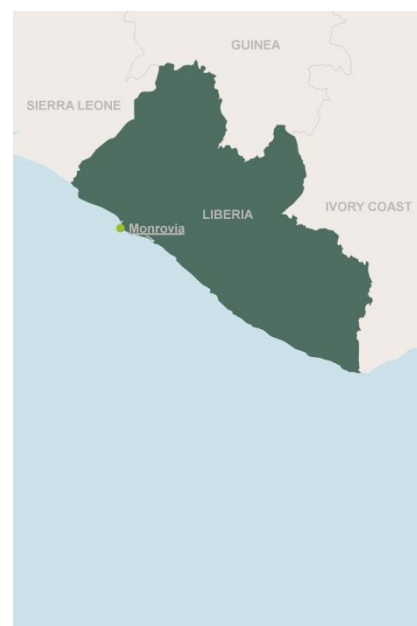


Ex post evaluation – Liberia

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Sector: 73010 Reconstruction relief and rehabilitation
Project: Reintegration and Recovery Programme IV (RPP IV) BMZ no. 201265099, Support for Ivorian Refugees (SIRHC) BMZ no. 201166289*, Ebola Support Programme (ESP I) BMZ no. 201468818
Implementing agency: Deutsche Welthungerhilfe



Ex post evaluation report: 2020

All figures in EUR million	SIRHC (planned)	SIRHC (actual)	RPP IV (planned)	RPP IV (actual)	ESP I (planned)	ESP (actual)
Investment costs (total)	5,161	5,042	8,300	8,745	5,150	5,481
Counterpart contribution	0.161	0.157	0.300	0.354	0.150	0.471
Funding	5,000	4,885	8,000	8,391	5,000	5,000
of which BMZ budget funds	5,000	4,885	8,000	8,391	5,000	5,000

*) Random sample 2018

Summary: The projects continued German DC's support for the peace and recovery progress in the traditionally neglected region of south-east Liberia, applying a multi-sectoral approach with close proximity to the target groups. The measures included the expansion of rural transport routes, agricultural and nutritional consultancy, well construction, improvement to hygiene practices, strengthening of primary and vocational education, and psycho-social support for women and girls (RPP IV, SIRHC). ESP I focused on the construction of health centres and preventive measures to improve hygiene.

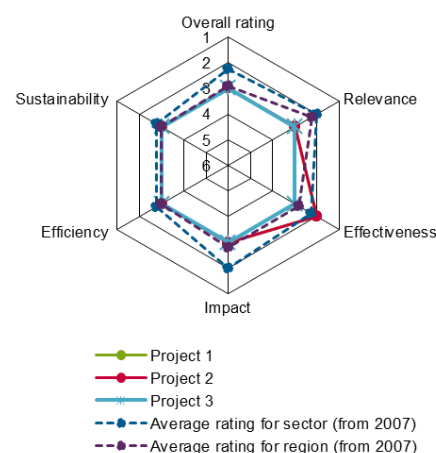
Development objectives: The shared impact-level goal defined during the EPE was to contribute to the socio-economic recovery and long-term stabilisation of south-east Liberia. At outcome level, the projects pursued the goal of ensuring the sustainable use of improved practices and infrastructure in the areas of transport, agriculture, nutrition and hygiene, and the implementation of strategies to improve primary education and empower women among the local population (RRP IV) and the Ivorian refugees and their host communities (SIRHC). ESP I aimed to implement strategies to prevent future epidemics, in particular Ebola, and ensure the sustainable use of improved practices in the areas of nutrition and hygiene.

Target group: The target group included the population of selected clusters in the administrative regions of Grand Gedeh, River Gee (RPP IV, SIRHC) and Sinoe (ESP I), particularly women, children and young people, and agricultural producers.

Overall rating: 3

Rationale: The projects responded to needs resulting from current crises and the recovery process in south-east Liberia with a multi-dimensional approach. The efficiency of the measures was appropriate despite the difficult contextual conditions. The majority of the project results were achieved, though their usage, benefits and impacts can only be verified to a limited extent due to the data situation. The overall impression is positive. The sustainability of the infrastructure measures and the targeted change in behaviour in the areas of nutrition, hygiene and gender pose a major challenge.

Highlights: Even after 8 years, the women's groups set up by Medica Liberia still exist and are involved in women's rights in their communities and help to support women in emergency situations.



Rating according to DAC criteria

Overall rating: SIRHC: 3, RPP IV: 3, ESP I: 3

Ratings:

	SIRHC	RPP IV	ESP I
Relevance	3	3	3
Effectiveness	2	2	3
Efficiency	3	3	3
Impact	3	3	3
Sustainability	3	3	3

General conditions and classification of the project

This report relates to the following programme:

- Support for Ivorian refugees and the host population in Liberia (RPP – SIRHC, BMZ no. 2011 66 289, implementation period 2012–2014)
- Reintegration and reconstruction programme, phase IV (RPP IV, BMZ no. 2012 65 099, 2014–2017)
- Ebola aid programme (RPP – ESP I, BMZ no. 2014 68 818, 2015–2018)

The evaluated FC programmes are part of German DC's long-standing support for the peace and recovery process in south-eastern Liberia, in Grand Gedeh and River Gee with populations of 153,000 and 82,000 respectively in 2016 – two remote regions, see Figure 1. Between 1989–1996 and 1999–2003, Liberia experienced two civil wars, which caused 250,000 deaths and left behind dilapidated infrastructure and a traumatised population. As a result of the violent battle for the presidency of Côte d'Ivoire, over 250,000 Ivorians fled to south-eastern Liberia in 2011 (see Figure 2 for incidents of conflict in Liberia and the neighbouring provinces in Côte d'Ivoire). Liberia's tentative recovery process was interrupted by the Ebola crisis in 2014–2016, which led to a partial breakdown of the economy as well as the healthcare and education sectors. Liberia has yet to recover from these setbacks. The state is currently on the verge of insolvency, not least due to escalating levels of corruption and nepotism. The evaluated programmes are to be seen as a response to these crises. While RPP IV continued the long-term support of the recovery process following the civil wars, SIRHC supported the Ivorian refugees living outside of the refugee camps and their host communities. Measures to reinforce healthcare infrastructure and prevent epidemics were implemented under ESP I. RPP IV and SIRHC were implemented by Welthungerhilfe in cooperation with international NGOs (in the education and gender sectors).

Breakdown of total costs

		SIRHC (planned)	SIRHC (actual)	RPP IV (planned)	RPP IV (actual)	ESP I (planned)	ESP I (actual)
Investment costs	EUR million	5.161	5.042	8.300	8.745	5.150	5.480
Counterpart contribution	EUR million	0.161	0.157	0.300	0.372	0.150	0.475
Funding	EUR million	5.000	4.885	8.000	8.373	5.000	5.005
of which BMZ budget funds	EUR million	5.000	4.885	8.000	8.373	5.000	5.005

Residual SIRHC funds of EUR 115,274 were transferred to RPP IV in consultation with the Liberian government and used for immediate relief measures to stem the Ebola crisis (2014).

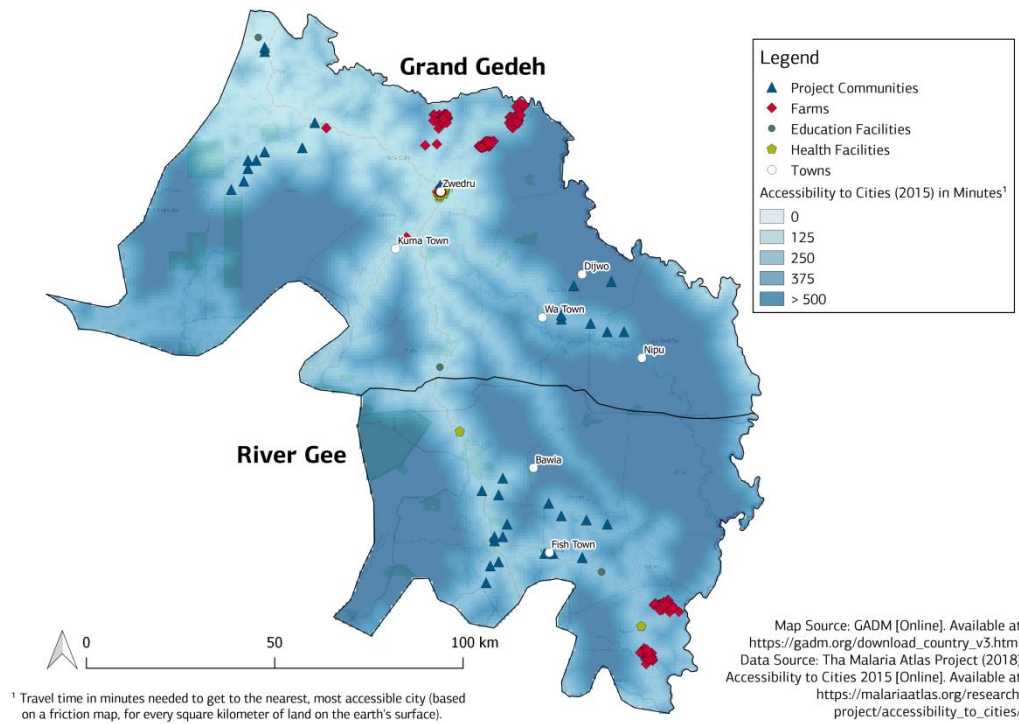


Figure 1: Remote locations of the project areas

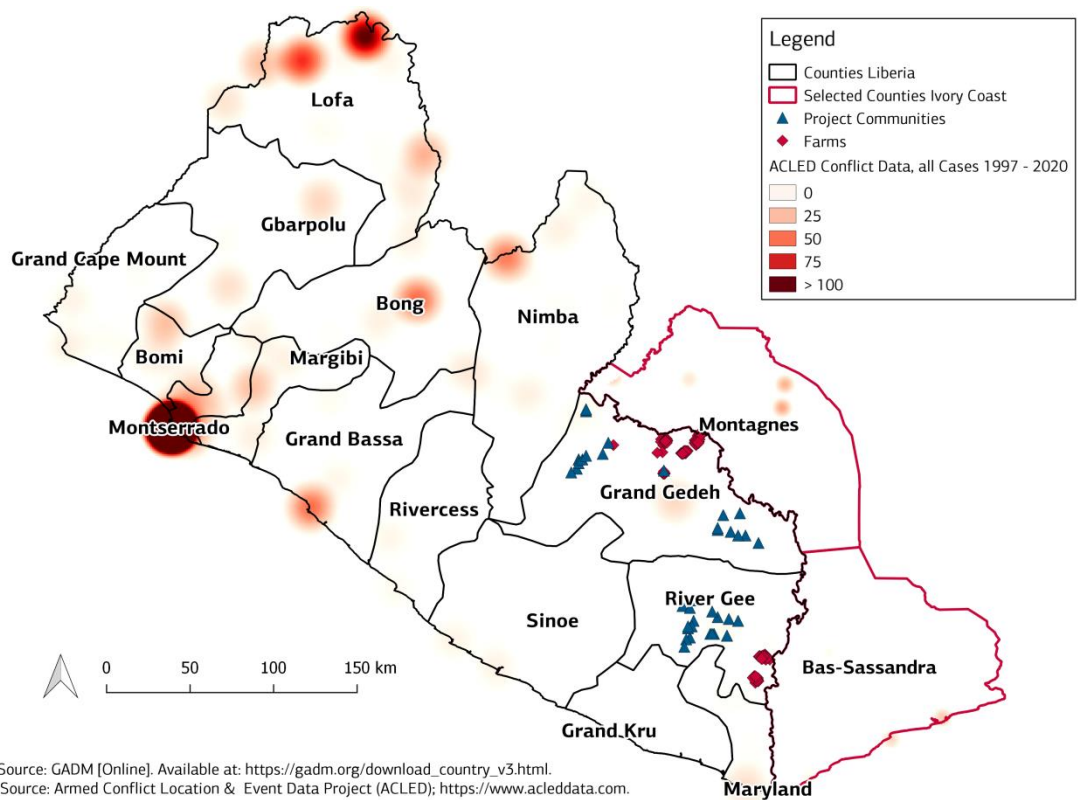


Figure 2: Civil wars in Liberia 1989–2003 / conflicts in Côte d'Ivoire 2010–2012

Relevance

Reintegration and Reconstruction Programme, phase IV (RPP IV)

The programme's multi-sectoral approach, comprising the components of transport, agriculture, WASH, primary and vocational education, and the empowerment of women, was in line with the extensive needs of the peace and recovery process in south-eastern Liberia. While there is no doubt that the wide range of measures for improving the population's living conditions (original goal at outcome level) can be regarded as contributing to the recovery of the south-eastern region after the destruction of the civil wars in the 1990s, an explicit contribution to the peace process (original goal at impact level) cannot be identified. For instance, the programme failed to include specific measures such as reconciliation work, the expansion of capacity for constructive conflict management or specific approaches aimed at addressing the causes of conflict (e.g. conflict over land). Instead, the programme's results chain followed the theory – which was widespread in the early 2010s – that improving living conditions and creating job opportunities would promote peace per se. This assumption has since been refuted by academic research. The only component that exhibited a specific link to conflict was psycho-social support for women, in which support was provided for women traumatised by war during the preceding project phases (RPP I–III). Over time, the component increasingly addressed all forms of gender-specific violence, the incidence of which remained consistently high. Apart from this component, more extensive recommendations issued by KfW Conflict Analysis (PCA) in 2013 were not taken into account. There is no discernible evidence of the implementing agency's own analyses of the local conflict situation or the systematic implementation of the do-no-harm principle during the selection of locations, measures and target groups. What is more, the programme lacked suitable ongoing training for national staff, a conflict-sensitive monitoring system and systematic reporting on the issue.

The adjusted impact-level objective (“Contribution to the socio-economic recovery and long-term stabilisation of south-east Liberia”) corresponds to the region's core needs during the intervention period (2014–2017). The introduction and sustainable use of improved practices and infrastructure in the areas of transport, agriculture, nutrition and hygiene, and the implementation of strategies to improve primary education and empower women (adjusted outcome-level objective) may contribute to this.

The programme design fails to consider the extensive granting of concessions to international companies during the implementation period and the increased level of mining and tree felling in the region. These will have a decisive influence on the south-eastern region's future socio-economic development.

At local level, the aim was to ensure the relevance of the measures by performing (scaled-back) participatory rural appraisals, which in turn were intended to allow individual measure packages to be compiled with the communities. For reasons of efficiency and based on the narrow specifications in the project proposal, the communities were instead offered a relatively standardised selection of measures. It is not clear the extent to which these packages of measures would always have been able to meet local needs. The clustering of intervention communities was designed to generate synergies between the individual measures.

In terms of design, it is striking that the programme continued to use certain methodological approaches – such as forming groups of farmers, teaching certain farming techniques or using cash boxes to maintain water pumps – that had already proven to be less than successful in previous evaluations. This gives an impression of a limited capacity to learn, which was exacerbated by the observation of hierarchical organisational structures, which were very sector-oriented and also geared towards the achievement of quantitative outputs. The commissioning of local NGOs with the actual advisory work at local level may have made institutional learning even more difficult for the implementing agency, Welthungerhilfe, as it had no direct contact with the target groups.

The programme was integrated into national development plans, such as the “Agenda for Transformation” (2013) and the post-Ebola “Economic Stabilisation and Recovery Plan” (2015). Challenges arose from changes in policy in the areas of primary education and WASH during the project term. Suspending the approach of promoting early reading and arithmetic in favour of the partial privatisation of state schools led to the unfortunate withdrawal of support for primary education. The nationwide introduction of the international CLTS standard (Community-Led Total Sanitation) called for the suspension of subsidised latrine construction in favour of approaches aimed at changing behaviour.

Under German Development Cooperation, the programme used basis-oriented measures to complement Germany's financial contribution to the World Bank's "Liberia Reconstruction Trust Fund" and the expansion of national power infrastructure. Despite the implementing agency's intensive participation in the Liberian government's coordination mechanisms, the presence of numerous international players who flocked to the south east during the refugee and Ebola crisis presented major challenges for the coordination and harmonisation of project measures.

Support for Ivorian refugees and the host population in Liberia (SIRHC)

As an emergency aid measure attached to RPP III, SIRHC applied the multi-sectoral approach described above to address Ivorian refugees living in villages and their host communities in the region bordering Côte d'Ivoire. By focusing on work outside of the refugee camps, the programme filled an important gap. When the programme began in March 2012 after a delay, the number of refugees in the project region had already fallen from 75,000 to 20,000 as a result of the onset of return migration, which reduced the relevance of the measures on the one hand. Since some refugee camps had already closed at this point, the programme was able to provide important assistance for the remaining refugees – a degree of flexibility that, on the other hand, must be regarded as positive.

The programme's original outcome-level objective of improving living conditions and cultivating peaceful cohabitation between Ivorian refugees and the host Liberian population generally met both population groups' needs at the time. The aim was to achieve this through the sustainable application of improved practices in the areas of agriculture, nutrition and hygiene by the Ivorian refugees living in the host communities and the host population itself and through the use of improved access to protection and education in the refugee camps (adjusted outcome-level objective), an approach that is generally feasible. The design fails to consider the temporary nature of the refugee crisis, the higher level of education and better agricultural knowledge of the Ivorian refugees and their lack of access to land, which was a central obstacle to their self-sufficiency. Access to land was limited by the UNHCR and the traditional land rights in the region.

To avoid unfair treatment and conflicts between refugees and local people, all measures (e.g. farmer field schools) were targeted at both groups and aimed to achieve a 50/50 participation rate. The collective work in mixed groups and the joint use of infrastructure (e.g. water points) had the potential to relieve any tensions between both groups, though it would have been desirable to have more measures that promoted dialogue and reduced conflict (e.g. establishing joint committees).

The measure is in line with the Emergency Humanitarian Action Plan (EHAP, 2011), which was created by the UNHCR and the Liberian government and covers focus areas including transport, food security, water, hygiene and education. The programme broadly corresponds to the requirements of the Federal Ministry for Economic Cooperation and Development (BMZ) and the German Federal Foreign Office (AA) relating to development-oriented transitional aid (2012).

Ebola aid programme, phase I (ESP I)

During the peak of the Ebola crisis, ESP I was designed as an open emergency aid programme to support the implementation of containment and coping strategies for dealing with the Ebola epidemic (original outcome-level objective). When the programme started up in July 2015 after a delay, Ebola had already been more or less contained, which meant that the focus had shifted to prevention and resilience. The impact on the project region was relatively low, see Figure 3.

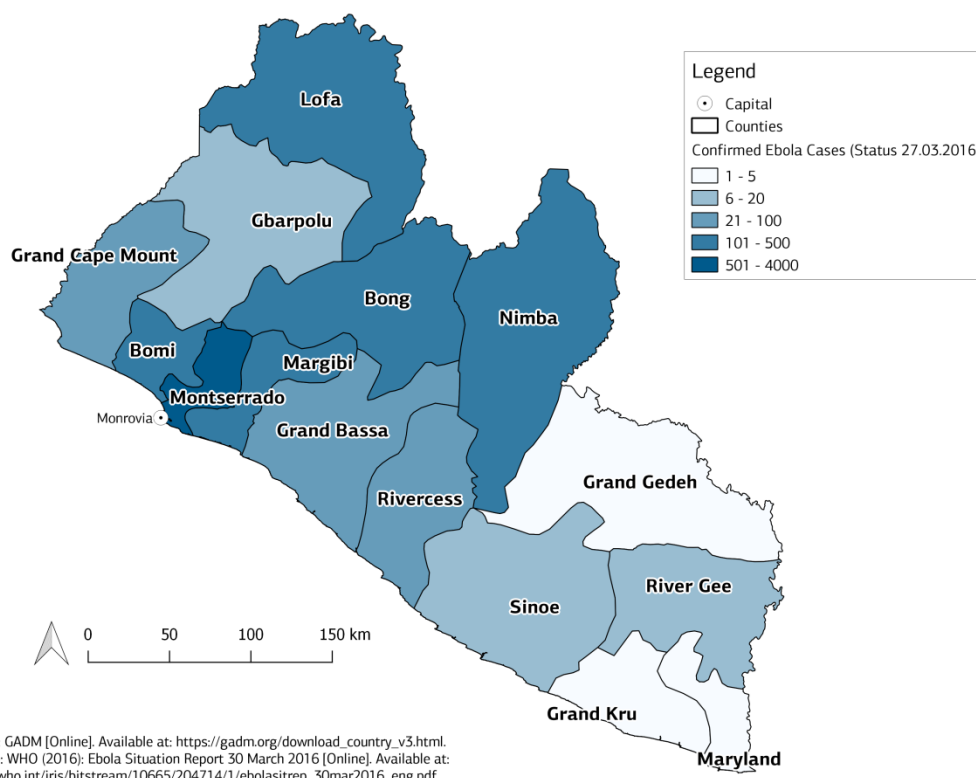


Figure 3: Confirmed Ebola cases in Liberia, accumulated cases up to 27 March 2016

ESP I also supported the resumption of economic and educational activities following the end of the Ebola crisis and the implementation of strategies to prevent future epidemics, particularly Ebola (adjusted outcome-level objective). This work included the construction or expansion of health stations, support for the reopening of schools in the 2015/2016 school year according to the “WASH in Schools” approach developed by the government, hygiene improvement at markets, and activities to ensure food security and reduce the consumption of game animals. These measures were generally suitable for achieving the adjusted project objective.

The new health stations’ contribution to improving the work and treatment conditions for medical staff and patients is clear. However, the extent to which the concept of a single large isolation ward at Fish Town hospital will achieve success as the central hub for the entire south-east region is not clear. In view of the long distances and poor-quality roads, it would have been worth considering expanding decentralised capacities, as they had already been successfully implemented during the Ebola crisis. To make better use of the newly created capacities, alternative usage concepts outside of epidemics should also be considered. To ensure that the new health centres have appropriate levels of staff and medicines over the long term, German DC’s recent move to support Liberia’s policy of strengthening the healthcare system is a welcome development.

ESP I fitted in with the Liberian government’s “Ebola Recovery Plan” (2015), which was built around qualifying healthcare professionals, improving healthcare infrastructure, and increasing the level of monitoring for epidemics. Furthermore, ESP I corresponds to the BMZ’s principles for strengthening healthcare systems, which were published in 2019 (“Global health – An investment in the future”). ESP I marked the start of a step-up in German DC’s involvement in Liberia’s healthcare sector, which now also incorporates various FC and TC measures. The health stations to be refurbished were selected in consultation with the Liberian government, taking into account the involvement of other international players.

Relevance rating: RPP IV: 3, SIRHC: 3, ESP I: 3

Effectiveness

The evaluated programmes had the following outcome-level objectives, which were adjusted during the evaluation design process:

RPP IV: Sustainable use of improved practices and infrastructure in the areas of transport, agriculture, nutrition and hygiene, and the implementation of strategies to improve primary education and empower women.

SIRHC: Sustainable application of improved practices in the areas of agriculture, nutrition and hygiene by the Ivorian refugees living in the host communities and the host population itself and the use of improved access to protection and education in the refugee camps.

ESP I: Implementation of strategies to prevent future epidemics, in particular Ebola, and sustainable use of improved practices in the areas of nutrition and hygiene.

The achievement of these objectives can be summarised as follows on the basis of the implementing agency's reports:

Indicator	Status PA, target PA	Ex post evaluation
Support for Ivorian refugees and the host population in Liberia (SIRHC)		
(1) After the end of the project, the inhabitants of the villages in the intervention area confirmed that the refurbished roads connect their villages to larger population centres all year round.	-/- (2011), 100%	Partially achieved. 95% (WHH, SIRHC Final Report, 2014). At the time of the EPE (January 2020), some of the roads refurbished under SIRHC were still fit for traffic. Some waterways already exhibited heavy signs of usage.
(2) After the end of the project, village inhabitants in at least 75% of the intervention communities confirmed that the wells provide sufficient drinking water for the population all year round.	-/-, 75% (i.e. 4–5 of 6 village wells)	Partially achieved. 100% (final inspection, on-site visit of 6 village wells, end of 2015). No up-to-date information available for the project. Beyond the project, there is data available for the region, though this includes some wells that are not functional (WASH cluster).
(3) The availability of food has improved for at least 50% of participants in the farmer field schools.	-/-, 50%	Achieved. 84% (i.e. 121 of 145 participating farmers) (WHH, SIRHC Final Report 2014). In a group interview, the members of a farmer field school spoke of the sustainable introduction of new varieties of vegetable as a result of SIRHC.
(4) Members of the healthcare system who have at least taken part in one training course treat at least 20% of registered cases of gender-related and sexual violence in accordance with best practice.	-/-, 20%	Target achievement unclear. No information on this subject in the final report (2014); directly after the training courses (September 2013), 95% of the trained healthcare staff report they use the contents of the training course in their daily work. No up-to-date information available with high staff fluctuation in healthcare services. Information materials (e.g. posters) financed by other donors and some separate treatment rooms for survivors of gen-

		der-specific violence were observed at health stations.
(5) Six months following completion of their practical training course at least 50% of the participants have an income that enables them to cover living expenses.	-/, 50%	Achieved with a rate of 57% (i.e. 151 of 266 young people who received training) (WHH, SIRHC Final Report, 2014). No up-to-date information available, high degree of mobility among participants (migration to Monrovia).
(6) The number of water-borne illnesses has fallen by 50% in the intervention area.	From the 1,770 persons surveyed on a random basis, there were 1,208 cases of diarrhoea (Oct. 2013) and 138 skin infections (May 2013) (baseline, - 50%).	Achieved, with 504 cases of diarrhoea and 192 skin infections in a random survey of 1,770 persons asked (May 2014), i.e. 58% reduction in diarrhoea and 39% increase in skin infections (WHH, SIRHC Final Report, 2014). No up-to-date information available for the intervention areas at the time of the EPE.
Reintegration and Reconstruction Programme, phase IV (RPP IV)		
(1) After the end of the programme, at least 70% of the population in the intervention areas confirm that their access to at least three basic services (e.g. access to their community, nutrition, access to clean drinking water and hygiene, education) has improved.	- / 70%	Achieved. 70–90% (depending on the type of service surveyed, baseline and random survey methodology unclear).
(2) After the end of the project, at least 50% of the persons surveyed in the intervention area indicate that the percentage of their household income generated by agricultural activities has risen.	-/, 50%	Not achieved. 26% (with unclear method of data collection) (WHH, RPP IV Final Report, 2017). During the EPE, one farmer reports that his manioc harvest had increased due to the new farming methods.
(3) After the end of the project, the volume of traffic on the repaired roads has increased by 20% in the intervention area.	-/, 20%	Achieved. Increase by 146% in Grand Gedeh (from 865 to 1,264 motorised movements within 6 days of observation) and by 914% (from 39 to 329) in River Gee, possibly due to election activities in the observation period (WHH, RPP IV Final Report, 2017). No up-to-date information available at time of EPE.
(4) After the end of the project, 90% of those surveyed in the intervention area confirm that they have ac-	-/, 90%	Achieved. 96% (WHH, RPP IV Final Report, 2017), based on interviews with village chiefs or well officials (hand pump

cess to clean drinking water all year round.		mechanics and caretakers). No up-to-date information available at time of EPE.
(5) After the end of the project, 70% of the trained teachers state that they apply the newly gained skills and methods during lessons at public schools.	-/, 70% (i.e. 56 of 80 trained teachers)	Achieved. 92% (i.e. 74 of 80 trained teachers) (WHH, RPP IV Final Report, 2017). The teaching methods conveyed at the time have since been banned from use in the schools.
(6) At least 60% of graduates from vocational training courses receive an income from self-employment or a job one year after finishing their training courses.	-/, 60% (i.e. 84 of 140 trained young people)	Achieved. 72% (i.e. 101 of 140 trained young people) (WHH, RPP IV Final Report, 2017). No up-to-date information available at time of EPE.
(7) After the end of the project, at least 70% of the women in the intervention area feel informed about their rights and empowered in their role in society.	-/, 70%	Achieved. 78% (random survey: 238) (WHH, RPP IV Final Report, 2017). NGO employees report an increased level of confidence among members of women's groups.
(8) After the end of the project, at least 70% of the population in the intervention area confirm that the population's access to at least three basic services (including access to the locality, nutrition, water supply, hygiene and education) has improved.	-/, 70%	Achieved. 76% of the 1,092 people questioned on a random basis (the people surveyed were asked to compare the current situation with that in 2014, i.e. during the Ebola crisis) (WHH, RPP IV Impact Survey, 2018). No up-to-date information available at time of EPE. Hygiene improvement measures (e.g. use of washing lines) are visible in one village.
Ebola aid programme, phase I (ESP I)		
(1) At the end of the project, at least 70% of the local government representatives in the intervention area confirm that they received support from the programme in implementing the Ebola recovery strategies.	15%, 70%	Achieved. 73% (WHH, ESP I, Final Report, 2018). No up-to-date information available at time of EPE. The base value of 15% remains unclear, but possibly relates to healthcare efforts from earlier projects.
(2) At the end of the project, at least 220,000 people in the intervention area have improved access to healthcare facilities.	-/, 220,000	Not achieved. 176,000 (final inspection, 2019) (this figure relates to the healthcare stations' catchment area. As an output indicator, the indicator is just a proxy. At the time of the EPE, there was the impression that the stations are sometimes not used too much.)
(3) At the end of the project, at least 75% of pupils and teachers in the selected schools (roughly	-/, 75%	Achieved. 91% (15,451 people) (final inspection, 2019) (according to WHH, ESP I, Final Report, 2018, this figure relates to

12,500 people in total) practise good health and WASH standards.		the total number of pupils and teachers at the supported schools; according to the data collected by WHH, hand-washing decreased significantly around the end of the 2015/2016 school year). During the EPE, an effective WASH club was encountered at one of the schools supervised by WHH and UNICEF. The members of the club are aware of the importance of hygiene practices (e.g. hand-washing).
(4) At the end of the project, at least 750 households in the intervention area are able to demonstrate improved practices in the areas of hygiene, health and nutrition.	-/-, 750	Not achieved. 657 (final inspection, 2019) (WHH survey (2016) only examines eating habits.) The survey is based on the respondents' self-assessment. No up-to-date information available at time of EPE.

Sources: KfW final inspections, the implementing agency's final reports, the implementing agency's monitoring system, evaluation reports drawn up by the implementing agency on various surveys.

According to the implementing agency, all projects achieved their outcome indicators. However, the indicators' informative value is limited due to methodological problems. Emphasis must also be given to project outcomes that are not recorded in the indicators, such as the awareness-raising measures and establishment of local isolation stations during the Ebola crisis (SIRHC), the introduction of hygiene-promoting practices at community level as part of the CLTS approach (RPP IV), the establishment and provision of equipment to women's groups for manioc processing (RPP IV), practical support for countless women in emergency situations (SIRHC, RPP IV), and the promotion of urban vegetable growing through the introduction of domestic gardens (ESP I). In view of the Ebola crisis, which affected RPP IV in particular in terms of timing, these results are worth highlighting. The implementing agency's strict structures and workflows undoubtedly contributed to this. The project documents available do not mention any positive or negative side effects, and the brief on-site evaluation did not record any either. However, the temporary competition between the international organisations and the playing-off of these organisations by the authorities appears to have conveyed unfavourable, indirect messages. Despite participative planning approaches, the beneficiaries' ownership of the activities carried out by NGOs remains low. For instance, a well is seen as the property of the NGO that built it. Responsibility for maintaining the well is also attributed to the said NGO as well.

While the measures geared towards social mobilisation and knowledge sharing (e.g. establishment of women's and WASH groups, training sessions, agricultural consultancy) were broadly implemented on schedule, the target timeline for the area of infrastructure could not be achieved in any of the three projects. The reasons given for this were the initial under-estimation of the logistical challenges, the climate-based time window for construction measures of six months per year, limited capacity in the construction sector, bureaucratic obstacles, and competition between NGOs. More realistic scheduling is desirable for future projects.

Free seeds, tools and latrines were used with a limited usage period. The drop-out rate was reported as high for the group-based approaches to consultancy (e.g. farmer groups). Progress appears to have been made in the introduction of hygiene practices and the empowerment of women in their role in society. The vocational training measures opened up new income opportunities for participants, albeit limited ones.

Effectiveness rating: RPP IV: 2, SIRHC: 2, ESP I: 3

Efficiency

The administrative and implementation costs relative to the costs for the actual project activities came to 63% / 37% (SIRHC), 74% / 26 % (RPP IV) and 45% / 55% (ESP I). On the whole, this means that only

around one third of the project funds directly benefited the beneficiaries. The increased administrative and implementation costs can be explained partly by the high personnel expenses for the measures that were close to the target groups and relatively fragmented; these measures also contained a high level of consultancy activity. By applying the cluster approach, the implementing agency was able to pool project activities in terms of geography and content, thus making them more efficient. For the areas of agriculture and WASH, local NGOs were employed as external service providers, though these still had to be trained and supervised. The time-consuming supervision of women’s groups and women in emergency situations was performed primarily by their own staff, which resulted in high personnel costs. Furthermore, the high implementation costs can be explained by the logistical challenges and the necessary development of separate project infrastructure in the intervention regions. While construction measures were tendered to local construction firms, their capacities had to be expanded using the implementing agency’s own staff. Due to the delays to the construction measures, costs rose significantly (particularly for ESP I) and had to be balanced out by the implementing agency by means of its own donor-financed contributions. The extensive monitoring activities performed by the implementing agency, national government, external consultants and international guests also took up a lot of time. Due to the delays in the approval of funds, SIRHC and ESP I were unable to fulfil their original emergency-aid-based mandate, but instead contributed to the long-term recovery after the refugee and Ebola crisis.

The economic benefits of introducing improved nutritional and hygiene practices or empowering women are difficult to measure but are definitely plausible. They enable people to have healthier and more productive lifestyles; women are able to look after themselves and their children better. Better hygiene in schools may contribute to a reduction in school drop-out rates, which means that more young people may reach the labour market with a school education and then achieve a higher income. Individual farmers were also able to increase their harvests using the new agricultural techniques. Equally, the prevention and containment of epidemics plays an important role for the economy. Roads and their usage are also anticipated to have potentially positive effects. To conclude, we can assume that the measures will have a positive economic effect, even though this cannot be quantified.

Efficiency rating: RPP IV: 3, SIRHC: 3, ESP I: 3

Impact

The three projects pursued the same impact-level goal, which was adjusted retrospectively: “To contribute to the socio-economic recovery and long-term stabilisation of south-east Liberia”. This objective was integrated into operations by means of the indicators listed below as part of an impact study in RPP IV (2018). Their achievement can be summarised as follows:

Indicator	Status PA, target PA	Ex post evaluation
(1) After the end of the programme, at least 50% of the population in the intervention areas confirm that the standing of local authorities has improved with regard to the provision of public services.	- / 50%	Achieved. 50% (of the 1,092 people questioned on a random basis) (the people surveyed were asked to compare the current situation with that in 2014, i.e. during the Ebola crisis) (WHH, RPP IV Impact Survey, 2018)
(2) After the end of the programme, at least 70% of the intervention communities possess efficient and stronger community structures, which support the provision of community services (in at least two or four areas, e.g. maintenance committee, community-based processing and marketing group, WASH committee, parent-teacher association,	- / 70%	Achieved. 81% (percentage relates to the share of positive responses in a survey of community members. Unclear interpretation of 19% of statements that say there were no community structures in the community. There are also countless traditional community-based groups in the project region, some of which overlap

women's group)		with the groups promoted by the project.)
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Source: Welthungerhilfe, Reintegration and Recovery Program Phase IV Impact Indicators Survey Report. August 2018.

According to the surveys provided by the implementing agency, the projects' impact-level objectives were achieved. However, the indicators' informative value is limited due to methodological difficulties. No new surveys could be conducted during the evaluation trip.

Specific observations made during the evaluation trip provide further indication of possible project effects. These include statements that the project activities led to the cultivation of new varieties of vegetable and a broader range of vegetables available in local markets. Some people said that their eating habits had changed, that they now ate more types of vegetable and gave their children better quality food. As a result of the better road links, vegetable farmers in some villages say that they can now attend weekly regional markets more regularly and sell their produce there. Some farmers said that they now have better harvests due to the new farming techniques. Some graduates of vocational training courses reported that they had found a job or started a successful business. Women stated that they were now more confident, were more likely to speak up at community meetings and were better informed about their rights. The new health centres offer better conditions for patients and medical staff. School children said that they now place more importance on washing their hands and disposing of waste properly. With the money they have saved, the members of the savings groups financed their children's schooling, invested in trading or even built a house. The members of the manioc processing groups also used their income to enable their children to go to school. Some activities appear to tap into a certain broad-scale impact. For instance, school children can pass their new knowledge regarding hygiene practices onto their families. Farmers and vegetable growers said that they passed on their knowledge concerning better farming techniques to some family, friends and neighbours, who also adopted the techniques. All of these statements are plausible in view of the measures but could not be verified.

As possible negative effects, it must be noted that there are some specific signs that the refurbished roads are also used by logging firms in Grand Gedeh; they use the roads to access remaining forest areas, where extensive clearing is taking place and one of the tracks has been expanded.

In the period under review (2012–2018), the issues that many observers blamed for the two civil wars remained in place: a polarised society and a polarised political system, corruption, nepotism and impunity from punishment, poverty, inequality and high youth unemployment. The government broadly blocked the implementation of the recommendations published by the Truth and Reconciliation Commission in 2009, which mainly resulted in a failure to take legal action against the most important war criminals. Some of them held high positions in government during the period under review and therefore profited particularly from the country's raw materials exports, while reparations were denied to the victims of war. Equally, the government failed to support the original plans for a social dialogue and reconciliation process, which was due to take place according to the traditional "Palava Huts" approach. Instead, the traumas of the civil wars were covered up with pronounced religiousness; the civil wars themselves becoming a taboo subject. The Sirleaf and Weah governments instead focused on economic development and the creation of jobs for young people, which would help to integrate them into the political system. However, the government's expansion of the economic model, which was based around the export of raw materials, led instead to a heightening of the aforementioned conflict factors. Around the end of the 2010s, a picture emerged of a society that appeared stable to outsiders but whose dysfunctional political structures and social contradictions posed the risk of renewed violent conflicts.

The projects under review did not include any specific activities to promote peace (e.g. dialogue, reconciliation, reinforcement of local conflict-handling capacities) that went beyond the issue of gender. The do-no-harm principle was not applied on a systematic basis. The structuring of village communities through the establishment of groups such as parent-teacher associations, hygiene committees, and women's or farmers' groups, could have an indirect impact on the promotion of peace and stability. The promotion of locally driven, inclusive development processes at community level, including those applying participative methods, could also create stability. Positive effects could also be anticipated as a result of support for governmental institutions in the provision of inclusive social services (e.g. healthcare), the increased participation of women in local decision-making processes, and the promotion of employment for young peo-

ple. However, no data is available on this subject. There are no reports of violent conflicts in the project region during the period under review.

Impact rating: RPP IV: 3, SIRHC: 3, ESP I: 3

Sustainability

Assuring the sustainable use of the projects' results is one of the biggest challenges for the three projects under review. However, SIRHC and ESP I are both emergency aid projects, which were assessed according to Technical Note 47 in the FC/TC Guidelines. Limited sustainability was highlighted as an issue during the appraisal of all three measures.

The sustainability of the road construction measures is satisfactory as other donors (e.g. World Bank, SIDA) are currently extending the same roads, though maintenance problems will arise again over the medium term. Some of the roads are under a great deal of strain from the logging companies' HGVs. No information is available on the effectiveness of local road construction committees. The sustainability of the agricultural consultancy measures appears to differ. The farmers' groups and farmer field schools only existed for one year, and this time was used for teaching new agricultural techniques. In contrast to original expectations, the demonstration fields were not used for communal agricultural production; instead, in many cases, individual farmers used the new fields to continue production. The reasons given for this were the small field size (1–2 ha for an average of 30 group members) and conflicts between the groups of farmers. Consequently, some farmers dropped out of the groups early due to the high workload on their own fields, though some of these farmers did apply the new farming techniques to their own land. It appears that some of the new farming techniques involved much more work, which was not always feasible – particularly for women, who assume most of the burden of agricultural work. Individual-based consultancy approaches, such as model farmers and vegetable gardeners, proved to be more successful as the individuals got to use their own fields. However, these approaches pose a risk of promoting the local elites. Urban vegetable gardeners generally have to rent their land for one year at a time, which prevents long-term investments in their gardens. In many cases, landowners requested the gardens to be returned the next year – particularly those that are well tended. For these reasons, the sustainability of the agricultural measures is limited. Furthermore, the migration of large numbers of young people leads to sustainability risks related to the continuation of the material taught.

It was not possible to verify the sustainability of changes in behaviour related to hygiene and nutrition during the evaluation. It appears as though some WASH committees in villages and WASH clubs in schools are still effective. In terms of support for women in emergency situations, local women were trained as first aiders, and networks of women's groups, health centres and police were established and are still active now. However, local NGO staff plays an important role in this and their long-term presence is not guaranteed. An increasing number of the women's and savings groups, which were set up with the aim of supporting survivors of gender-specific violence, appear to be evolving into traditional women's and savings groups, giving them a certain degree of sustainability.

Due to changes in educational policy, the training of primary school teachers in the early grade reading and maths method had to be halted. Teachers are no longer supposed to apply this method to their lessons. In the area of vocational training, it was not possible to permanently integrate vocational training courses into the Education for Youth Empowerment (EYE) centres. After three cycles, one of the centres was handed over to the Ministry of Education for use as an office, while Oxfam has since converted the other centre into an agricultural training centre. No information is available concerning the long-term development of graduates' income.

One central challenge related to the sustainable use of the infrastructure created by the projects is the financing of operations and maintenance. The two main options are financing by the users themselves or tax-based financing by the government. Operating and maintaining the infrastructure financed by the projects is very challenging for the users. In the WASH sector, private households, schools and communities find it difficult to maintain, operate or affordably repair wells and latrines. For example, some wells are no longer functional and are therefore not used. Some of the health stations lack medication, equipment and staff, which means that they are working below capacity. The introduction of usage fees for water points (cash box) has proven difficult in many communities. Many communities are unable to afford spare parts and water engineers, meaning that some water points are already out-of-use. Some of the infrastructure

that was built according to the EMAS method using local materials (e.g. water retention basins, hand-washing facilities) has never been functional. The new market buildings are currently in good condition but the extent to which the market fees collected from traders will actually be used to maintain the buildings in future is under question, not least because a large portion of these fees go to an umbrella organisation in Monrovia. Given that Liberia's decentralisation process is not complete, with many responsibilities but no resources being transferred to the regional governments (counties), it will also be difficult for the state to finance this infrastructure. The women's groups will be unable to run all Palava huts on a sustainable basis. Some of them are already renting these buildings out as classrooms to local primary schools or international NGOs for training measures, which is likely to have a positive impact on their maintenance. The under-financing of the healthcare system poses a long-term threat to the effectiveness of the health centres.

The implementing agency is working with local NGOs and construction firms to ensure the sustainable development of local capacities. The NGOs performed the actual consultancy and awareness-raising work involved in the areas of WASH and agriculture, for which they received training and a limited amount of resources. Nevertheless, the local NGOs have yet to successfully develop their own independent business models and instead remain dependent on the implementing agency as the main customer. By contrast, some local construction companies have managed to acquire new clients.

Sustainability rating: RPP IV: 3, SIRHC: 3, ESP I: 3

Notes on the methods used to evaluate project success (project rating)

Projects (and programmes) are evaluated on a six-point scale, the criteria being **relevance, effectiveness, efficiency** and **overarching developmental impact**. The ratings are also used to arrive at a **final assessment** of a project's overall developmental efficacy. The scale is as follows:

Level 1	Very good result that clearly exceeds expectations
Level 2	Good result, fully in line with expectations and without any significant shortcomings
Level 3	Satisfactory result – project falls short of expectations but the positive results dominate
Level 4	Unsatisfactory result – significantly below expectations, with negative results dominating despite discernible positive results
Level 5	Clearly inadequate result – despite some positive partial results, the negative results clearly dominate
Level 6	The project has no impact or the situation has actually deteriorated

Rating levels 1-3 denote a positive assessment or successful project while rating levels 4-6 denote a negative assessment.

Sustainability is evaluated according to the following four-point scale:

Sustainability level 1 (very good sustainability): The developmental efficacy of the project (positive to date) is very likely to continue undiminished or even increase.

Sustainability level 2 (good sustainability): The developmental efficacy of the project (positive to date) is very likely to decline only minimally but remain positive overall. (This is what can normally be expected).

Sustainability level 3 (satisfactory sustainability): The developmental efficacy of the project (positive to date) is very likely to decline significantly but remain positive overall. This rating is also assigned if the sustainability of a project is considered inadequate up to the time of the ex post evaluation but is very likely to evolve positively so that the project will ultimately achieve positive developmental efficacy.

Sustainability level 4 (inadequate sustainability): The developmental efficacy of the project is inadequate up to the time of the ex post evaluation and is very unlikely to improve. This rating is also assigned if the sustainability that has been positively evaluated to date is very likely to deteriorate severely and no longer meet the level 3 criteria.

The **overall rating** on the six-point scale is compiled from a weighting of all five individual criteria as appropriate to the project in question. Rating levels 1-3 of the overall rating denote a "successful" project while rating levels 4-6 denote an "unsuccessful" project. It should be noted that a project can generally be considered developmentally "successful" only if the achievement of the project objective ("effectiveness"), the impact on the overall objective ("overarching developmental impact") and the sustainability are rated at least "satisfactory" (level 3).