that 38 of the 42 districts in the original study fall into either of the two categories. A more fine tuned analysis of "extreme poverty" and "average poverty" is not possible at this date.
[14] Activités Génératrices de Revenues (AGRs), or Income Generating Activities (IGAs)

selected based on their classification as extreme poverty pockets by the African Development Fund's survey in 1996. The project then incorporated 11 more districts that had been classified as areas of "moderate poverty."

1.4. Methods of the Risk Study

The methods for achieving the risk study objectives are based on:

- The elaboration of certain technical forms that permit the reanalysis of existing data at the project level (specifically data on the FSCCI and the MAHFP) and
- The design and pilot testing of new participatory rural appraisal (PRA) forms that communities could use to structure self-evaluation of livelihoods and risk management systems of the most vulnerable groups. These vulnerable groups were identified based on the food security calendars that have been used for this purpose by Africare for the past 10 years.

For the Guinea case study (as part of the Africare risk management study), the following seven overlapping steps were executed during a two week period in February 2006.

Step one: Literature review and initial conception of the study. The first step of the study was a review of background documentation on Africare's Title II projects, as well as studies by other NGOs on risk and vulnerability. Based on this analysis, the consultant developed a set of research guides with instructions about how the forms could be used in different countries.

Step two: Review and pre-test of the technical forms and PRA forms proposed for Guinea. Once the draft forms were received by the Guinea team, they translated them and made an initial round of modifications. The forms were then discussed with the field team. An initial pre-test of the PRA forms was organized in three districts of Dinguiraye to test applicability of the guides to realities of the zone.

Step three: Baseline training of the technical team on new USAID strategy and revision of proposed methodology. The third step started with the arrival of the consultant and three members of the technical and administrative team from Conakry. These activities started by putting together ideas and expectations for the study. During these sessions, the team gave feedback on the utility of the different pre-tested forms. This work enabled the team to conduct a more in-depth analysis of the forms and to highlight questions that were pertinent to the study of risk management. The forms were revised and organized into three packages (based on the type of information needed): a general package for the reanalysis of existing secondary data on the project's interventions, a package to be used in focus group discussions with community leaders, and a third package for focus group discussions with vulnerable groups.

"…the technical forms elaborated during step three were used to guide the reanalysis of the pro0ject's existing base of secondary data." (GnFSI archive)

Step four: Reanalysis of existing project data based on the technical forms. During the next steps, the technical forms elaborated during step three were used to guide the reanalysis of the project's existing base of secondary data. This work was conducted by two principal sub-groups: one focused on health and nutrition and one focused on agricultural production and building local capacity. A revised version of the technical forms became the tables in the technical chapters of this report.

Step five: Retest of the PRA forms. Based on the first analyses of the technical forms (step two) and the pre-tests (step three), the team revised the PRA forms that the consultant had originally developed. These forms were then tested in three villages in Dinguiraye and two villages in Dabola during one-day field visits. To strengthen their understanding of the process and the responses, each group was accompanied by one of the senior technical advisors or managers.

Step six: Preparation of the report. Based on the technical forms, the pre-test, and the test of the PRA forms, the two sub-groups (health/nutrition and agriculture/local capacity building) prepared their draft chapters. A sub-group prepared a chapter on Food for Work, which is a program that is part of the project's attempts to mitigate food scarcity. During this process the technical forms were converted into "tables." Although no tables were developed based on the PRAs, the qualitative data from these analyses were incorporated into the report. The combined draft report in French was reviewed by the consultant and the Africare country representative before the preparation of the English version. The Guinea report is prepared in two volumes: one volume includes the chapters and the second volume contains the annexes.

1.5. Organization of the Chapters

The results of the analysis by the two technical subgroups (health/nutrition and agricultural production/local capacity building), as well as for the group that analyzed the project's activities on Food for Work, are presented in the second, third, and fourth chapters. Each chapter presents:

- The evolution of the project activities for the particular technical sector (e.g. health and nutrition, agriculture, marketing, food processing and storage);
- An analysis of the impact of the project on risk management and exposure to risk (i.e., vulnerability) based on the existing project indicators;
- A more specific analysis of the project's impact on risk management based on the technical and PRA forms that were developed and pilot-tested during the risk management study; and
- A summary of the lessons learned and recommendations from this analysis of Africare/Guinea and Africare's Title II programming overall.

Chapter 2
GnFSI Health and Nutrition Interventions

2.1. Evolution of Sector Specific Activities

Africare's decision to intervene in the prefectures of Dinguiraye and Dabola was justified by the high rate of malnutrition and food insecurity found in these parts of the region of Faranah. In order to respond to the main health problems, the Title II funded Dinguiraye Food Security Initiative (DFSI) and the succeeding Guinea Food Security Initiative (GnFSI) project adopted a health and nutrition strategy based on three key themes (Box 2.1):

- Improvement of child and maternal health;
- Strengthening of capacities of basic health services; and
- Fighting the spread of HIV/AIDS.

Box 2.1 Major Foci of GnFSI Health and Nutrition Strategy

- Improvement of child and maternal health hrough:
  - Promotion and monitoring of growth through the community-based growth monitoring promotion (*système d'information à assise communautaire* [SIAC]) and community based services (*service à base communautaire* [SBC]);
  - Development and promotion of an innovative community based model, known as the *Foyer d'Apprentissage de Réhabilitation Nutritionnelle* (FARN) in French and "Hearth Model" in English, for rehabilitation of moderately malnourished children and control of diarrheal diseases;
  - Use of "model mothers" to conduct rehabilitation sessions in their own homes (the essence of the Hearth Program);
  - The promotion of family planning and safer birthing practices;
  - Community level use of prenatal consultation and an innovative Hearth Program[15] for pregnant women;
  - Adequate micronutrient consumption; and
  - Development of community education activities for behavior change through information, education, and communication (IEC).
- Strengthening of capacities of basic health services by:
  - Training district health posts' health agents and
  - Providing institutional and technical support to the decentralized state health structures.
- Fighting the spread of HIV/AIDS through:
  - Public awareness building;
  - Training and equipping community volunteers;
  - Increasing the practice of referring cases of sexually transmitted diseases (STDs) to health centers; and
  - Nutritional rehabilitation of undernourished orphans.

Despite efforts to harmonize the health/nutrition activities in the two prefectures where the project intervenes (Dinguiraye and Dabola), there are certain disparities

[15] DFSI and GnFSI were two of the first NGO programs to introduce the community-based Hearth Model for rehabilitating moderately malnourished children in Sub-Saharan Africare. In 2004, GnFSI introduced another highly innovative program-the Hearth Program for pregnant women (*Foyer d' Apprentissage de Renforcement Nutritionelle des Gestantes – FARNG). This program educates pregnant women i*n community settings about the critical importance of diagnostic blood tests (for iron deficiency) and provides vitamin A and iron supplements during pregnancy. The Hearth Program for pregnant women is implemented in collaboration with Helen Keller International (HKI Guinea). The FARNG was expanded to Dabola in 2006?

between the zones. This stems from the different sequencing of the first and second phase of Title II funding in upper Guinea under DFSI and GnFSI (Table 2.1). The GnFSI extension to Dabola took effect only in 2004, while the original districts of Dinguiraye benefited from project interventions over a seven to eight year period.

The growth monitoring activities started in Dinguiraye in 1997 under the DFSI project have continued under GnFSI without interruption (Table 2.2). The MCHI project supported growth monitoring in Dabola from 1998-2001. These activities started up again under GnFSI in 2004.

The Hearth Program was introduced in 2000, three years after the growth monitoring activities began, in response to the need to provide care and support to children that the growth monitoring program was identifying as moderately malnourished (Table 2.2). Each two week Hearth session is led by a "model mother" whose children were identified as well nourished by the growth monitoring program, despite exposure to the same difficult conditions that have lead to malnourishment in other households. Africare trains the model mothers and helps backstop the program by assisting with de-worming, vaccination, and other complementary interventions that are not otherwise available in the communities. The community contributes all the food needed to rehabilitate the children identified as moderately malnourished by the GMP. The impressive and immediate results of the Hearth Program in the beneficiary districts facilitated the swift buy-in of the beneficiary communities.

"The Hearth Program was introduced in 2000...in response to the need to provide care and support to children that the growth monitoring program was identifying as moderately malnourished." (GnFSI archive)

Other disparities can be traced to the progressive integration of activities within the districts covered (Table 2.1). This background information on the progress of Africare's activities in the zone provides an understanding of the vast differences between and within zones in terms of household level impact and capacity to manage risk.

Table 2.1 Evolution of Africare Health and Nutrition Activities in Dinguiraye (Ding) and Dabola (Dab) (1997-Present)

Project/Activities	1997		1998		1999		2000		2001		2002		2003		2004		2005		2006	
	Dg	Db	Dg	Db	Dg	Db	Dg	Db	Dg	Db	Dg	Db	Dg	Db	Dg	Db	Dg	Db	Dg	Db
Title II—DFSI and GnFSI (USAID/Title II) (1997-2005)																				
Maternal and child health	X		X		X		X		X		X		X		X	X	X	X	X	X
Strengthening capacity of the local health services	X		X		X		X		X		X		X		X	X	X	X	X	X
HIV/AIDS prevention							X		X		X		X		X	X	X	X	X	X
Maternal and Child Health Initiative (at Dabola) (USAID -Guinea) (1998-2001)																				
Maternal and child health				X		X		X		X										
Strengthening capacity of the local health services				X		X		X		X										
HIV/AIDS prevention				X		X		X		X										
Africare HIV/AIDS Service Corps (Donner Foundation and Africare/Washington) (8 districts in Dinguiraye) (2003-2004)																				
Public awareness-building for HIV/AIDS													X		X					
Rehabilitation of moderately malnourished HIV/AIDS orphans													X		X					
Increase in referring STD cases to local health services for voluntary testing and enrollment of STDs													X		X					
Community mobilization for prevention and support to households affected by HIV/AIDS													X		X					

Table 2.2 Percentage of Children in the Project-Covered Districts Participating in Growth Monitoring and in the Community Based FARN Rehabilitation Programs

Year	Dinguiraye				Dabola			
	Eligible Children	Weighed/Monitored	% Eligible	# of Children Rehabilitated in the Hearth Programs (FARN)	Eligible Children	Weighed/ Monitored	% Eligible	# Children Rehabilitated in Hearth Programs (FARN)
1997	-	-	14%	n/a	n/a	n/a	n/a	n/a
1998	3387	2292	67%	n/a	n/a	n/a	n/a	n/a
1999	5656	3733	66%	n/a	n/a	n/a	n/a	n/a
2000	6522	4962	76%	65	n/a	n/a	n/a	n/a
2001	6213	4928	79%	73	n/a	n/a	n/a	n/a
2002	7898[16]	5828	74%	190	n/a	n/a	n/a	n/a
2003	10189	8605	84.45%	186	n/a	n/a	n/a	n/a
2004	10170	8753	86%	152	2348	2021	86%	99
2005	8400	6997	83%	131	6719	5548	83%	110

[16] Thanks to community growth surveillance, an important and harsh variation was noticed in 2002 with regards to the number of children weighed. This increase was not proportional with the integration of the new districts, but rather with the placement of children from displaced families into the growth monitoring program. During this same period, the deterioration of livelihoods due to the massive number of displaced persons justified the multiplication of the number of FARNs for the rehabilitation of a record number of children (190) during the course of only one year.

Dinguiraye: One of the main strengths of the GnFSI project in Dinguiraye is its continuity with the first Title II project--the Dinguiraye Food Security Initiative (DFSI), which was implemented between 1997 and 2000 in 30 districts in Dinguiraye. Despite the subsequent expansion of the program into 20 new districts under GnFSI, the core program has been consistently implemented in all 50 districts. This consistent coverage (eight years in the "original" districts and four years in the "new" districts) has facilitated the consolidation of activities and development of capacities of communities to resolve their own health problems. Eight districts in Dinguiraye benefited from a separate Africare funded HIV-Awareness, Prevention, and Support Program called the Africare HIV/AIDS Service Crops.[17]

Dabola: Unlike the Dinguiraye prefecture, the districts covered by the GnFSI project in Dabola were not part of the first phase of Title II funding in Upper Guinea. The Dabola districts did, however, benefit from an initial Africare program financed by USAID, the Maternal and Child Health Initiative (MCHI), that was executed between 1998 and 2001. It covered 39 out of 41 districts in the sous-prefecture[18] and had basically the same objectives for health as the GnFSI project. During its execution, the MCHI project had a positive impact on improving child and maternal health, as shown by the following results taken from the final evaluation.[19]

- Chronic malnutrition levels diminished from 27.5 to 15.5 percent.
- Acute malnutrition went from 8.4 to 6.0 percent and stunting from 26.3 to 19.0 percent.
- The percentage of children breastfed during the first few hours after birth increased from 32 to 57 percent.
- The percentage of women who benefited from at least two prenatal consultations during their last pregnancy went from 30 percent at the start of the project to 71 percent at the end of the project.

However, despite the enormous effort invested and the positive results, for reasons beyond Africare's control, the Maternal and Child Health Initiative was terminated at the end of its first phase. This premature termination of intervention activities explains the waning of accomplishments a year and a half after the project closing. Specifically, the project terminated when the community institutional capacity was still too weak to make the health activities sustainable. To date, the organizational capacity of the health structures in these newly integrated areas of Dabola still has not reached the desired level and lacks the dynamism and competency required to sustain the results achieved.

[17] The HIV/AIDS Service Corps was an initiative financed by Africare headquarters from 2002 through 2004 with support through a larger project funded by the Donner Foundation. The project assisted communities in their fight against HIV/AIDS by recruiting, training and equipping community volunteers who delivered IEC messages to villages. As funding was ending, the program activities were incorporated into the GnFSI project.

[18] A sous-prefecture is the official government defined political area between a district and a prefecture.

[19] Cisse, Alseny Gouly and Otilita St Charles et al., January 2001, ISMI: *Rapport de l' enquête sur les connaissances et pratiques autour des interventions en santé/IE. Conakry: Africare-Guinêe.*

2.2. Impact on Exposure to Risks and Risk Management

2.2.1. Health and Nutrition

Using a standard form that was pilot tested in both Guinea and Uganda, the GnFSI health and nutrition supervisor identified the major risks (both those foreseen and those not foreseen in the DAP proposal) and the extent to which their current strategies had reduced the local populations' exposure to these risks (Tables 2.3 and 2.4).

Based on this analysis, the GnFSI health and nutrition supervisors concluded that project activities did manage many of principal risks related to health and nutrition. Notwithstanding, there are still a number of "un-managed" risks that pose a significant threat to project achievements made. These un-managed risks, listed by GnFSI supervisors, include (Table 2.3 and 2.4):

- Difficult road access to many of the most disadvantaged zones;
- The chaotic social situation in slum towns that have sprung up around industrial and traditional mining sites within the zone, which tend to be the "epicenters" for HIV/AIDS transmission;
- The fact that the project's growth monitoring promotion activities don't cover all of the districts in both Dinguiraye and Dabola;
- A persistent problem with insufficient access to potable drinking water due to an insufficient number of permanent, year-round water points; and
- Insufficient capacity and resources of government health structures in the two intervention zones, including insufficient supplies of vaccines, oral rehydration salts (ORS), treatments for diarrhea, vitamin A capsules, and equipment, as well as frequent turnover in government health staff trained by the project.

2.2.2. HIV/AIDS

The same analysis showed that the strategy to manage risks related to HIV/AIDS is essentially based on awareness-raising and nutritional care and support to orphans. In this area there are also a number of un-managed risks, including (Table 2.4):

- Difficult access to voluntary and anonymous testing centers;
- Absence of any coordinated system of government or non-governmental programs to care and assist infected persons, provide access to anti-viral treatments, or educate children whose parents have died from HIV/AIDS; and
- The absence of community radios for dissemination of key messages on health and HIV/AIDS.

Table 2.3 Strategies Used by the Guinea Food Security Initiative (GnFSI) to Manage Major Health and Nutrition Risks

Recurrent Risks	Principal Project Strategies for Managing Health and Nutrition Risks			Risks Not Managed by the Current Project Strategies
	Strategy	Strategy	Strategy	
1.Malnutrition	Public awareness campaigns to build support for community based infant growth monitoring programs (SIAC)	-Train government health agents and project field agents in the rehabilitation of moderately malnourished children through the Hearth Model approach and culinary demonstrations	Train communities to conduct and support community based FARN rehabilitation programs	- Seasonal accessibility of certain zones - 30 districts are still not covered by the SIAC growth monitoring program
2.Serial pregnancies	Public awareness campaigns to increase community level access to contraceptive products and monitor the effectiveness of this collaboration on the ground	-Training health agents and community volunteers in community based services	-Involve community leaders in the execution of activities -Strong collaboration with health service field agents	- Absence or distance of communities from the health infrastructure needed to manage risk associated with pregnancy and birth
3. Inadequate drinking water	Public awareness campaigns and extension programs to promote the filtering and boiling of water before use	Construction of improved wells		- Demand for construction and rehabilitation of wells outstrips project budget
4. Diseases targeted by the national vaccination program (PEV)	Public awareness campaigns on the importance of vaccination	Collaboration and support of the DPS for execution the activities and strategies promoted during the national vaccine day		- Vaccine availability - Inadequate cold chain
5-Diarrhea epidemics	Public awareness and extension programs to promote food and environmental hygiene	Train communities in the preparation of oral rehydration therapies	Train community health workers to refer severe cases to the appropriate government health centers	- Access to oral rehydration salts (ORS) - Access to the medicine needed to manage diarrhea cases
f6. Inaccessibility of certain zones for basic maternal and child health services	Public awareness and extension of community pregnancy monitoring through the Hearth Programs for Pregnant Mothers (FARN/G)	-Strong collaboration with Helen Keller International (HKI) and the DPS for the execution , monitoring and harmonization of field activities	Community involvement in and support for the approach	- Future access to the vitamin A capsules and to blood testing equipment - High rates staff turnover in trained government health workers
7. Lack of knowledge of local foodstuff rich in micronutrients	-Diffusion of certain foodstuff rich in micronutrients	-Promote production and consumption of foodstuff rich in micronutrients -Train women's groups in nutrition	-Collaboration with DPS and HKI in prenatal and postnatal distribution of vitamin A capsules	

SBC: Community based services promoted by the Ministry of Health to complement services provided by health clinics; HKI: Helen Keller International; DPS: Provincial Health Department.

Table 2.4 Strategies Used by the Guinea Food Security Initiative (GnFSI) to Manage Major Risks Related to HIV/AIDS

Recurrent Risk	Principal Project Strategies for Managing the Risks Related to HIV/AIDS Risk						Non-Managed Risks
1. Inadequate awareness of sexually transmitted diseases and HIV/AIDS	IEC messages developed and broad cast on STI/HIV/AIDS	Community mobilization and awareness-raising campaigns on STI/HIV/AIDS	-One-on-one counseling -Conferences with community leaders	Strong implication of the VDCs to support the breaking of taboos related to shamefulness of disease	Video and film presentations	-Organization of sketches and theaters on HIV -Educational materials	
2. Non-employed methods of prevention	Promotion of means of available prevention (condom)	Promoting community-based facilities to make condoms available	Demonstration of proper use of condoms	Dissemination of specific messages for adolescents on first sexual relation	Training and equipment of peer educators for each specific group (youth, women and agricultural groups)		- Prenuptual exam requirements - Sororate (compulsory marriage of widower by a sister of deceased wife) and levirate (compulsory marriage of a widow by a brother of her deceased husband) - Cultural factors (polygamy)
3. Difficult access to testing services	Encourage population to do voluntary screening	Referrals to prefecture's health structures for voluntary screening and/or diagnosis					- Lack of a voluntary and anonymous screening center - Lack of an support association for people living with HIV
4. AIDS orphans	Coverage of AIDS orphans by growth monitoring program	Special hearth programs for HIV/AIDS orphans	Referral of infected or affected orphans to health facilities	Home visits to affected families to monitor orphans			- Non-schooling of orphans affected by HIV/AIDS

Recurrent Risk	Principal Project Strategies for Managing the Risks Related to HIV/AIDS Risk						Non-Managed Risks
5. Labor shortages in HHs affected by HIV/AIDS	Assistance with small–scale agricultural tool sets and technical support	Coordination with WFP to provide food aid for affected families during the hungry period					- Care and support for infected persons (ARV)
6. High rates of transmission in settlements near industrial and indigenous gold mines	Design of a complementary Africare project (Africare HIV/AIDS Service Corps) in the project area with a special focus on certain mining zones	Transmission of HIV/AIDS awareness messages through cassette and radio listening clubs and broadcasts	Strong project collaboration with government health post agents and with actors in other sectors		Educational materials distributed to relevant community actors		Migratory flow of population towards the mining zones
7. Early sexual relations	Awareness raising of young girls and boys in the school environment and informal areas through conferences and debates	Training and providing equipment to youth peer educators					Taboo surrounding questions of sexuality in the family
8. Low access of communities to audiovisual information on HIV/AIDS	Awareness raising of communities on HIV/AIDS	Implication and adherence of community leaders	Implementation, training and equipment of 5groups to carry out messages, community agents, peer educators)	Audio visual materials provided to relevant community actors			- Remoteness of certain areas during the rainy season - Lack of community radios

2.3. Extent to Which Current Health and Nutrition Activities Address and Track Vulnerability and Risk

2.3.1. Methods for Measurement of Project Performance

Although the original GnFSI project (implemented under the old USAID strategy) did not explicitly and systematically address general vulnerability and risk, the project interventions were designed to address the specific risk of food insecurity. Therefore, the established methods for measuring project performance can illuminate project impact on the risk of food insecurity in particular. GnFSI's global performance and impact are measured and monitored through a set of impact and monitoring indicators in the indicator performance tracking table (IPTT). The impact indicators are measured during baseline, mid-term, and final surveys based on a random stratified sampling method.

- *Impact Indicator 1.1: Percentage reduction in children stunted.* The indicator is measured using anthropometric data collected during surveys by trained enumerators. During the first phase of the project (1997-2000), the data was collected on children aged three to 59 months. During the second phase (2001-2006) the data was collected on children aged 24 to 59 months to conform to UNICEF data collection standards.
- *Impact indicator 1.2: Percentage infant (0-23 months) offered the same or more food during diarrhea.* This indicator reports on management of diarrheal disease by mothers. It is measured using data collected on the percentage of infants (0-23 months) offered the same or more semi-solid food, in addition to breast milk, during the preceding two weeks.

The following eight GnFSI monitoring indicators are measured annually.

- Monitoring Indicator 1.1: Percentage of eligible children in growth monitoring weighted in the last four months;
- Monitoring Indicator 1.2: Percentage of underweight children (0-36 months)
- Monitoring Indicator 1.3: Percentage of women having at least one prenatal consultation (before the seventh month) during their most recent pregnancy;
- Monitoring Indicator 1.4: Percentage of women receiving vitamin A supplements within four to six weeks post-partum;
- Monitoring Indicator 1.5: District development committee scores on support for nutrition initiatives;
- Monitoring Indicator 1.6: Percentage of persons who have never heard of HIV/AIDS; and
- Monitoring Indicator 1.7: Number of wells constructed and managed by village committees.

2.3.2. Current Use of M&E Tools

2.3.2.1. To Measure Exposure to Risks

Based on the longitudinal analysis of the project's current indicators and other routine M&E information, it is possible to show various ways that the GnFSI project has reduced household level exposure to routine health and nutrition risks. These include (Table 2.5):

- A net reduction of acute and chronic malnutrition levels according to the weight/age criterion for children zero to three months of age (monitoring indicator 1.2) measured on the basis of regular growth monitoring of children through the community based growth monitoring system (SIAC);
- A net reduction in the levels of chronic malnutrition from almost 29.7 percent in 1997 to 21.5 percent in 2005 in Dinguiraye and 23.6 percent in Dabola.

This compares very favorably to the global malnutrition indicators of Guinea where the reported rates of malnutrition deteriorated, going from 26 percent in 1999 to about 35 percent in 2005.[20]

"The success of the growth monitoring promotion system to track risk (through detection in changes in malnutrition) depends on the capacity of communities to manage the growth monitoring system." (GnFSI archive)

2.3.2.2. To Measure District Level Capacity to Manage Risk

The success of the growth monitoring promotion system to track risk (through detection in changes in malnutrition) depends on the capacity of communities to manage the growth monitoring system. Specifically, community capacity is related to the extent to which the system is supported by the communities in which it works and the development of certain core organizational skills within the communities. One unusual feature of GnFSI and its predecessor DFSI has been its consistent emphasis on tracking the critical capacities that village development committees (VDC) need to support the strong and resilient growth monitoring program needed to identify and manage the principal risks to child health. This emphasis lead the project to introduced the FSCCI monitoring indicator in 2001 that tracks these critical capacities (monitoring indicator 1.5, Table 2.5).

The FSCCI monitoring indicator, used for assessing community capacity to support growth monitoring promotion, consists of three major variables. Each variable is measured by several component indicators that are ranked with values ranging from zero to five with five being the strongest possible capacity with a maximum total score of 150 points. The variables and component indicators measure the following three capacities.

[20] *Ministère de la Santé et Ministère du Plan. 2005. Enquête Démographique et de Santé, 2005. Conakry : Ministere de de la Sante.*

- *Organization and performance.* Meetings held for health and nutritional activities, initiative taken for development of nutritional activities, level of community involvement in community growth monitoring promotion activities, level of collaboration with health centers, motivation of community agents, documents of operation, and whether management materials are kept up-to-date (meetings notebook, growth monitoring tools, etc.).

The current FSCCI scores in the IPTT show a clear evolution of capacity since 2001. (GnFSI archive)

- *Community participation*. Supervision and support of community agent activities, awareness-raising within community to participate in health and nutritional activities, contribution in kind of community for culinary demonstrations, participation of community in educational talks and promotion/growth monitoring (monthly weighing), community knowledge and practices related to hygiene and nutrition, and community involvement in managing growth monitoring program's equipment (e.g., bicycles, scales, pedagogical materials, etc.).
- *Capacity for analysis and action.* Autonomy in decision making, including undertaking activities without outside assistance, capacity to acquire support from other partners (aside from Africare), analysis of hygiene and nutritional problems, and drafting and implementation of hygiene and nutritional action plans.

The current FSCCI scores in the IPTT show a clear evolution of capacity since 2001. Specifically, the recorded capacity increased:

- From 45 percent of the total possible points in 2001 to 69 percent in 2006 in the original Dinguiraye districts and
- From 30 percent of the total possible points in the new Dinguiraye districts in 2002 to 68 percent in 2004.

.

Table 2.5 Evolution of Key Indicators for Health and Nutrition Programs in the Projects Affected by Africare's Title II Programs in Guinea, 1997-2005

Year	Number of Beneficiary Districts Included in the Africare-Facilated Growth Monitoring[21] (x/y x=number of districts where GMP is active, y=number where project is active in that year)				Number of Beneficiary Districts Executing Hearth Model Program (x/y x=number of districts where Hearth Program executed in that year; y=number of district where the project is intervening in that year)				District Development Committee Scores on Support for Nutrition Initiatives (GnFSI Monitoring Indicator 1.5, the FSCCI—SIAC)				% Children Underweight (0-36 months-GnFSI Monitoring Indicator 1.2)[22]				% Children Stunted (GnFSI Impact Indicator 1.1)			
	Dinguiraye		Dabola		Dinguiraye		Dabola		Dinguiraye		Dabola		Dinguiraye		Dabola		Dinguiraye		Dabola	
	O	N	E	M	O	N	E	M	O%	N%	E%	M%	O	N	E	M	O	N	E	M
1997	8/30	n/a											30.8	n/a			29.7			
1998	16/30	n/a												n/a						
1999	30/30	n/a											25.4	n/a			27.2			
2000	30/30	n/a			8/30								18.6	n/a						
2001	30/30	0/20			17/30				45	n/a			20.7	21.9			21.9	21.4		
2002	30/30	20/20			14/30	10/20			56.1	49.9			19.7	29.9			21.5	23.6		
2003	30/30	20/20			4/30	17/20			66	58			19.7	23.4						
2004	30/30	20/20	11/11	14/14	7/30	9/20	4/11	0/14	70	58.13	6	6.6	12.29	17.17	21.4	21.6			37.9	39.3
2005	30/30	20/20	11/11	14/14	8/50	10/20	5/11	13/14	69.4	68.5	50.1	54.1	10.6	16.4	16.2	20.2				

O=original district; N=new district; E=extreme poverty districts; M=medium poverty districts; SIAC= *système d'information à assise communautaire*

[21] This is not an official indicator of the project, but is based on project records. Monitoring Indicator 1.1 measures "Percentage of eligible children in growth monitoring weighed in last four months" since 2003.

[22] This indicator measures children that score in the "yellow" and "red" zone on the growth chart which tracks acute and chronic according to weight/age criteria. This indicator concerns children aged three to 59 months during the first phase of the project (1997-2000), and 24 to 59 months during the second phase (2001-2006).

2.3.3. Other Possible Types of Analysis with Existing Data Sets

2.3.3.1. Identification of Vulnerable Districts

While these zonal level trends in the FSCCI-SICA are very positive for Dingiraye (69.4 percent of the possible point value of the FSCCI for the original Dinguiraye districts, 68.5 percent for the new Dinguiraye districts, 50.1 percent for the Dabola districts in the extreme poverty zones, and 54.1 percent for Dabola villages in the average poverty zones) they hide the fact that 53 percent of VDCs in the original districts and 55 percent in new districts are still classified as having only "medium" and "weak" capacity to support the necessary growth monitoring programs (Table 2.6). Both the zonal average and the percentage of VDCs classified as having strong capacity are low in Dabola, where there was a two year gap between the former maternal and child health project and GnFSI interventions.

Table 2.6 District Level Capacity to Identify and Track Health and Nutrition Risks through the GnFSI Growth Monitoring Promotion Program Based on the Reanalysis of Existing Project Data on the FSCCI-SICA (Monitoring Indicator 1.5)

Level of Support Based on the FSCCI-SICA	Criteria/Conditions	Dinguiraye		Dabola	
		Original Districts	New Districts	Extreme Poverty Districts	Medium Poverty Districts
Strong (> or = 70% possible points on the FSCCI-SICA)	- Community health agent (AC) compensated appropriately - Strong community support for FARN activities -Community support to volunteers in publicizing and arguing for the growth monitoring (SIAC) and nutrition programs	14 (46%)	7 (35%)	1 (9%)	0 (0%)
Medium (50-69%)	-Little compensation given to the community health agents (AC) -Weak community support to FARNs -Little support to volunteers for publicizing and arguing for growth monitoring and nutrition programs	16 (53)%	11 (55%)	4 (36%)	11(79%)
Weak (<50%)	-Lack of support to the community agents -No contribution to the FARN -No community support for volunteers in either publicizing or arguing for growth monitoring and nutrition programs	0 (0%)	2 (10%)	6 (54%)	3 (21%)
Total		**30**	**20**	**11**	**14**

The weak capacity to support growth monitoring promotion in Dabola is not surprising because the project did not have the same level of activities in these villages. Furthermore, the two-year disruption following the termination of the MCHI has slowed the improvements in VDC capacity development in this zone.

2.3.3.2. The Link between Community Capacity, Participation in Growth Monitoring, and District-Level Vulnerability to Malnutrition

The villages identified as "weak" based on the FSCCI-SICA (Table 2.6) are considered vulnerable because:

- The growth monitoring system has not benefited from the types of skills transfer that it needs to be sustainable and
- This weak capacity hampers the prospects that the growth monitoring program can perform its role as an early warning system for community-level risks and shocks.

To date, however, the link between capacity and the patterns of participation in growth monitoring, the independent replication of the Hearth Program, and malnutrition levels is not all that clear. Although low levels of capacity are expected to affect the regularity with which growth monitoring occurs, this is not yet the case (Table 2.7). This is because weak village development committees still benefit from monitoring assistance and technical support from field and health agents. This Africare assistance supports community-level activities that reduce malnutrition even when the VDC's capacity to do this on their own is very weak. Once project funding stops, however, it is unlikely that the village development committees that are classified as "weak" can continue these activities on their own.

The impact of discontinuing or faltering GMP activities on vulnerability is likely to be most serious for the isolated villages. Some of the best evidence for this comes from the two "new" districts in Dinguiraye that have "weak" capacity, but a very low (3.8 percent) percentage of children classified as malnourished. Both villages are in peri-urban areas where health facilities are relatively easy to access. This easy access makes the communities less motivated to engage in their own growth monitoring promotion and support community volunteers charged with executing these and other health programs. However, community members in these peri-urban areas do not suffer the highly negative affects of weak capacity for growth monitoring promotion that more isolated areas would.

2.3.3.3. Tracking Systems for HIV/AIDS Prevention

Given the critical importance of community capacity to develop and execute action plans aimed at preventing HIV/AIDS and reducing the vulnerability of the households with infected members, Africare recommended in 2004 that each of its Title II programs add to their FSCCI two variables to track this effort. Since the GnFSI program had already passed its mid-term review, in order to facilitate comparison of results from the baseline

Table 2.7 Link between Institutional Capacity of Village Development Committees (VDC) to Support Growth Monitoring and Health and the Number of Children Monitored, Reported Levels of Malnourished Children, and the Independent Replication of the Hearth Model Programs

Community Capacity to Support GMP (based on the FSCCI-SICA)		n	% Children Weighed	# Children Well Nourished	# Children Malnourished *(in yellow and red area on growth chart)	# Hearth Programs Executed	# of Hearth Programs Replicated (i.e., repeated without direct project assistance)***
Weak <50%	Original districts	0	0	0	0	0	0
	New districts	2	83.7	96.2	3.8**	2	0
	Extreme poverty	6	86	90.9	9.1	2	0
	Medium poverty	3	77.6	85.9	14.2	1	0
Medium 50 to 69%	Original districts	16	87.2	87.5	12.5	27	0
	New districts	11	77.4	83.5	16.5	25	2
	Extreme poverty	4	82.7	78.7	21.3	3	0
	Medium poverty	11	76.1	80.2	19.8	4	0
Strong > or =70	Original districts	14	87.2	92.4	7.6	29	0
	New districts	7	82.4	82.3	17.7	13	0
	Extreme poverty	1	85.1	86.9	13.1	0	0
	Medium poverty	0	0	0	0	0	0
Total of Hearth (FARN) executed /replicated						**106**	**2**

**Peri-urban districts

and midterm with the final, the team decided to postpone introduction of these new variables into the FSCCI analysis. During the risk management study the entire team met and adjusted the three component indicators[23] for variable number eight: "Capacity to manage risks associated with HIV/AIDS." The three component indicator rankings were then pilot tested in six villages along with the other PRA forms (see Annexes A.8, B.8, and C.8). Based on this experience, the new variables have proven to be very useful. For communities to understand the concept of "risk" and "risk management," however, the questions should be addressed in connection with other types of risk analysis, such as was done during the pilot tests.

[23] The Africare guidance recommends measuring the variable "Capacity to manage risks associated with HIV/AIDS" with three indicators ranked 0-5: The indicators are:

a. Knowledge level on HIV/AIDS;
b. HIV/AIDS behavior practices of the community; and
c. Existence of community-level services for HIV/AIDS affected households.

2.4. Recommendations

The following four recommendations are made to strengthening project and community assessment of and response to risk and vulnerability regarding health and nutrition (Table 2.8).

Recommendation #1: GMP and the Hearth Model. Detection of risks and shocks clearly has a positive impact on efficiently and effectively responding to sudden increases in malnutrition levels. Furthermore, the elegant cooperation between growth monitoring and the Hearth Program to rehabilitate malnourished children (identified by growth monitoring) has captured the attention of communities and has inspired active participation in both interventions. The combined use of the growth monitoring and the Hearth Program has resulted in achievement of rapid, positive results in improvements to children suffering from moderate malnutrition and, in turn, has contributed to the credibility of community structures. This clearly demonstrates the importance of future programs linking these two initiatives (growth monitoring promotion and the Hearth Model).

Recommendation #2: Indicators and the IPTT. Based on the successful experience of the project in tracking its achievements with the current GnFSI indicators, future projects should consider using the same indicators, but they should track the impact on vulnerable groups, as well as the overall community. A clear model for this type of stratification is described for the project's agricultural indicators in the next chapter.

Recommendation #3: FSCCI-SIAC. One strength of the current project was its introduction of a modified version of the FSCCI—the FSCCI-SIAC. The FSCCI-SIAC measures community capacity to monitor health risks through growth monitoring promotion. While this self-assessment tool appears to be an example of "best practice" that deserves to be shared with other programs, GnFSI needs better information on the characteristics that distinguish "weak" VDCs from those classified as "strong."

Recommendation #4: The FSCCI-Risk and the annual PRA exercises. Given the critical importance of tracking community capacity to develop and execute HIV/AIDS action plans, Africare/Guinea needs to introduce the new HIV/AIDS variable into its calculation of the FSCCI that is scheduled to occur during the final quantitative survey (scheduled for May 2006). The exercise needs to be:

Sub-recommendation 4.a. Clearly distinguished from the main FSCCI in order to avoid confusion with the indicators that measures core community capacities to identify food security constraints and execute initiatives to resolve these constraints; and

Sub-recommendation 4.b. Linked to some sort of community-based self-assessment exercise that helps communities reflect on the most common periodic and unanticipated risks and shocks and strategies that are needed to reduce the impact of these risks and shocks at the household level.

It is crucial that the FSCCI-Risk and the exercises to encourage community self-reflection on risks and risks management be incorporated into the annual PRAs in order to:

- Help the populations establish a link between their FSCCI-Risk scores and successful risk management/prevention;
- Create a model/system of self-evaluation for the communities on risk management activities and reduction of the number of households classified as vulnerable; and
- Enable the project to detect and evaluate the survival strategies of the most vulnerable populations that have a negative impact on health (e.g., seasonal migration to work in the mines).

Table 2.8 Identified Needs, Recommendations, and Tools for Strengthening Title II Project Implementation and Monitoring and Evaluation Systems for Health and Nutrition based on Lessons Learned from the GnFSI Project

Identified Need	Sub-Recommendation	Period	Tool	Value Added
#1 **Growth monitoring programs and the Hearth Model:** Link growth monitoring programs to community based programs for rehabilitating moderately malnourished children	Identify household food insecurity category or special needs category in header of the survey forms for Hearth Programs	Annual	-Monitor the creation of Hearth Programs -Target the most vulnerable communities (e.g. communities most at risk for malnutrition)	Provides a mechanism for responding to malnutrition information collected by growth monitoring
#2 **Indicators and the IPTT:** Better information on indicator measurements for vulnerable groups, as well as overall averages	Calculate overall household averages, as well as averages for vulnerability groups	Annual	See indicator tables for agriculture in Chapter 3 as a prototype	Helps the project target vulnerable households' participation in and benefits from health, nutrition and HIV/AIDS activities
#3 **FSCCI-SICA/Health:** Need to measure community capacity to support community-based growth monitoring	Pilot test the Guinea FSCCI-SICA in other Africare Title II programs that include both GMP and Hearth Programs	Annual	Africare Guinea FSCCI-SICA form	Analyzes the specific capacities needed to sustain growth monitoring programs
#4 **FSCCI-Risk (HIV/AIDS):** Need to track community capacity to develop and execute HIV/AIDS action plans	4.a. Track the FSCCI risk variables separately from the main FSCCI official indicator 4.b. Execute the FSCCI-Risk after a PRA self-assessment exercise that helps communities reflect on health, nutrition, and HIV/AIDS risks and strategies used to address them	Annual	Annexes A.8, B, 8, and C.8. which are based on the Africare 2005 guidance	Helps the project identify best practice in HIV/AIDS action plans that can be scaled up and to target assistance to communities that have weak capacity to develop and execute HIV/AIDS action plans

.

Chapter 3
GnFSI Agricultural and Capacity Building Interventions

3.1. Evolution of Sector Specific Activities

Africare's first Title II project in Upper Guinea the Dinguiraye Food Security Initiative (1997-2000) did not include a sub-component focused on increasing agricultural production. The final evaluation of this project, however, showed that the low rates of agricultural equipment were a major constraint for increasing food availability. For this reason, the new project, the Guinea Food Security Initiative (2001-2006), included a separate sub-set of activities focused on agricultural inputs and equipment through an agricultural production component to complement the first Title II project's emphasis on post-harvest management and capacity building (Box 3.1). A small anti-erosion component was added in 2004 (Table 3.1).

Box 3.1 Major Foci of GnFSI Crop Production and Capacity Building Strategy

- Post-harvest management
  - Reduce post harvest losses
  - Increase revenues by value-added food processing
- Agricultural production
  - Increase farmer access to agricultural equipment and inputs (improved seeds and fertilizer) through a rotating credit scheme
  - Train farmer groups (*groupements agricole* or GA) and 10 household heads[24] in each district on new crop production techniques
  - Public awareness building/information on technical themes
- Community capacity building
  - Build institutional capacity of community structures being supported by the project (agricultural groups [GA], women's groups [GF], village development committees[VDC]) by helping them become registered legal entities (e.g., develop organizational bylaws and procedures for keeping minutes and preparing contracts)
  - Build organizational capacity of the same institutions through sessions aimed at helping them introduce appropriate rules of order for routine meetings and assemblies, develop internal management procedures, and conduct appropriate communication with different outside grassroots and governmental structures
  - Public awareness building/information on capacity themes

[24] In 2005, the project added a new sub-component of extension activities focused on training ten household heads in each district. The individual households were chosen based on their willingness to work and their willingness to help promote the technical agricultural messages received from the project extension agents. This new emphasis on "direct" extension parallels the project's continued focus on working with village groups (*groupements)*.

Although relatively new, this agricultural production component built on some of the achievements of two previous Africare projects in the area (Table 3.1):

- The already mentioned USAID Title II funded Dinguiraye Food Security Initiative (DFSI) (1996-2000), which promoted post-harvest management, and local community capacity building in 2000; and
- A small community capacity building sub-component that was added one year before the closing of the USAID funded Initiative for Maternal and Child Health (ISMI), which was then "reactivated" three years later when a DAP amendment made it possible for Africare to incorporate the districts covered by this earlier maternal and health project into its GnFSI Title II program.

Since 2001 GnFSI has:

- Executed an active extension program—first through farmer groups, then through direct extension to households (Table 3.2); and
- Trained a substantial number of district level beneficiaries and government extension workers in agricultural production techniques, post harvest technologies, and community organizational techniques (Table 3.3).

Table 3.1 Evolution of Africare's Activities in Agriculture and Local Capacity Building through Different Projects in Dinguiraye and Dabola (1997-2006)

Africare Project in Upper Guinea	Year	Agricultural and Capacity Building Activities Supported under the DFSI, MCHI, and GnFSI Projects							
		Post-Harvest Management		Community Capacity Building (RCB)		Agricultural Production		Anti-Erosion	
		Dg	Db	Dg	Db	Dg	Db	Dg	Db
DFSI	1997	X							
DFSI	1998	X							
DFSI	1999	X							
DFSI/MCHI	2000	X		X*					
GnFSI/MCHI	2001	X		X*					
GnFSI	2002	X		X		X			
GnFSI	2003	X		X		X			
GnFSI extended	2004	X	X	X	X	X	X		
GnFSI extended	2005	X	X	X	X	X	X	X	
GnFSI extended	2006	X	X	X	X	X	X	X	

GnFSI: Guinea Food Security Initiative; DFSI: Dinguiraye Food Security Initiative; MCHI: Maternal and Child Health Initiative (*Initiative pour la Santé Maternelle et Infantile);* Dg: Dinguiraye; Db: Dabola.
*Under the USAID-funded Initiative for Maternal and Child Health Initiative (ISMI)
Source: Africare/GnFSI (Agricultural Production Unit [PA]). February 14, 2006.

Table 3.2 Evolution of the Number of Extension Groups, the Land Area Covered by Crop Extension Programs and Number of Persons Trained in Agricultural Techniques and Community Organizational Techniques, GnFSI (Africare/Guinea), FY02-FY05

Years and Project Intervention Zone		Number of Local Community Organizations				Project Crop Extension Programs		Number of Persons Trained in Project-Sponsored Short Courses		
		GA	GF	VDC	Union (UVDC)	Through Extension Groups (hectares of land)	Through Direct Extension to HHs (hectares of land)	Agricultural Production	Post Harvest Processing/ Mgt	Community Organizational and Mgt Techniques
2002	Dg	40	19	50	2	101	-	1,173	716	370
	Db						-	-	-	-
2003	Dg	65	35	50	4	394		3,099	860	388
	Db	65	--	--	--	--		-	-	-
2004	Dg	70	94	50	2+	404	-	3,405	79	527
	Db	0	27	27	0	--		0	662	669
2005	Dg	68	108	50	0	251	703	3,548	51	381
	Db	0	40	27	0	251			637	1,075
Total	**Dg**	**68**	**108**	**50**	**8**		**703**	**11,225**	**1,706**	**1,666**
	Db	**0**	**27**	**25**	**0**				**1,299**	**1,744**
Total (Dg,Db)		**68**	**135**	**75**	**8**	**251**	**703**	**11,225**	**3,005**	**3,410**

Source: Africare/GnFSI, PA-RCB. February 17, 2006.

* No agricultural activities in Dabola.

Since 2004, the project has switched the emphasis of its extension programs from groups to farming families.

+ All eight unions were created by 2004 in Dinguiraye.

Dg: Dinguiraye; Db: Dabola; GA: *groupement agricole* (agricultural group); GF: *groupement féminin* (women's group); CVD: *comité villageois de développement* (village development committee [VDC]); Ha=hectares; UVDC: union of village development committees for the sous-prefecture.

Table 3.3 Evolution of GnFSI Sponsored Training Programs in Agriculture and Community Capacity Building, FY02-FY05

Training Beneficiaries	2001			2002						2003						2004						2005					
	Dinguiraye			Dg			Db			Dg			Db			Dg			Db			Dg			Db		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Community empowerment and Community-base Information System (SIAC)	0	0	0	146	60	206	0	0	0	0	0	0	0	0	0	0	0	0	146	73	219	0	0	0	158	54	212
Basic literacy	27	243	270	292	78	370	0	0	0	0	0	0	0	0	0	445	82	527	0	0	0	0	0	0	181	615	796
Literacy retraining	0	0	0	0	0	0	0	0	0	22	366	388	0	0	0	19	333	352	0	0	0	0	0	0	0	0	0
Agro-processing of local products	0	0	0	92	624	716	0	0	0	93	767	860	0	0	0	16	40	56	0	0	0	9	42	51	11	26	37
Improved storage techniques	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17	6	23	0	0	0	0	0	0	0	0	0
Rice, maize, and peanut technologies	0	0	0	637	536	1173	0	0	0	1576	1505	3081	0	0	0	1440	1929	3369	0	0	0	2044	1504	3548	0	0	0
Animal traction	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	70	0	70	0	0	0	64	0	64	0	0	0
Fertilizer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	449	403	852	0	0	0	800	104	904	0	0	0
Composting	0	0	0	65	162	227	0	0	0	26	273	299	0	0	0	0	0	0			0	0	0	0			0
Financial Management	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0			0	212	169	381	16	41	57
Vita Goat technology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11	28	39	0	0	0	4	31	35	2	24	26
Gardening	57	340	397	50	555	605	0	0	0	268	1819	2087	0	0	0	283	2068	2351			0	273	2179	2452	119	478	597
Leadership training for women	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	152	480	632

Training Beneficiaries	2001			2002						2003						2004						2005					
	Dinguiraye			Dg			Db			Dg			Db			Dg			Db			Dg			Db		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Exchange visits	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	28	69	97
Women's civil rights	0	0	0	0	0	0	0	0	0	6	24	30			0			0			0			0	11	6	17
Village socio-economic studies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18	11	29	10	5	15
Agricultural marketing and market analysis	0	0	0	21	3	24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
Marketing and promotion of agricultural products	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	1	11			0
Soil fertility management	0	0	0	0	0	0	0	0	0	0	0	0	0	22	22	2	0	2	0	0	0	0	0	0	0	0	0
PRA techniques			0	29	3	32			0	31	9	40			0			0			0			0			0
Feasibility studies for women's groups	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	99	136	235	0	0	0	0	0	0			0
TOTAL	**84**	**583**	**667**	**1332**	**2021**	**3353**	**0**	**0**	**0**	**2022**	**4763**	**6785**	**0**	**22**	**22**	**2851**	**5025**	**7876**	**146**	**73**	**219**	**3434**	**4041**	**7475**	**688**	**1798**	**2486**

Db: Dabola; Dg: Dinguiraye; M: male; F: female; T: total; SIAC: systèmes d'information à assises communautaire (local community information system)[25]
Source: Africare/ISAG, PA-RCB. February 17, 2006 based on quarterly and annual reports.

[25] SIAC includes but is not limited to growth monitoring. It has been adopted by the Ministry of Health and implemented by all NGOs and Institutions in Guinea, including UNICEF.

Box 3.2 Successful Ownership and Expansion of the VDC Model beyond the Project Intervention Zone: 2004-Present

One of the best indicators of the successful ownership of Africare's capacity building efforts has been the autonomous creation of new village development committees (VDC) by the VDC unions. Like the Africare-created VDCs, the union-created VDCs are composed of nine members (including four community volunteers that are charged with executing the growth monitoring and basic health extension activities): two male community agents (AC), one a female AC, and one a village midwife. Since 2004, three unions have created seven new VDCs and help the districts identify six new male community agents and six new female community agents including three that are mid-wives. The seven new VDCs have created 13 community-based organizations: 11 are in areas of Dinguiraye where the project has not intervened and two by the VDC of Dandakara/Dabola.

	CRD/UVDC/ Location	VDC Established/ Location	Date Established	No. ACM	No. ACF
Dinguiraye	UVDC of Kalinko	1. Santanfara 2. Yalaguèrè	From April 3 to 25 2004	2	2 (of which 1 is a village midwife)
	UVDC of Banora	1. VDC of M'balou Fara 2. VDC of Diarendi 3. VDC of Colla	From January 5 to 30 2005	2	2 (of which 1 is a village midwife)
	UVDC of Diatifèrè	1. VDC of Fandanda 2. VDC of Hakkoudhè Thiandy	From February 7 to 13 2006	2	2 (of which 1 is a village midwife)
Total	**3**	**7**		**6**	**6 (of which 3 are midwives)**

Certain responsibilities were carried out by the VDC unions themselves to reinforce the capacities of the structures, including:

- Awareness raising activities in the communities,
- Establishment of organizations with nine members each,
- Responsibility for purchasing bicycles for volunteers,
- Monitoring activities of targeted groups in collaboration with organizers of the project, and
- Some technical training of new VDC committee members including the AC.

Even though most of the new VDCs intervene outside the project's mandated districts, GnFSI has backstopped their activities by:

- Including the new VDC members in the annual retraining sessions on community responsibility, growth monitoring, administrative and financial management, and the basic rules of order for assemblies and meetings,
- Supporting the acquisition of certain materials and management tools (scales, demonstration kits, breeches, registers, community tables, infant forms, etc.),
- Monitoring and evaluation of activities, and
- Helping new VDCs prepare the necessary legal documents (charter, internal rules of order, and protocols) that they need to gain legal recognition from the government of

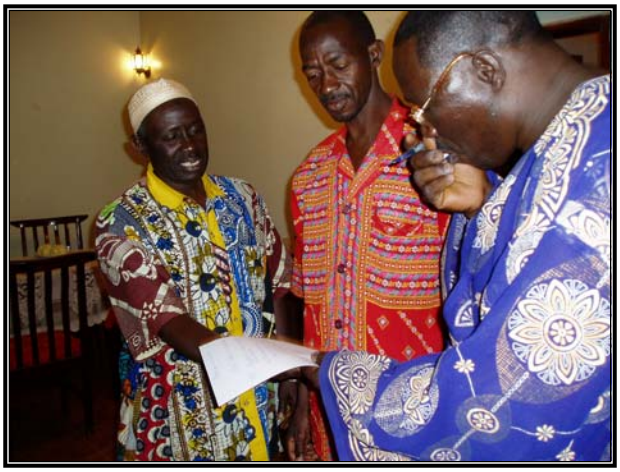
3.2. Impact on Exposure to Risks and Risk Management

The major risks (both foreseen and those not foreseen in the proposal) were identified and the extent to which GnFSI's current strategies had reduced the local populations' exposure to these risks discussed.

3.2.1. Managed Risks

The analysis shows that the official indicators have reinforced the capacity of the local communities to manage the principal constraints linked to agricultural production. Four areas where the GnFSI strategy has helped local farmers better manage risk include:

- Accelerating the diffusion and adoption of new seed varieties, improved production technologies, and a new agricultural calendar that helps minimize the risk of crop destruction when seasonal watercourses overflow during torrential rainstorms;
- Introducing new improved granaries that reduce the rate of crop storage losses to insects such as termites, rodents, and fire damage;
- Introducing new food processing technologies and helping farmers develop new markets for the locally transformed products (e.g., mango jam, dried mangoes, soy coffee, dried leaves), which in turn reduces the risk associated with over-production from the successful introduction of new higher yielding crop technologies; and
- Building organizational capacity and institutional recognition of local community structures to identify common agricultural risks (e.g., pests and erosion) and find solutions with their own resources and to negotiate for resources from outside government and project structures.



Sekou II Conde, Technical Supervisor for Local Capacity Building, receiving a request from Mr. Bakary Fodeya CISSE, the President of the VDC Union of Diatifèrè, in the Dinguiraye Prefecture, for three village development committees outside the project area to support micro-enterprise activities and training for the community volunteers (D. McMillan)

The number of agricultural production groups (*groupement agricole* [GA]), women's groups, (*groupement feminine* [GF]), and village development committees (VDC) has increased dramatically since the start of the second phase (Table 3.2). One of the most direct indicators of the successful increase in the capacity of the village development committees has been the move of VDCs to organize themselves into unions in every one of the Dinguiraye sous-prefectures (Table 3.2). The development of unions of village development committees (UVDC) is critical to long-term risk management. First, it reduces the "transaction costs" of getting information, training, and

other development resources to and from the VDCs. Second, it creates a structured mechanism for training and retraining newly organized VDCs with very little input from the project (Box 3.2). The presence of unions—and the VDC's dealings with the unions—are therefore one of the key factors being tracked in the GnFSI Food Security Community Capacity Index (FSCCI).

3.2.2. Unmanaged Risks

The same analysis, however, highlights a number of unmanaged risks.

Animal depredation. Wandering animals still constitute a major problem for agricultural productivity at several levels. To protect their crops, farmers have to construct wooden fences around their fields. This increases agricultural labor demands and reduces the total area planted. The high risk of animal depredation can also discourage farmers from planting certain crops that they need to diversify risk, particularly in flood zones. Any long-term resolution for this constraint will require a concerted effort to increase awareness of local communities and elected officials of the need for community-based pasture management.

Difficult road access. Many districts experience difficulty in accessing major markets and government services. Despite impressive actions to improve access by VDCs, this probably remains the most important cross-cutting risk that affects community and household vulnerability in these areas of Upper Guinea. One direct impact of the GnFSI project helping VDCs develop their capacity to analyze and mobilize solutions to food security problems has been to accelerate the extent to which VDCs have taken the initiative to maintain or open rural roads and even to construct wooden bridges. More than 400 kilometers of roads were rehabilitated by the village development committees without one kilogram of food aid in 2005 alone (Table 3.4). Other roads were developed or rehabilitated using World Food Program (WFP) Food for Work (FFW) rations during 2003 and 2004.

While these sorts of small-scale interventions have been helpful, they are clearly insufficient to resolve the road access issues in the most isolated districts. The qualitative analysis that was conducted during the risk study that simply cross referenced project interventions and risk factors for specific districts showed that 18 percent of the districts are isolated by mountains or water during a substantial part of the year (Annex III.b). The same analysis showed that another 40 percent of the districts in Dabola and 50 percent at Dinguiraye are isolated for a shorter period during the year. One response to the extreme isolation of many areas has been to encourage development of a number of sizable three to four day regional markets once or twice a month (Table 3.5). These markets—and the massive population fluxes that accompany them—create new risks, as well as opportunities. Some of the risks highlighted during the study include the risk of *Foudoukoudouni* (short-term marriage) based on financial interests, which accentuates the risk of sexually transmitted diseases (STDs) including HIV/AIDS. The market activity also underscores the need for greater development of public latrines, as well as potable drinking water sources near the areas used for over night camping.

Table 3.4 Village Development Committee (VDC) Investment in Road Maintenance and Repairs in 2005

Sous-Prefecture Districts	Total Members VDC	Road Infrastructure Rehabilitated or Maintained	Without FFW
Dinguiraye			
Wonson	11	9 km	X
Mamoudouya II	11	9 km and 1 wooden bridge (13 meters in length)	X
Diatifère Centre	14	11 km et 2 wooden bridges (12 and 13meter)	X
Diguilin	14	13 km	X
Nafadji	11	12 km	X
Boubèrè	11	19 km	X
Matagania	11	17 km	X
Kobala	10	9 km	X
Walawala	13	14 km	X
Santiguia	10	12 km	X
Bagui	11	13 km	X
Gagnakaly	12	10 km	X
Bèlèya	10	11 km	X
Fadia	10	9 km	X
Dialakoro Centre	14	9 km	X
Total	**173**	**177 km**	
Dabola			
Sarifoula Bafing	12	32 km	X
Hèrako	11	10 km	X
Kebeya	11	20 km	X
Kobolonia	14	11 km	X
Dandakara	11	15 km	X
Kindoye I	11	13 km	X
Diguilin	14	13 km	X
Kindoye II	14	17 km[26]	X
Finala	10	12 km	X
Diabakania	11	10 km	X
Dabola Bérété	10	8 km	X
Sarifoula Walan	12	16 km	X
Koolo Kanka Fodea	11	19 km	X
Diankala	5	5 km	X
Tiguissan	13	20 km et 1 bridge maintained	X
Segeya	12	8 lm	X
Hèrèmakonon	12	3 Km	X
Total	**194**	**232 km**	

Source: Condé Sekou II, Africare/ISAG-RCB, February 16, 2006.

[26] One four meter bridge requires an opening of one kilometer of road.

Table 3.5 Principal Markets of Dinguiraye and their Role in the Management of Risk in the GnFSI Project Area of Upper Guinea

Sub-Prefecture	District	Role of Market in District-Level Risk Managements
Gagnakaly	Gagnakaly town center	Small barter market (primarily for condiments); completely inaccessible by motorized vehicles in both rainy and dry seasons.
Diatifere	Diatiferè town center	Large market on a road that is barely accessible by motorized vehicles (80 km) connecting to Dinguiraye town in both rainy and dry seasons.
Banora	Bonnet (cattle)	Large livestock market that attracts merchants from the Mali border as well as interior Guinea; 2-3 day market every two weeks.
	Matagania	Mining zone with a dense population base and weak agricultural production.
	Nafadji	Large agricultural market that attracts participants from Mali; not easy to access especially during the rainy season.
Kalinko	Kalinko town center	Large market that attracts participants from every agro-ecological zone in Guinea the second Monday of the month; 70 km from Dinguiraye (3 hours by car).
	Djankourou	Secondary market 55 km from Dinguiraye.
Lansanaya	Lansanaya town center	Secondary livestock market located 25 km from Dinguiraye.
Selouma	Selouma town center	Small secondary market 40km from Dinguiraye.
	Kobala	Secondary livestock market 25 km from Dinguiraye.
Dialakoro	Dialakoro town center	Major agricultural market that attracts participants from every agro-ecological zone in Guinea; 80 km from Dinguiraye
Dinguiraye town (Urban Commune)	Urban commune of Dinguiraye	Major market that supplies other regional markets with manufactured products.

Source: George Toupou, Responsable IEC, ISAG/Dinguiraye

Flooding. A third category of risk is the periodic risk of seasonal flooding in areas adjacent to seasonal water courses. This flooding normally occurs during years of higher than average rainfall. The districts located along the major water courses are the most vulnerable. Unfortunately, there is little that districts can do to contain the damage other than to plant at least a portion of their crops so that they mature before the flooding starts. Based on the same simple analysis of project interventions and risk that was used to examine the risk of accessibility, the team estimated that 21 percent of districts are still coping with the negative impact of flooding that occurred in 2004; another 30 percent of the districts are potentially at risk (in any given year) due to their geographical location (Annex III.b).

Inadequate livestock holdings of vulnerable households. Despite the critical importance of livestock in livelihood strategies of Upper Guinea, neither the current nor the previous Title II projects included a sub-component focused on livestock. This constitutes a major unmanaged risk when dealing with the most food insecure households, since both the initial project MARPs and the risk MARPs that were conducted as part of this exercise indicate that the lack of livestock is probably the single most important defining characteristic of this group. Any short-term or medium-term solution to this problem will require increasing household access to livestock, as well as to the veterinary services needed to maintain livestock. Due to the isolated experienced by many of the most food insecure households, strengthening vulnerable households' access to veterinarian services is critical.

3.3. Extent to Which Current Agricultural Production and Capacity Building Activities Address and Track Vulnerability and Risk

3.3.1. Methods for Measurement of Project Performance

The GnFSI uses three indicators to track the impact of its activities under objective number two (increased agricultural productivity). These include:

- *Impact Indicator 2.1: Number of months of adequate household food provisioning*. This indicator is based on Africare's Months of Adequate Household Food Provisioning (MAHFP) and is calculated based on data collected during the annual PRA exercise that is used to update and revise the community food security action plans;
- *Impact Indicator 2.2: Percentage of households in the most food insecure category*. This indicator is also based on Africare's MAHFP calculated during the annual PRA exercise;
- *Impact Indicator 2.3: Average score of the communities on the Food Security Community Capacity Index (FSCCI).* This indicator is based on Africare's Food Security Community Capacity Index (FSCCI) and is also calculated from data collected during the PRA exercise.

Since 2000, Africare has encouraged all of its Title II programs to introduce the MAHFP and the FSCCI into their IPTT (Indicator Performance Tracking Tables) through a series of training manuals, technical papers, and trainings.[27]

[27] See: Africare. 1999. Africare Field Manual on the Design, Implementation, Monitoring and Evaluation of Food Security Activities. Final Draft. Washington, DC: Africare. (January 1999).Africare 2005a. Food Security Community Capacity Index (FSCCI) For Title II Programs: Updated and Revised. Washington: Africare/OFFP. February 2005. Africare.2005b. How to Measure The Months of Adequate Household Food Provisioning (MAHFP) in Food Security Interventions: Updated and Revised. February 2005. Washington: Africare/OFFP. February 2005. Africare 2005a. Food Security Community Capacity Index (FSCCI) For Title II Programs: Updated and Revised. Washington: Africare/OFFP. February 2005. Africare. 2005b. How to Measure The Months of Adequate Household Food Provisioning (MAHFP) in Food Security Interventions: Updated and Revised. February 2005. Washington: Africare. February 2005.Bryson, Judy. 2005. Comparative Research/Analysis – Months of Adequate Household Food Provisioning in Africare's Title II Food Security Programs.

The Months of Adequate Household Food Provisioning (MAHFP) is calculated during a food security calendar exercise once a year. The objective of the food security calendar is to work with community members to classify the households living in the district into three categories. The three categories are based on the community leaders' self-assessment of:

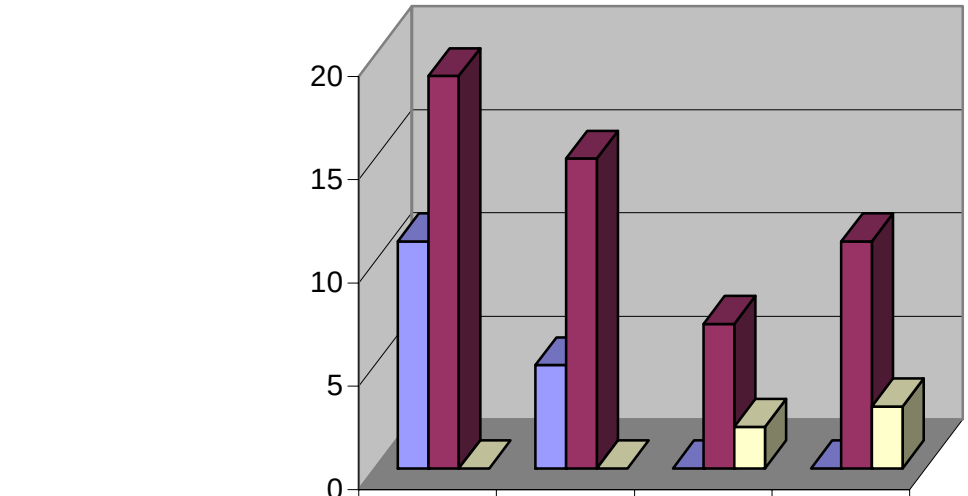
- The number of months during the year that food is available to "eat to satisfaction," be it from production, purchase, or exchange;
- The number of months during the year that are transitional (i.e., there is a reduction in household food rations); and
- The length of the "hungry period" (in terms of the number of months), which usually coincides with the period immediately prior to the harvest.

"The Months of Adequate Household Food Provisioning (MAHFP is calculated during a food security calendar exercise once a year." (GnFSI archive)

"…community leaders first record periods of abundance, periods of transition, and hungry periods…" (GnFSI archive)

Category III represents those households with the highest number of "hungry period" months during the year (or the lowest number of months of adequate household food provisioning) (Figure 3.1). During the process of data collection and calculating for MAHFP, community leaders first record periods of abundance, periods of transition, and hungry periods for groups of people that they consider "average." They are then asked to do the same for groups that are "most food secure" and "least food secure." Using symbols such as sticks and stones they are then asked to estimate what percentage of the population is in each group (Figure 3.1).

Figure 3.1 Percentage of Population in the Least Food Secure Category (Category III) in the GnFSI Project Villages based on the MAHFP



	Original	New	Extreme poverty	Moderate poverty
<33% of population in category III	11	5	0	0
33 - 66% of population in category III	19	15	7	11
> 66% of population in category III	0	0	2	3

Sources: Re-analysis of project data February 21, 2006.

The second method—the Food Security Community Capacity Index (FSCCI)—results from a guided discussion with Africare staff and local committee members to complete a self-assessment of variables. Africare's early guidance for the FSCCI was fairly open-ended since the tool was being pilot tested. Most programs created their own indicators to measure the eight variables that Africare recommended (community organization, participation, transparency of management, good internal functioning of the community organization, capacity to analyze and plan, capacity to take action, communication and exchanges with outsiders, and individual capacity). Each variable was measured with one to four composite indicators. Each composite indicator was ranked zero to five with zero being the lowest ranking (no capacity) and five being strong capacity ranking. Each program created its own project-specific guidance that specified the core capacities that would qualify a program to be ranked as a zero, one, two, three, four, or five. The score for each variable is based on the sum of all the rankings for the component indicators (0-5).

Table 3.6 Example of a Food Security Calendar from the Africare Guidance

Food Insecurity Category	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Category I. Most food secure (indicate % of the population in this category)	θ	θ	θ	θ	θ	θ	θ	θ	θ	θ	**T**	**T**
Category II. Medium food secure (% of the population)	θ	θ	θ	θ	θ	θ	**T**	**T**	□	□	□	□
Category III. Least food secure (% of the population)	θ	θ	θ	θ	**T**	**T**	**T**	**T**	□	□ □	□ □	□

θ Period of Abundance: We eat until we satisfied our hunger

T Period of Transition (the ration is reduced)

□ Hungry Period (Two dots indicates period of exceptional difficulty)

Source: Africare 2005b, Figure 1.

In 2004, Africare recommended that each Title II program add two new variables to their FSCCI calculations: (1) ability to analyze and manage risk and vulnerability and (2) capacity to manage risks associated with HIV/AIDS. A revised guidance for this new 10 variable format was issued in February 2005 (Africare 2005a). To facilitate comparisons between years, Africare recommends adjusting the total score for each variable to a base of 10 (see Table 3.7).

Since 2001, the GnFSI project has collected information for the FSCCI and MAHFP during the baseline PRAs and annual follow-up PRAs during which the communities update their action plans. Although the project extension agents play a major role in instigating the two PRA exercises, most GnFSI districts have started to administer the method on their own with only minimal assistance from the project. The capacity to self-administer both tools as a planning and development exercise is so important it is ranked as one of the core project capacities under variable number five in the FSCCI, which is their locally adapted model for the FSCCI core indicator "capacity to analyze and plan" (Table 3.7).[28]

[28] Variable 5: Capacity to analyze the situation set priorities, and find solutions (3 A). Suggested Rankings:

0 CDC has no knowledge of the 3A system (Appraisal, Analysis, Action)
1 Only the VDC president is aware of the 3A system.
2 Some members of the VDC know the 3A system.
3 All committee members know the 3A system but have not mastered it perfectly.

Table 3.7 Recommended Structure of the Africare Food Security Community Capacity Index (FSCCI) (February 2005) (Maximum Raw and Adjusted Scores)

Variables and Indicators (code sheet describes suggested rankings 0-5)	Maximum Raw	Maximum Adjusted
Variable 1: Community Organization	**20**	**10**
Growth in the number of organizations, groups in the community	5	
Meeting frequency	5	
Existence of a written or oral record of meeting proceedings	5	
Documentation of activities	5	
Variable 2: Participation	**20**	**10**
Participation in decision making	5	
Turn-over in leadership	5	
Percentage of village members present during meetings/general assemblies	5	
Gender equity	5	
Variable 3: Transparency of Management of the FSC	**5**	**10**
Openness on how the business is carried out	5	
Variable 4: Good internal functioning of the community or organization	**25**	**10**
Definition of roles	5	
Understanding of the association rules by members	5	
Formalized organizational structures	5	
Capacity to manage conflict	5	
Timeliness of debt payment	5	
Variable 5: Capacity to Analyze and Plan	**15**	**10**
Capacity to use RRA and PRA techniques	5	
Capacity to analyze needs	5	
Ability to explain a situation	5	
Variable 6: Capacity to Take Action	5	10
Capacity to analyze situations, prioritize problems, and develop solutions	5	
***Variable 7: Ability to Analyze and Manage Risk and Vulnerability**	**25***	**10***
On-going assessment of risks and vulnerability based on a functioning village information system	**5**	
Plans in place for coping with risk	5	
Diversification of activities	5	
Capacity to request and receive assistance from outside community when required	5	
Periodic reflection on how coping plans have worked	5	
***Variable 8: Capacity to Manage Risks Associated with HIV/AIDS**	**15***	**10***
Knowledge level on HIV/AIDS	5	
HIV/AIDS behavior practices of the community	5	
Existence of community level services for HIV/AIDS affected households	5	
Variable 9: Communication and Exchanges with Outsiders	**10**	**10**
Exchanges with outsiders	5	
Capacity to negotiate for external resources	5	
Variable 10: Individual Capacity	**15**	**10**
% of persons that know how to read and write	5	
Presence of local expertise	5	
Application of learned technologies in the group/village	5	

*Not included in current GnFSI FSCCI calculation. Total raw score is still adjusted to 100 points, however.
Source: Africare. 2005. Africare Food Security Community Capacity Index (FSCCI) for Title II Programs. Updated and Revised. Washington, DC: Africare.

---

4 All VDC members master the 3A system.
5 The VDC use the 3A strategy as an instrument for the analysis and resolution of community problems.

3.3.2. Current Use of M&E Tools

Despite the massive arrival of Guineans displaced from the Guinea-Liberia border in 2002 and ten years of below-average and erratic rainfall (Table 3.8 and Figure 3.2), the project showed progress on every one of the indicators for agriculture in its official IPTT (Table 3.9):

Training women's groups in low cost drying techniques that help them manage the risk of price collapse. (GnFSI archive)

- *Impact Indicator 2.1:* The "*number of months of adequate household food provisioning (MAHFP)*" increased from 3.8 to 4.9 months to 6.3 to 6.4 months between 2001 and 2005 based on the MAHFP;
- *Impact Indicator 2.2:* The "*percentage of households in the most food insecure category*" decreased from 58-60 percent to 36-40 percent; and
- *Impact Indicator 2.3:* The "*average score of the communities on the Food Security Community Capacity Index (FSCCI)*" increased from 40 percent to 76 percent of the total possible points.

The three agriculture indicators provided a basis for the project to assess its impact on risk and risk management for the four principal project intervention zones (e.g., original and new project districts in the Dinguiraye region and project districts in areas classified by the World Food Program as being in areas of "extreme poverty" and areas of "average poverty" in Dabola). In Dinguiraye, Africare's intervention was more continuous through both on the current (GnFSI) and the previous (DFSI) Title II projects (Table 3.9). Not surprisingly, the project's impact was less pronounced in Dabola where Africare's support to agriculture has been less consistent.

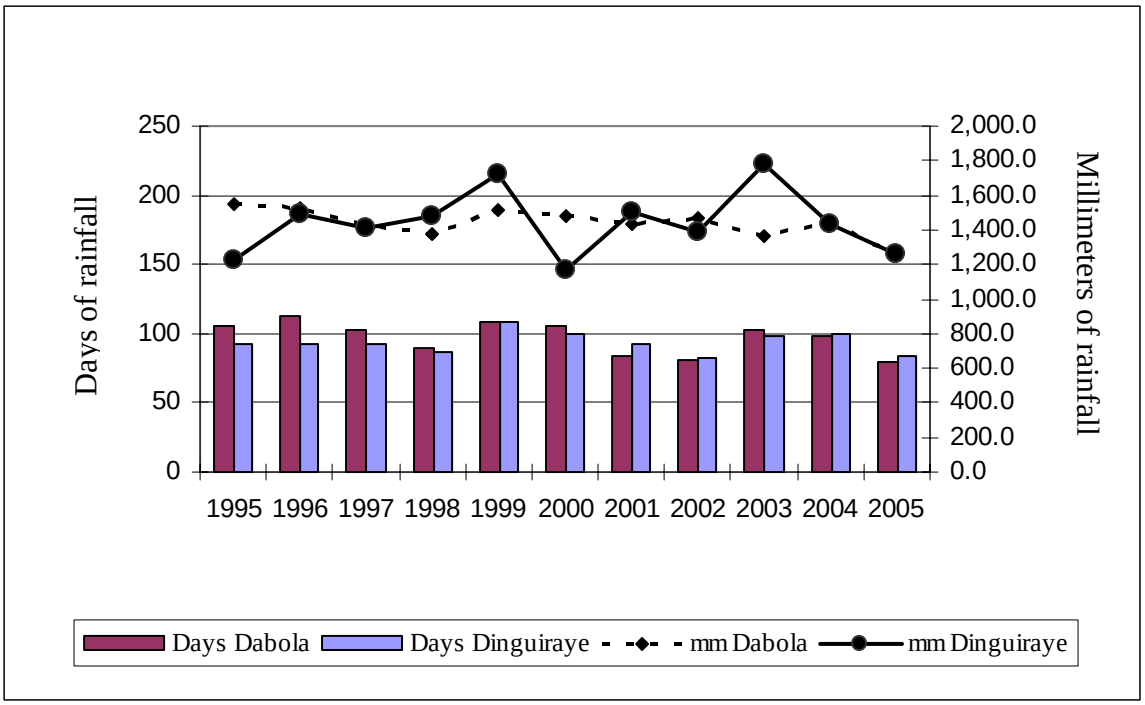
Presidents of local women's groups preparing display for a national agricultural fair. This type of marketing training is critical to managing the risk of isolated rural markets. (D. McMillan)

Table 3.8 Rainfall Data for the Prefectures of Dinguiraye and Dabola (1995 to 2005)

Years	Number of Days of Rainfall		Total Rainfall (in mm)	
	Dg	Db	Dg	Db
1995	92	106	1227.5	554.9
1996	92	112	1493.1	1522.1
1997	93	102	1405.5	1431.7
1998	87	89	1475.1	1379.8
1999	109	108	1725.1	1514.5
2000	99	105	1172.3	1484.3
2001	93	84	15.03.5	1429.0
2002	83	81	1383.5	1462.8
2003	98	103	`781.3	1369.7
2004	99	98	132.5	1446.6
2005	84	79	1265.3	1246.7

Sources: Weather station at Dinguiraye, February 9, 2006; Weather Service, Prefecture Office, Dabola, February 15, 2006.
Mm: millimeters

Figure 3.2 Average Rainfall in the Project Intervention Area, 1995-2005



Source: Table 3.7

Table 3.9 Evolution of the GnFSI Project's Official Impact Indicators[29] for Agriculture and Community Capacity Building (2001-2005)

Indicator	Dinguiraye		Dabola	
	Original	New	Extreme Poverty	Average Poverty
Impact Indicator 2.1: # months of adequate household food provisioning (MAHFP)				
FY 2001	4.9	3.8		
FY 2002	n/a	n/a		
FY 2003	5.7	4.8		
FY 2004	6.1	5.9	4.66	n/a
FY 2005	6.4	6.3	4.76	4.82
Impact Indicator 2.2: % of households in the most food insecure category (MAHFP)				
FY 2001	58%	60%		
FY 2002	n/a	n/a		
FY 2003	44%	53%		
FY 2004	42%	42%	74%	59%
FY 2005	36%	40%	57%	54%
Impact Indicator 2.3: Average scores of the communities on the Food Security Community Capacity Index (FSCCI)				
FY 2001	40% (61 pts out of 150 possible)	n/a		
FY 2002	n/a	n/a		
FY 2003	61% (91.8 pts out of 150 possible)	85		
FY 2004	80%	64.6%	13.5%	10.6%
FY 2005	76%	69.8%	51.9%	56.9%

*Calculated at mid-term based on a sample of 30 clusters

3.3.3. Other Possible Types of Analysis with Existing Data Sets

3.3.3.1. Identification of Vulnerable Districts (based on the % of households in Category III)

Despite the positive contribution of the project to increasing the number of months of adequate food provisioning (Impact Indicator 2.1) and a net decrease in the percentage of the population classified as extremely food insecure (Impact Indicator 2.2), a high percentage of the project districts are still "vulnerable" in terms of having over 33 percent of their population identified as being in the "least food secure" category (category III) (63 to75 percent in Dinguiraye and 100 percent in Dabola, (Figure 3.1). The highest number of extremely vulnerable districts (with over 66 percent of the population classified as "least food secure") are in Dabola. In 2005, the average number of months of household food security for the most vulnerable group was, on average, half what it was for the most food secure group—4.10 months for category III versus 9.50 months for category I in the original districts of Dinguiraye and 4.25 months for category III in the new districts versus 8.90 for category I (Table 3.10). Therefore, despite improvements, many households in the project areas do not have sufficient security to be able to manage shocks that affect household resources.

[29] USAID only requires that the impact indicators be measured during the baseline, mid-term and final assessment surveys of a project. GnFSI has, nonetheless, chosen to measure most of its impact indicators annually.

Table 3.10 Average Number of Months of Adequate Household Food Provisioning (MAHFP) for Categories I, II, and III in the GnFSI Project Districts, Africare/Guinea (FY05)

Dinguiraye						
Level of Food Insecurity	**Original Districts**		**New Districts**		**All Districts**	
	% Households	**MAHFP**	**% Households**	**MAHFP**	**% Households**	**MAHFP**
Category I: Most food secure	27%	9.50	28%	8.90	28%	9.28
Category II: Medium food secure	36%	6.47	32%	6.30	34%	6.40
Category III: Least food secure	36%	4.10	40%	4.25	38%	4.18
Average	**6.41 months**		**6.25 months**		**6.33 months**	
Dabola						
Level of Food Insecurity	**Medium Poverty Districts**		**Extreme Poverty Districts**		**All Districts**	
	% Households	**MAHFP**	**% Households**	**MAHFP**	**% Households**	**MAHFP**
Category I: Most food secure	14.03%	8.77	25%	7.22	15%	8.14
Category II: Medium food secure	27.26%	5.77	32%	4.44	26%	5.23
Category III: Least food secure	58.6%	3.08	44%	3.00	59%	3.05
Average	**4.82 months**		**4.76 months**		**4.79 months**	

3.3.3.2 Identification of Vulnerable Districts (Based on the Low FSCCI Scores for Community Capacity)

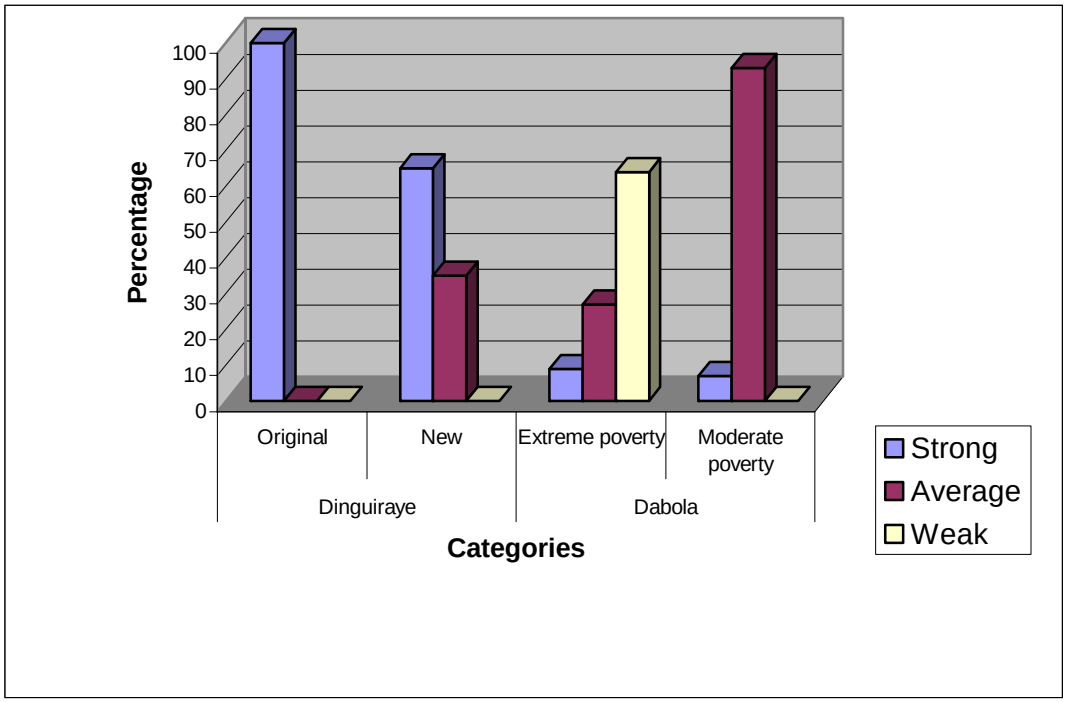
Districts with high percentages of vulnerable households are vulnerable. They are also vulnerable if the district has low core capacity to identify and execute food security initiatives with little input on their own. Although the recorded scores on the FSCCI were not remarkably different for Dinguiraye and Dabola—70 to 76 percent versus 51.9 to 56 percent, respectively (Table 3.11)—a much smaller percentage of Dabola districts were considered to have "strong" core capacity based on their FSCCI scores (seven to nine percent of the total possible points in Dabola versus 65 to 100 percent in Dinguiraye) (Table 3.11). A "strong" FSCCI score (=>70 percent of total possible points) is the minimum level that technical supervisors consider communities need to sustain project's activities; a "weak" score on the FSCCI indicates that a district is highly vulnerable institutionally. Not surprising, the highest percentage of districts classified as "weak" (64 percent of the districts) are in the extreme poverty districts of Dabola that are both isolated and relative new comers to the project (Table 3.9, Figure 3.3).

Table 3.11 Percentage of Districts with Different Levels of Community Organizational and Management Capacity Based on FSCCI Rankings (FY05)

Level of Capacity (based on FSCCI)	Dinguiraye				Dabola			
	Original Project Districts(30)		New Project Districts(20)		Extreme Poverty Districts (11)		Average Poverty Districts (14)	
	#	%	#	%	#	%	#	%
Strong (>70% possible points)	30	100	13	65	1	9	1	7
Average (51-70% possible points)	0	0	7	35	3	27	13	93
Weak (<50% possible points)	0	0	0	0	7	64	0	0

Source: GnFSI PA / RCB, Project Data, February 2006.

Figure 3.3 Percentage of Districts with Different Levels of Community Capacity based on the FSCCI (FY05)



Source: Table 3.6

3.3.3.3. Link between District-Level Institutional Vulnerability (Based on the FSCCI) and Household Vulnerability to Food Insecurity (based on the MAHFP)

The risk management case study's reanalysis of the existing project data sets showed a strong link between the average institutional and governance capacity of the district (measured using the FSCCI), the number of groups, and the mean level of food security in the district (based on the MAHFP) (Table 3.12). This analysis did not, however, show the same link between capacity and a net reduction in the percentage of the population classified as very food insecure. Specifically 36 to 37 percent of the population in the new and original Dinguiraye districts was classified in category III (least food secure). This figure was 40 to 48 percent for the Dabola districts. Even a district with high levels of community capacity is vulnerable when the percentage of population that is "least food secure" (category III) reaches these levels.

3.3.3.4. Link between Exposure to Risks and Agro-Ecological Zones

"Although the project's record in managing agricultural risks has been strong, there are important differences in terms of how well these risks are managed by agro-ecological sub-zone." (GnFSI archive)

Although the project's record in managing agricultural risk has been strong, based on the official indicators that calculate a zonal average, there are important differences in terms of how well these risks are managed by agro-ecological sub-zone (Table 3.13). Within the project area there are three relatively distinct agro-ecological zones (savanna, mountainous, plateau). Each sous-prefecture where the project intervenes is predominantly one agro-ecological zone or a mixture of several zones (Table 3.14). In general the issue of inaccessibility (due to a lack of all weather roads) is far more pronounced in sous-prefectures where a high percentage of land is classified as mountainous, such as Gagnakaly, Diatifere, and Barou (Table 3.14). To date, however, the project M&E system doesn't permit any sort of tracking of agricultural innovations or impact by zone, even though the extension staff feel there are important differences that affect project intervention activities. This type of disaggregated analysis would probably assist them in better adapting the extension recommendations to this wide variation between and within agro-ecological zones.

Table 3.12 Link between Local Community Capacity (based on the FSCCI), the Number of Recognized Community Organizations (groups), and the Recorded Levels of Food Security (based on the MAHFP)

Level of Capacity (based on FSCCI)	Districts	N	MAHFP (months)	Vulnerability Levels						Number of Groups	
				Food Secure		Moderately Food Secure		Least Food Secure		Women's Groups (GF)	Agricultural Groups (GA)
				%	MAHFP average	%	MAHFP average	%	MAHFP average		
Strong (>70% possible points)	Original	30	6.41	27	9.53	36	6.47	36	4.1	64	40
	New	13	6.41	29	8.9	34	6.46	37	4.23	27	20
	Extreme poverty	1	4.22	14	9	38	4	48	3		
	Average poverty	1	3.8	10	10	50	4	40	2		
Average (51-70% possible points)	Original	0								0	0
	New	7	5.94	26	8.86	29	6	45	4.29	12	10
	Extreme poverty	3	4.75	27	5.33	22	4	51	3.33		
	Average poverty	12	4.9	18	8.67	27	5.92	55	3.17		
Weak (<50% possible points)	Original	0									
	New	0									
	Extreme poverty	5	5.24	32	8	28	4.8	62	2.8		
	Average poverty	0									
Total	Original	30	6.41	27	9.53	36	6.47	36	4.1	64	40
	New	20	6.25	28	8.9	32	6.3	40	4.25	39	30
	Extreme poverty	9	4.76	28	7.22	27	4.44	57	3		
	Average poverty	13	4.82	17	8.77	29	5.77	54	3.08		

Source: GnFSI, Project Records, February 21, 2006.

Table 3.13 Major Agro-Ecological Zones in the GnFSI Project Area in Upper Guinea

Agro-ecological Zone	% of Project Districts with this Agro-Ecology	Dominant Crop Production Systems	Dominant Livestock Systems	Major Environmental Problems	Principal Sources of Cash Revenue Used to Manage Risk
Mountainous	24% Dg 12% Db	Slash and burn cultivation, hand hoe traditional systems	Extensive with enclosures on-site during rainy season	erosion, deforestation, bush fires, labor shortages for land preparation caused by seasonal out-migration , seasonal labor migration, high risk of flooding	Traditional gold mining, temporary wage labor, credit, livestock sales, trade
Savanna	6% Dg 20% Db	Slash and burn cultivation, animal traction large eroded areas unsuitable to cultivation	Extensive with enclosure on-site during rainy season; small unit of 2 – 15 herds, pasture	deforestation, bush fires, flooding, labor shortages for land preparation caused by seasonal labor migration; large areas of *bowe*)(eroded plains that aare uncultivable)	
Mountainous/ Plateau	14% Dg 24% Db				
Savanna/ Plateau	2% Dg 0% Db				
Plateau	42% Dg 44% Db	Slash and burn burn cultivation; traditional plains; limited use of tractors	Extensive with enclosure on-site during rainy season; small herding unit; pasture	Deforestation, bush fires, labor shortages caused by seasonal out-migration	Small-cale commerce, prestation, credit
Semi-Urban	12% Dg 0% DB	Plains, slash and burn agriculture, animal traction, limited use of tractors	Extensive grazing, small breeding units, limited intensive on-farm stall feeding		Small-scale trade, wage labor, credit, laborer
Total	100%				

Table 3.14 Major Agro-Ecological and Economic Characteristics of the Sub-Prefecture Covered by the GnFSI Project Based on Extension Worker Assessments

Sous-Prefecture (S/P)	Relief	Access to Major Markets		Social and Economic Systems	Relative Importance of Different Types of Livestock in Livelihood System				Other Important Activities	Relative Importance of Inaccessibility as a Livelihood Constraint	# Project Districts in this S/P
		Major markett	Secondary market		Cattle	Sheep	Goats	Poultry			
Dinguiraye											
Gagnakaly	Mountainous			Malinké/Peuls/ Toucouleur herders and farmers	+	+	+	+	Traditionnal gold mining	+++ Mts and rivers	T=9 O=4 N=5
Diatifere	Montainous	x		Peul/Malinké herders and farmers	++	++	+	+++#	Traditionnel gold mining Commerce	+++ Mts and rivers	T=9 O=3 N=3
Banora	Savane (domine)+ a small section montainous	x cattle		Peuls/Malinké/Toucouleur	+++	++	++	+	Industrial and traditional gold mining	+++ Mts and rivers	T=10 O=3 N=3
Kalinko	Plateau (dominant) + montainous	x		Peuls/Malinké	++	+	+	+	trade	++	T=17 O=4 N=5
Lansanaya	Plateau (dominant) + mountainous (2 districts)		x	Peuls/Malinké	+	+	++	+++	trade	++	T=6 O=4 N=2
Selouma	Plateau		x	Peuls	++	+	+	+	trade	++	T=5 O=4 N=1
Dialakoro	Plateau	x		Malinké/Peuls	+	+	+	+	trade	++	T=7 O=4 N=3

Sous-Prefecture (S/P)	Relief	Access to Major Markets		Social and Economic Systems	Relative Importance of Different Types of Livestock in Livelihood System				Other Important Activities	Relative Importance of Inaccessibility as a Livelihood Constraint	# Project Districts in this S/P
		Major markett	Secondary market		Cattle	Sheep	Goats	Poultry			
Commune urbaine	plateau + Montainous	x		Peuls/Malinké/ Toucouleur	+++	++	++	+++	trade	+	T=12 O=3 N=3
Dabola											
N'Dema	Plateau/savanna			Malinké/Peul	+	+	+		-	+	4
Konindou	Plateau/savanna			Malinké	++	+	+			++	
Banko	Plateau/savanna		x	Malinké	++	++			trade	++	
Dagomet	Plateau/savanna	x cattle		Malinké/Peul	+++	++	++		trade	++	
Kankana	Plateau/montainous	x		Peul/ Malinké						+++ (Mts)	
Kindoye	Plateau/montainous			Peul/ Malinké						+++ (rivers)	

* Difficult access strongly linked to pockets of chronic poverty.

** These markets are large regional markets that attract both international and national merchants. They attract livestock from the Mali border as well as from other parts of Guinea. The markets are organized every two weeks and last 2-3 days.

A highly innovative program by Veterinarians Without Frontiers program that trained auxiliary veterinarians encouraged both poultry and small ruminant production.

Source: Africare/GnFSI (Agricultural Production and Local Capacity Building Components [PA-RCB]). February 14, 2006.

T=Total number of districts

0=Original (1st group of districts assisted by the Africare Title II projects)

N=Nouveau (2nd group of districts assisted by the Africare Title II project)

S/P=Sous-prefecture

C=cattle; S=sheep; G=goats; P=poultry

Extension worker assessments: +++=very important; ++ =important; +=present but not very important

3.3.4. Promising Pilot Initiative to Reduce the Number of Vulnerable Districts and Households

To deal with the critical problem of reducing the percentage of the population classified as very vulnerable (based on their levels of food insecurity), the project pilot-tested a new integrated program known as the "household integrated income generating program" (*autonomie familiale*) program. The pilot program, which started in early 2005:

- Installed small "seed" herds of livestock (poultry and small ruminants);
- Trained households in improved livestock management methods (including improved housing);
- Reinforced the linkages between households benefiting from "seed herds" and regional veterinary services; and
- Facilitated the beneficiary households' access to new food processing and cooking technology and fruit trees (Table 3.15).

"Introducing new food processing technologies and helping farmers develop new markets for the locally transformed products (e.g., mango jam, dried mangoes, soy coffee, dried leaves), which in turn reduces the risk associated with over-production from the successful introduction of new higher yielding crop technologies." (GnFSI archive)

Three of the four households that were included in the initial pilot testing were in the least food secure category (category III); one household was in the medium food secure category (category II) and was included because he was a community volunteer. The results of the initial pilot testing of the model were very positive. Three households in the program moved up a food security level (two households moved from category III to category II and one household moved from category II to category I); only one household remained in the same food security category (category III) (Table 3.15 and 3.16). Extension workers attribute the lack of progress made by the household that did not change category classification to lack of motivation. It is important to note that the greatest progress was observed by the very poorest households who are from the districts that the World Food Program classified as extreme poverty pockets (Table 3.16).

Table 3.15 Initial Impact of the GnFSI Pilot Program "*Autonomie Familiale*" (Household Integrated Income Generating Program) for Highly Food Insecure Households (2005)

Livelihood Activities	Situation of the Household Before Participating in Program—February 2005				Situation of the Household After Participating in Program—December 2005			
	Household 1	**Household 2**	**Household 3**	**Household 4**	**Household 1**	**Household 2**	**Household 3**	**Household 4**
Small animal production	1 sheep	2 goats	none	none	3 goats 2 sheep	9 goats 4 sheep 50 treated in the district	6 goats	3 goats
Poultry production	3 chicks	6 chickens	none	1 chicken	180 chickens vaccinated (including 135 in the district)	224 chickens vaccinated (including 160 in the district)	200 chickens vaccinated (including 152 in the district)	2 pairs of pintards
Compost pit	none	none	none	none	one pit 2 m^3	one pit 1 m^3	one pit 1 m^3	one pit 1 m^3
Beehives	none	none	none	none	one	one	one hive	one
Improved stove	none	none	none	none	3/ hh 4/district	1/hh 6 /district	2/hh 5/district	1/hh 8/district
Milling	stone	mortar and pestle and stone	mortar and pestle	stone	1 mechanical mill	1 mechanical mill	1 mechanical mill	1 mechanical mill
Improved granary	none	none	none	none	1 granary	1 granary 1 drying platform	1 granary	1 granary
Solar drying equipment	none	none	none	none	couscous dried leavess	couscous leaves & mangoes	couscous dried leavess	couscous dried leaves
House gardens	none	none	none	none	40 m^2	50 m^2	50 m^2	-
Fruit trees	oranges	mangoes	none	oranges	2 papayas eand 1 *corossol*	2 papayas and 1 *corossol*	2 papayas	2 papayas
Improved housing	none	none	none	none	1 goat pen 1 chicken coop 2 kitchens 1 traditional latrine	1 goat pen 1 chicken coop 1 chicken hatchery 1 kitchen 1 traditional latrine	1 goat pen 1 chicken coop 2 kitchens 1 traditional latrine	1 goat pen 1 traditional latrine

Source: Gadirou Diallo, Assistant supervisor, Post Harvest Component, GnFSI,, Africare-Guinée, February 24, 2006

Table 3.16 Levels of Food Security of Households Before and After Participating in the GnFSI *Autonomie Familiale* Program, Dabola

Household in the *Autonomie Familiale* Pilot Program	**District**	**District Poverty Levels** (based on the WFP poverty mapping)	**Level of Food Insecurity Before Participating in the *Autonomie Familiale* Program** (based on the MAHFP)	**Level of Food Insecurity After Participating in the *Autonomie Familiale* Program** (based on the MAHFP)
Household 1	Mankota	Average	Least food secure (category III) (very vulnerable)	Medium food secure (category II) (vulnerable)
Household 2 (community volunteer)*	N'Dema	Extreme	Medium food secure (category II) (vulnerable)	Most food secure (category I) (not very vulnerable)
Household 3	Segaya	Average	Least food secure (category III) (very vulnerable)	Medium food secure (category II) (vulnerable)
Household 4 (community volunteer)*	Siminisando	Extreme	Least food secure (category III) (very vulnerable)	Least food insecure (category III) (very vulnerable)

*Two community volunteers were chosen for the pilot program in order to test the utility of the model as a way of compensating the volunteers for their extension activities.

3.4. Recommendations

It is clear from the project's main indicators, as well as the more specific analyses focused on risk, that the GnFSI project has strengthened the basic underlying livelihood systems and capacity for good governance and self-help in the districts where it intervenes. It is clear, however, that certain underlying conditions of these systems have not been addressed nor can they be with the current program. These conditions are related to vulnerability at two levels:

- *District level constraints.* One level involves the specific agro-ecological conditions of specific sectors of the different districts. The agro-ecological conditions are particularly unfavorable in districts classified as areas of "extreme poverty" due to the difficulties related to access to the region's major markets and government service centers.
- *Household level constraints.* At the household level this study observed that the most food insecure households face the obstacle of a weak base of livestock resources, in addition to other constraints such as labor shortages and poor health, which weaken their capacity to benefit from certain types of project innovations that focus on increasing agricultural productivity.

The GnFSI project already has a number of M&E tools that can help it address the issue of risk in the design and execution of its programs. Especially important are the MAHFP and FSCCI tools, which are being self-administered in most of the original and new Dinguiraye project districts. Even the Dabola districts—which were incorporated into the project during the last two years—have shown a willingness to use the methods under the supervision of the project extension agent. Based on this analysis, the team came up with

eight recommendations that could be incorporated into the remaining year and a half that the GnFSI project is expected to operate (see Table 3.17 at the end of this chapter).

Recommendation #1: Community action plans. Based on the risk management case study's results, the GnFSI agricultural and capacity building supervisors recommend that each district develop an explicit sub-plan for rebuilding livelihood assets of the most vulnerable households as part of their global district action plans. In doing so, the elaboration and annual monitoring of these sub-plans will be "mainstreamed" into the annual planning process that the project has encouraged districts to develop.

Recommendation #2: Vulnerability and food security calendars. GnFSI relies on its the PRA tool for developing food security calendars to identify the most vulnerable group and the number of months of adequate food provisioning for households in the different categories of food security (most food secure, medium food secure, least food secure). Although the concepts of vulnerability and risk management are mentioned briefly in the guidance, there is no structured mechanism for bringing them into the analysis. This guidance needs to be strengthened to better incorporate risk and vulnerability. The specific sub-recommendations include:

Sub-recommendation 2.a: Once the facilitators have helped community members identify the major food security categories, they should help community members develop a more detailed profile of the livelihood systems and coping strategies of these groups.

Sub-recommendation 2.b: Once the basic profile has been conducted, it should be updated annually during the update of the food security calendar. This annual update should provide a mechanism for analyzing the VDC perspectives on if and how the project activities have an impact on livelihood systems and coping strategies of the most vulnerable group. The same analysis should provide a forum for updating the VDC and project strategies for reducing the percentage of households classified in the least food secure category.

Due to the length of time involved in developing the profiles for each food security group, the team recommends that this activity be conducted on a different day from the base food security calendar.

Recommendation #3: Agro-ecological zones. Future programs could increase the success of Title II and non-Title II funded agricultural investments in Upper Guinea by:

Sub-recommendation 3.a: Identifying the principal agro-ecological and economic factors that are likely to increase household exposure to or ability to manage risk; and

Sub-recommendation 3.b: Examining the extent to which these factors affect returns to the various program investments by use of a code that identifies agro-ecological zone into the analysis of baseline, mid-term, and final survey data.

Recommendation #4: Rainfall data. To date, the project's capacity to focus its agricultural innovations has been hampered by the dearth of rainfall data on specific micro-environments within the districts and sous-prefectures. As a result, the project's agricultural specialists are reduced to making global technical recommendations for seed,

agronomic practices, and fertilizers dosages. One simple recommendation would be to make available the types of simple equipment (gauges, standardized forms) that the extension agents need to collect rainfall data. This activity would also reinforce the information level of state agricultural services and major national and international agricultural research centers regarding the diverse agro-ecological micro-environments in the project areas of Upper Guinea.

Sub-recommendation 4.a: Ask major technical partners to identify which types of rainfall data they need for specific micro-environments in Upper Guinea.

Sub-recommendation 4.b: Distribute the equipment and forms that staff or technical partners need to monitor this rainfall information regularly.

Recommendation #5: FSCCI-Risk. Once elaborated, the sub-action plans focused on improving livelihood systems of the least food secure groups need to be monitored. In February 2005 Africare proposed two new variables and eight new indicators to its seven-variable FSCCI (Table 3.7 above):

- Variable Seven: Ability to analyze and manage risk and vulnerability; and
- Variable Eight: Capacity to manage risks associated with HIV/AIDS.

These two new indicators were designed to help programs better assess the community's capacity:

- To identify potential risks,
- To define strategies for minimizing the impact of identified risks,
- To execute activities to reduce the impact of potential risks, and
- To manage risks once they actually occur.

Africare anticipated that most projects would incorporate the calculation of two new variables (and their eight new component indicators) into their standard calculation of the FSCCI, which was adjusted a 100 point base.

Given the fact that the GnFSI project was already in its fourth year when these new directives came—and they had already changed format once—they were understandably reluctant to change the method for a second time. As a result, the team decided to pilot test the new FSCCI-Risk method as a separate exercise during the risk study. Based on the results of this pre-test in six districts in Dinguiraye and two districts in Dabola, the team is committed to introducing the new questions, but analyzing the results of the analysis separately. This method of calculating the FSCCI-Risk separately (rather than combining it with the FSCCI-Core skills analysis measured by the other eight indicators) has several distinct advantages. A separate calculation of community capacity to manage risk is, for example, easier for district level beneficiaries to understand given the fact that they are only now being asked to include sub-plans focused on risk in their community action plans. Second, it also enables the project to track communities' continued progress on the new issues of risk management and HIV/AIDS action plans without detracting from the project's ability to track core capacity in certain districts where the core community capacity is very weak.

Recommendation #6: Vulnerable groups. Based on the initial results of the pilot testing of the *autonomie familiale* program, the GnFSI supervisors recommend extending the model into other highly vulnerable districts. One of the major lessons learned from this experience was the need to consider motivation as well as poverty levels when choosing participants for this type of "affirmative action" program aimed at rebuilding livelihood systems of the poorest of the poor.

Recommendation #7: Vulnerable districts. Programs like the GnFSI *autonomie familiale* are expensive. It is important, therefore, to target these resources to the districts that have the greatest need (i.e., districts that are most vulnerable). Vulnerable districts can be identified using the same MAHFP based on the percentage of households that are classified as being in the least food secure category (category III). An initial target can be established to define the most vulnerable districts (for example 66 percent of the households in category III, as was used as the cut-off in this study).

Recommendation #8: Project phase-out. The percentage of households in the least food secure category (category III of the MAHFP) should be one of the criteria for "graduating" districts from the GnFSI.[30] Currently, the principal factors that are used to determine which districts are ready to "graduate" are recorded levels of community capacity in general (based on the FSCCI), community capacity for supporting growth monitoring (based on the FSCCI-SIAC), and the staff's perception of overall dynamism of the community for executing development activities.

[30] Eight Dinguiraye villages were "graduated" from the program in 2004, which reduced the number of Dinguiraye districts where the project intervened from 50 to 42. The project anticipates graduating another eight villages in 2005-2006, which would reduce the total number of intervention villages to 34 (see chapter one of this volume).

Table 3.17 Identified Needs, Recommendations, and Tools for Strengthening Title II Project Implementation, Monitoring and Evaluation Systems for Agriculture and Capacity Building based on Lessons Learned from GnFSI

Identified Need	Sub-Recommendation	Period	Tool	Value Added
#1 **Community action plans:** Need to incorporate sub-plans for vulnerable groups into the annual community action plans	Encourage villages to create and monitor action plans for vulnerable groups that are incorporated into their annual action plans	annual	Strengthen existing food security guidance so that it incorporates the idea of sub-plans	Creates a structured mechanisms for communities to track the execution of activities aimed at reducing vulnerability
#2 **Vulnerability and food security calendars:** Strengthen communities' capacity to identify risks and strategies for strengthening their ability to manage risk as part of the food security calendar exercise	2.a. Strengthen instructions for how communities should analyze livelihood and coping strategies of vulnerable groups in current guidance 2.b. Monitor the impact of the project on livelihoods and coping strategies of vulnerable groups	annual	PRA tools pilot tested during Risk Study (Annex I)	Strengthens the capacity of the annual plans to identify and track community-based strategies to reduce exposure to and management of risks
#3 **Agro-ecological zones:** Strengthen project's capacity to identify the critical factors that affect households' exposure to agricultural risks in specific agro-ecological zones	3.a. Identify the critical agro-ecological zones and sub-zones during the project design and PRAs 3.b. Consider the extent to which agro-ecological zones correlate with different patterns of project impact on key impact and monitoring indicators	Baseline, mid-term and final surveys	-Table 3.15 -Add zone to the header of pre-existing baseline and Final survey forms	Enables agricultural staff and technical partners to better tailor recommendations to specific agro-ecological constraints and opportunities within the zone
#4 **Collection and analysis of rainfall data:** Strengthen the capacity of the project and its technical partners to tailor crop technologies to specific micro-environments	4.a. Ask major technical partners to identify which types of rainfall data they need for specific micro-environments in Upper Guinea 4.b. Distribute the equipment and forms that staff or technical partners need to monitor this rainfall information regularly	Monthly	To be created	Would facilitate a project's capacity to identify appropriate crop production technologies from national and international agricultural research partners when data is not already being routinely collected.

Identified Need	Sub-Recommendation	Period	Tool	Value Added
#5 **FSCCI-Risk::** Accurate information on the evolution of community action plans for risk management and HIV/AIDS	Collect information on the two risk variables as part of the annual PRA and action plans.	Annual	FSCCI-Risk codes pilot tested during the study (see Annexes A.8, B.8, C.8, etc.)	Helps community leaders better understand the concept of strengthening risk management as objective of their annual planning exercise
#6 **Vulnerable groups:** Integrated initiatives to build the assets of the most vulnerable households	Consider scaling up GnFSI's "independent living" pilot initiative	Programming	Model exists and has been tested	Creates a mechanism for building assets of the most vulnerable households in vulnerable villages that may be less able to participate in the project's routine technical programs
#7 **Vulnerable districts**: Distinguish most vulnerable districts from those which are less vulnerable	Based on the MAHFP, identify districts that surpass a critical threshold in terms of the percentage of their population that is classified as Category III (i.e. Least food secure)	Annual	Food security calendar	Provides a mechanism for identifying "vulnerable" districts that require special assistance to reduce the number of highly vulnerable households (households in Category III)
#8 **Project phase-out:** Projects should consider the % of vulnerable households when determining which districts to "graduate" from project assistance				Recognizes the fact that certain villages may have deep technical constraints (like inaccessibility) that reduce their capacity to sustain development even when their core capacity is strong

Chapter 4
GnFSI Identification and Management of a Major Shock

One of the sub-objectives of the risk study was to examine what role Africare projects play in famine early warning systems and management of emergency responses in the intervention areas. This meant taking a look at the utility of Africare's previous investments in organizational capacity of village and district governance groups (as a specific objective of the GnFSI project) and how this:

- Facilitated early detection of a recent food crisis, monitoring of famine conditions during the food crisis, and emergency food aid distribution; and
- Assisted in managing the response to the crisis with project and non-project resources.

This chapter provides:

- A brief overview of a recent food crisis (when it started, how many people were affected, what impact it had in the project intervention area);
- An analysis of the role played by the GnFSI growth monitoring promotion system in the early identification of the crisis;
- An analysis of the role played by the project in managing the crisis; and
- An assessment of the extent to which the impact of GnFSI's crisis management can be detected through the project's existing monitoring and evaluation indicators.

4.1. Background

Between 2001 and 2002 Guinea suffered a series of rebel attacks along its southern border that were related to the long drawn out civil wars in Liberia and Sierra Leone. The rebel attacks caused a major displacement of people towards the center and northern parts of the country that included an official "displaced" population of 4,702 people who settled in Dinguiraye.[31] On average, each Dinguiraye district received 162 displaced persons, which represents an average of 3.6 persons per household with a range of one to 12 persons per household.[32] The sudden increase in the size of households resulted in early depletion of scarce food resources stored in granaries. The subsequent famine that ensued explains the deterioration of the nutritional status of certain vulnerable populations and a sudden spike in infant malnutrition The key signal that first alerted the GnFSI project and government officials to the food crisis resulting from the influx of refugees was a sudden spike in the percentage of children identified as "malnourished" in the GnFSI growth monitoring promotion program (Table 4.1): from 21.9 to 29.9 percent in the new Dinguiraye project villages between 2001 and 2002 .

In response to the detected increase in malnutrition, the GnFSI project expanded the focus of its programs in the most-affected villages by:

---

[31] Sidibé, Sidikiba, 2004. Impact des vivres de PAM dans les zones d'intervention d'Africare, Dinguiraye: Africare Guinée.

[32] Sidibé, Sidikiba, 2001, Rapport de l'Enquête de Base, Dinguiraye: Africare-Guinée. Pgs. 16 and 73.

- Increasing its dissemination of Information, Education, and Communication (IEC) messages on nutrition and food hygiene, with a particular emphasis on the importance of using local food products through the Hearth Program;
- Giving priority to villages hardest hit by the crisis for Hearth Model rehabilitation programs; and
- Launching a collaborative vaccination campaign for diseases targeted by the expanded vaccination program (*programme élargi de vaccination* [PEV]) in collaboration with prefectoral health services (*Direction préfectorale de la santé* [DPS]).

To supplement its own resources, GnFSI signed collaborative agreements with the World Food Programme to provide food aid in project areas. Most of the food was used for Food for Work and Food for Training programs.

"To supplement its own resources, GnFSI signed collaborative agreements with the World Food Programme to provide food aid in project areas." (GnFSI archive)

A formal letter of agreement was signed between Africare and the WFP to define the following responsibilities for each party.

- The WFP's country office agreed to ensure financial coordination of the activity and the supply of food and non-food equipment (agricultural tools and cooking utensils). It was responsible for all logistical arrangements up to the distribution sites (Table 4.2).
- Africare agreed to distribute food to displaced populations living in the GnFSI project area in collaboration with the district-level VDCs with which it worked (Table 4.2).
- The VDCs recorded the number of displaced persons and they served as an intermediary between the communities and development projects by transmit

The WFP delivered significant quantities of food (approximately 382 MT) to Africare and the VDCs through these signed agreements (Table 4.3). In Africare districts, this food was used (Table 4.2):

- To assist community volunteers (VDCs, the Hearth Model mothers, and community-based volunteer midwives);

Table 4.1 Evolution of Key Indicators for Health and Nutrition Programs in the Projects Affected by Africare's Title II Programs in Guinea, 1997-2005

Year	Number of Beneficiary Districts Included in the Africare-Facilated Growth Monitoring[33] (x/y x=number of districts where GMP is active, y=number where project is active in that year)				Number of Beneficiary Districts Executing Hearth Model Program (x/y x=number of districts where Hearth Program executed in that year; y=number of district where the project is intervening in that year)				District Development Committee Scores on Support for Nutrition Initiatives (GnFSI Monitoring Indicator 1.5, the FSCCI—SIAC)				% Children Underweight (0-36 months-GnFSI (Monitoring Indicator 1.2)[34]				% Children Stunted (GnFSI Impact Indicator 1.1)			
	Dinguiraye		Dabola		Dinguiraye		Dabola		Dinguiraye		Dabola		Dinguiraye		Dabola		Dinguiraye		Dabola	
	O	N	E	M	O	N	E	M	O%	N%	E%	M%	O	N	E	M	O	N	E	M
1997	8/30	n/a											30.8	n/a			29.7			
1998	16/30	n/a												n/a						
1999	30/30	n/a											25.4	n/a			27.2			
2000	30/30	n/a			8/30								18.6	n/a						
2001	30/30	0/20			17/30				45	n/a			20.7	21.9			21.9	21.4		
2002	30/30	20/20		QQQ QQQ	14/30	10/20			56.1	49.9			19.7	29.9			21.5	23.6		
2003	30/30	20/20			4/30	17/20			66	58			19.7	23.4						
2004	30/30	20/20	11/11	14/14	7/30	9/20	4/11	0/14	70	58.13	6	6.6	12.29	17.17	21.4	21.6			37.9	39.3
2005	30/30	20/20	11/11	14/14	8/50	10/20	5/11	13/14	69.4	68.5	50.1	54.1	10.6	16.4	16.2	20.2				

O: original project district; N: new project district; E: extreme poverty district; M: average poverty district; FSCCI: Food Security Community Capacity Index; SIAC*: systèmes d'information à assises communautaire* (local community information system);[35]GMP: growth monitoring promotion

[33] This is not an official indicator of the project, but is based on project records. Monitoring Indicator 1.1 measures "Percentage of eligible children in growth monitoring weighed in last four months" since 2003.

[34] This indicator measures children that score in the "yellow" and "red" zone on the growth chart which tracks acute and chronic according to weight/age criteria. This indicator concerns children aged three to 59 months during the first phase of the project (1997-2000), and 24 to 59 months during the second phase (2001-2006).

[35] SIAC includes, but is not limited to growth monitoring. It has been adopted by the Ministry of Health and implemented by all NGOs and Institutions in Guinea, including UNICEF.

Table 4.2 Role of Africare and its Community Structures in Managing Humanitarian Aid

Type/Source of Aid	Year	Role of the WFP	Role of Africare (administration, field agents and community organizations)
Africare Agreements with World Food Programme (WFP			
a) Food for Work	2003 - 2004	- Coordinate financing of activity - Dispatch food and non-food equipment to the distribution site	- Draft collaboration agreement - Train agents and VDCs on the criteria for distribution - Identify beneficiaries - Raise awareness on methods of proper food use and identify warehouses - Monitor distribution - Draft reports
b) Food for Training			
c) Food for women with undernourished children (INSE)	2003		
Africare support to the pre-existing WFP School Feeding Programs in the Zone	2002 – present	This activity was carried out in collaboration with WFP and Parent and Friends of the School Association (APEAE) with the objective of encouraging schooling of young girls, increasing school attendance, and reducing dropout rates.	- Identify schools - Encourage them to construct simple overhanging shelters (to cover the cooking and dining areas) - Identify warehouses for food storage - Provide link to women's groups to improve sauce quality - Identify female volunteers to alternate cooking for schools

APEAE: *Association des parents d'élèves et amis de* l'école (Parents and friends of the school association); WFP: World Food Programme; INSE: *Institut de nutrition et de la santé des enfants* (Institution for Child Health and Nutrition); VDC: village development committees

- To encourage participation of the displaced vulnerable households in market garden groups, agricultural groups in the low-lying areas most vulnerable to flooding, and literacy training;
- To assist AIDS orphans from various project intervention sites and the Center for Nutritional Rehabilitation (CNT) in recuperation from severe cases of malnutrition and to support their guardians during their stay in the center.

Reports on the Food for Work and Food for Training activities, in the WFP format, were regularly submitted to the WFP sub-office in Dabola both quarterly and annually.

In addition, Africare collaborated with the WFP's pre-existing program to promote school canteens. The school canteen program was designed to encourage school attendance—especially by girls. Africare's involvement included public awareness

Table 4.3 Summary of Receipt of WFP Food by Africare

Type of Food	Quantities Distributed (T)	Number of Beneficiaries		Period
		Total	Women	
Rice	82.825			September 2002
Pulses	10.494	1,174	889	
Oil	4.284			
Maize flour	2.205			
CSB	0.133			
Rice	52.995	1,037	760	March 2003
Pulses	5.300			
Oil	2.650			
Rice	122.65	3,196	1,542	January 2004
Pulses	41.205			
Oil	57.28	5,407	3,191	

Source: S. Sidibé 2004.

building through the Africare VDCs and field agents, identifying the most appropriate schools for this type of assistance, constructing covered areas (hangars), locating warehouses where the food could be stocked, recruiting volunteer mothers to assist with cooking for the canteens, and putting parents' groups in contact with women's groups who might be willing to help grow vegetables to improve the quality of the lunches.

4.2. Extent to Which Current M&E Systems Track the Role of GnFSI on Early Warning Systems and Crisis Response

4.2.1. Role of GMP in Early Detection of the Crisis

The key signal that first alerted the GnFSI project and government officials to the food crisis resulting from the influx of refugees was a sudden spike in the percentage of children identified as "malnourished" in the GnFSI growth monitoring promotion program (see Table 4.1 above). This data also helped the WFP justify a quick response.

Some of the best evidence of the success of this response is the speed with which the growth monitoring promotion tracking system showed a return to the "normal" levels of malnutrition (see the percentage of underweight children, monitoring indicator 1.2, Table 4.1). Within one year, the percentage of children in the GMP that were identified as malnourished went from 29.9 percent (in 2002) to 23.4 percent (in 2003), which was only two percent higher than it was in 2001, despite the food crisis in the interim. By 2004, the percentage of children classified as malnourished was at 17.17 percent in the new Dinguiraye districts, which was three percent below the levels recorded before the crisis (Table 4.1). Had the project not been able to galvanize a coordinated response with help from the World Food Program, it is highly likely that the observed "improvements" in malnutrition levels would have been delayed by several years.

4.2.2. Role of MAHFP in Detecting Crisis Impact on Vulnerability

GnFSI's current system for measuring the MAHFP provides a mechanism for tracking the impact of the refugee crisis on average vulnerability at the zonal level. The fact that the percentage of households in the least food secure category did not increase between 2001 and 2004 (which included the peak periods of the crisis)—and actually decreased from 58 and 60 percent to 42 and 42 percent for the original and new Dinguiraye districts respectively—was a major accomplishment (Table 4.4). During an unassisted crisis, the number of people in the most vulnerable category increases. Specifically, these data suggests that the Africare/WFP humanitarian response helped protect the assets of the most vulnerable households at the same time that it enabled them to pursue activities (education, health education, NRM) that improve their long-term living conditions.

Table 4.4 Average Number of Months of Adequate Household Food Provisioning (MAHFP) and the Percentage of HHs Classified in the Least Food Secure Category, FY01-FY05

Indicators	Dinguiraye		Dabola	
	Original	New	Extreme Poverty	Average Poverty
Impact Indicator 2.1: # months of adequate household food provisioning (MAHFP)				
FY 2001	4.9	3.8		
FY 2002	n/a	n/a		
FY 2003	5.7	4.8		
FY 2004	6.1	5.9	4.66	n/a
FY 2005	6.4	6.3	4.76	4.82
Impact Indicator 2.2: % of households in the least food secure category (MAHFP)				
FY 2001	58%	60%		
FY 2002	n/a	n/a		
FY 2003	44%	53%		
FY 2004	42%	42%	74%	59%
FY 2005	36%	40%	57%	54%

4.2.3. Link between Community Capacity to Manage Risk (FSCCI) and Humanitarian Response

Community leaders argue that the active involvement of the VDCs in managing the community level food aid distribution activities helped validate the VDCs in the eyes of the government, beneficiaries, and members of the VDCs themselves. The same collaboration created new types of synergy between local institutions. One of the best examples of this is the active collaboration between the village development committees and the parent-teacher organizations (APEAE) that resulted from Africare's assistance to the WFP school canteen program.[36]

[36] Africare's training, for example, helped the VDC's understand their role in managing the school canteens run by the parent teacher organizations (APEAE). The APEAE organizations, in turn, prompted students'

GnFSI's agricultural and capacity building supervisors argued that there is a direct link between the volume of food aid that came into the villages between 2002 and 2004 and the average FSCCI scores for those years. They also argued that this positive impact would not have been possible had the core capacity of the village development committees not already passed a certain threshold.

While there is no way to document either of these relationships between food aid and core capacity statistically with the current data set, what is possible is to examine broad trends in food consumption levels (MAHFP), food aid (in total kilograms), beneficiaries, and community capacity levels (FSCCI) (Tables 4.1, 4.3, and 4.4).

4.3. Recommendations

Recommendation #1: GMP as early warning system. The GnFSI growth monitoring promotion activities enabled the GnFSI project and Guinea government authorities to detect worsening nutritional status of children due to the influx of refugees and to take the necessary measures to halt further deterioration and begin to make improvements in nutrition. This is clearly a major contribution of the project to strengthening risk management at the zonal and district level. Clear recommendations for how to sustain this activity once the project ends need to be addressed by both Africare and the Guinea government in the near future (Table 4.5).

Recommendation #2: Food assistance and the FSCCI. The project's investment in VDCs strengthened the capacities of these structures to manage risk, including unforeseen risks. The VDC's ability to successfully manage the food crisis shock in turn helped validate the investment in building this core community capacity. Conversely, had the VDCs not been able to galvanize any sort of humanitarian response, this would have weakened their recognition at the local level. More detailed information on the link between food aid management and local food security community structures should be collected in connection with the annual updates of the FSCCI (Table 4.5). If data exist showing a strong quantitative link between the FSCCI and food aid levels and/or some proxy variable for food aid distribution efficiency, it would provide a strong argument for linking USAID-funded programs that promote good governance to programs aimed at strengthening local and regional capacity to better manage risks and shocks.

Recommendation #3: Food assistance and the MAHFP. While it is presumed that the principal beneficiaries of the WFP food assistance were households in the least food secure category, this cannot be shown quantitatively. This is because the current systems for monitoring food aid do not note the food security category of the beneficiary

---

parents to make contributions towards buying ingredients for the school feeding program. Members of the VDCs themselves connected women's groups with the APEAE, and these women's groups took responsibility for getting fresh supplies of ingredients from their gardens (leaves, tomatoes, onions, eggplants, okra) for the canteen. In collaboration with the community, the VDCs also involved the village women in cooking on an alternate basis for the canteens.

households. This information could be added to the basic forms relatively easily since the same committees administering the food assistance are those that participate in the annual food security calendar exercise (Table 4.5). For maximum utility, this analysis of patterns of participation by food security category should be linked to the previous chapter's recommendation for strengthening the analysis of the livelihood and coping strategies of the households in the different food security categories.

Recommendation #4: Reporting. Despite the significant role played by the project in food aid distribution, it was not well known or documented outside the routine reports that were prepared and submitted to the World Food Program. Only one paragraph made allusion to this assistance and the FFW activities in the mid-term evaluation. Even the coordinator's detailed reports on the impact of managing WFP food distribution and the active role played by VDCs in risk management were not disseminated. Africare needs to re-examine its user-friendly CSR4 guidance in order to identify places where programs can report on various ways the capacity built under Title II funding is also supporting developmental relief (Table 4.5).

Table 4.5 Identified Needs, Recommendations and tools for Strengthening Evaluation and Monitoring of Link between GnFSI Project Foci and Crisis Management Using Food Aid

Identified Need	Sub-Recommendation	Period	Tool	Value Added
#1 **GMP as an early warning system:** Strengthen the demonstrated capacity of community based growth monitoring promotion (GMP) programs that Africare coordinates with the Ministry of Health to serve as early warning systems	Explore ways that the GMP can be maintained and strengthened after the project closes	Annual	Collaborate with health districts in identifying what types of early warning information could be added to routine GMP forms	Increases prospects for sustaining the GMP's role in nutrition education and as an early warning system
#2 **Food assistance and the FSCCI:** Record better information on the link between food assistance and core capacity development	Create a structured mechanism (to be applied during the annual PRA updates) for measuring different types of food assistance coming into Africare villages through Title II and non-Title II programs	Annual	Annual PRAs in conjunction with the FSCCI	Helps USAID/FFP better justify investment in core capacity building as a strategic objective in Title II programs
#3 **Food assistance and the MAHFP:** Need for better information on patterns of participation of vulnerable households in direct food distribution programs and the impact of direct distribution on livelihoods	Identify food aid beneficiaries by their food security category as well as by number and name	Annual	Current tools used to track beneficiaries in Food for Work, Food for Training, etc.	Facilitates USAID/FFP and Africare tracking of vulnerable groups' participation in and benefits from direct distribution food aid programs
#4 **Reporting**: Need for standardized guidance to cooperating sponsors on where they should report on development relief achievements	Suggest places in the current CSR4 guidance and/or annexes that CS's should report on successes in development relief programming	Annual	Africare's "user friendly" guidance and (eventually) USAID/FFP guidance	-Creates a standard mechanism for reporting development relief achievements -Encourages the exchange of best practice between programs

List of Participants in the Africare/Guinea Risk Management Study

A. Conakry-Based Team Members

1. Bonaventure B. Traoré, Country Representative,
2. Tadiba Kourouma, Program Coordinator, Africare/Guinea
3. Mohamed Lamine Kaba, Coordinator, HIV/AIDS
4. Christine Davachi, Intern IFESH

B. Dinguiraye Team

GnFSI Project Coordinator

1. Sidikiba Sidibe, Coordinator

Agricultural Production Component

1. Mamadou Conté, Supervisor
2. Mamadou Lamine Barry, Assistant Supervisor
3. Mamadou Alimou Bah, Assistant Supervisor
4. Cécé Sory Lamah , Field Agent
5. Aly Bah, Field Agent
6. Boubacar Lah, Field Agent

Community Capacity Building Component

1. Sékou II Condé, Supervisor
2. Ousmane Sidibé, Assistant Supervisor

Health Component

1. Prosper Pogba, Supervisor
2. Aissatou Barry, Assistant Supervisor
3. Mamadou Saidou Camara, Field Agent
4. Aye bobo Doumbouya, Field Agent
5. Sékou Wann Diallo, Field Agent
6. Moussa Sylla, Field Agent
7. Kanké Soumah, Field Agent

Information, Education, and Communication (IEC)

1. Georges Toupou, Supervisor

Monitoring and Evaluation

1. Moussa Cissé, Supervisor

C. Dabola Team

1. Denise N'dagano, Health Advisor and Deputy Coordinator
2. Gadirou Diallo, Assistant Supervisor Agricultural Production
3. Alpha Amadou Barry, Assistant Supervisor of Capacity Building
4. Mamoudou Condé, Administrative Assistant and Logistician

D. Africare/Washington

1. Della E. McMillan, Consultant
2. Leah Cohen, Editor and Producer

References

DFSI

DFSI (Dinguiraye Food Security Initiative or Initiative pour la sécurité alimentaire de Dinguiraye [ISAD]). 1997. Rapport d'étude qualitative sur la nutrition, Africare-Guinée (septembre).

DFSI. 1997. Report on the qualitative research in nutrition. Conakry: Africare-Guinée (septembre).

Sidibe, Sakovogui. **1**999. ISAD : Etude mi-terme sur la nutrition et la santé publique. Conkary : Africare-Guinée (mars 1999). I

DFSI. 1999. Report of the baseline survey in Nutrition and Public health. Conakry: Africare-Guinée (May 1999)..

DFSI (Dinguiraye Food Security Initiative). 1997. Rapport of the baseline survey in Nutrition and Public Health. Conakry: Africare-Guinée (mai).

Moore, Emily C.,Claude Théophin, Eric Lefort,Moussa Donzo, Ansoumane Camara. 1999. Mid-term evaluation of Africare'sDinguiraye Food Security Initiative. Conakry:Africare Guinea. April 1999.

Morrow, Helga and Susan Gannon. 2000. DFSI-Dinguiraye prefecture: Final evaluation. Conakry: Africare-Guinea (March).

Short, Michael. 1999, P.L 480 Title II FY 1999 Annual Results Report Incorporating The Dinguiraye Food Security Initiative. Africare-Guinea,

GnFSI

Africare-Guinea. 2001. Guinea Food Security Initiative. FY2001-2005. Development Activity Proposal. Washington, DC: Africare.

Africare-Guinea. 2003. Guinea Food Security Initiative. FY2001-2006. Development Assistance Program Amendment; Washington, DC: Africare.

Sidibe, Sidikiba. 2001. ISAG : Diagnostic participatif sur la sécurité alimentaire dans la préfecture de Dinguiraye (Les résultats de la collecte par village sur le terrain). Conakry: Africare-Guinée (avril).

Sidibe, Sidikiba. 2001**.** Initiative pour la sécurité alimentaire de Guinée, préfecture de Dinguiraye : Rapport de l'enquête de base 2001. Conakry : Africare Guinée (août).

Sylla, Aboubacar et Mamadou Conte. 2001. Diagnostic participatif sur la securite alimenaire dans la prefecture de Dinguiraye. Avril. Conakry : Africare Guinnee par le Centra Africain de Formation pour ld Developpement (CENAFOD). Avril 2001.

Sylla, Aboubacar et Mamadou Conte. 2001. Les resultats de la collecte par village sur le terrain. Avril. Conakry : Africare Guinnee par le Centra Africain de Formation pour ld Developpement (CENAFOD). Avril 2001.

Sidibe, Sidikiba 2004. Initiative pour la sécurité alimentaire de Guinée/Extension sur Dabola : Rapport de l'enquête de base 2004. Conakry : Africare Guinée (août).

Sylla, Aboubacar and Conte Mamadou. 2001. ISAG : Diagnostic participatif sur la sécurité alimentaire dans la préfecture de Dinguiraye. Conakry : Africare-Guinée (avril).

Barry, Mariatou, Famoussa Kamara, Boubacar Sylla. 2003.. Guinea Food Security Initiative. Mid-term Evaluation. Conakry: Africare/Guinea.

Sylla, Boubacar. ISAG. Visite exploratoire des réalisations du programme ISAG à Dinguiraye et identification des opportunités pour son extension dans la préfecture de Dabola. Conakry, Octobre 2002.

Sylla, Boubacar. ISAG (Initiative pour la sécurité alimentaire de Guinée), Etude de base pour l'extension du projet ISAG dans la préfecture de Dabola-volet renforcement de capacités à la base, Dabola, Juin 2004

Doumbouya, Sékou. ISAG (Initiative pour la sécurité alimentaire de Guinée), Etude de base pour l'extension du projet ISAG dans la préfecture de Dabola-volet production agricole, Dabola, Juin 2004.

Short, Michael. Cooperating Sponsor Result Report and Resource Request (CSR4) : FY 2000 Result Report and FY 2002 and FY 2003 Resource Request. Africare-Guinea, December 2000

Colas, Carine. Cooperating Sponsor Result Report and Resource Request (CSR4) : FY 2001 Result Report and FY 2003 and FY 2004 Resource Request. Africare-Guinea, November 2001.

Colas, Carine. Cooperating Sponsor Result Report and Resource Request (CSR4) : FY 2002 Result Report and FY 2003 and FY 2004 Resource Request. Africare-Guinea, November 2002.

Colas, Carine. Cooperating Sponsor Result Report and Resource Request (CSR4) : FY 2003 Result Report and FY 2003 and FY 2004 Resource Request. Africare-Guinea, November 2003.

Colas, Carine. Cooperating Sponsor Result Report and Resource Request (CSR4) : FY 2004 Result Report and FY 2003 and FY 2004 Resource Request. Africare-Guinea, November 2004.

Traore, Bonaventure B. Cooperating Sponsor Result Report and Resource Request (CSR4): FY 2005 Result Report and FY 2006 and FY 2007 Resource Request. Africare-Guinée, November 2005

Maternal and Child Health Initiative (MCHI)

Kettle, Bonnie L**.** 2000. ISMI- préfecture de Dabola: Rapport de l'évaluation mi-terme. Conakry : Africare-Guinée (janvier).

Cisse, Alseny Gouly, Otilia St CHARLES 2001**.** ISMI : Rapport de l'enquête sur les connaissances et pratiques autour des interventions en santé/IEC, Africare-Guinée, janvier 2001, 31p (Disponible en version dure et électronique).

Cisse Alseny Gouly, Otilia St Charles, 2001. Initiative pour la Santé Maternelle et Infantile (ISMI) : Rapport de l'enquête finale (CAP). Conakry : Africare-Guinée (May).

Sykes, Agnieszka Sykes, Tidiane Diallo, Gina Kennedy.. 1998. Maternal and Child Health Initiative Dabola prefecture. Knowledge-practice-Coverage (KPC); Base line Survey, Anthropometry and Iodized Salt Test

Morrow, Helga.. 2001. The Maternal and Child Health Initiative (MCHI) : Final Evaluation Report. Africare-Guinée, june 2001.

Guinea Service Project

Colas, Carine. 2002. The Africare-Guinée Service Corps Proposal, Dinguiraye prefecture. Conakry : Africare-Guinée (June 2002).

Kaba, Mohamed Lamine 2002**.** Guinée Corps Service Project Prefecture de Dinguiraye, rapport de l'enquête CAP de base sur le VIH/SIDA. Africare-Guinée, September 2002.

Kaba, Mohamed Lamine 2003**.** Guinée Corps service Project II : rapport de l'enquête CAP de base sur le VIH/SIDA. Conakry: Africare-Guinee (Octobre).

Africare Collaboration with World Food Program (WFP)

Sidibé, Sidikiba, 2004, Impact des vivres de PAM dans les zones d'intervention d'Africare,' Dinguiraye : AFRICARE Guinée, 2004

USAID Policy Documents

USAID/Office of Food For Peace. Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA). 2005. Strategic Plan for 2006-2010. Washington, DC: USAID/FFP.

Haddad, Lawrence and Tim Frankenberger. 2003. Integrating Relief and Development to Accelerate Reductions in Food Insecurity in Shock-Prone Areas. Implications for the USAID Office of Food for Peace. 2004-2009 Strategic Plan. Washington, DC: International Food Policy Research Institute.

Other Non-Africare Documents Consulted

Morniere, Lezlie C. 2005. Household Food and Livelihood Security Needs Assessment: ADRA. Guinea. Conakry: ADRA by Tango International.

Ministère de la Sante Publique de la Guinée (MSP), Direction Préfectorale de la Sante de Dinguiraye (DAP), USAID/Africare Guinée. 1997. Rapport on the Baseline Survey in Nutrition and Public Health. Conakry: Africare.

Ministère de l'économie et des finances. 2002. Secrétariat Permanent du DSRP. Stratégie de réduction de la pauvreté en Guinée. Conakry : Ministère de l'économie et des finances, Secrétariat Permanent du DSRP. Janvier 2002.

Donzo, Moussa. 2004. Evaluation des centres de nutrition thérapeutique (CNT) de Dinguiraye et de Dabola. Rapport. Mai 2004. Conakry : ISAG.

PAM (Programme Alimentaire Mondial). 2002. Rapport de l'enquête d'évaluation et d'efficacité de l'assistance agricole et de protection des semences Durant la campagne 2002. Octobre. Conakry : PAM.

PAM. 2004. Enquête sur la situation de la securite alimentaire des ménages infectes ou affectes par le VIH/SIDA à Conakry et N'Zerekore (Guinée). Séries : Vulnerability Analysis and Mapping. Conakry : WFP. Octobre 2004.

PAM. 2005. Rapport sur l'analyse de la securite alimentaire en Guinée. Series : Vulnerability Analysis and Mapping. Octobre. Conakry : Programme Alimentaire Mondale (PAM).